

RESOLUTION 26 - 2010

Subject: Supporting Policies to Phase-Out Emissions From Coal Plants and Avoid Risk of Groundwater Contamination From Coal Ash

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Referred to: Quality and Clinical Outcomes

1 Whereas, Air pollution from coal plants contributes to cancer, cardiovascular disease, stroke, and
2 respiratory disease, as well as asthma and delayed neurological development in children;[1,2,3] and
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4 Whereas, Studies show there is no safe level of such air pollution; [4] and
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6 Whereas, Scrubber technology decreases, but does not eliminate, this air pollution and,

- 7 1. Retrofitting existing coal plants with scrubbers would extend their lifespan, thereby ensuring
8 continued air pollution, and
 - 9 2. These scrubbers do not address carbon dioxide emissions, and
 - 10 3. Scrubber technology collects and concentrates these pollutants in the form of coal ash, which
11 must then be stored; and
- 12

13 Whereas, Coal ash contains significant levels of toxic metals such as mercury, arsenic, selenium, and
14 lead; and
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16 Whereas, 11 of the 64 coal ash water contamination accidents have been in Wisconsin; [5] and
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18 Whereas, Coal ash is not currently labeled 'hazardous' waste by the EPA; and
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20 Whereas, Labeling coal ash as hazardous waste would allow for more stringent regulation of its
21 disposal; therefore be it
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23 RESOLVED, That the Wisconsin Medical Society opposes the construction of new coal-fired power
24 plants; and be it further
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26 RESOLVED, That the Wisconsin Medical Society supports the Public Service Commission creating
27 a phase-out schedule of existing coal-fired power plants, retiring them according to their age; and be
28 it further
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30 RESOLVED, That the Wisconsin Medical Society supports the Public Service Commission, when
31 reviewing permits for current coal plants, replacing such plants with alternative sources that emit no
32 air pollution, rather than installing scrubbers, which ensure extended emission of pollutants; and be it
33 further
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35 RESOLVED, That the Wisconsin Medical Society supports labeling coal ash as hazardous by any and
36 all relevant regulatory bodies, and supports the creation of a publicly available, up-to-date, inventory
37 of all coal ash sites in Wisconsin.

Fiscal note: Within current budget if replaces existing legislative priority.

References:

¹ Brook RD, Franklin B, Cascio W et al. Air pollution and cardiovascular disease: a statement for healthcare professionals from the expert Panel on Population and Prevention science of the American Heart Association. *Circulation* 2004; 109(21).

² Dominici F, Peng RD, Bell ML et al. Fine particulate air pollution and hospital admission for cardiovascular and respiratory diseases. *Jama* 2006; 295(10):1127–1134.

³ Trasande L, Landrigan PJ, Schechter C. Public health and economic consequences of methyl mercury toxicity to the developing brain. *Environ Health Perspectives* 2005; 113(5):590–596.

⁴ Vedal, Sverre, Brauer, Michael, White, Richard, and Petkau, John, *Air Pollution and Daily Mortality in a City with Low Levels of Pollution*, 111 *Environ Health Perspectives* 45–51 (2003).

⁵ U.S. EPA Office of Solid Waste, *Coal Combustion Waste Damage Case Assessments*, July 9, 2007.

Relevant Policies

Society:

EOH-004

Health Priorities in Mining: The Wisconsin Medical Society supports requiring input from the Department of Health and Social Services prior to the issuance of a mining permit. The Department's input

- Must be based on evidence provided by public health experts with knowledge of the public health issues that result from mining.
- Should include consideration of past environmental records of mining companies seeking a mining permit. (HOD, 0405)

EOH-008

Federal Clean Air Legislation: The Wisconsin Medical Society (Society) will be a member of the National Association of Physicians for the Environment (NAPE), which brings medical organizations together to work toward higher clean air standards. The Society will support stronger air quality standards in order to lessen the risks to human health. (HOD, 0405)

AMA:

H-135.949 Support of Clean Air and Power Plant Emissions Act

Our AMA supports federal legislation that meaningfully reduces the following four major power plant emissions: mercury, carbon dioxide, sulfur dioxide and nitrogen oxide. (Res. 429, A-03; Reaffirmation I-07)

H-135.991 Clean Air

(1) The AMA supports setting the national primary and secondary ambient air quality standards at the level necessary to protect the public health. Establishing such standards at the level necessary to protect the public health. Establishing such standards at a level "allowing an adequate margin of safety," as provided in current law, should be maintained, but more scientific research should be conducted on the health effects of the standards currently set by the EPA. (2) The AMA supports continued protection of certain geographic areas (i.e., those with air quality better than the national standards) from significant quality deterioration by requiring strict, but reasonable, emission limitations for new sources. (3) The AMA endorses a more effective hazardous pollutant program to allow for efficient control of serious health hazards posed by airborne toxic pollutants. (4) The AMA believes that more research is needed on the causes and effects of acid rain, and that the procedures to control pollution from another state need to be improved. (5) The AMA believes that attaining the national ambient air quality standards for nitrogen oxides and carbon monoxide is necessary for the long-term benefit of the public health. Emission limitations for motor vehicles should be supported as a long-term goal until appropriate peer-reviewed scientific data demonstrate that the limitations are not required to protect the public health. (BOT Rep. R, A-82; Reaffirmed: CLRPD Rep. A, I-92; Amended: CSA Rep. 8, A-03; Reaffirmation I-06; Reaffirmed in lieu of Res. 509, A-09; Reaffirmation I-09)

H-135.941 Air Pollution and Public Health

Our AMA supports increased physician participation in regional and state decision-making regarding air pollution across the United States. (Res. 408, A-08; Reaffirmed in lieu of Res. 509, A-09)