

## Reasons SCAQMD Should Not Implement Fire Ring Ban

SCAQMD Rules 445 & 444 re Beach Fire Rings

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1) CHSC 40001(c) Prior to adopting any rule or regulation to reduce criteria pollutants, a district shall determine that there is a problem that the proposed rule or regulation will alleviate and that the rule or regulation will promote the attainment or maintenance of state or federal ambient air quality standards.

2) In response to the June 6, 2013 Huntington Beach Independent article "Lawmakers ask for fire-ring records" (<http://www.hbindependent.com/news/tn-dpt-me-0606-mansoor-fire-pit-pra-20130605,0,7420471.story>) [June 5, 2013 letter California Public Records Act Request of California Legislators Allan Mansoor, Mimi Walters, Curt Hagman, and Travis Allen], AQMD must make the requested fire pit records available for independent analysis by qualified scientists and other stakeholders in this issue.

3) The section "HEALTH EFFECTS FROM FINE PARTICULATE MATTER" of the May 3, 2013 Draft Final Staff Report and March 2013 Revised Preliminary Draft Staff Report for Proposed Amended Rules 445 and 444 does not accurately describe the evidence that exists for California and the SCAB ([http://www.aqmd.gov/rules/proposed/444-445/RevisedPreliminaryDraftSR\\_PAR445-444.pdf](http://www.aqmd.gov/rules/proposed/444-445/RevisedPreliminaryDraftSR_PAR445-444.pdf))

a) June 1, 2013 Statement of UC Irvine Professor Robert F. Phalen *"Also the AQMD has large resources that must be put to work to do something, otherwise their budgets would be threatened. So there is a potential conflict of interest; serving their own interests vs serving the public interests. I don't ascribe malicious intent to the AQMD, but I do not see the fire pit issue as worthy of attention. To speculate further, the air current quality in California might be at a level that further "improvements" could lead to loss of the public's lung defenses. We already see increases in asthma, as a disease, as air quality has improved. Exposure to modest levels of air pollutants help to maintain defenses that prevent lung disease. This is analogous to the loss of immune competence that accompanies the trend for widespread overuse of antibiotic hand cleaners etc. Things, including the air can be too clean."*

b) Lipsett, Michael, Barbara Materna, Susan L. Stone, Shannon Therriault, Robert Blaisdell, and Jeff Cook. *Wildfire Smoke: A Guide for Public Health Officials*. California Department of Public Health, July 2008 with 2012 AQI (6/18/13) <[http://oehha.ca.gov/air/risk\\_assess/wildfirev8.pdf](http://oehha.ca.gov/air/risk_assess/wildfirev8.pdf)>. *"There are no directly relevant epidemiological or controlled human exposure studies that offer guidance in the selection of particulate matter levels with averaging times less than 24 hours, in part because studies of short-term effects of particles generally have not been conducted and in part because the toxicity of smoke is related to gaseous as well as particulate components.*

c) April 2013 CAPCOA Report, co-authored by SCAQMD EO Barry Wallerstein, shows ZERO unhealthy Air Quality Index (AQI) days in Orange County in 2012 due to PM2.5 and ozone exposure.

No AQMD evidence that beach fire ring smoke has resulted in harm to any OC county residents  
No AQMD evidence that PM2.5 levels among residents near beach exceed EPA standards.

4) The fire pit issue reinforces the need for AQMD to hold an open and comprehensive hearing before the full Governing Board in 2013 on the “health impacts of particulate matter air pollution in the South Coast Air Basin,” in accord with California Health and Safety Code Section 40471 (b) and in accord with the need to show scientific integrity on the part of AQMD.

5) Based on my examination of the AQMD Staff Directory, AQMD has no Ph.D. level epidemiologists or statisticians among their approximately 800 employees. This lack of appropriate scientific expertise is highly relevant because the public health justification for the proposed Rule 444 change is primarily based on proper statistical interpretation of the existing epidemiologic evidence about the health effects of fine particulate matter.

6) Orange County is one of the healthiest large counties in the US based on several measures, including total age-adjusted death rate. The 2009-2010 Age-adjusted Total Death Rate in Orange County is lower than rate in all 50 states and is 22% below the national average. Among the 39 US counties with at least 1 million population in 2010, Orange County ranked 5<sup>th</sup> lowest in 2009-2010 age-adjusted total death rate. Orange County Overall Health Ranking #7 from top out of 58 CA counties

<http://www.countyhealthrankings.org/app/california/2013/orange/county/outcomes/overall/snaps-hot/by-rank>

7) Problems with Three AQMD Board Members

CHSC 40420(c) The member appointed by the Governor shall be either a physician who has training and experience in the health effects of air pollution, an environmental engineer, a chemist, a meteorologist, or a specialist in air pollution control.: Joseph K. Lyou, Ph.D.

CHSC 40425. The south coast district board shall elect a chairperson every two years from its membership. William A. Burke, D.Ed. Served as Chair from September 1993 to December 1994? Reinstalled as Chair on August 8, 1997 after removal of SB Co Supervisor Jon D. Mikels. Burke term expires January 15, 2014 and he should not be Chair after January 15, 2014.

35 air boards in CA and all except AQMD regularly rotate Chair position and Chair is almost always elected official. Besides AQMD, only Mohave Desert APCD currently has a non-elected official as Chair (a former County supervisor).

Dishonesty Clark E. Parker, Sr. in providing false information on his CA Senate Rule Committee application, including claiming a Ph.D. degree.

8) Michael Laybourn and Tracy Goss have not addressed my March 20, 2013 scientific criticism of the AQMD characterization of the health impacts of particulate matter air pollution in the South Coast Air Basin (<http://scientificintegrityinstitute.org/CARBAQMD032013.pdf>)