October 26, 2018

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

Submitted via www.regulations.gov


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. 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.
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. This heat has contributed to widespread increases in unhealthy ozone pollution.

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...” 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.”

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”; Trust for America’s Health, Health Problems Heat Up: Climate Change and the Public’s Health, in October 2009; the Asthma and Allergy Foundation of America’s Extreme Allergies and Global Warming, issued with the National Wildlife Foundation in 2010; the American Public Health Association’s Climate Change: Mastering the Public Health Role, in April 2011; and the American Thoracic Society’s workshop on Climate Change and Human Health, published in 2012.

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. Children court special risks because their bodies are growing and because they are so active. Risks are also greater for pregnant women and their pregnancies. Older adults are more likely to die during high heat events. 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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{22} Hurricane Katrina demonstrated that many people in these groups had difficulty evacuating and relocating after a major weather event.\textsuperscript{23}

Native American and other tribal communities may face threats to food supplies and difficulty relocating due to tribal land locations.\textsuperscript{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.\textsuperscript{25}

Near-road pollution has been found to increase asthma attacks in children, cardiovascular health impacts, impaired lung function and premature death.\textsuperscript{26} For example, several Volatile Organic Compounds (VOCs) from gasoline emissions are recognized carcinogens, including benzene, 1,3-butadiene and formaldehyde.\textsuperscript{27} Reducing VOC emissions will help reduce the burden of these carcinogens on many communities, especially those living or working near these roadways.
Instead, the proposed standards would lead to the consumption of an additional half million barrels of oil a day, 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. Fine particulate matter causes cardiovascular and respiratory harm, including lung cancer, and causes premature death. Sulfur dioxide causes difficulty breathing and asthma attacks and has been linked to premature death.

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.

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. The Clean Air Act also gave other states the authority to opt into these more protective standards. 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,

[List of organizations and their respective logos]
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/Marijosa 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


24 US GCRP, 2016


28 83 Federal Register 42986.

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


