



October 26, 2018



Alliance of Nurses for
Healthy Environments



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®



The Honorable Andrew Wheeler
Acting Administrator
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460

The Honorable Heidi King
Deputy Administrator
National Highway Traffic Safety Administration
U.S. Department of Transportation
1200 New Jersey Avenue, S.E.
Washington, DC 20590



American
Heart
Association.



AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.



Asthma and Allergy
Foundation of America



Arizona Public Health Association



Submitted via www.regulations.gov

Subject: Public Health Organizations' Opposition to the Proposed "Safer Affordable Fuel-Efficient Vehicles Rule" for Model Years 2021–2026 Passenger Cars and Light Trucks. Docket No. EPA-HQ-OAR2018-0283; NHTSA-2018-0067.

Dear Acting Administrator Wheeler and Deputy Administrator King:

The undersigned health and medical organizations write to express our opposition to the joint Notice of Proposed Rule Making issued by the United States Environmental Protection Agency (U.S. EPA) and National Highway Traffic Safety Administration (NHTSA) to reduce the stringency of existing vehicle emission and efficiency standards and to revoke states' Clean Air Act authority to adequately protect citizens from harmful pollution.

Our organizations are dedicated to the protection of public health, and support policies that safeguard health and improve health outcomes. By design, the proposed standards would increase fossil fuels burned and harmful pollution emitted into the atmosphere. The steps outlined to roll back vehicle emission and efficiency standards from 2020 to 2026, and to strip California and other states of their authority to implement more protective standards, are directly at odds with the interests of protecting and improving public health and the air we breathe. Because the existing science-based and thoroughly-reviewed federal and California vehicle emission standards for greenhouse gases are vital to the protection of public health, healthy air and a safe and stable environment for all Americans, we strongly oppose the proposal.



California Conference
of Directors of
Environmental Health



Connecticut
Public Health
Association

Promoting Public Health in Connecticut Since 1916



We urge the administration to reject this proposal; to adhere to the existing effective, appropriate and feasible national program through 2025; and to respect decades of Clean Air Act implementation with regard to state authority.

We Oppose the Proposal and Support Implementing the Existing Standards

Federal and state vehicle emissions, efficiency and technology standards adopted in 2012 were carefully researched and negotiated between U.S. EPA, NHTSA and California with significant public and stakeholder input. These standards are providing meaningful pollution reductions and fuel savings and are being achieved ahead of schedule in a cost-effective manner.^{1,2} The transportation sector has become the leading source of harmful carbon pollution in the United States,³ demanding the robust policy response to reduce carbon pollution reflected in the existing standards.

No rational basis exists for curtailing advancement of vehicle technologies that reduce harmful levels of emissions, fuel consumption and consumer costs. The proposed standards will lead to the consumption of an additional half million barrels of oil a day,⁴ raising direct health impacts associated with criteria air pollutants and carcinogenic toxic emissions for communities already most impacted by the “upstream” pollution associated with the extraction, transportation and refining of petroleum products, and creating an overall increase in particle pollution as compared to the existing standards in 2025 and beyond.⁵

By contrast, the existing standards remain an appropriate reflection of the urgent action needed to protect public health against climate change health impacts and an ongoing over-dependence on fossil fuels. The health consequences of climate change have never been clearer; worsened wildfires, storms, and heatwaves are just some of the climate-related impacts harming health today. It is simply the wrong approach to roll back these critical health-protective standards and leave states unable to offer their citizens necessary levels of protection against harmful emissions that contribute to climate change. We urge the Administration to reject this proposal and focus on implementation of the existing standards.



Climate Change Increases Public Health Risks and Emergencies

Climate change poses grave threats to public health. The changing climate threatens the health of Americans alive now and that of future generations. Growing evidence clearly demonstrates that climate change amplifies multiple and profound risks to public health for all Americans, from extreme heat events to hurricanes to winter storms to wildfires. According to the National Oceanic and Atmospheric Administration, 2017 was the third warmest year nationally, behind 2012 and 2016.⁶ This heat has contributed to widespread increases in unhealthy ozone pollution.⁷

The western states are experiencing historic and catastrophic wildfires at an alarming rate, with particulate matter and other pollutant exposures impacting large swaths of the United States. Millions of Americans have been displaced by storms, flooding and other extreme weather events, such as Hurricanes Harvey, Maria, and Florence, that grow more commonplace. The most recent national climate assessment conducted by the US Global Change Research Program (USGCRP) highlights the fact that recent years have seen “record-breaking, climate-related weather extremes, and the last three years have been the warmest years on record for the globe. These trends are expected to continue...”⁸ The USGCRP’s 2016 assessment of health impacts of climate change in the United States detailed the wide – and increasing – range of risks that “endanger our health by affecting our food and water sources, the air we breathe, the weather we experience, and our interactions with the built and natural environments.”⁹

These analyses echo reports previously produced by several of our organizations: the American Academy of Pediatrics’ technical report in 2007 (updated in 2015) on “Global Climate Change and Children’s Health”¹⁰; Trust for America’s Health, *Health Problems Heat Up: Climate Change and the Public’s Health*, in October 2009¹¹; the Asthma and Allergy Foundation of America’s *Extreme Allergies and Global Warming*, issued with the National Wildlife Foundation in 2010¹²; the American Public Health Association’s *Climate Change: Mastering the Public Health Role*, in April 2011¹³; and the American Thoracic Society’s workshop on Climate Change and Human Health, published in 2012.¹⁴

Millions of Americans suffer greater vulnerability to these threats. Many people face greater risk or exposure, as documented in the USGCRP’s recent health assessment.¹⁵ Children court special risks because their bodies are growing and because they are so active.¹⁶ Risks are also greater for pregnant women and their pregnancies.¹⁷ Older adults are more likely to die during high heat events.¹⁸ People with chronic respiratory diseases like asthma and



chronic obstructive pulmonary disease, people with cardiovascular diseases and people with diabetes also risk greater harm from increased pollution.¹⁹



Low income people and some racial and ethnic groups are among those who often confront higher exposure to pollutants and who may experience greater responses to such pollution. Many studies have explored the differences in harm from air pollution to racial or ethnic groups and people who are in a low socioeconomic position, have less education, or live nearer to major sources.²⁰ Even healthy adults can be affected by increased air pollution, especially if their work requires them to be outdoors, as the study of lifeguards in Galveston, Texas demonstrated.²¹



Many different vulnerable groups and disadvantaged communities, including seniors, children and those with disabilities, will have a harder time responding to the threats, especially if electricity is lost or relocation or evacuation is required.²² Hurricane Katrina demonstrated that many people in these groups had difficulty evacuating and relocating after a major weather event.²³ Native American and other tribal health communities may face threats to food supplies and difficulty relocating due to tribal land locations.²⁴



The Proposed Standards Would Increase Health Risks



Current vehicle standards benefit Americans with fewer harmful emissions and associated impacts to our air and climate. In addition to worsening climate change, ozone, and particulate matter, rolling back these standards would increase the risk to health from direct emissions from these vehicles.



Today, nearly 40 percent of Americans – more than 124 million – live in communities in nonattainment for ozone and particulate matter, with many residents impacted more severely by local pollution sources, including near-road pollution.²⁵



Near-road pollution has been found to increase asthma attacks in children, cardiovascular health impacts, impaired lung function and premature death.²⁶ For example, several Volatile Organic Compounds (VOCs) from gasoline emissions are recognized carcinogens, including benzene, 1,3-butadiene and formaldehyde.²⁷ Reducing VOC emissions will help reduce the burden of these carcinogens on many communities, especially those living or working near these roadways.





Oregon Public Health Association



SAN FRANCISCO
Asthma Task Force



Instead, the proposed standards would lead to the consumption of an additional half million barrels of oil a day,²⁸ raising direct health impacts associated with criteria air pollutants and carcinogenic toxic emissions for communities already most impacted by the “upstream” pollution associated with the extraction, transportation and refining of petroleum products, and creating an overall increase in particle pollution and sulfur dioxide emissions as compared to the existing standards in 2025 and beyond.²⁹ Fine particulate matter causes cardiovascular and respiratory harm, including lung cancer, and causes premature death.³⁰ Sulfur dioxide causes difficulty breathing and asthma attacks and has been linked to premature death.³¹

In contrast to the carefully designed existing standards, the proposal to roll back the rate of vehicle emissions improvements in 2020 through 2026 would lock out emissions reductions needed to protect public health, and lock in less protective standards for a longer timeframe.

The Existing Standards are the Best Way to Protect Health

The existing standards remain an appropriate reflection of the urgent action needed to protect public health against climate change health impacts. As discussed above, the health consequences of climate change have never been clearer; in recent years, rising temperatures, extreme heatwaves, droughts and catastrophic wildfires linked to climate change have ravaged American communities. These events ratchet up the formation of ground-level ozone, create stagnant conditions for trapping unhealthy air and affect vast regions of the country – far from the flames – with wildfire smoke. Rolling back these critical health-protective standards and leaving states unable to offer their citizens necessary levels of protection against emissions that contribute to climate change is the wrong approach. Recognizing the threats posed by transportation pollution, Americans overwhelmingly support maintaining the existing vehicle standards.³²

Maintain States' Rights; Reject Proposal to Preempt States

Our organizations oppose the proposal to revoke long-standing authority of states to take stronger steps to reduce pollution. Because of the extreme air pollution burdens faced in California, the Clean Air Act appropriately authorizes California to act to protect its residents through emission control programs that are more protective than federal standards.³³ The Clean Air Act also gave other states the authority to opt into these more protective standards.³⁴ The proposal to revoke California's waiver and preempt states' authority to enact more protective



emissions standards endangers progress to meet the public health goals of the Clean Air Act.



Thirteen states and the District of Columbia have taken affirmative legislative or administrative actions to ensure the cleanest vehicle technologies operate in their jurisdictions, with nine of those states also following California's zero-emission vehicle program to ensure technology advancement needed to achieve clean air and climate standards. The proposal to revoke California's waiver and preempt states' rights represents an unjustifiable departure from the effective historical state-federal collaborative approach to protecting public health. Our organizations strongly oppose this proposed revocation and urge a return to negotiations between federal agencies and California to ensure protective, efficient and appropriate standards remain in place through 2025 and are strengthened into the future.



Conclusion



To protect our communities and the public, the United States must significantly reduce greenhouse gases from all sources, including from transportation sources. The existing 2025 standards offer a significant level of protection and confidence that the harms caused to our environment by the transportation sector will be reduced. Conversely, the proposal to roll back the standards would unnecessarily increase the levels of carbon pollution, health impacts from associated air pollution and an increased level of risk due to climate change impacts.



The undersigned health and medical organizations from across the United States urge the U.S. EPA and NHTSA to drop this unprecedented attack on states' rights, health protections and energy solutions for a sustainable world and withdraw this proposed rule, and instead work in cooperation with California to implement the existing state and federal greenhouse gas emissions standards and federal rules to improve fuel economy. The health of our patients and our communities depends on it.



Sincerely,

Academy of Integrative Health & Medicine
 Allergy & Asthma Network
 Alliance of Nurses for Healthy Environments
 American College of Allergy, Asthma, and Immunology
 American Academy of Allergy, Asthma & Immunology
 American Academy of Pediatrics
 American College of Lifestyle Medicine
 American College of Physicians

American College of Physicians – Virginia Chapter
 American Heart Association
 American Lung Association
 American Medical Student Association at Virginia Commonwealth University
 American Medical Women's Association
 American Public Health Association
 Arizona Public Health Association
 Asthma and Allergy Foundation of America
 Asthma Coalition of Los Angeles County
 Boulder County Public Health
 Butte-Glenn Medical Society
 California Black Health Network
 California Conference of Directors of Environmental Health
 California Medical Association
 California Pan-Ethnic Health Network
 California Public Health Association-North
 California Thoracic Society
 Center for Climate Change and Health
 Central Virginia Asthma Coalition
 Children's Environmental Health Network
 Colorado Association of Local Public Health Officials
 Colorado Public Health Association
 Connecticut Public Health Association
 Delaware Academy of Medicine / Delaware Public Health Association
 Dignity Health
 Elbert County Health and Human Services
 Florida Public Health Association
 Fresno-Madera Medical Society
 Florida State Medical Association
 Gundersen Health System
 Hawaii Public Health Association
 Health Care Without Harm
 Healthcare Council National Capital Area
 Illinois Public Health Association
 Iowa Public Health Association
 James F. Sistrunk, MD Medical Society
 James Wilson Bridges, MD Medical Society
 Kern County Asthma Coalition
 Kern County Medical Society
 Louisiana Public Health Association
 Maine Public Health Association
 Maryland Public Health Association
 Maternal and Child Health Access
 Medical Society Consortium on Climate and Health
 Mendocino-Lake Medical Society
 Merced/Mariposa County Asthma Coalition
 Michigan Public Health Association
 Mississippi Public Health Association
 Missouri Public Health Association
 Montana Public Health Association
 National Association of County and City Health Officials
 National Center for Healthy Housing
 National Medical Association
 Nevada Public Health Association
 New Hampshire Public Health Association
 New Jersey Public Health Association
 New Mexico Public Health Association
 New York City Department of Health and Mental Hygiene
 Ohio Public Health Association
 Oklahoma Public Health Association
 Oregon Public Health Association
 Physicians for Social Responsibility
 Physicians for Social Responsibility, Wisconsin
 Physicians for Social Responsibility, Sacramento Chapter
 Physicians for Social Responsibility, San Francisco Bay Area Chapter
 Puerto Rico Public Health Association
 Regional Asthma Management and Prevention (RAMP)
 Rhode Island Public Health Association
 San Francisco Asthma Task Force
 South Carolina Public Health Association
 St. John's Well Child & Family Centers
 Tennessee Asthma Coalition
 Tennessee Nurses Association
 Texas Public Health Association
 Tri-County Health Department
 Utah Public Health Association
 Vermont Public Health Association
 Virginia Asthma Coalition

Virginia Clinicians for Climate Action
 Virginia Public Health Association
 Wisconsin Allergy Society
 Wisconsin Association of School Nurses

Wisconsin Asthma Coalition
 Wisconsin Environmental Health Network
 Wisconsin Public Health Association
 Wisconsin Society for Respiratory Care

¹ U.S. Environmental Protection Agency. Final Determination on the Appropriateness of the Model Year 2022-2025 Light-Duty Vehicle Greenhouse Gas Emissions Standards under the Midterm Evaluation. EPA-420-R-17-001. January 2017. Accessed at <https://nepis.epa.gov/Exe/ZyPDF.cgi?DockKey=P100QQ91.pdf>.

² California Air Resources Board. 2017. California's Advanced Clean Cars Midterm Review: Summary Report for the Technical Analysis of the Light Duty Vehicle Standards. Page ES-61. Available at https://www.arb.ca.gov/msprog/acc/mtr/acc_mtr_finalreport_full.pdf

³ U.S. EPA. Inventory of Greenhouse Gas Emissions and Sinks, 1990-2016. Published April 2018. p. ES-24. https://www.epa.gov/sites/production/files/2018-01/documents/2018_complete_report.pdf

⁴ 83 Federal Register 42986. U.S. EPA and National Highway Transportation Safety Administration. The Safer Affordable Fuel-Efficient (SAFE) Vehicles Rule for Model Years 2021-2026. Passenger Cars and Light Trucks.

⁵ 83 Federal Register 43323-43335; California Air Resources Board. Proposed Amendments to the Low-Emission Vehicle III Greenhouse Gas Emission Regulation. Standardized Regulatory Impact Assessment (SRIA) Equivalent Document. Monetized Health Impacts and health case impacts to California due to weakened federal standards described Pages 22-24. June 2018.

http://www.dof.ca.gov/Forecasting/Economics/Major_Regulations/Major_Regulations_Table/documents/LEV%20III%20QG%20Regulation%20Amendments.pdf

⁶ National Oceanic and Atmospheric Administration. National Centers for Environmental Information, State of the Climate: National Climate Report for Annual 2017, published online January 2018.

⁷ American Lung Association. State of the Air 2018. Published April 2018.

⁸ USGCRP, 2017: Climate Science Special Report: Fourth National Climate Assessment, Volume I [Wuebbles, D.J., D.W. Fahey, K.A. Hibbard, D.J. Dokken, B.C. Stewart, and T.K. Maycock (eds.)]. U.S. Global Change Research Program, Washington, DC, USA, 470 pp, doi: 10.7930/J0J964J6.

⁹ USGCRP, 2016. The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment. Crimmins A, Balbus J, Gamble JL, Beard CB, et al. Eds. U.S. Global Change Research Program, Washington DC.

¹⁰ Shea KM and the Committee on Environmental Health. 2007. Global Climate Change and Children's Health. *Pediatrics*,; 120; e1359; Adhoot, et al., 2015.

¹¹ Trust for America's Health, *Health Problems Heat Up: Climate Change and the Public's Health*,

¹² National Wildlife Federation and Asthma and Allergy Foundation of America. *Extreme Allergies and Global Warming*. National Wildlife Foundation, 2010. Accessed at http://www.nwf.org/pdf/Reports/NWF_AllergiesFinal.pdf.

¹³ American Public Health Association. *Climate Change: Mastering the Public Health Role. A Practical Guidebook*.

April 2011. Accessed at <http://www.apha-environment.org/ClimateandHealth.aspx>.

¹⁴ Pinkerton KE et al., An Official American Thoracic Society Workshop Report: Climate change and Human Health. *Proceedings American Thoracic Society* 2012; 9: 1: 3-8.

¹⁵ USGCRP, 2016.

¹⁶ Shea KM and the Committee on Environmental Health. Global Climate Change and Children's Health. *Pediatrics*, 2007. ; 120; e1359; American Academy of Pediatrics Committee on Environmental Health, Ambient Air Pollution: health hazards to children. *Pediatrics*. 2004; 114: 1699-1707. Statement was reaffirmed in 2010.

¹⁷ Gamble JL, Balbus J, Berger K, et. al. Ch9: Populations of Concern. The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment. U.S. Global Change Research Program, Washington, DC, 247-286. <http://dx.doi.org/10.7930/J0Q81B0T>

¹⁸ Zanobetti A, et al. Summer temperature variability and long-term survival among elderly people with chronic disease. *Proceedings of the National Academy of Sciences*, 2012. 109: 6608-6613.

¹⁹ U.S. EPA. Integrated Science Assessment for Particulate Matter (Final Report). U.S. Environmental Protection Agency, Washington, DC, EPA/600/R-08/139F, 2009; U.S. Environmental Protection Agency. *Integrated Science Assessment of Ozone and Related Photochemical Oxidants (Final Report)*. U.S. Environmental Protection Agency, Washington, DC, EPA/600/R-10/076F, 2013.

²⁰ Institute of Medicine. *Toward Environmental Justice: Research, Education, and Health Policy Needs*. Washington, DC: National Academy Press, 1999; O'Neill MS, Jerrett M, Kawachi I, Levy JI, Cohen AJ, Gouveia N, Wilkinson P, Fletcher T, Cifuentes L, Schwartz J et al. Health, Wealth, and Air Pollution: Advancing Theory and Methods. *Environ Health Perspect*. 2003; 111: 1861-1870; Finkelstein MM; Jerrett M; DeLuca P; Finkelstein N; Verma DK, Chapman K, Sears MR. Relation Between Income, Air Pollution And Mortality: A Cohort Study. *CMAJ*. 2003; 169: 397-402; Ostro B, Broadwin R, Green S, Feng W, Lipsett M. Fine Particulate Air Pollution and Mortality in Nine California Counties: Results from CALFINE. *Environ Health Perspect*. 2005; 114: 29-33; Zeka A, Zanobetti A, Schwartz J. Short term effects of particulate matter on cause specific mortality: effects of lags and modification by city characteristics. *Occup Environ Med*. 2006; 62: 718-725.

²¹ Thaller EI, Petronell SA, Hochman D, Howard S, Chhikara RS, Brooks EG. Moderate Increases in Ambient PM_{2.5} and

Ozone Are Associated With Lung Function Decreases in Beach Lifeguards. *J Occp Environ Med.* 2008; 50: 202-211.

²² US GCRP, 2016; APHA, 2011.

²³ US GCRP, 2016.

²⁴ US GCRP, 2016

²⁵ US. EPA. Nonattainment Areas for Criteria Pollutants (Green Book). Updated August 31, 2018. Accessed September 11, 2018.

²⁶ Health Effects Institute Panel on the Health Effects of Traffic-Related Air Pollution, *Traffic-Related Air Pollution: A Critical Review of the Literature on Emissions, Exposure, and Health Effects.* Health Effects Institute: Boston, 2010. www.healtheffects.org.

²⁷ Health Effects Institute Panel on the Health Effects of Traffic-Related Air Pollution, *Traffic-Related Air Pollution: A Critical Review of the Literature on Emissions, Exposure,*

and Health Effects. Health Effects Institute: Boston, 2010. Available at www.healtheffects.org.

²⁸ 83 Federal Register 42986.

²⁹ 83 Federal Register 43323-43335 CARB, June 2018.

³⁰ U.S. EPA, 2009.

³¹ U.S.EPA. Integrated Science Assessment for Sulfur Oxides—Health Criteria. EPA/600/R-17/451. December 2017.

³² American Lung Association. Voters Support Strong EPA Fuel Efficiency Standards. March 2018.

³³ 42. U.S.C. § 7543.

³⁴ 42. U.S.C. § 7507.