February 26, 2018

The Honorable Scott Pruitt
Administrator
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue NW
Washington, DC 20460-0001


Dear Administrator Pruitt:

On behalf of the American Public Health Association, a diverse community of public health professionals that champions the health of all people and communities, I appreciate the opportunity to comment on the U.S. Environmental Protection Agency’s proposed replacement of the Clean Power Plan.

EPA Administrator Pruitt’s proposal to consider developing a replacement for the Clean Power Plan has the potential to put the health of many Americans at risk and is not in line with EPA’s mission. APHA urges EPA to strengthen the CPP, rather than weaken the many health protections it embodies.

Americans depend on the EPA to protect their health and environment and have already indicated overwhelming support for the CPP in an exhaustive public comment process. Three prior Supreme Court decisions (Massachusetts v. EPA in 2007, American Electric Power v. Connecticut in 2011, and UARG v. EPA in 2014) have established the legal foundation for EPA’s role in limiting greenhouse gases, by finding that carbon pollution endangers human health and welfare. As such, it is EPA’s responsibility to regulate carbon pollution.

EPA’s proposal to replace the Clean Power Plan would step away from the available best practices that could limit heat-trapping carbon pollution. To repeal and replace the Clean Power Plan would put tens of millions of Americans in greater danger from climate change-fueled extreme weather events, heat waves, air pollution episodes, including wildfires and associated smoke pollution, among other health dangers. These climate change-fueled events would contribute to thousands of early deaths each year plus sicken thousands more. Not only do these health harms occur today, but they also impact future generations. EPA’s own Regulatory Impact Analysis shows that the Clean Power Plan produces far more health benefits than costs when future years are included.

The replacement proposal disregards the scientific evidence and would institute a “threshold effect” for any associated reductions of co-pollutants from fossil fuel burning, like fine particles (soot) and ozone (smog), as a result of the shift to cleaner generation. Health effects experts agree that these are “non-threshold” pollutants that can cause death and illness even at low
concentrations. In fact, EPA has already determined through rigorous and expert review and supports “EPA’s use of a no-threshold model to estimate the mortality reductions associated with reduced PM exposure.”

As a result, the original Clean Power Plan proposal would prevent up to 3,600 premature deaths and 90,000 childhood asthma attacks every year across the United States, once fully implemented. The dollar value of these lives saved and health improvements totals up to $34 billion in 2030. To assume that soot and smog are entirely harmless at low levels is not supported by EPA’s independent Clean Air Scientific Advisory Committee, the World Health Organization or National Academy of Sciences. Citing a recent analysis by Harvard University researchers, “It is expected that the EPA will replace the Clean Power Plan with a narrower “inside the fence line” approach focused on improving the thermal efficiency of coal-fired power plants. Under this approach, the option to replace high-polluting power plants with wind and solar, switch them to natural gas, or moderate their impact with energy demand reduction strategies will effectively be off the table.” The Harvard analysis concludes, “An “inside the fence line” replacement would not only cause thousands of extra deaths and cost billions every year compared to the Clean Power Plan; it would do more harm than doing nothing at all.”

For all these reasons, as public health professionals we take this opportunity to urge in the strongest possible way that EPA focus on implementing the existing Clean Power Plan and developing stronger pollution limits for the future.

Sincerely,

Georges C. Benjamin, MD
Executive Director

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