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PM 2.5 Plan Commentary
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As a Respiratory Care Practitioner who works at a local medical center, my experiences with our dirty air have been both personal and professional. My husband and children suffer from asthma, working hard to thrive here over the past 24 years.

We applaud the Air Pollution District's efforts so far. But everyone will readily admit that we are still off the mark by many years. In fact, the plan appears to rely heavily on CARB's efforts to reduce precursors to PM 2.5 with diesel truck reductions. As I review the plan, I note that Madera County has no PM 2.5 monitor. Despite very recent plans to rectify this problem, our new monitor will not yield valuable local data for at least another three years.

We are experiencing a county-wide growth boom in mobile and stationary sources of PM 2.5 via traffic, construction and industry. This promises to irrevocably change our air and water *without any local data to reflect progress in the proposed 2008 plan*. Plainly stated, our local sources of PM 2.5 will likely increase through 2011 (when SJVAPCD's "halfway evaluation" occurs) which means three more years "behind the curve." That means three more years of a "guesstimated" amount of a dangerous irritant that advances heart disease, worsens asthma and promotes lung infections. In such a significant data vacuum, I fear that the proposals are not enough.

There are more things that can be done in this plan to offset such gaps in scientific feedback, helping my family and patients to breathe easier. Doing more in the next three years will certainly help to achieve cleaner air, instead of waiting until the deadline to define next steps. For example, SJVAPCD should urge CARB to speed up the evaluation standards for heavy duty trucks and agricultural engines but needs to identify contingency plans for any NOx and PM volume increases, implement rules for fugitive dust sources, develop more RFP milestones at 2009 and 2012. The ISSRC Ozone plan can help right now to remove 20 more tons per day of NOx. The recent actions of Wyoming's Air Board should be studied and added to the contingency plans. All of these ideas can be incorporated and completed in just a few months, not the years.

2014 is not that far away. To ask my family or my patients to wait another 6 years for cleaner air is like asking them to hold their breath longer than anyone else. It is not fair, not reasonable and inappropriate. Please add these important suggestions to the plan, giving us all a better chance at achieving real air quality improvements. Dr. Velasco, the evidence base is inadequate and the plan is insufficient. Please do not accept this as it stands.