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THE COUNCIL OF  
THE CITY OF NEW YORK

**MARGARET S. CHIN**

COUNCIL MEMBER, 1<sup>ST</sup> DISTRICT, MANHATTAN

**CHAIR**  
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PUBLIC HOUSING  
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WOMEN'S ISSUES  
AGING

August 1, 2011

Kenneth L. Zwick, Director, Office of Management Programs,  
Civil Division, U.S. Department of Justice, Main Building, Room 3140,  
950 Pennsylvania Avenue, NW., Washington, DC 20530

**RE: James Zadroga 9/11 Health and Compensation Act of 2010**

Dear Mr. Zwick,

Please accept my testimony regarding the redefinition of the term "9/11 crash site" for the purpose of expanding eligibility to residents north of Reade Street for the Victim Compensation Fund. I am writing based on letters, phone calls, and firsthand accounts of my constituents, all lower Manhattan residents and victims of the of the 9/11 World Trade Center attack. I hope you and Special Master Sheila Birnbaum will take my comments into account and do what is best for the community.

Thank You for your attention and consideration,

Sincerely,

A handwritten signature in black ink that reads "Margaret S. Chin".

Margaret S. Chin  
NYC Council Member  
District 1, Manhattan

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Testimony for  
The World Trade Center Victims Fund Special Master Sheila Birnbaum  
August 1, 2011

I am writing to you today to demand an expansion of the geographic area determined for those eligible to receive the 9/11 Victim Compensation Fund. In addition, I recommend that you reconsider the inclusion of cancer and Post Traumatic Stress Disorder (PTSD) into the list of injuries covered by the victim compensation fund (VCF).

Pursuant to Title II of The James Zadora 9/11 Health and Compensation Act of 2010, section 201, subsection 4, paragraphs C and D, the term 9/11 crash site means:

“... Any area contiguous to the site of such crashes that the Special Master determines was sufficiently close to the site that there was a demonstrable risk of physical harm... and any area related to, or along, routes of debris removal such as barges and Fresh Kills.”

Subsequently, according to the proposed regulations you published to the federal register on June 21<sup>st</sup>, 2011, a new boundary for the term “9/11 crash site” was defined. This proposed new boundary currently includes the area “south of the line that runs along Reade Street from the Hudson River to the intersection of Reade Street and Centre Street to the Brooklyn Bridge, and along the Brooklyn Bridge.” Although this boundary is an expanded version of the old boundary previously defined by Special Master Feinberg in 2001 as deemed by the Air Transportation Safety and System Stabilization Act (49 USC 40101), it still excludes all residents north of Reade Street and in Brooklyn that were physically injured on and after

September 11<sup>th</sup>. The mere existence of these proposed boundaries further undermine the routes that vehicles took to remove hazardous WTC debris.

Our main concern lies in the fact that residents living outside of the proposed boundaries were also fully exposed to the cloud of thick white dust that covered their entire neighborhood. The collapse of the WTC towers produced a plume that spread as far north as Houston Street and as far south as the East River into Brooklyn. Many residents in these areas consequently developed adverse health conditions from the debris. For example, residents of our district living as far north as North Moore Street (several blocks north of Reade Street) expressed their concern regarding the debris containers left in front of their residential buildings for indeterminate periods of time before being transported to Staten Island's Fresh Kills landfill. Residents in Tribeca were affected by the thick white coat of dust that circulated in and around their homes and neighborhood. The close proximity of Independence Plaza North and Stuyvesant High School to the debris barges that operated along the Hudson River should not be overlooked either. These residents and students also suffered from the effects of exposure to the debris. Many lower Manhattan residents didn't even evacuate their homes, or immediately returned to their homes only to find it had been covered with a thick coating of WTC dust. In addition, residents were faced with the task of cleaning their apartments often choosing to clean it themselves instead of hiring professionals to do the cleaning for them. This put residents into direct contact with dangerous toxins.<sup>1</sup> Despite this fact one week after 9/11, even the EPA declared that the air was safe not giving any warning to employees or residents in the area. First responders and rescue volunteers who arrived at ground zero were directly exposed to all these substances during the cleanup process. Yet, lower Manhattan residents were just as likely of becoming physically injured from exposure to these chemicals. According to NYCDOH Commissioner Thomas Farley, lower Manhattan residents, in addition to rescue, first response, and clean-up workers were at the greatest risk for developing asthma, heartburn, respiratory disorders, sarcoidosis, gastroesophageal reflux symptoms and other conditions.

Therefore, to draw an arbitrary line enclosing a boundary that excludes these residents that were physically harmed is unreasonable if eligibility to receive compensation is solely based on an address within these boundary lines. Furthermore, the proposed boundaries may potentially deter residents north of Reade Street from even applying for compensation. It sends out the message that their experiences are less significant compared to residents living just a few blocks south of Reade Street. The reality of the situation is that NO real line or boundary can be drawn to adequately depict the area where residents were mostly affected. ALL of lower Manhattan residents felt the impact and aftermath of the WTC collapse.

In 2002, the Lower Manhattan Development Corporation (LMDC) created a Residential Grant Program to provide assistance and incentives to lower Manhattan property owners and residents after 9/11. This program used federal money to rebuild lower Manhattan south of Houston Street. Houston Street was chosen as the border after careful consideration and examination of the extent of the damages to lower Manhattan. It can therefore be concluded that damages were observed as far north as Houston Street. In addition, immediately after 9/11, individuals residing south of Canal Street were not allowed to enter into their homes without an official escort. This was due to the debris that spread up and past Canal Street. As these residents were evacuated, residents in north Tribeca were not and remained in the area while the debris removal effort was going on. Therefore, I would recommend that the boundaries be extended to include all residents south of Houston Street since this street would delineate a more logical northern boundary. Yet, if the Zadroga Act is to provide any assistance to residents who were physically injured in the community then shouldn't consideration for eligibility be based solely on physical damages rather than on any imaginary lines? However, if boundary lines MUST exist to delineate eligibility for the victim's compensation fund then at best the boundaries should reflect the LMDC catchment area and the same deference should be paid to those residents living south of Houston Street.

We also suggest that cancer be included as a physical condition that is WTC-related and covered by the victim compensation fund. NIOSH recently declared that scientists had found no evidence linking cancer to WTC debris exposure. However, the plume that was produced from the WTC collapse was composed

of various contaminants known to be carcinogenic and highly toxic. Asbestos, hydrochloric acid, Polychlorinated biphenyls and hundreds of other heavy metals and chemicals were disbursed throughout the city. Residents and first responders were exposed to these substances and some have developed cancer as a result. Although it has not been proven to date, we cannot rule out the possibility of cancer caused by exposure to these known carcinogenic particles. We should also keep in mind that cancer is often a slow progressing disease that can go undiagnosed until the disease has spread throughout the body and death has become a greater risk. It is unjust to WTC victim's and Lower Manhattan residents who lived and worked completely exposed to the debris that were diagnosed with cancer to be excluded as recipients qualifying for the compensation. People currently suffering from cancer who do not have much time left cannot wait for scientific evidence to prove the link between WTC exposures to cancer. Including cancer as a physical injury will also be important to secure for those that have no symptoms now and may be diagnosed with cancer in the future to secure compensation. To exclude cancer as a "physical injury" from the VCF based on "inconclusive" data is unreasonable especially for those that cannot afford treatment. As we know scientific results often lag in time before sufficient necessary evidence is presented that will support a good cause. It should not be a question of evidence but a humanitarian decision that will help those in need of adequate medical care that they may not be able to afford. Cancer victims should be eligible for compensation before their condition worsens and simply because it is the right thing to do.

In addition to providing compensation to victim's that have been diagnosed with cancer, Post Traumatic Stress Disorder (PTSD) should also be included as a health condition eligible for compensation. PTSD is an anxiety disorder after experiencing an event that is psychologically disturbing. PTSD was the most common health effect of 9/11. "One in five adults enrolled in the Health Department's WTC Health Registry reported post-traumatic stress symptoms 5 to 6 years after 9/11."<sup>ii</sup> PTSD may potentially cause several physical conditions to arise in an individual. For instance, PTSD can promote sleep apnea which is listed as a physical condition covered under the victim compensation fund. In addition, chronic PTSD

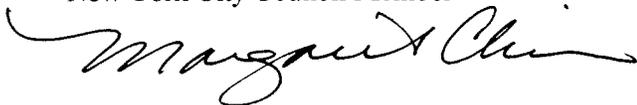
may often interfere and degrade ones quality of life. Furthermore, if the WTC Health program is providing medical monitoring and treatment that covers PTSD as a mental health condition than it would also be logical to include it as a condition eligible for compensation.

People that were physically injured and exposed to the plume produced following the collapse of the WTC lived throughout ALL of lower Manhattan. Residents north of Reade Street that have demonstrated severe health disparities must be taken into consideration. Dust and debris spread virtually everywhere even as the wind carried some of it to Brooklyn, debris trucks were left outside residential homes north of Reade Street and many of these residents living beyond Reade Street have demonstrated physical injuries. Many are currently suffering from medical conditions such as cancer and PTSD but being denied the compensation they should be entitled to. I strongly urge you to do what is right and to expand the boundaries so that all residents who were affected by this tragedy can receive the help they desperately need.

Thank you for your attention and consideration.

Sincerely,

New York City Council Member



Margaret S. Chin  
District 1, Manhattan

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<sup>i</sup> Committee of the World Trade Center Indoor Air Task Force Working Group, *World Trade Center Indoor Environment Assessment: Selecting Contaminants of Potential Concern and Setting Health-Based Benchmarks*, 2003, [http://www.epa.gov/wtc/reports/contaminants\\_of\\_concern\\_benchmark\\_study.pdf](http://www.epa.gov/wtc/reports/contaminants_of_concern_benchmark_study.pdf) (May 2003)

<sup>ii</sup> Thomas Farley, *What we know about the Health Effects of 9/11, 2011*, <http://www.nyc.gov/html/doh/wtc/html/know/know.shtml> (August 2011).