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## Statement of Kevin M. Stewart Director of Environmental Health American Lung Association of the Mid-Atlantic

Before the United States Environmental Protection Agency (EPA) Regarding its Proposed Rule of October 16, 2017

Regarding
Repeal of Carbon Pollution Emission Guidelines for
Existing Stationary Sources: Electric Utility Generating Units
(Clean Power Plan) as Promulgated on October 23, 2015

Under Docket ID No. EPA-HQ-OAR-2017-0355

West Virginia Capitol Complex Charleston, West Virginia

**November 28, 2017** 

Good morning. I thank the panel for your work here today.

I am Kevin Stewart and I serve as Director of Environmental Health for the American Lung Association of the Mid-Atlantic. I am representing not only the five million people in our service area who suffer from chronic lung disease, but also the tens of millions more who desire to breathe clean air and so protect their good health.

Our oldest predecessor agency was founded in 1892 to fight tuberculosis. We are now dedicated to our broader mission of saving lives by improving lung health and preventing lung disease. We have been fighting for relief from ambient air pollution since the middle of the last century.

The American Lung Association of the Mid-Atlantic has championed the Environmental Protection Agency's efforts to set strong carbon pollution standards for both new and existing power plants.

- We have applauded those state administrations that committed to work to make the promise of the Clean Power Plan a reality.
- We have recognized that it would bring not only long-term but immediate health benefits to the American people.
- And with some states already having accomplished more in some categories than EPA
  had set as a target, the American Lung Association has even found that the Plan's goals
  were actually too modest in face of the scope of the problem, but rather, that more
  aggressive targets and more aggressive compliance dates should be set.

Nevertheless, we are on record as supporting the Clean Power Plan as a tremendous step forward in the United States' fight against carbon pollution. It should not be a surprise that we are here today to oppose its repeal.

Revoking the Clean Power Plan gives power plants a license to pollute. Repeal allows them to continue to avoid paying for the costs of their pollution—to the tune of some 90,000 pediatric asthma attacks, 4,500 premature deaths, hundreds of thousands of lost work and school days, and tens of billions of dollars—each year, by 2030. Repeal even encourages them to increase that burden on the public. This action puts children and other vulnerable populations in harm's way due to air pollution and climate change. This is unacceptable.

We stand by what we said in testimony two years ago...

- Carbon pollution that is driving climate change poses a current and growing threat to lung health and public safety.
- The changing climate threatens the health of Americans alive now and in future generations.
- Climate change is already affecting the health of people in our region.
- Many communities of color and low income face higher risks from climate change and from air pollution from power plants.
- Ozone, a serious respiratory irritant that can lead to asthma attacks, hospital admissions, and premature death, is likely to be worse in much of the Mid-Atlantic as a result of climate change than what it would otherwise.

Our concerns extend to fine particle pollution, already of much greater concern as a result of conditions conducive to wildfires and dust storms, exacerbated by climate change. Not only has the World Health Organization recognized that "Small particle pollution has health impacts at very low concentrations" and that no threshold for these has been identified, but I emphasize that the EPA's own Health Effects Subcommittee "fully supports EPA's use of a no-threshold model to estimate the mortality reductions associated with reduced [particulate matter] exposure."

Indeed, the case has done nothing but grow stronger year by year:

 With respect to ambient air pollution that is both emitted by dirty power plants and increased by climate change, Harvard's Chan School of Public Health found statistically significant increases in mortality among the Medicare population at levels below the

- current National Ambient Air Quality Standard (NAAQS) for fine particulate matter, and at levels far below the current ozone NAAQS, especially among minority and low-income populations.
- And just earlier this month... the Trump Administration, in the *Fourth National Climate Assessment*, found, simply, "Human activities are now the dominant cause of the observed trends in climate," that there was "no convincing alternative explanation," and that "temperature and precipitation extremes can affect ... human health..."

Furthermore, the proposal at hand indicates that EPA is considering "whether it should" issue a rule addressing greenhouse gas emissions from power plants. Not only has the EPA found the science to be abundantly clear that carbon dioxide and other greenhouse gases pose a danger to public health, but the United States Supreme Court has in three separate decisions confirmed that EPA has the authority and the duty to protect public health from these pollutants.

In short, it is illegal for EPA to answer the question of "whether it should" address this hazard in the negative. EPA must do so.

As a matter of public policy, the Lung Association supports our nation doing whatever is necessary to support people and communities adversely affected by economic dislocation resulting from the transition away from high carbon, high polluting energy. But we also recognize that this is a *necessary* transition, and one that provides far more benefits to our country as a whole than costs.

Not only do analyses show that health benefits and decreased mortality from the Clean Power Plan are especially likely to accrue in much of our service area, but we must emphasize that the populations potentially at risk from exposure to air pollution are not a few persons in fragile health, but in the Mid-Atlantic, are groups containing hundreds of thousands or even millions of individuals.

For example, just here in West Virginia, we're talking about 700,000 infants, children and senior citizens. The state has about

200,000 people with lung diseases such as chronic bronchitis and emphysema,

200,000 with asthma,

200,000 with heart disease, and

200,000 with diabetes.

There are more than 300,000 West Virginians living in poverty that put them at higher risk from air pollution. Pregnant women, their developing unborn, persons who work or exercise outdoors, and many others with existing health problems are also at risk.

Indeed, far from being a small minority, persons falling into one or more of these high risk groups together comprise more than half the population. And even more important to remember: Every one of them is a real person, not a nameless statistic. Every one of these people is a human being worthy of our attention – a neighbor, a coworker, a friend, a family member, maybe even yourself.

Per person, we produce more carbon emissions at one of the world's highest rates. Our nation holds great potential to confront and fix this problem.

Yet the Administration's justification for repeal is as if all the world's people were in a lifeboat with multiple leaks, but the reason we're choosing not to fix "our" leak is that the benefits of doing so aren't accruing only to us.

Meanwhile, our lifeboat—the only one we have—sinks that much lower.

Repeal of the Clean Power Plan is an abdication of responsibility at a time when leadership is what is called for.

We live in one country, a single, indivisible nation. We cannot put America First without putting *everyone's* health and well-being first.

We live on one planet, a single, interconnected world. We cannot put America First without *also* putting the Planet First.