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Track Their Health Now, to Protect Others Later

By Susan Q. Stranahan
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Twenty years from now, will the World Trade Center disaster continue to claim victims? Will the tragedy be compounded by a loss of life that had less to do with terrorism than with ignorance? In the haste to return Lower Manhattan to a sense of normalcy, have additional lives been put at risk?

Nobody can answer those questions. But the issue of long-term health implications for all those at or near Ground Zero since the catastrophe must not be swept away along with the million tons of twisted steel and rubble. Sure, several small studies have begun, most focusing on discrete groups of the population, but none has the funding or capacity to match the scale of the disaster.

Consider the tip of Manhattan an ideal laboratory and all who worked or lived there in the days and weeks after Sept. 11 as prime candidates for a massive health study that may finally prove what we don't know: How resilient the human body is when bombarded with a plethora of natural and man-made chemicals.

There is real reason for concern. Many of the air-quality standards used by the Environmental Protection Agency, the Occupational Safety and Health Administration and others date to the 1970s and measure a specific substance, such as benzene, lead or PCBs. As a result, they fail to take into account a far more likely scenario: Exposure to a chemical "soup" such as the one that was given off when the contents of the World Trade Center burned. "They keep saying that almost all of these contaminants are below levels of concern," says Monona Rossol, an industrial hygienist who lives and works near the World Trade Center. "But they're not looking at the incredible number of plasticizers, fire

—Correction—

A Jan. 20 Outlook article gave a slightly incorrect name for one of three groups conducting a health study of day laborers at Ground Zero in New York, and incomplete information about the other two. The correct name is the New York Committee for Occupational Safety and Health. The other two are the Latin American Workers' Project and the Center for the Biology of Natural Systems at Queens College, City University of New York.

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retardants, fillers. You had 210 floors of carpets, wallboard, furniture and computers burning. We have no idea what this will do."

Over the past two decades, anecdotal evidence has mounted that such chemical exposures take a toll. Having spent several years gathering health data on more than 200 firefighters and emergency workers who fought a 1978 hazardous waste fire in Chester, Pa., I am well aware of how little is known about the long-term effects. In that case, no fire or rescue workers were killed at the time of the fire, but eventually more than 40 of the people at the scene were stricken with serious diseases, including cancer; of that group, 28 are dead. No one can say with certainty that the cause was the chemicals they encountered, but their fate -- and the uncertainty of what will happen to the thousands of professionals and civilians who raced to the World Trade Center - - cries out for investigation.

The study of those exposed in Manhattan must be started immediately and continued for the two decades or more it takes for certain diseases, notably cancer, to develop. Perhaps it will turn up nothing. But it must be undertaken, if only to reassure all Americans that the existing framework of environmental and occupational regulations protecting their everyday lives is performing as intended. "Out of the billions of dollars devoted to recovery efforts, there should be money put aside to find, register and clinically assess these people," says Stephen M. Levin, medical director of the Mount Sinai-Irving J. Selikoff Center for Occupational and Environmental Medicine in New York.

From the beginning, Levin and his colleagues saw evidence of health problems among responders and residents living near Ground Zero. Many people have suffered from coughs, nosebleeds and respiratory ailments, triggered by the massive amounts of dust and debris in the air. Some of these are probably temporary irritations; others may be far more serious. "This wasn't [about] breathing dust," said Levin, referring to the size of the particles in the air. "It was breathing chunks of material." In recent weeks, concern has grown about levels of asbestos permeating the air of Lower Manhattan, and about repeated assurances by the Environmental Protection Agency that the air is safe. The EPA's handling of air-quality data is the subject of an internal investigation, launched by agency ombudsman Robert J. Martin.

Some have accused city, state and federal officials of playing down the possible health hazards near Ground Zero, encouraging residents to return and businesses to reopen. "There was a concern to get life back to normal at all costs," said Joel A. Shufro, executive director of the New York Council of Occupational Safety and Health, a coalition of 250 labor unions whose members include secretaries, teachers, government employees, construction workers and others who work near the World Trade Center. Officials "were frightened to death of the economic consequences of shutting down Lower Manhattan, said

Shufro. "Rather than explaining the risks, they worked to reassure people." As a result, he worries, "we'll turn heroes into martyrs."

The studies that are underway will certainly provide some useful data. In October, a team from the Johns Hopkins Bloomberg School of Public Health began a survey that will follow at least 200 construction workers at Ground Zero, according to Alison Geyh, an assistant scientist at the university. Although by the time the study started workers were wearing sophisticated protective equipment, including respirators, Geyh says "we don't have a clue what the long-term [health] consequences will or will not be."

Another survey, undertaken jointly by Columbia University's School of Public Health and the Mount Sinai School of Medicine, will attempt to locate all pregnant women living or working near Ground Zero to ascertain what effect, if any, prenatal stress or environmental contaminants may have on their babies.

A third, launched by Shufro's group and the City University of New York, is attempting to identify hundreds of day laborers who were hired to clean office buildings and residences. The structures were often heavily contaminated with asbestos, yet few of the workers -- many of them illegal immigrants -- were provided with adequate protective equipment.

These small surveys, while helpful to segments of the affected population, cannot take the place of a large study and a tracking program that encompasses everyone who was at the scene. "I think it is incredibly valuable to do that," says Geyh, echoing the views of many experts.

If any city is equipped to oversee such a program it would be New York. "New York has a public health infrastructure unlike any other in the country," says Shufro, "and a concentration of people concerned with environmental and occupational health. It is unique in that way. The city is a ready-made laboratory for investigation."

Yet, to date, no one has stepped forward to offer the critical element: Money. That must come from Washington, for this is a national public health issue that goes far beyond the fate of thousands of firefighters, police, rescue workers and well-intentioned volunteers who converged on the smoldering rubble. These are matters of concern to every worker who labors in a chemical-filled job site. They are critical to the 14 million Americans who live within a mile of the nation's 1,500 federal Superfund sites still awaiting cleanup, whose air and drinking water may be tainted by chemical residues. And they are of significance to every parent whose child faces a lifetime of exposures to chemicals in food, air and water, at homes, schools and playgrounds. If the disaster has a legacy, let it be that the rules meant to protect us do exactly that.

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environmental and occupational health issues for more than two decades.

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