Name: Lisa Gue

Date of Submission: July 30, 2015

Location: Ottawa, Ontario

Comment:

Joint comments from the David Suzuki Foundation and Canadian Lung Association are attached.

July 30, 2015

Secretary, Canadian Section
International Joint Commission
234 Laurier Avenue West, 22nd Floor
Ottawa, Ontario KIP 6K6

To Whom It May Concern:

Re: Public Consultations on the 2014 Air Quality Agreement Progress Report

Please accept this letter as comments from the David Suzuki Foundation and the Canadian Lung Association on the 2014 Air Quality Agreement Progress Report.

Air pollution is still a health and environmental risk

The World Health Organization identifies air pollution the world's largest single environmental health risk and has called on countries to "redouble their efforts to identify, address and prevent the health impacts of air pollution."[1] Fine particulate matter ($PM_{2.5}$) has the greatest effect on human health and is associated with lung cancer, chronic obstructive pulmonary disease (COPD) and cardiovascular diseases.[2] The global burden of deaths attributable to air pollution is borne largely by low- and middle-income countries. Nevertheless, the Canadian Medical Association estimated that air pollution caused 21,000 premature deaths in this country in 2008 alone.[3] Although air quality has improved in many areas of Canada, current ambient levels of pollution routinely exceed World Health Organization guidelines in some places. [4]

Furthermore, as noted in the 2014 Air Quality Agreement Progress Report, many environmentally sensitive areas across Canada continue to receive levels of acidifying depositions in excess of critical loads. Some pollutants that affect air quality also contribute to climate change (in particular, nitrogen oxide) — and a warming climate in turn exacerbates air quality problems. [5]

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[1] Health and the environment: addressing the health impact of air pollution. Resolution of the 68th World Health Assembly, Geneva, May 2015. http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_75-en.pdf
[2] WHO. Global Health Observatory Data. Ambient Air Pollution http://www.who.int/gho/phe/outdoor_air_pollution/en/
[3] *No breathing room: National illness cost of air pollution*. CMA: Ottawa, 2008.
[4] Environment Canada. Air Quality Indicators (2012). August 22, 2014. http://www.ec.gc.ca/indicateurs-indicators/default.asp?lang=en&n=7DCC2250-1
[5] Public Health Agency of Canada. Climate change, air contaminants, and your health. March 28, 2013. http://www.phac-aspc.gc.ca/hp-ps/eph-esp/fs-fi-b-eng.php

We therefore support the WHO's call for governments to redouble efforts to address air pollution and urge Canada and the U.S. to reduce emissions of air pollutants and improve ambient air quality.

Canada's Air Quality Management System has yet to be implemented

While we recognize important achievements since 1991 in reducing acid rain, we are concerned that many of the more recent "actions" included in the 2014 Progress Report are policy proposals that have yet to be implemented. In particular, implementation of key aspects of Canada's Air Quality Management System (AQMS) has largely stalled since being approved in principle by federal and provincial environment ministers in 2012. For example, the Multi-Sector Air Pollutant Regulations (MSAPR), although published in draft form June 7, 2014, have not been finalized. The MSAPR are intended to enforce base-level emissions reduction standards for 13 industrial sectors and three types of industrial equipment. However, this initiative will not deliver any acid rain reductions or ambient air quality improvements until the regulation is finalized and implemented. Furthermore, the draft regulations, as published, would apply only to three sectors/types of equipment (the cement sector, non-utility boilers and heaters, and stationary engines), with some requirements not taking effect until 2026 or later.

Canadian Ambient Air Quality Standards (CAAQS), a second pillar of the AQMS, were established in 2012 for ground-level ozone and fine particulate matter ($PM_{2.5}$). However, as the *Canadian Medical Association Journal* noted in a recent editorial,[6] the new 24-hour CAAQS for $PM_{2.5}$ (28 µg/m^3) does not meet WHO guidelines (25 µg/m^3).[7]

New CAAQS for sulphur dioxide (SO_2) and nitrogen dioxide (NO_2) have yet to be finalized and it seems unlikely that this work will be completed by 2015, as indicated in the 2014 Air Quality Agreement Progress report.

Continued effort is needed to improve air quality

Having met their original (1991) commitments to reduce total SO_2 and nitrogen oxide emissions, and in light of new evidence about the health and environmental risks of current levels of air pollution in many areas, Canada and the U.S. should update commitments under the Air Quality Agreement with a focus on meeting WHO guidelines for ambient air quality and continuous improvement.

This should include:

- Coordinated action to reduce ambient levels of $PM_{2.5}$;
- Action on transboundary sources; and
- A new PM Annex to the Air Quality Agreement.

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[6] Moneeza Walji and Ken Flegel, Adopting global guidelines for air pollution: protecting the health of Canadians, *CMAJ* July 20, 2015 http://www.cmaj.ca/content/early/2015/07/20/cmaj.150722

[7] *WHO Air quality guidelines for particulate matter, ozone, nitrogen dioxide and sulfur dioxide. Global update 2005*. WHO: Geneva, 2006. http://whqlibdoc.who.int/hq/2006/WHO_SDE_PHE_OEH_06.02_eng.pdf?ua=1

If both the U.S. and Canada met the WHO guidelines this would remove disparities in contributions to transboundary air pollution.

Please contact us if we can provide any assistance in explaining or further exploring these comments.

Yours truly,

Jay Ritchlin
A/Director of Science and Policy
Director General, Western Canada
David Suzuki Foundation
219 – 2211 West 4th Avenue
Vancouver, BC V6K 4S2
Tel. 604-732-4228 x 1234
jritchlin@davidsuzuki.org

Debra Lynkowski
President and CEO
Canadian Lung Association
1750 Croissant Courtwood
Ottawa, ON K1R 1A3
Tel. (613) 569-6411
dlynkowski@lung.ca

Name: Victoria Johnstone

Date of Submission: July 28, 2015

Location: Wichita, Kansas

Comment:

I am an industrial and climate refugee. Mankind has produced some great inventions, but often the side effects have been pollution and a change in our climate. That pollution that is pumped into our air affects our ability to breathe and our health. I developed adult onset asthma after having grown up in and living in southern Ontario, Canada much of my life. My family and I made the decision to leave our home and go somewhere where I could breathe better and we could live. It has not been easy to find that place, and air quality continues to be an issue as we have traveled across Canada and the U.S. Currently, we live in the midwest U.S., specifically Kansas. I have read the IJC 2014 Air Quality Agreement Progress Report. I appreciate that transboundary air pollution is addressed. Good for Ontario, Canada getting rid of coal as a means of producing electricity. It is good to see that steps have been and are being taken to improve air quality. I look forward to more of that in the future. As I write this, however, there is still smog and poor air quality in much of Canada and the U.S. Making money and a clean environment can and should exist together. There is enough technology today and more being developed that we should not have a problem with better ways of functioning as a society while keeping air and water clean and health safe. Better and new jobs are a positive by-product of this new age. We all look forward to cleaner air.

Name: Robert Lyng

Date of Submission: July 16, 2015

Location: Toronto, Ontario

Comment:

Congratulations on producing a high quality and informative report. I offer one comment for your consideration. On page 16, reference is made to OPG preserving some of the Lambton and Nanticoke units. Please note that a decision was recently made not to preserve Nanticoke units. For reference, please see the news release at the link below. http://www.opg.com/news-and-media/news-releases/Documents/20150715_Lambton-Nanticoke.pdf