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Alvin L. Young, Ph.D.  
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7 May 1981

Dr. Glenn E. Haughie, MD  
Director, Office of Public Health  
New York Department of Health  
Tower Building, Empire State Plaza  
Albany NY 12237

Dear Dr. Haughie

I apologize for the tardiness of my correspondence! I did appreciate the invitation to serve on the Expert Panel and to have had the opportunity of personally viewing the Binghamton State Office Building. Let me formally share with you my observations and recommendations.

First, I commend you and your staff for the progress that has been made on resolving this chemical contamination "episode". However, you are faced with a monumental decontamination task which, unfortunately, has the potential for becoming an albatross around the neck of the NY Department of Health for many years to come. It will likely produce negative benefits for the State of New York in the press and with the public unless the task is done carefully and tactfully. To this end, I believe you must immediately initiate long-term plans. The most important recommendation that I urge you to adopt is the formation of an "Authority" or "Special Agency" to coordinate all activities and functions associated with this episode. This "Authority" must be headquartered in Binghamton (preferably near the State Office Building so that decontamination activities can be readily monitored, and so that the "crisis" will be a daily reminder of the importance of its task).

The "BINGHAMTON AUTHORITY" should be composed of committee members or advisors plus a full-time, state-employed staff. The committee members should represent the concerned public, appropriate labor unions or employees of the State Office Building, and the city, county, state and federal governments. The full-time staff should minimally consist of a project director, staff scientist, public relations coordinator, and a small support staff. The full-time staff should maintain a facility where the Committee could hold weekly meetings, and where

letters could be typed, phone calls received, status reports prepared, and interviews given to the news media. The current "Panel of Experts" could periodically serve the Authority on difficult scientific questions or sensitive public issues. The point that I am trying to make is that the Binghamton Authority must have the responsibility and authority to "get the job done". You desperately need a single focal point for this episode. When I visited Binghamton I was appalled by the number of "players" and the apparent lack of coordination between them in collecting samples and giving interviews, and tours. Unless you can get this facet of the program in hand, future accomplishments will be minimal. A Binghamton Authority would provide the needed focal point. It is important that every action that concerns this episode be coordinated and appropriately documented. This includes proposals for research, contractual arrangements and actions, sampling protocols, labor actions, press releases, and the maintenance of a registry of visitors and tours of the contaminated facility.

Although the cost of establishing a Binghamton Authority will be significant, the dollars that will be saved, the knowledge that will be documented, and favorable public relations that will be cultivated will offset the investment.

The second issue I would like to address concerns exposure standards. The Expert Panel meeting of 3 April was unable to establish permissible exposure levels. In the absence of such data, I would recommend the use of interim standards. For example, for PCBs, an interim standard of 2 micrograms/per square meter for public surfaces and 1 microgram per cubic meter of air would be consistent with NIOSH actions. For TCDD, I would recommend an interim standard of 0.01 microgram per square meter and 0.006 microgram per cubic meter for similar surfaces and air, respectively. These latter interim standards are in keeping with actions by the Italians and the US Air Force, respectively. I would also recommend that different areas of the building have different interim cleaning standards. For example, for TCDD, permissible levels of 5 micrograms per square meter should be adopted for inaccessible areas. Obviously, until sufficient analytical and toxicological data are

available on the sample matrix, final exposure standards cannot be decided. I believe that chemical binding within the soot has significantly decreased the toxicity of the samples (see ATCH 1, article from J. Agric. Food Chem. 1981, 29:288-293). However, decontamination efforts are pointless unless you have a goal-oriented program. Thus, interim standards must be established concurrent with decontamination actions, least you be faced with the dilemma of when to stop cleaning.

In reference to toxicological testing, I was pleased to hear that you've had state laboratories undertake the testing and evaluation of the soot matrix. I feel very strongly that state and local laboratories should play important roles in this project. Nevertheless, testing protocols should be prepared and evaluated on all projects, and all personnel should be instructed in the safe handling of the chemicals associated with the soot matrix. The entire project could suffer if some laboratory personnel are contaminated due to poor testing and safety procedures.

In reference to analytical determinations, I continue to support analyses by Dr O'Keefe and Dr. Spalik. However, because of the complexity of the analytical tasks, I believe it is important that confirmation of selected samples be obtained from an independent laboratory. I suggested to Dr Schechter that the University of Nebraska has the necessary capability to exam samples for 2,3,7,8-TCDD. A commercial laboratory may also be of value in providing rapid turn-a-round time for selected samples.

During my visit to Binghamton, I discussed with Dr Schechter the need for a standard sampling protocol. This should include a program where all samples for all facets of the project (toxicology, characterization, and decontamination) are collected by the same team with records established on where, when, and how the samples were collected. I believe the current procedure is not providing the adequate "economy of sample" nor "maximum data per sample" that is so necessary in this project. For example, I recommended to Dr Schechter that:

- A. The same location be wiped sampled on multiple floors. I suggested that a site near the vent in the NE Mens Room be sampled on Floors 3,7,11, 15, and 18. This will allow dispersion modelling from the source.

- B. Wipe samples (from floor, wall, and ceiling) be collected from common areas (e.g., elevator lobbies) associated with floors 4, 8, 12, and 16. This will allow comparisons between similar floors, walls, and ceilings that are located at equal distance from each other.
- C. Air samples be similarly collected from 2 locations (heavy traffic areas) on 3 different floors. The air samples should be 48-hr samples and should represent both particulate and vapor phases.

Detailed analyses of the above samples would provide a more complete picture of the magnitude of chemical contamination of the State Office Building. They would also provide excellent baseline data prior to extensive decontamination operations.

There are a few minor (but critical) items that I would bring to your attention. It is essential that a registry be prepared of all personnel potentially exposed to the toxins. This should include fireman, workers, visitors, etc. The more thorough the documentation of the individuals (identification, job, age, address, etc.) and the exposure (date, circumstances, located visited, etc.), the more valuable this registry will become in the next few years, especially when legal actions are taken and liability determinations are made. Another item is the disposition of the contaminated office equipment and furniture. I discussed an idea with Dr. Schecter concerning the equipment and furniture; I believe that with appropriate safe guards (approved by EPA), some enterprising firm may be willing to decontaminate, repair, and repaint the equipment and furniture. The firm would be responsible for safely removing the "bagged" equipment and furniture at no cost to the state. It would in-turn recover costs through the sale of the items. The county or state would profit by not having to dispose of the material in a sanitary landfill or through incineration. This idea would be most feasible if it is shown that the soot reduces the exposure potential of the toxic chemicals.

The parking garage was essentially decontaminated when I visited Binghamton. I would hope that the latest wipe and air samples confirm that the area is "essentially" decontaminated. Since this is an important parking facility, and one that can be controlled, I believe that the most stringent standards need not apply. I believe that the

benefits gained from opening this parking facility as soon as possible will outweigh the minimal risks associated with exposure to almost negligible levels of soot-bound contamination. This brings me to my last point. Because of the incidents associated with controlling the fire, and the initial attempts at decontamination, the soot, and hence, PCB, TCDD, and TCDF, have spread from the building to other areas in the community. I realize that some mapping of the surrounding contamination has been conducted. I would certainly recommend continuation of a systematic (and periodic) mapping program. The public needs to know that there is an environmental monitoring program. The public needs to also hear "positive" information (the intent of my short seminar to your medical association). The "Doom and Gloom" team constantly maximizes any threat at the expense of perspectives and probabilities. In truth, we have no information that the low levels of PCBs, TCDDs, and TCDFs encountered in the environmental monitoring programs or in the decontaminated areas pose a threat to man or his environment. We must not let emotion dictate that the State Office Building and all its contents be destroyed. The project that faces you will be difficult but it is manageable!

I believe that my comments address the questions and concerns in your letter of 15 April and Dr Schecter's letter of 10 April. If I can be of further assistance or clarify any of my comments, please contact me.

Sincerely yours,

ALVIN L. YOUNG, PhD

1 Atch  
Journal Article

cc  
Dr. Arnold Schecter