

APHA Environment Section Policy Priorities for 2004-2006

A. Primary Priorities – Areas of primary concern with clear policy objectives in this time frame. Public health voice is critical and influential.

- 1. Ambient air pollution- *Arguably the largest quantifiable public health burden of all environmental health issues in US. During the next two years, many critical policy decisions will be made that will influence the trajectory or air quality management for the next decade at least.***

Policy opportunities: In 2005-6, critical decisions will be made regarding:

- 1. Implementation of 1997 ozone and PM_{2.5} standards***
- 2. Review and setting of new ozone and PM standards (PM_{2.5}, PM_{10-2.5})***
- 3. Clear Skies legislation***
- 4. Transportation bill (Contains critical legislative language on transportation conformity and air quality planning)***
- 5. Mercury rule (finalized 3-05, will be challenged in court)***
- 6. Clean Air Interstate rule (finalized 3-05, will also probably be challenged in court)***
- 7. Diesel retrofit bills (state, local, maybe national)***

Recommendation: I feel this should be our top priority. APHA staff should be briefed and keep abreast of issues. Involvement should include sign-ons, testimony at hearings, member action alerts, and having Georges Benjamin testify at critical hearings.

- 2. Land use, transportation policy and public health – *Highly integrative, includes air quality and physical activity impacts, which have enormous public health implications. Core activity of the environment section.***

Policy opportunities: In 2005-6, transportation bill will be decided. This bill will determine funding levels for recreational facilities as well as funding and groundrules for air quality management related to transportation. Politics of this bill are draconian, but public health voice is a critical part. There will also be critical local and regional initiatives. One example is an Indirect Source Rule in the Central Valley of California,

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which will set a precedent for land use and development designed to minimize air quality deterioration.

Recommendations: I feel this should be our second priority. It is closely related to the top priority on air quality, and is also representative of a core strength of our section. Involvement can include all the measures mentioned above. In addition, the BEI may have additional educational/advocacy initiatives that should be given priority.

B. Secondary Priorities – areas of concern where policy objectives are less clear, and/or public health voice less critical/influential

Recommendation: In these areas, lower expectations will be placed on APHA staff to keep abreast of policy developments. Involvement will include relatively low demand activities, including sign-on letters and member action alerts.

- 1. Science Integrity – speak out on issues of bias and contempt of science in advisory committee proceedings; continue excellent programs at annual meeting**
- 2. Global climate change - raise awareness of public health implications of GCC; support policy measures like McCain Lieberman bill.**
- 3. Public health tracking and biomonitoring – Support appropriations to CDC to enhance capabilities in these areas; Counter industry PR spin on biomonitoring.**
- 4. Indoor environments/schools and children’s health – Support healthy schools legislation; support EPA Office of Children’s Health Protection and related children’s health rules.**
- 5. Toxic Chemicals policy/EU REACH (Registration/Evaluation and Authorization of CHEMicals) initiative – Support US environmental groups working to promote REACH in EU; support REACH-like legislation at state and federal levels.**
- 6. Antibiotic resistance and agricultural misuse of antibiotics – Support US and state legislation to reduce agricultural misuse of antibiotics; sign-on and support efforts to get CDC to act on restrictions on human-use antibiotics as feed additives.**
- 7. Environmental public health infrastructure and terrorism preparedness – Support appropriations for enhancing local and state public health capabilities that are dual use, for terrorism events as well as for basic environmental health.**
- 8. Safe Drinking Water –**
- 9. Heavy metals**

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9.1. Eliminate existing sources of and exposure to lead, arsenic and mercury.