



Public Health

I. Introduction

The Public Health Chapter of the Draft Scoping Plan (“DSP”) addresses the wide range of disparities and impacts, both direct and indirect, that climate change creates with respect to health and safety within communities.¹ Commenters submit this overview of key health issues, which are also addressed in more detail throughout our comments on specific sectors.

The Public Health Chapter repeatedly emphasizes the disproportionate health burdens placed upon communities of color and low- and moderate-income (“LMI”) communities and households.² The ongoing COVID-19 pandemic has made these social and economic inequalities even more evident. The DSP highlights various existing programs that have successfully improved air quality by regulating air emissions. However, these approaches are not sufficient to achieve the health equity needed—not only with respect to physical health, but also, mental and social well-being. While the public health section seems to downplay the more immediate health

¹ DSP at 53.

² DSP at 54–56.

impacts of climate change,³ as climate change worsens so will the health and welfare of many communities.

As noted in the DSP, the Department of Health has acknowledged the most direct health impacts of climate change.⁴ Some of these conditions include, but are not limited to, increased heat stress, exacerbation of respiratory conditions, increased risk of food and water borne disease, increased risk of infectious disease, increased severity and duration of allergy symptoms, and increased risk of injury and death due to extreme precipitation.⁵ Continued sea level rise will intensify superstorms, which could result in more saltwater intrusion that leads to food and water contamination; increased moisture inside homes, which can lead to mold; and impacts on food security within low-income communities.⁶

The DSP acknowledges that, within New York State, race and income have been clearly linked to health disparities related to heart disease, hospitalization rates for asthma, and diabetes.⁷ The primary components comprising these risks stem from air pollution: ozone, sulfur dioxide, nitrogen oxides, and particulate matter. Carbon-based fuel combustion also directly emits greenhouse gases, VOCs, and carbon monoxide, which are also associated with a range of adverse health outcomes. These pollutants can contribute to respiratory effects, morbidity, mortality, cardiovascular effects, and cancer.

II. Maximizing Public Health Benefits Requires Minimizing False Solutions

Unfortunately, parts of the DSP oppose efforts to move away from emitting fuels by supporting false solutions such as the combustion of green hydrogen, waste incineration, and carbon capture technologies (which remain unproven). In order to truly combat the detrimental health disparities from pollution, the Climate Action Council (“CAC”) must take a stronger stance by rejecting these false solutions. The Final Scoping Plan (“FSP”) should contain detailed public health guidelines to track and measure desired improvements in health. Not only will this show the seriousness with which New York State is acting to protect our residents, but it will also help keep the State accountable to its equity, public health, and climate commitments enshrined in law.

III. Integrating Public Health into Mitigation Strategies

³ See DSP at 53.

⁴ N.Y. State Dep’t of Health, *Building Resilience Against Climate Effects (BRACE) in New York State* (2015), <https://www.health.ny.gov/environmental/weather/docs/climatehealthprofile6-2015.pdf>.

⁵ *Id.*; Kristie L. Ebi et al., *Fourth National Climate Assessment: Impacts, Risks, and Adaptation in the United States* ch.14: Human Health, 572–603 (David D’Onofrio, U.S. Glob. Change Rsch. Program ed., 2nd vol. 2018).

⁶ U.S. Dep’t of Agric. *Climate Change, Global Food Security, and the U.S. Food System* (2015), <https://www.usda.gov/sites/default/files/documents/FullAssessment.pdf>.

⁷ DSP at 54–55.

Many of the CAC’s recommendations could be strengthened by more squarely addressing the public health dimension of electrification and energy efficiency programs. For example, the DSP identifies priority strategies to equitably distribute energy efficiency programs and building electrification technologies. To make these recommendations stronger, the FSP should incorporate targets to identify energy inefficient and polluted homes to ensure that residents most at risk from the current fossil fuel-based energy system can more readily participate in the proposed programs.

As discussed in comments on the Buildings Chapter, as a first step in implementing an equitable energy efficiency and building decarbonization strategy, we recommend that the State develop a tool to direct green investments and benefits to disadvantaged communities (“DACs”) in line with the equitable investment mandate in the CLCPA. *See* ECL § 75-0117. This tool should be executed quickly to ensure an equitable transition and incorporate the interim (and then final) criteria and maps for disadvantaged communities, identify who has been helped and by which program, and include annual goals. The tool should include specific milestones or benchmarks to ensure that investments are continually reaching DACs and LMI households at the pace needed to meet the Climate Act mandates. DACs and LMI households should be the vanguard of a just transition. Therefore, we recommend that investments are frontloaded and barriers to accessing energy efficiency and electrification programs and services are overcome in the early years of the transition. By improving existing home intervention programs or creating new intervention programs that prioritize energy efficiency upgrades and electrification, the State can decrease home energy costs, promote energy affordability, and address poor indoor air quality.

As noted in the DSP, there is a relationship between post-traumatic stress disorder, anxiety, and extreme weather conditions. We have seen the devastation and loss suffered by New Yorkers during superstorm Ida and Sandy in recent years. The FSP should address areas and buildings that are correlated with increasing risks of flooding. These areas should be reviewed for code violations that could be contributing to such risks, and any violations that should be addressed.

IV. Prioritizing Public Health in Disadvantaged Communities

To maximize New Yorkers’ well-being and mental health, the FSP should also call for investments to improve air quality and increase green space in DACs. Increasing green space in DACs can decrease cardiovascular disease along with Type II diabetes caused from lack of access to healthy foods, lack of exercise due to poor infrastructure, and contaminated air.

As discussed in comments on the Waste Chapter, the FSP should recommend measures to reduce overall waste in New York State. This will contribute to addressing odors from landfills that can affect quality of life and property values in nearby communities. Similarly, as stated in

comments on the Waste Chapter, the DSP also does not include plans to end incineration, which is a significant oversight that would set us backward in terms of the emissions and environmental justice mandates of the law. The FSP should center zero-waste as the driving policy to achieve the climate goals and organize solutions in terms of the importance of waste hierarchy—reduce, reuse, recycle—as the waste management and emissions reduction strategy. In addition, the plan should improve consideration of environmental justice impacts of waste management. The FSP should also recommend programs that provide food to local food banks and decrease the tons of food wasted within the State. The FSP should also call for measures to support ethical practices on New York State farms, and to build a food system that relies less on long-distance transportation of food.

V. Quantifying Diesel’s Health Impact and Accelerating Efforts to Electrify Diesel Fleets

Lastly, EPA’s most recent evaluation of health impacts from diesel dates back to 2002.⁸ Current EPA health data does not include quantitative risk factors from exposure to diesel exhaust, despite the clear link to respiratory and other conditions.⁹ The State of California, meanwhile, has come up with a quantitative risk factor for exposure to diesel, a known carcinogen.¹⁰ In a study of all air toxics in California, diesel exhaust was found to account for approximately 70% of known cancer risks from *all* air toxics.¹¹ Clearly, without accounting for health impacts from diesel exhaust, we are underplaying the benefits from rapidly transitioning away from diesel towards electric medium- and heavy-duty vehicle fleets.¹² New York State should document all diesel “hot spots” to allow policymakers to target electrification and infrastructure, and DOH should develop a way to quantify the health benefits from eliminating these exposures, which only serve to boost the public health and economic case for full electrification.

VI. Conclusion

⁸ EPA, Off. of Rsch. & Dev., *Health Assessment Document For Diesel Engine Exhaust* (2002), https://ordspub.epa.gov/ords/eims/eimscomm.getfile?p_download_id=36319.

⁹ *Diesel Engine Exhaust*, Integrated Risk Info. Sys. (“IRIS”), https://iris.epa.gov/ChemicalLanding/&substance_nmbr=642 (last visited June 15, 2022). **Error! Hyperlink reference not valid.**

¹⁰ *Classification of Diesel PM as a Carcinogen*, S. Coast Quality Air Mgmt. Dist., <https://www.aqmd.gov/home/rules-compliance/compliance/toxic-hot-spots-ab-2588/iws-facilities/dice/dice-b2#:~:text=In%20California%2C%20diesel%20engine%20exhaust,public%20exposure%20to%20diesel%20PM> (last visited June 15, 2022).

¹¹ *See Summary: Diesel Particulate Matter Health Impacts*, Cal. Air. Res. Bd., https://ww2.arb.ca.gov/resources/summary-diesel-particulate-matter-health-impacts#footnote1_gdobobp; <https://pubs.acs.org/doi/full/10.1021/acs.est.5b02766> (last visited June 15, 2022).

¹² *Id.*

By integrating these and existing recommendations put forth by the Climate Justice Working Group, the DSP could be strengthened by incorporating expertise and experience from community leaders who have witnessed the burdens placed upon their communities.

Respectfully submitted,

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Remediation Group
Catskill Mountainkeeper
Clean Air Coalition of WNY
Climate Reality Project, Capital Region NY
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Greater Region NY Chapter
Climate Reality Project, Hudson Valley and
Catskills Chapter
Climate Reality Project, Long Island
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Climate Reality Project, NYC
Climate Reality Project, Westchester NY
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CUNY Urban Food Policy Institute
Earthjustice
Environmental Advocates NY

Fossil Free Tompkins
Gas Free Seneca
Grassroots Environmental Education
Green Education and Legal Fund
HabitatMap
Hotshot Hotwires
Long Island Progressive Coalition
Nassau Hiking & Outdoor Club
Network for a Sustainable Tomorrow
New Clinicians for Climate Action
New York City Environmental Justice
Alliance
New York State Public Health Association
North Brooklyn Neighbors
NY Renews
People of Albany United for Safe Energy
PUSH Buffalo
Roctricity
Sane Energy Project
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Sierra Club
South Shore Audubon Society
University Network for Human Rights
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