

7. *Policy Recommendations*



The U.S. is at a crossroads for determining its future energy policy. While the U.S. relies heavily on coal for its energy needs, the health consequences of that reliance are multiple and have widespread and damaging impact. Coal combustion contributes to diseases already affecting large portions of the U.S. population, including asthma, heart disease, and stroke, compounding major public health challenges of our time. It interferes with lung development, increases the risk of heart attacks, and compromises intellectual capacity. Coal pollutants affect all major body organ systems and contribute to four of the five leading causes of mortality in the U.S.: heart disease, cancer, stroke, and chronic lower respiratory diseases. Although it is difficult to ascertain the proportion of this disease burden that is attributable to coal combustion, even very modest contributions to these major causes of death are likely to have large effects at the population level, given high incidence rates.

The health effects of coal are not limited to diseases caused by combustion byproducts. Utilizing coal for energy also harms human health through the processes of mining, washing, transport, and post-combustion waste storage. Moreover, coal combustion is the largest point-source emitter of CO₂ in the U.S., contributing to the buildup of greenhouse gases that causes global warming. Although global warming is often framed as an environmental problem, it is likely to have significant public health consequences on a global scale, including increases in heat stroke, diarrhea,



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malaria, drowning, food shortages, mental health problems, and war. Many of these effects are already apparent. Reducing our nation's dependence on coal is essential if we are to achieve the reductions in carbon emissions necessary to stave off the worst health effects of global warming.

Based on that assessment, PSR finds it essential to translate our concern for human health into

recommendations for public policy. The first of those recommendations is that emissions of CO₂ be cut as deeply and as swiftly as possible, with the objective of reducing CO₂ levels in the atmosphere to 350 parts per million. The reduction of CO₂ emissions, an urgent necessity for achieving satisfactory health outcomes, should be pursued through two simultaneous strategies: 1) strong climate and energy legislation that establishes hard caps on global warming pollution coming from coal plants; and 2) the Clean Air Act. Since its enactment, the Clean Air Act (CAA) as implemented by the EPA has been effective in reducing a wide variety of air pollutants, from nitrous oxides to volatile organic compounds. CO₂ and other greenhouse gases emitted by coal plants have been designated pollutants under the CAA. The EPA should be fully empowered to regulate these gases under the CAA so that coal's contribution to global warming can be brought to an end.

Secondly, PSR recommends that there be no new construction of coal-fired power plants, so as to avoid increasing health-endangering emissions of CO₂ as well as criteria pollutants and hazardous air pollutants. CO₂ emissions from coal could increase 60% by 2030 if current plans to invest hundreds of billions of dollars in new and old coal-fired power plants are realized. Those emissions would push greenhouse gas levels ever higher, potentially reaching a tipping point at which we would face the most extreme health consequences of global warming. For these reasons, PSR chapters across the nation have contributed to the effort to halt the permitting of new coal plants, adding the medical voice to licensing deliberations and helping to influence a number of decisions not to construct new plants.

The U.S. should dramatically reduce fossil fuel power plant emissions of sulfur dioxide and nitrogen oxides so that all localities are in attainment for national ambient air quality standards. In addition, we should establish a standard, enforceable by the EPA and based on Maximum Achievable Control Technology, for mercury and other hazardous air pollutant emissions from electrical generation.

Finally, the nation must develop its capacity to generate electricity from clean, safe, renewable sources so that existing coal-fired power plants may be phased out without eliminating jobs or compromising the nation's ability to meet its energy needs. In place of investment in coal (including subsidies

for the extraction and combustion of coal and for capture of carbon and other pollutants), the U.S. should fund the improvement of energy efficiency, the expansion of conservation measures, and the research, development, and implementation of clean, safe, renewable energy sources such as wind energy, solar, and wave power.

These steps comprise a medically defensible energy policy: one that takes into account the public health impacts of coal while meeting our need for energy. When our nation establishes a health-driven energy policy, one that replaces our dependence on coal with clean, safe alternatives, we will prevent deterioration of global public health caused by global warming while reaping the rewards in improvements to respiratory, cardiovascular, and neurological health.

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