Oregon Public Health Association
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Cleaner Air Oregon Advisory Committee
Oregon Public Health Association Response to the February 2, 2017 Meeting

Following the February 2, 2017 Advisory Committee meeting, the OPHA representative (Dr. Susan Katz, substituting for Dr. Diana Rohlman) presented the following discussion points concerning the recommendations for DEQ and OHA on the elements proposed for the new CAO regulatory plan. Below are Drs. Rohlman Katz's comments.

Responses to Program Elements16-25,

Program Element 16: Setting and Using De Minimis Rates

The OPHA urges DEQ and OHA to consider background air concentrations in a given air shed being evaluated for permitting further emissions. Therefore, if de minimis rates are used in the permitting program, they should take into account background air concentrations. For example, if the de minimis rate were 100, and background was 25, a facility would be held to 75. This of course gets tricky with multiple sources in the area. We would recommend a health impact assessment, as is used by South Coast, to determine if low-level emitters could impact human health; i.e. if there are multiple low level emission sources in an area with high background, this may mean these sources would need to be regulated even if they are below a de minimis concentration.

When Dr. Katz asked a question about use of HIAs in the tiered process, Dr. Farrer and Ms. Armitage seemed to suggest there was no role for HIAs . But especially in communities with environmental justice issues, we believe this would be occasionally appropriate. This of course, involves considering cumulative risk for both cancer and non –cancer health effects, as we have recommended previously.

In short then, we believe using de minimis rates would be appropriate in some areas with exceptions for already highly polluted areas and environmental justice communities. **We support Elements H, J and K.**

Program Element 17: Setting and Using Significant Emission Rates

We strongly support a tiered analysis, a set of steps with increasing refinement, to screen out small, low-risk sources following a health impact assessment, if required. Without a health impact assessment, sources will continue to be regulated as a stand-alone source, which does not take into account the overall impact of multiple sources in a single area. While the look up tables recommended by the Technical Workgroup are a useful tool, such a tool does not provide protection in a community where there may be 20 small sources, of which the combined emissions may prove to have adverse health effects. A health impact assessment could determine relative risk, and then such tables could perhaps be useful. While treating each source

independently is easier, health is not as discriminating. This may however still be useful as a screening tool, to determine, on a per-source basis, what potential exposures to a community may be.

It was pointed out that the State of Washington uses a factor of 1/20 of the SER to account for nearby sources. We are not certain if this is adequate, but recognize it as a way to simplify your work, given existing resources. However, it is not ideal. Phasing in over 4 years as SCAQMD seems appropriate.

In short, cumulative risks must be considered, and should be considered early in the process as part of a screening step. **Therefore, we support Element G: Include cumulative risk from multiple sources, as well as Element H, require an assessment of nearby sources.**

Program Element 18: Initial Modeling – risk assessment and modeling once initial screening level is triggered (AERSCREEN)

Again, **we agree with Elements A and B and E, and F**, but wonder what guidelines would be used to establish an area requiring additional considerations because of the nature of the population.

Program Element 19: Refined Modeling – risk assessment and modeling once higher level of analysis is triggered (AERMOD)

We agree with Elements A-H and support the process that SCAQD has used.

Program Element 20: Phasing

We support elements C,D, E and G. Focusing on the largest, most complex emitters, after an emissions inventory is obtained, would most quickly address the highest health risks. This may involve prioritizing the list of most dangerous emissions from the larger list, as we believe SCAQD has done. A four year phase in seems appropriate.

Program Element 21: Looking beyond current air permitting program for other sources of air toxics

We support using all elements A-F, thinking that this is a task a computer could simplify. The TRI is a good initial screening method but it is limited, often out of date, and is not sufficient.

Program Element 22: Community Engagement

We support having a Citizen Advocate position with a qualified EJ expert to work with the community and industry as conversations occur. Public meetings should not be used for white-washing and dismissing the community's fears with blank reassurance.

Respectfully, we disagree with the Technical Workgroup that webinars are an excellent tool for community engagement. Community meetings, while more time-intensive, provide a forum for interacting with communities and a forum for communities to list their concerns. This would be an excellent time to pull in additional groups, such as academia, neutral medical experts not associated with government agencies, and others (multiple disciplines study risk communication, health promotion and community engagement) as well as Extension officers in addition to representatives from various community groups. These individuals can help plan appropriate community forums and identify other stakeholders that should perhaps be involved in the process. While fact sheets can be helpful, they MUST be developed in collaboration with community stakeholders to ensure they are appropriate for the community. If translation is

needed, use a translator from the community to ensure the language style, word choice and comprehension are correct. Phone language interpreters may miss the intent of the words- this is not a good time to risk "lost in translation".
In summary, we support Elements B,C,G and H. and for Sources, Elements C and D.

Program Element 23: Compliance
We believe we need real time monitoring of both fenceline and ambient air, at least every other year and twice a year before the facility is due for repermitting. We also support citizen science monitoring programs. Oregon Environmental Council has recently conducted a small scale effort on diesel particulates in the Lents area that is an admirable beginning to involving local residents. **We support elements A, C, D, E and F**. We are concerned about Program Element B, as it seems somewhat unfair. All sources should be held to the same standards independent of their location. To be protective of environmental justice areas, we suggest that background concentrations, as well as cumulative risk from all sources in the area, be included within the permitting process. Element D may be necessary as a carrot instead of a stick, if the reductions are verifiable.

Program Element 24:Capacity- regulatory Costs and Fee Structure
We support Elements A, D, E, G and H.

Program Element 25: Evaluation
We support Elements A and B. Both verifiable emission inventories and ambient monitoring should be priorities, with every effort made to utilize limited funds for maximum monitoring opportunities, for the most toxic and health threatening emissions.

Thank you for consideration of these comments. Health risk issues should remain at the forefront of the regulatory reform. DEQ, OHA and additional toxicologist person-power are essential in setting good risk based standards at the very beginning of the process.

Sincerely,

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