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Roberta Lawson
RDH, MPH
Executive Administrator

November 17, 2008

RE: Comments on Climate Change Proposed Scoping Plan

Dear Chair Nichols and Members of the California Air Resources Board:

The California Conference of Local Health Officers (CCLHO) represents the 61 legally appointed physician Health Officers in California. CCLHO was established by statute in 1947 to advise the Department of Health Services (now Department of Public Health), other departments, boards, commissions, and officials of federal, state and local agencies, the Legislature and other organizations on all matters affecting health.

CCLHO commends the California Air Resources Board (CARB) for its groundbreaking efforts to develop a comprehensive plan to reduce greenhouse gas emissions, and we are very pleased to see that the final version of the Scoping Plan is a significant improvement over the earlier draft.

CCLHO applauds the plan's greater emphasis on the role of land use planning and local government efforts in meeting the greenhouse gas reduction goals:

- The new plan more than doubles the goal for emission reductions from the land use sector (from just 2 million metric tons to 5).
- The plan also calls on local governments to reduce their emission by 15% over projected 2020 emission levels.

CCLHO also greatly appreciates the inclusion of the California Department of Public Health (CDPH) as the newest member of the Climate Action Team (CAT).

But before the Board adopts the final plan, we urge you to take the following actions to maximize the public health benefits of the Scoping Plan and protect vulnerable and low-income communities.

1. Establish a formal role for public health in the implementation of AB 32 regulatory and market strategies.

While CARB has tremendous expertise and knowledge about the air quality benefits of global warming strategies, there is a strong need for a broader range of information on health impacts and health benefits of mitigation strategies. It is important that the Scoping Plan include a clear commitment from the Board to reach out to the broad range of health constituencies, and to provide appropriate resources to allow meaningful involvement.

We ask that you direct staff to come back within three months with recommendations for establishing a formal process to include state and local public health agencies and organizations in the development and review of all proposed greenhouse gas reduction measures, including proposed regulatory and market mechanisms, so that they can provide input and analysis of the broad range of health benefits and concerns related to those measures, to include appropriate resources to allow meaningful involvement.

2. Ensure protection for already over-impacted communities.

Mitigation strategies, such as cap-and-trade programs or siting of new “green” facilities, must not exacerbate already existing health inequities in low-income communities. Such communities are already unequally burdened by extremely poor environmental conditions and poor health. This plan must include adequate safeguards for these communities. The Board must insure that each measure included in the Scoping Plan will not only assist statewide greenhouse gas reduction goals but will also improve conditions in local communities. This means that the measures must both prevent creation of localized pollution “hot spots” and demonstrate the ability to achieve real improvements in air quality and health conditions in all communities in the state.

We ask that you establish additional measures in the Scoping Plan to identify and ensure protection of vulnerable and low-income communities and prevent any backsliding on air quality protections. This includes directing CARB staff to do the following:

- a. Establish within one year a cumulative impacts screening protocol to identify those communities most impacted by air pollution;
- b. Design regulator and market-based compliance mechanisms to achieve maximum emission reductions and co-benefits in these communities; and
- c. Initiate a public process to determine how resources generated through implementation of AB 32 measures can be allocated to minimize adverse health impacts and create climate resiliency in our most vulnerable communities.

3. Set a higher target for greenhouse gas reductions from the land use sector.

The current target of 5 million metric tons (MMT) does not keep us on track for achieving our 2050 greenhouse gas reduction goals. We need to reduce vehicle miles traveled (VMT) by 10% by 2020, but the current 5 MMT target equates to only a 4% reduction in VMT. By assigning only minimal emission reduction targets to land use and transit policies, CARB misses a critical opportunity to spur meaningful change in the built environment to mitigate climate change and improve the public's health.

Requiring better land use and transportation planning will reduce greenhouse gas emissions, improve air quality and physical activity levels, and reduce obesity-related illnesses such as diabetes and cardiovascular disease. Twenty-five percent of all development on the ground in 2020 will have been built between 2010 and 2020.

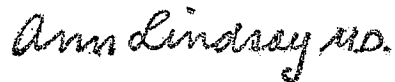
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This presents a tremendous opportunity to improve the design of new development so that it allows people to choose alternatives to driving and provide access to public transit. When transit is convenient and reliable people use it: 42% of Bay Area residents who live within ½ mile of public transit use it to get to work. When people live in compact, mixed-use communities they drive 30% less than those who live in sprawling suburban developments.

CARB should increase the goal for emissions reductions due to smart land use planning to 11 – 14 MMT. This would send an important signal to create communities that enable people to get out of their cars and walk, bike, or take public transit — improving their own health while improving the health of the planet.

Thank you for considering these suggestions.

Sincerely,

A handwritten signature in cursive script that reads "Ann Lindsay MD".

Ann Lindsay, MD
President
California Conference of Local Health Officers