



December 1, 2014

VIA Electronic Mail

Air and Radiation Docket and Information Center
U.S. Environmental Protection Agency
Mail Code 2821T
1200 Pennsylvania Ave., N.W.
Washington, DC 20460

E-mail: A-and-R-Docket@epa.gov

Re: Carbon Pollution Emission Guidelines for Existing Stationary Sources: Electric Utility Generating Units, Also known as the Clean Power Plan
Docket ID number: EPA-HQ-OAR-2013-0602

Dear Sir or Madam,

The U.S. Climate and Health Alliance (USCHA) is pleased to submit comments from USCHA and additional health organizations and professionals in response to the U.S. Environmental Protection Agency's proposed rule entitled "Clean Power Plan" (Docket ID number: EPA-HQ-OAR-2013-0602).

As health professionals and health professionals-in-training dedicated to improving and protecting the health of the American people, we are alarmed by the serious health impacts and projected mortality from climate change: heat waves; loss of homes, jobs and infrastructure from extreme weather events; worsened allergies and asthma from higher pollen and ground level ozone; and rising levels of insect-borne diseases. We applaud the Obama administration and the EPA for drafting regulations to lower greenhouse gas emissions from existing power plants, which are our nation's largest contribution to global warming. While we wholeheartedly support their intention, we are disappointed with the product. The proposed rule falls short of the rapid transition to clean energy that is necessary to prevent a catastrophic increase in global temperature.

The IPCC 5 Assessment Report makes it clear that to keep global temperature increase below 2 degrees C, developed countries must lead the way with rapid emissions reductions, on the order of 50% by 2030 and 80-100% by 2050 (IPCC 2014). Numerous studies have documented the technologic and economic feasibility of the U.S. meeting this challenge (NREL 2012, Jacobson and Delucci 2009 & 2011) yet the Clean Power Plan would only decrease power sector emissions by 15%. We can and must do better.

The Clean Power Plan's goals for states underestimate our capacity to expand clean energy and energy efficiency. These goals are, in many cases, lower than pre-existing targets of state renewable portfolios

and efficiency standards, equal to what states have already achieved, and only minimally higher than U.S. Energy Information Administration (EIA) projections under a “business as usual” scenario (UCS 2014, C2ES 2014) We agree with the UCS and Sierra Club recommendations for inclusion of current state Renewable Energy and Efficiency Standards, which are set by law, and determination of future goals based on more recent growth rates (2009 to 2013).

Increasing efficiency of buildings, which account for almost 40% of U.S. energy use, is our most cost effective method of lowering GHG emissions. Commercially available technology, made affordable by on-bill financing, could increase energy efficiency in residential and commercial buildings by at least 30% by 2030 (Houser, 2013). Health care providers are acutely aware of the health benefits of achieving high energy efficiency and lower energy costs especially for low income Americans.

We are also concerned about how the rules define “clean power” and the plan's heavy reliance on conversion from coal to natural gas. Natural gas obtained by hydraulic fracturing is not clean from a public health or climate perspective. Fracking is associated with local and regional air pollution (Ahmadi 2014, McKenzie 2012), adverse birth outcomes (McKenzie 2014) and contamination of drinking water (Warner 2013, Parker 2014, Vengosh, 2014, Ingraffea 2014). We question the metrics used by the EPA to predict the effectiveness of this strategy. Emission estimates should encompass the entire life cycle instead of just carbon emissions from the smokestack. It may also be necessary to differentiate between fracking and conventional drilling, since these extraction methods have different carbon intensities (Howarth 2011).

The rule also misstates methane's 100-year Global Warming Potential (GWP), which was upgraded by the IPCC in 2013 from 25 to 34 (IPCC 2013). Given the need for rapid GHG reductions to protect health and the plan's goal to lower emissions by 2030, the 20-year GWP, at 84, is more relevant (Chapin, 2014). Regardless of which GWP is used, measurements of methane over gas fields suggest that leaks are large enough to eliminate any advantage over coal (Miller 2013, Karion 2013, PSE Healthy Energy 2014, Schneising 2014) even without inclusion of leaks in pipelines and storage facilities. We realize that EPA intends to address methane emissions from oil and gas development in the future but are pessimistic that discrepancies in measurement can be resolved and adequate reductions achieved during the time frame of the Clean Power Plan. Economic analyses predict that increased exploitation of natural gas will not result in lower greenhouse gas emissions in the absence of carbon pricing because low cost will increase demand and discourage investment in clean energy (McJeon 2014).

While we appreciate the need for state flexibility, the plan's building blocks are not equal in terms of environmental impact and climate change mitigation and should be weighted accordingly. Air pollution from all fossil fuel fired power plants is hazardous to our health, causing heart attacks, asthma, cancer, and increased rates of emergency room visits, hospitalizations and premature deaths. (Krewski 2000, Pope 2004, Pearson 2010, Nishimura 2013). The greatest health impacts occur in communities closest to power plants and contribute to the significant health disparities, which affect low income areas and communities of color. While less polluting than coal, gas fired power plants still degrade local air quality by emitting nitrogen oxides and fine particulates, thus perpetuating these inequalities. Clean energy makes a better neighbor.

The Clean Power Plan underestimates the health co-benefits of efficiency and clean energy over natural gas because it fails to account for future increases in wildfires and ground level ozone resulting from climate change (Sheffield 2011, Dennison 2014, Tao 2007). Recent studies show that health savings from clean air would more than cover the cost of conversion from fossil fuel to clean energy (West 2013,

Thompson 2014). On the other hand, construction of new gas fired plants and supporting infrastructure will lock us into continued fossil fuel combustion for the next 40 years and divert capital investment away from long term solutions. We strongly advocate that a higher value should be placed on building blocks that improve public health by promoting energy efficiency and clean energy than the valuation of building blocks that have lesser or opposite effects.

Finally we have great concern about the Clean Power Plan's incentives to extend the operation of aging nuclear reactors by crediting continued operation of plants scheduled for decommission as emissions reduction. Nuclear plants produce radioactive hazardous waste for which we have no safe long-term repository. Leaks from "temporary" storage; accidents, which are more likely in older reactors; sea level rise; damage from seismic and extreme weather events; terrorist acts; and diversion of radioactive materials for weapons production all have the potential to expose large populations to dangerous levels of radiation. These risks to public health are unacceptable. We have safer, more affordable and sustainable alternatives.

The EPA's Clean Power Plan proposal is a move in the right direction, but we urge you to aim higher and establish emission reduction goals and incentives more consistent with climate stabilization, environmental justice, and public health.

Sincerely yours,

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