

US Health Professionals Call for Moratorium on Fossil Fuel Infrastructure to Protect Public Health

More Than 80 Health Professionals Demand Federal Energy Regulatory Commission Stop Unethical 'Experiment'

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Protesters Plan to Begin Fast at FERC on September 8th

For more information on the [Fast for No New Permits see here](#).

In an [open letter to the Federal Energy Regulatory Commission](#) (FERC), more than eighty health professionals urge the FERC to stop permitting oil and gas infrastructure and to move to clean sustainable sources of energy to protect the health of people and the planet. The construction of oil and gas projects such as unconventional fracking, pipelines, compressor stations and export terminals which pollute with cancer and disease-causing chemicals is akin to an uncontrolled health experiment that is destroying communities and risking lives of residents. These projects also harm the workers who build and maintain them. For the health of all who are involved, health professionals demand that this unethical 'experiment' stop.

Most people are unaware of the existence of the FERC, which according to its website is “an independent agency that regulates the interstate transmission of electricity, natural gas, and oil. FERC also reviews proposals to build liquefied natural gas (LNG) terminals and interstate natural gas pipelines as well as licensing hydropower projects.” The FERC is independent of taxpayer dollars, but is dependant on the oil and gas industries for its funding, the very industries the FERC is supposed to regulate.

As a result of this fundamental conflict of interest, the FERC is a rubber stamp agency for new permits regardless of the danger they pose to the health and safety of communities and the future livability of the planet. A case in point is the new Liquefied Natural Gas (“natural” is an industry marketing term, the gas is more accurately called “fracked gas”) refinery and export plant being built in Southern Maryland by Dominion Resources. This huge plant will store 14.6 billion cubic feet of liquefied gas for export by tankers to Japan and India.

Dominion is building its plant in the community of Lusby, Maryland. When Dominion submitted its application to the FERC, it left out 90% of the surrounding population. There are more than 2,400 homes, 19 day care centers and 2 elementary schools within the 2.2 mile evacuation zone around the plant. This is the first time that a plant has been built in such a densely-populated area anywhere in the world. When the permit was appealed to inform FERC of the risks to the more than 8,000 people living close to the plant, some living directly across the street, the FERC refused to review the permit. Visit www.WeAreCovePoint.org to learn more.

A coalition of people and groups called Beyond Extreme Energy has been focused on the FERC for the past year to call attention to its reckless behavior but the FERC has only responded with disregard for the people's concerns and by taking extra steps to exclude the people's voices. For example, people from communities that are being destroyed by FERC-approved projects must sit in an overflow room during the FERC's monthly public meeting to prevent them from speaking out at the meeting.

Members of Beyond Extreme Energy have tried to work within FERC's tightly-controlled system without success. They used protest to call attention to the direct impact FERC-approved projects are having on their livelihoods and communities, but the FERC continues to close its eyes and ears to them. Now BXE members are taking a bigger step and will be fasting on FERC's doorstep for three weeks beginning September 8 to demand no new permits.

Starting with this letter from health professionals, there will be a series of letters laying out the case for an end to oil and gas infrastructure and a rapid transition to clean sustainable sources. These will be posted on the [Beyond Extreme Energy website](#). Join the action to stop the FERC from locking us into a dirty energy future and instead make the FERC responsible to the people and for the transition to the carbon-free and nuclear-free future that is so desperately needed.

OPEN LETTER: Health Professionals Call for Moratorium on Fossil Fuel Infrastructure to Protect Public Health

We, the undersigned health professionals, strongly urge the Federal Energy Regulatory Commission (FERC) to immediately stop issuing permits for any new fossil fuel infrastructure. Based on scientific evidence of the health and public safety risks associated with fossil fuel infrastructure such as oil and gas drilling, refineries, pipelines and compressor stations and of their contribution to the further escalation of climate change and its associated risks to public health and safety, there must be a moratorium on new permits and a hold on construction for projects that have not been completed until a plan is made to move completely to energy sources that do not cause harm. The evidence is clear that the US can transition to 100% wind, water and solar energy by 2050 [1] and, in fact, that the US can be carbon-free and nuclear-free by 2050 or sooner [2].

Although the FERC is not directly involved in permits for oil and gas drilling, the pipelines and associated infrastructure under FERC's jurisdiction do create the conditions that make more drilling and extraction of fossil fuels possible. It is becoming overwhelmingly clear that the process of extraction, refining, transport and burning of fossil fuels for energy is harmful to people and the planet at all stages. FERC must understand its role in the bigger picture of a national energy policy which is hurting communities and worsening the climate crisis.

As fossil fuel reserves decline, more extreme measures are being taken to extract them. In recent decades there has been a boom in unconventional fracking for oil and gas. Fracking pads and associated infrastructure are being placed close to homes, daycare centers and schools without consideration of the health impacts, particularly on children who are more vulnerable to toxic effects and are more likely to live long enough to experience long term effects of some of the chemicals used such as those that are carcinogenic.

Public health studies reveal that of the hundreds of chemicals used in the fracking process, 25% can cause cancer or mutations, 37% are endocrine-disrupters, 40 to 50% can affect the nervous, immune, cardiovascular and renal systems and more than 75% irritate the skin and eyes and cause respiratory and gastrointestinal symptoms [3]. Additionally, the process of fracking brings heavy metals and radioactive elements buried deep in the ground to the surface where they contaminate air, soil and water.

Humans and animals are being adversely impacted by fracking and associated infrastructure from normal day-to-day operations as well as from industrial accidents and illegal activities. There are reports of fracking well failures that leak, explosions, failures of wastewater storage ponds and direct dumping of wastewater on roads and into waterways, pipeline leaks and compressor station malfunctions [4]. There are also frequent violations of regulations by oil and gas companies [5].

Researchers Michelle Bamberger and Robert Oswald write, "Without rigorous scientific studies, the gas drilling boom sweeping the world will remain an uncontrolled health experiment on an enormous scale."

And in fact, as more health studies are published, it is becoming abundantly clear that there are significant adverse health impacts on humans and animals from extraction, processing and transportation of fossil fuels. It is time to stop this unethical experiment and end the fossil fuel era.

The climate crisis is another critical reason to stop permitting fossil fuel infrastructure. A recent study by Steven J. Davis and Robert H. Socolow looks at the carbon commitment of fossil fuel plants [6]. Based on their data, if we continue to build new fossil fuel power plants globally at the current rate, we will reach the limits of the carbon budget allotted by the International Panel on Climate Change (IPCC) to maintain warming below 2°C by 2018 [7].

Methane gas is being promoted as a 'bridge fuel,' but in reality the methane leakage from its production, transmission and use offsets any gains that methane has in emitting less carbon dioxide than coal when it is burned [8]. Methane is a more potent Greenhouse Gas than carbon dioxide over the short term by a factor of 80 to 100 [9].

The adverse health impacts of the climate crisis are already being felt. The World Health Organization estimates that 150,000 [10] people die prematurely each year because of factors directly related to the climate crisis, and this is expected to increase over time [11]. Extreme heat, weather-related disasters, infectious diseases, lack of access to clean water and crop failure due to the climate crisis cause increased suffering and death. A review of current science shows that fetuses and children, our future generations, are at greatest risk for adverse health impacts from fossil fuel and climate change [12]. In addition to mitigating the climate crisis, ending reliance on fossil fuels and replacing them with clean sources of energy would save additional lives by reducing pollution.

For these reasons, we urge FERC to immediately cease granting new permits for fossil fuel infrastructure and to halt construction of projects that are not completed. FERC needs to define the public interest not by what makes the energy market more profitable but by what creates a reliable energy supply without hurting communities and threatening a livable future. FERC can be a leader in transitioning to the necessary

sustainable energy economy. We urge you to act now.

Signed,

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Endnotes

1. <http://news.stanford.edu/news/2014/february/fifty-states-renewables-022414.html>
2. <http://ieer.org/resource/reports/carbon-free-and-nuclear-free/>
3. <http://cce.cornell.edu/EnergyClimateChange/NaturalGasDev/Documents/PDFs/fracking%20chemicals%20from%20a%20public%20health%20perspective.pdf>
4. http://psehealthyenergy.org/data/Bamberger_Oswald_NS22_in_press.pdf
5. <http://www.indyweek.com/pdf/051111/pennsylvaniashalereport.pdf>
6. <http://iopscience.iop.org/1748-9326/9/8/084018/>
7. http://motherboard.vice.com/en_ca/read/the-carbon-age-needs-to-end-in-2018
8. <http://www.usclimatenetwork.org/resource-database/report-coal-to-gas-the-influence-of-methane-leakage>
9. http://www.eeb.cornell.edu/howarth/publications/Howarth_2014_ESE_methane_emissions.pdf
10. <http://www.who.int/heli/risks/climate/climatechange/en/>
11. <http://www.who.int/mediacentre/factsheets/fs266/en/>
12. <http://ehp.niehs.nih.gov/11173/>

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