



Oregon Public
Health Association

Oregon Public Health Association

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Dear Jackie and Claudia,

We greatly appreciate the chance to be part of this monumental Cleaner Air Oregon undertaking. The April 4th meeting was excellent at laying out the proposed draft framework. Below we have briefly summarized some of our main points, and then organized our points by program element.

First, we would like to address a comment that has come up before in these meetings, which is the belief that employment leads to health. While there is a definite correlation between the two, this is not a causative relationship. Having a job leads to a salary which leads to the financial ability to go to a doctor and buy medications to treat symptoms and invest in healthy behaviors – increased access to affordable health care is the causative agent in improving health, not the job itself. To believe that a job alone results in a healthier person does a disservice to the impacted individuals. In 2006, the World Health Organization estimated that the environment contributed up to 24% of the global burden of disease (Prüss-Üstün A, Corvalán C. *Preventing disease through healthy environments: Towards an estimate of the environmental burden of disease*. France: World Health Organization, 2006). This is a misleading statement and, as another member pointed out, would become inaccurate if healthcare were universally available.

Secondly, we applaud the proposed framework for how it incorporates a health protective viewpoint. To that end, we request that when calculating cumulative risk for an area, the cumulative risk include the risk coming from sources that are classified as *de minimis*. We understand the need for having the *de minimis* rating, but then that data should be utilized. This is also protective of environmental justice communities, which may have a higher incidence of both industrial, permitted sources and industrial *de minimis* sources, which could result in a very high cumulative area risk.

Thirdly, for such a program to be health-protective and protective of environmental justice communities, we ask that the committee revisit the proposed Element 9, wherein if an area is said to be above the cumulative area risk, that no further action against pre-existing sources would be taken. We understand that all facilities may be in compliance on a per-source basis, but that may still lead to a non-compliant area. As a result, there may be a risk to human health. We would suggest the committee brainstorm ways to reduce area risk when it rises above the cumulative area risk.

Below are comments specific to the discussed Program Elements:

Program Element 1-2 – *no concerns or clarifications*

Program Element 3: Categorical exemptions

Note: It is our understanding that these exemptions will be based on currently existing categorical exemptions

Program Element 4: Air toxics included in the program – *Concerns noted:*

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1. Will the reporting data be made publicly available? How will DEQ and OHA use this data? We agree it should be collected, but the use of the data should be clarified. For example, will the data be used to show what the most prevalent types of air toxics are emitted by industry?
2. By collecting this data, will retrospective risk be monitored, as it is by Cal OEHHA (every 4 years)?
3. What is the process for moving a toxic from the reporting list to the permitting list? This should be very clear regarding steps necessary and the associated timeline for such a process.
4. Why is the International Agency for Research on Cancer not listed as an authoritative body?

Program Element 5: Method for setting regulatory health risk-based concentrations – *Concerns noted:*

1. Why is the International Agency for Research on Cancer not listed as an authoritative body?
2. There are many other European Agencies with useful, science-based health standards that could be utilized. Relying on ATSAC or other small US agencies/departments may be restrictive and time-consuming.
3. The Southwest Clean Air Agency has an online tool for identifying RBCs. Would this tool be used or adapted to provide RBCs for permitted industry to use? How will industry easily access and utilize the RBCs? If a change is made to an RBC, how will industry be made aware of these changes?
4. The element states that “anyone could propose that a new toxic air pollutant be added to the list if they can show that there is enough toxicity information to develop an RBC.” The type and quality of toxicity data should be specified that would be considered “enough” to propose an addition to the list.
5. As stated in the meeting, there should be a way to add new toxics to the list in the face of strong evidence outside of the 3 year updates. For example, if a new air toxic is discovered to be a Group 1 human carcinogen 6 months after the most recent update, it does not make sense to continue emissions until the next meeting. The rules for initiating an ad hoc update should be specific to the specific toxic in question, and there should be stringent requirements regarding the toxicological data. For example, there are longitudinal bio-monitoring studies that may provide strong evidence, or even long-term, controlled animal studies that may indicate human health risk. What are the parameters that will be set that maintain “enough toxicity information to develop an RBC”?

Program Element 6 – 8 – *no concerns or clarifications*

Program Element 9: Cumulative risk from multiple facilities in an area – *We strongly agree with this approach, yet have the following requests for clarification:*

1. How would an ‘area’ be determined?
2. If a cumulative risk for an area is set, how will this information be used? In the meeting, it was clarified that if an area is at the limit or above, no new industry nor industrial expansion would be approved. However, it appeared that if an area was above the limit, there would be no steps to reduce all industrial emissions to reduce the cumulative risk. One of the central tenets of Cleaner Air Oregon is to proceed with an environmental justice lens. The proposed approach is not protective of environmental justice communities, as it would allow cumulative risk to stay high if the industry already exists. It ‘grandfathers in’ existing pollution.
3. There should be strong guidelines for setting cumulative risk in an area, and procedures for reducing cumulative risk in an area for pre-existing industrial sources.
4. We recommend a lower cumulative risk for an area. As stated in the meeting, the current state average is ~40 in a million. To be protective of health, we feel that area risk should be lower than the current state average. This should be a science-based approach, rather than a range composed of ½ - 2x the state average.

Program Element 10: Use of background/ambient concentrations in the assessment of risk – *Clarification suggested:*

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1. We understand the scope of this program, and further understand the difficulties associated with monitoring and modeling non-stationary (e.g. diesel) and ambient, non-industrial (e.g. woodsmoke) sources. However, we propose that the data collected in PE 16 be used here, and be calculated as part of the cumulative risk for an area (PE 9).

Program Element 11 – 13 – *no concerns or clarifications*

Program Element 14 and 15: Allowable risk levels and; Allow different risk levels for existing and new sources – *Concerns noted:*

1. While we understand that TBACT is the most effect control technology, that is a technology-based standard, not a health-based standard. As a result, it is difficult to understand, from a public health standpoint, why a unit with TBACT gets a higher emission standard. However, the point may be moot as long as worker safety is adequately addressed and the whole facility emissions are held to 10 in 1 million and an HI of 1.
2. Regarding #4 in the proposed elements 14 and 15; we support setting a total industrial emissions impact in an area but raise the concerns listed above in Program Element 9. However, this concentration should be science- and health-based, rather than a range based on the current state-wide cancer risk posed by industry. From a health standpoint, it is difficult to rationalize increasing the cancer risk in an area, thereby increasing the state-wide cancer risk. To be protective of human health, cancer risks should be minimized.

Program Element 16: Setting and using *de minimis* emission rates – *Concerns noted:*

1. We support having an ‘off-ramp’ for industrial sources that emit very low levels of air toxics (e.g. below 1 in a million, or below HI 1). However, this data should be used, not collected as a point of interest. We would suggest collecting the *de minimis* data and using it within the cumulative area risk outlined in Program Element 9. Such an approach would be protective of environmental justice communities, and partially addresses the concern over ‘background’ or ‘ambient’ levels of air pollution. Since the data is being collected as part of the permitting process anyway, it should be a simple addition.

Program Element 17 - 24 – *no concerns or clarifications*

Program Element 25: Evaluation – *Concerns noted:* Very specific metrics should be chosen to identify program effectiveness. It is useful to compare initial 2017 emissions inventory information against future emissions, but additional metrics should be chosen as well. Complaint lines are one way of evaluating the program, but just looking at the total number may be misleading. The content and type of complaint may provide useful information. Would evaluation also include fence-line monitoring to compare monitored emissions data to modeled emissions data? If this is done, there should be concurrent actions in place if emissions are found to be higher than modeled numbers.

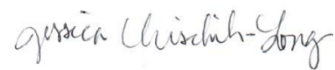
Best,



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