

Alliance of Nurses for Healthy Environments

Bringing Science and Passion to the Environmental Health Movement

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April 14, 2021

RE: Amendments to the Criteria and Toxic Reporting Rule and to the Guidance for the "Hot Spots" program.

Dear CARB members,

These comments on the rules concerning air toxics in California, specifically amendments to the Criteria and Toxics Reporting rule and to the guidance for the "Hot Spots" program are being made on behalf of the California Leadership Council of the Alliance of Nurses for Healthy Environments. Please consider these comments for **both** dockets.

Clean air quality is essential for health and we support better control of air toxics as well as swift and ongoing actions to reduce toxic emissions into our air. Air pollutions effects on health is twofold. Air pollution contributes to climate change and many acute and chronic health conditions are associated with increasing temperatures. Air with PM greater than 2.5 is associated with respiratory and cardiac illness as well as premature birth and premature death. The American Lung Association has assessed many areas of our state with failing grades on air quality and as the worst in the entire country. Unfortunately, low-income communities, many of them communities of color are at the greatest risk for dangerous air quality. The children in these communities develop asthma early in life and it becomes a lifelong disability. Their physical activities during youth and beyond are limited, they require frequent emergency visits and their entire family suffers. Mental anguish and fear of respiratory conditions also take a toll on individuals and families. People who must work outdoors are doubly burdened by increasing heat exposure along with poor air quality.

Ozone is a toxin frequently associated with, among other things, premature birth and is part of emissions from fracking and from landfills as is methane. Other chemicals such as PFAS which biodegrades very slowly and hence is called a "forever chemical" and which stays in our bodies is a known an "endocrine disrupting chemical" associated with cancer, with liver disease, and with making vaccines ineffective in children.

As health providers, we need to know if air toxics, including pesticides, are being released into our air. We need accurate, timely and complete information about air quality. Our patients need to know too, so they can attempt to protect themselves and their families by staying indoors (often without air filtering or air conditioning). We support and urge CARB to develop and implement better monitoring and information distribution.

Industrial and agricultural emissions from fossil fuel extraction, solvents, manufacturing, farming and incineration are dangerous hazards for people living in and near them. Kern County in particular has a combination of fossil fuel extraction emissions, the meeting of several trucking routes and air borne pesticides and fumigants combine to create dangerous air.

Kern shares its pollution north and south. The air pollution does not stay in the county it spreads north throughout the counties in the central valley where more pesticides are added. It spreads south toward LA where crammed highways contribute more toxins from internal combustion engines. Living and working in areas with dangerous levels of toxic air pollution is not safe.

All industries (such as: manufacturing, automotive, oil & gas, farming, transportation etc.) must report all the chemicals and chemical byproducts they are discharging and when (preferably in advance) so we can protect the public and measure harmful discharges in an effort to reduce them.

The final rules include eight areas that the Alliance of Nurses for Healthy Environments has serious concerns about.

First: the proposed time to begin reporting is much to far off. People are getting sick and suffering now.

Second: the proposed timeline for identifying which toxic chemicals are being released is far to long. Public Health Professionals cannot act without this essential and time sensitive information. **Third**, the timeline for producers of toxic emissions to report what they are polluting communities with demonstrates a lack of concern for the people the CARB is charged with protecting. Pollution producers should already know what they are emitting into our communities. This information must be made a priority.

Fourth: the extension of deadlines for compliance with reporting, found in every draft of this rule, are unacceptable. Protecting our health and our children's future cannot wait.

Fifth: The rules must require that all identified toxics and pollutants be included, even if there is not a completed health value assessment to date. Waiting until health outcomes are apparent (which may be delayed because they occur with small exposures over time) will be too late. We must prevent illness by using caution. This is true for all chemicals including toxic gases and pesticides. **Sixth**: SCIENCE including monitoring of emissions and health tracking, including biomonitoring must instruct CARBs decisions and actions. This data and actions in response to it must be included in regular reporting.

Seventh: The impact on communities of multiple facilities with multiple toxic emissions must continue to be included in the rules. Multiple chemicals interact with other chemicals producing toxic mixtures. These provisions must be restored to the rules. Further, while CARB states its intent to consider "environmental justice issues" in addressing the disparate impact of this toxic air pollution, it has removed the very language that considers the effects of emissions from multiple facilities which are often found in "frontline/fence line" communities. Without this analysis, these communities located with many types of toxic emissions will have worsened along with disproportionate exposure to poor air quality conditions.

Lastly, we urge the CARB and the districts to use real time scientific analysis of conditions to write accurate comprehensive rules and to make the assessments based on these real time conditions which must include examination of the different sources of toxic discharges that affect each area. The multiple sources and types of pollution and toxic discharges from must be considered together.

Thank you for considering our input and the impact of your rules on the public's health and on our very future when you write the next draft of these rules and the Amendments to the Criteria and Toxic Reporting Rule and to the Guidance for the "Hot Spots" program.

Sincerely,

Barbara Sattler RN, DrPH Board Member, ANHE bsattler@usfca.edu