



Alliance of Nurses for Healthy Environments
Bringing Science and Passion to the Environmental Health Movement

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purposes only

January 12, 2021

Representative Deb Haaland
1421 Longworth HOB
Washington, DC 20515

Secretary Michael Regan
217 West Jones Street
Raleigh, NC 27603

President-Elect Joe Biden Transition Team
Office of the President-Elect
1401 Constitution Ave NW
Washington, DC 20230

Dear Rep. Deb Haaland and Mr. Michael Regan

Congratulations on your selection by President-elect Biden to be nominated for the positions of Interior Secretary and EPA Administrator. We are deeply encouraged with President-elect Biden's decision to nominate you each to serve. As stewards of the environment, and America's land, water, and air - we look forward to your tenure in office.

In the past four years, we've watched as the Interior Department waged a war on our public lands, selling off oil and gas leasing rights at a pace that was terrifying to behold. We've watched as EPA leadership has pushed an agenda to roll back important public health protections such as eliminating the methane emissions standard for oil and gas development, weakened a number of air emissions standards that will increase communities' exposures to harmful air pollutants, and has rushed reviews of important national standards for ozone and particle pollution.

We are encouraged that the incoming Biden Administration remains committed not only to reversing these rollbacks, but also to pause new fossil fuel leasing on federal public lands. This decision is not only critical to addressing climate change and ending the US dependence on fossil fuels, but will also significantly improve public health.

The findings of a new report from the Alliance of Nurses for Healthy Environments (ANHE) warn about the implications of environmental pollution from the oil and gas industry on COVID-19 health outcomes. As nurses on the frontlines of the COVID-19 pandemic, we urge you to prioritize the reopening of the National Ambient Air Quality Standards for particulate matter as you work to build the Environmental Protection Agency back better.

The report - *Nurses on the Frontlines: Unmasking the Influence of Air Pollution, Health Disparities, and Oil and Gas Development on COVID-19* - examines how



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air pollution may put some communities at greater risk of death from COVID-19, outlining the implications of the oil and gas industry on communities in three western states (Colorado, Montana, and New Mexico) that have experienced high COVID-19 morbidity (infection/illness) and mortality rates. In our report, we highlight the stories of nurses in each state as they share their experience and insight on the intersection of the pandemic, air pollution, and oil and gas operations. Specifically, the report found that:

- Research from the 2003 SARS epidemic in China found a relationship between chronic exposure to air pollution, such as ozone and particulate matter and the death from SARS. The link between air pollution and the severity of the disease during the 2003 SARS epidemic has made air pollution a logical area to examine during the current pandemic.
- Current evidence suggests a similar relationship between our air quality and COVID-19. Several studies have found that the virus that causes COVID-19 spreads more quickly in areas that have more air pollution, including particulate matter (PM 2.5 and PM10), nitrogen dioxide, carbon monoxide, and ozone. COVID-19 is transmitted through the air; therefore, air pollution, including the small particles from PM, could create a suitable environment to transport and be a carrier for COVID-19 to its human host.
- Air pollution induces inflammation in lung cells, and air pollution exposure could increase the susceptibility and severity of the COVID-19 patient symptoms as the lungs are particularly sensitive to damage from the virus.
- The first research to emerge on a possible link between COVID-19 severity and air pollution was from Italy, a country hit hard early in the pandemic. Looking at PM 2.5 levels one month prior to the beginning of the outbreak, higher levels of PM 2.5 were positively associated with increased number of COVID-19 cases and more severe forms of the disease requiring hospitalization. The mortality rate in these regions was double of those regions with lower PM 2.5 levels (14% versus 7%).
- Here in the US, Wu et al.¹ have done the most robust analysis of the impacts of air pollution on COVID-19 severity to date. Utilizing COVID-19 data through June 18, 2020 the researchers found that for every 1mcg/m³ increase of average, long-term PM 2.5 exposure there was an 11% increase in a county's COVID-19 mortality rate.

While the link between COVID-19 risk and mortality and air pollution exposure, specifically in proximity to oil and gas wells and infrastructure is not known, there remains a large body of evidence indicating harm to human health from ozone and particle pollution. The Alliance of Nurses for Healthy Environments recognizes while there is more research to be done, the Environmental Protection Agency should immediately:

- Include areas with historical elevated air pollution exposure, especially PM 2.5, in prioritization of COVID response, preparedness and recovery interventions, such as prevention outreach, testing, vaccination programs, planning for hospital surges and capacity, and other public health interventions.
- Prioritize the advancement of health equity and elimination of health disparities from environmental exposures across all levels of government.
- Uphold the Clean Air Act and strengthen existing air quality standards supported by science, including setting stricter National Ambient Air Quality Standards for particle pollution, ozone, and other criteria air pollutants, place limits on methane pollution on new and existing sources from the oil and gas industry, and institute policies that reduce carbon emissions and other air pollutants from power plants

¹ Wu X, Nethery RC, Sabath MB, Braun D, Dominici F. Air pollution and COVID-19 mortality in the United States: Strengths and limitations of an ecological regression analysis. *Sci Adv.* 2020;6(45).



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and other fossil fuel sources. For PM 2.5 and ozone specifically, EPA must immediately conduct a new and robust review of the NAAQS and set a health protective standard in alignment with the scientific evidence.

- Allocate robust and sustained funding to support public health infrastructure and workforce at the state, local, territorial, and tribal levels.
- Restore and increase funding for public health programs, research, and regulatory actions to prevent environmental exposures and protect those who are at risk of harm from exposures, including the CDC's Climate and Health program and the Environmental Protection Agency.
- Incorporate an environmental justice analysis and utilization of a Health and Equity in All Policies approach to local, state, and federal policymaking.
- Incorporate a cumulative-impacts assessment in environmental impact assessments and prior to approving new permits for building out new industrial development so that communities already burdened by pollution are not sites for additional polluting facilities.
- Stop the build out of new fossil fuel infrastructure, phase out existing infrastructure, and support a just and equitable transition to clean and renewable forms of energy, such as wind and solar. A just transition must include communities burdened by fossil fuel pollution and those that face challenges in the transition to 100% clean energy, such as workers or communities economically dependent on fossil fuels in all phases of the process: planning, decision making, implementation, and oversight.
- Promote translational research and study of programs and methods to improve health outcomes and reduce exposure to hazardous air pollutants and other harms from oil gas pollution.

Attached is a copy of the report. We urge you to take these findings seriously, take appropriate steps to investigate the link between air pollution and COVID-19 health outcomes, and take appropriate measures to mitigate them.

Thank you.

Signed,

Katie Huffling, MS, RN, CNM, FAAN
Executive Director
Alliance of Nurses for Healthy Environments