

## **SW Washington Health Community Position Statement on Proposed Coal Exports**

Large multinational coal companies propose to send coal mined in the Powder River Basin by rail and barge through the Pacific Northwest to be loaded onto large ships and exported to Asia. If current proposals are approved, that could result in more than 100 million metric tons of coal shipped each year. Over 38 uncovered coal trains, each one-mile long (or longer) with over 100 cars propelled by four diesel engines, could pass through Washington and/or Oregon every day.

Our specific, local concerns related to a massive increase in rail and river traffic for coal exports include:

- New, major sources of diesel pollution;
- Coal dust pollution along train tracks, in river corridors and at port sites;
- Traffic delays, including for emergency first responders, at grade-level crossings; and
- Noise pollution.

Coal trains traveling through our communities, barges, port storage and export facilities, and massive bulk cargo ships in the Columbia River and on the coast will emit significant amounts of diesel particulate pollution. There are robust correlations between these pollutants and cardiovascular and respiratory disease, reproductive health problems, and malignancy. Chronic exposure to these particulates may affect learning ability, coordination, memory, and judgment in both children and adults.

Coal dust blowing off train cars can be as much as 500 lbs. of coal dust per car per 500 miles travelled. The size and frequency of these trains may make coal dust a public health threat in itself. Exposure to coal dust is linked to asthma and lung disease. Coal particles from trains have been found in the Columbia River. Coal dust contains mercury, arsenic, and lead, elements which have been associated with neurodevelopmental delays in children.

Another concern is the potential for delays in emergency response times. For instance, there are four grade-level crossings in Longview, Washington that could detain first responders for up to 20 minutes each as long coal trains pass through town.

Additionally, coal burned abroad in Asia emits nitrous and sulfur oxides, ozone, and heavy metals such as mercury into the air, which will blow back to us on prevailing

westerly winds. Recent studies show that a significant amount of the mercury in water and the environment comes from coal burned in Asia that returns to the Pacific Northwest via atmospheric currents. In addition, burning large amounts of coal and fossil fuels simply to transport the coal will generate huge amounts of greenhouse gasses that promote and intensify climate change, itself a threat to public health and safety.

Washington and Oregon have taken steps to phase out the use of coal-generated electricity at the Transalta plant in Centralia and at the PGE Boardman plant. This is progress for the health of those living in the Pacific Northwest. Yet new, proposed coal exports would undermine this progress.

As health care professionals, providers and public health advocates, we believe the risks to human health from massive coal shipments across our state and through our communities are significant. We want to prevent new sources of morbidity and mortality and increasing costs of health care.

Together, we voice our concerns about coal exports. Specifically, we call for public review of a comprehensive Health Impact Assessment (to include cumulative effects), a region-wide Environmental Impact Statement (EIS), and site-specific EISs for each proposed terminal before any coal export facility or transport is approved by any agency.

Thank you,

Anne Battson, RN

Judy Lynn Dona Bauer, OTR/L

Wendy Biss, PhD

James Bergh, RN, PA

Marcia Bryan, RN, CDE

Brenda Call, OTR/L

R. E. Carleo, RN

Marcella Chandler, LPN, BA, MA

Cathryn Chudy, MA

Ann Marie Clifton, RN, BSN

Dian Cooper, CEO

Kate Costelloe, OTR

Elizabeth Deming, OTR/L

Dawn Doutrich, PhD, RN, CNS

Gaia Davies, MSW

Kurtland Davies, PhD

Carol Fischer, OTR/L, MEd.

Vanessa Fitzgerald, RN

Janice L. Flock, MA OTR

Angela Gonzales, RN, BSN

Jennifer Gregor, MS PT

Dawn Harrison, BSN, MPH, MURP

Barbara Henriksen, OTR/L

Page Holmes, RN BSN

Jonnie Hyde, former Program Manager Healthy Community Growth Clark County  
Public Health

Elizabeth Idlewine, PTA

Heather Jensen, RN, M.Ed.

Trudy Johanshahi, RN

Sharon Kenoski, ARNP

Deborah Kier, RPT

Marjorie Kircher, MS OTR

Karen Kulm, RN

Holly Long, RN

Jan Manske, OTR/L, MS

Stella Maris, RN

Dani Maron-Oliver, RN, MPS

Marguerite Marx, RN

Mona M. McNeil, PhD

Wendy Nelson, RN, MS

Cheryl O'Lenic, COTA

E. Oulman, RN

Mary Jane Paterno, RPT

Heather Petrik, RN

Megan Reynolds, RN

Elizabeth Sheppard, MBA, former researcher for National Institutes of Health (NIH)

Dorothea Simone, RN, BSN

Alona Steinke, RN

Pari Tabari, RN

Nina Thrun, BS, DIU-FARCI Clinical Research Associate.

Beth Walters, RN

Barbara Wildern, RN, BSN

Charles Williams, EdD

Allison Billups Wilson, RN

Sandy Wood, COTA/L