



COUNTY OF LOS ANGELES COMMUNITY PREVENTION AND POPULATION HEALTH TASK FORCE

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October 15, 2019

Eric Garcetti, Mayor of Los Angeles
Herb J. Wesson, President of the Los Angeles City Council
200 N. Spring Street
Los Angeles, CA 90012

RESPONSE TO OIL AND GAS HEALTH REPORT (COUNCIL FILE #17-0447)

Dear Mayor Garcetti and Members of the Los Angeles City Council:

As members of the Los Angeles County Community Prevention and Population Health Task Force (Task Force), we write to express our collective concerns and recommendations regarding the City of Los Angeles's "Oil and Gas Health Report" for Council file #17-0447. We appreciate and acknowledge the leadership of Los Angeles City Council to study the impacts of oil and gas on adjacent residents. It is disappointing that the completion of the report was significantly delayed as residents have continued to suffer from the harmful health impacts and safety risks posed by oil and gas operations in their neighborhoods. The Task Force has identified the protection of public health near neighborhood oil and gas development sites as a priority and hopes the City of Los Angeles will play a leading role in the region in prioritizing this public health crisis as well.

Although we are encouraged that the City is considering a setback recommendation, it is the Task Force's considered view that the recommendations in the Oil and Gas Health Report (Recommendations 1-3) are not grounded either in the growing body of peer-reviewed academic research cited in both this report or the Department of Public Health's 2018 health report in which health impacts were identified well beyond a half-mile radius from sensitive land uses. As a public health and equity-oriented commission, we strongly recommend that the City of Los Angeles ultimately considers a setback distance that is based on scientific peer reviewed research and the Precautionary Principle¹ and establish a set-back distance that is the most protective of the most vulnerable communities.

The Task Force is also concerned that the majority of recommendations in the report (Recommendations 5, 7, 10) are proposals for more studies. While we support the value of studies and making an informed decision, there is a sufficient body of evidence in scientific studies, the Department of Public Health's 2018 Report, and the Oil and Gas Health Report by the Office of Petroleum and Natural Gas Administration and Safety for action. In the time it took for this most recent study to be completed, residents living in close proximity to active oil and gas wells have been repeatedly exposed to harm and left vulnerable to inherent safety risks.

¹ For your convenience, we use the term Precautionary Principle to mean: "When an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause and effect relationships are not fully established scientifically. In this context the proponent of an activity, rather than the public, should bear the burden of proof. The process of applying the precautionary principle must be open, informed and democratic and must include potentially affected parties. It must also involve an examination of the full range of alternatives, including no action." Defined at Wingspread, headquarters of the Johnson Foundation in Racine, Wisconsin, January 15, 1998.

The Task Force strongly recommends that the City consider policies for a protective human health and safety setback without delay, again applying the Precautionary Principle.

Key findings and recommendations we highlight from the health assessment portions of the Oil and Gas Health Report are as follows:

- 1. There are chemicals of concern that pose a risk to nearby residents.** In the analysis of chemical use at oil and gas operations, the report does conclude that chemicals of concern pose a risk to nearby residents if environment and exposure pathways are present. Increasing surface setbacks should be considered, and there are oil and gas events occurring outside the City, such as Inglewood and Long Beach, where toxic air contaminants and other chemicals could be transported in the air and impact residents within City boundaries. The reports on chemicals are only for unconventional oil and gas operations, but the vast majority of operations are routine and conventional, but still pose a chemical hazardous threat to adjacent residents. Many of the facilities in low-income communities of color have very few protections and are readily exposed to air toxins from the active facilities.
- 2. There are several emission risks and the regulatory standards do not account for exposure to the general public.** A Fluxsense Report compiled experimental studies of hazardous emissions (alkane emissions, benzene, toluene, ethylbenzene, and xylene [BTEX], and methane) from various fossil fuel sources and concluded that oil and gas wells were the greatest contributor to emissions in the study in all categories. Another consideration the report highlights is that occupational exposure limits were not developed for the protection of the general public. The limits do not account for people who live close to oil and gas activities, who could be much younger or older, and who are exposed for up to three times more hours than an 8-hour worker.
- 3. There is compelling scientific research demonstrating health risks associated with close proximity to oil and gas development.** Of the research provided by the California Independent Petroleum Association, 22 of the 30 submitted studies were not academic, peer-reviewed studies, and of the academic, peer-reviewed studies listed, the primary finding was a comparison of methodology in methane emissions in natural gas completion projects. Methane is only one component of toxic air contaminants of concern, and there are several other more intensive phases of oil and gas extraction than the completion phase alone. On the other hand, 24 peer-reviewed, published, scientific studies found increased health risks associated with oil and gas development ranging from 500 ft to 5,280 ft. The health research consultants on the report recommended that the distance of a proposed setback should consider the body of epidemiological studies on oil and gas development.

The Task Force strongly supports the prioritization of a human health and safety setback as a critical policy solution to urban oil drilling's negative impact on human health. Policies that implement a buffer or setback have been an effective public health policy solution to limit the exposure of toxic air pollutants and other contaminants and reduce the risk of adverse health impacts. Considering that health impacts associated with oil and gas development impacts residents living one half to three miles away and that the majority of the most impacted residents are already environmentally vulnerable, low-income, communities of color, the Task Force recognizes the vital need for a health protective setback or buffer policy, based on the Precautionary Principle, to reduce exposure to harmful pollutants for those who are already cumulatively burdened by multiple socioeconomic and environmental challenges.

Community Prevention and Population Health Task Force Members:

Sonya Young Aadam · Manal Aboelata · Mayra Alvarez · Tamika Butler · Melinda Cordero-Bárzaga · Veronica Flores
Michelle Fluke · Cathy Friedman · Nancy Halpern Ibrahim · Anisha Hingorani · Anne-Marie Jones · Nomsa Khalfani
Jim Mangia · Ramella Markarian · Damon Nagami · Lauren Nakano · Elisa Nicholas · Theresa "Missy" Nitescu · Janae Oliver
Maryjane Puffer · Cori Racela · Margaret Smith · Amanda Staples · Benjamin Torres · Nicole Wong

Based on the existing scientific research and experiences of frontline communities impacted by oil and gas development activity, the Task Force understands that relying solely on mitigation and more regulation are not adequate solutions for a fundamentally incompatible land use. The Task Force supports prioritizing a policy solution that implements a setback policy over mitigation and oversight measures.

Sincerely,



Veronica Flores, MA
Task Force Co-Chair



Nomsa Khalfani, PhD, MFT
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Members:

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Manal Aboelata, Prevention Institute
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