

U.S. Latinos and Air Pollution: A Call to Action

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AUTHORS:

Adrianna Quintero,
Senior Attorney,
Director of Latino Outreach,
Natural Resources Defense Council

Valerie Jaffee,
Communications Assistant,
Natural Resources Defense Council

Jorge Madrid,
Research Associate,
Center for American Progress

Elsa Ramirez,
Regional Outreach Coordinator
National Wildlife Federation

Andrea Delgado,
Fellow,
*National Latino Coalition
on Climate Change (NLCCC)*



Principal authors:

Adrianna Quintero, Senior Attorney, Director of Latino Outreach, *Natural Resources Defense Council*
Valerie Jaffee, Communications Assistant, *Natural Resources Defense Council*
Jorge Madrid, Research Associate, *Center for American Progress*
Elsa Ramirez, Regional Outreach Coordinator, *National Wildlife Federation*
Andrea Delgado, Fellow, *National Latino Coalition on Climate Change (NLCCC)*

Contributing authors:

Dr. Evelyn Montalvo-Stanton, Pediatric Pulmonologist, Assistant Professor of Pediatrics, *New Jersey Medical School*
Adriano Martinez, *Natural Resources Defense Council*

Special thanks to:

John Walke, *Director, Air Program, NRDC*
Diane Bailey, *Health and Environment Program, NRDC*
Emily Davis, *Air Program, NRDC*
Kim Knowlton, *Health Program, NRDC*
Dr. Gabriela D. Lemus, *co-founder, National Latino Coalition on Climate Change (NLCCC)*
Hector Sanchez, *Executive Director, Labor Council for Latin American Advancement (LCLAA)*
Mark Magaña, *Executive Director, National Latino Coalition on Climate Change (NLCCC)*
Brennan Alvarez, *Center for American Progress*

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NRDC Director of Communications: Phil Gutis
NRDC Deputy Director of Communications: Lisa Goffredi
NRDC Publications Director: Lise Millay Stevens
NRDC Publications Editor: Carlita Salazar
Design and Production: Sue Rossi

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I. EXECUTIVE SUMMARY

Air pollutants surround us wherever we are. On a daily basis, we are exposed to carbon, lead, nitrogen oxides, ozone, soot, and hundreds of other air pollutants emitted from our cars, factories, power plants, and heavy machinery. At certain levels, many of these pollutants become highly harmful to human health, especially for those living in areas with high concentrations of air pollution. Latinos are especially vulnerable because they live in regions with the worst air contamination.

The Hispanic population in the United States is increasing rapidly, surging by 43 percent from 2000 to 2010, dramatically outpacing the nation's growth rate during the same period.^{1,2} Hispanics became the largest minority group in 191 metropolitan districts last year, with the highest expansion in areas of concentrated vehicle traffic, industry, and power plant activity.³ Nearly one out of every two Latinos lives in the country's top 25 most ozone-polluted cities.⁴

BREATHING DIRTY AIR HARMS HUMAN HEALTH

Air pollution puts human health at risk in numerous ways. Fragile lung tissue can be easily damaged by pollutants released by cars, buses, heavy machinery, factories, and power plants. These pollutants can lead to an increased risk of various respiratory diseases, including asthma, lung cancer, and chronic bronchitis, as well as contributing to premature death. Air pollution can be especially dangerous for people vulnerable to health problems, such as pregnant women and young children. Growing evidence shows that air pollution exposures in pregnancy and early childhood put children at higher risk of adverse health outcomes.⁵

Although air pollution is most commonly associated with respiratory illnesses, pollutants can travel long distances in the atmosphere, settle onto vegetation, contaminate bodies of water, and enter the food chain, putting our health at risk through various exposure pathways.

PROTECTING OUR LUNGS THROUGH LIMITS ON SMOG

The Environmental Protection Agency (EPA) regulates air pollution under the Clean Air Act, which requires the agency to set National Ambient Air Quality Standards (NAAQS) for the six most commonly found air pollutants (criteria pollutants) and to update these standards when science shows that they are not protective enough of human health.⁶ The six criteria pollutants include particle pollution

(particulate matter), ground-level ozone (smog), carbon monoxide, sulfur oxides, nitrogen oxides, and lead. Other pollutants regulated by the EPA under separate statutory programs, such as mercury and air toxics, can also cause significant damage to human health.

The EPA reports that as of 2008, 127 million people—42 percent of the population—lived in areas that do not meet one or more NAAQS.⁷ Most of these Americans live in areas that the EPA has deemed to have unhealthy ozone levels. Ozone is a colorless gas found in our air that, at ground level, is the primary component of smog and is the most threatening pollutant to human health. When ground-level ozone is found at high levels, it can diminish lung function, inflame airways, and aggravate asthma and other respiratory illnesses.

Latinos are highly exposed to ground-level ozone and its harmful effects. According to the Centers for Disease Control and Prevention (CDC), close to 50 percent of all Hispanic-Americans live in counties that frequently violate ground-level ozone standards.⁸ Asian-Americans share this high risk. Because the 2008 smog standard used by the EPA for its estimate is outdated and non-protective of human health, one can reasonably conclude that even more Americans currently live in areas with ozone levels that the EPA and the latest science identifies as unhealthy.

In 2008, the EPA updated national air quality standards for ozone by limiting its concentration in the air to 75 parts per billion. In doing so, the agency's administrator at the time, Stephen Johnson, ignored the unanimous recommendations of the agency's science advisers, who had urged that a more

protective ozone standard be set within a range of 60 to 70 parts per billion. In order to properly protect particularly vulnerable populations, experts believe that the standard should be set at the lower end of that range.⁹

The EPA estimates that a truly protective ozone standard set at 60 parts per billion would prevent, annually, as many as 12,000 premature deaths, 58,000 asthma attacks, 21,000 hospital and emergency room visits, 5,300 heart attacks, and more than 2 million missed school days and 420,000 lost work days.

Despite repeated calls to strengthen the standard as required under the Clean Air Act, on September 2, 2011, the Obama Administration chose to delay a revision of the non-protective standard, capitulating to calls by industry that a health protective standard would pose an undue regulatory burden, leaving millions of Americans facing an unnecessary and undue risk.

Leaving the current standard in place—the policy of choice of large, polluting industries—means more lives lost and more asthma attacks, suffering that Latinos will greatly bear. The EPA has proposed to update and strengthen this ozone standard to follow the latest science.¹⁰

BRAIN TOXINS IN OUR AIR

In March 2011, for the first time, the EPA proposed standards to limit mercury, arsenic, and other air toxics from power plants. Mercury is a highly dangerous neurotoxin that can damage the brain, heart, kidneys, lungs, and immune system of people of all ages. This metal, which is released into the air by coal-fired power plants, is especially hazardous for young and developing children. Every year, coal-fired power plants emit 772 million pounds of toxic chemicals into the air we breathe—more than 2.5 pounds for every man, woman, and child in this country.¹¹

With these health consequences in mind, adoption of a protective air toxics rule will prevent approximately 17,000 premature deaths, 120,000 asthma attacks, and 12,000 hospitalizations and emergency room visits every year.¹² As in the case of ozone, this rule would be especially beneficial for the Latino community, because 39 percent of Latinos live within 30 miles of a power plant.¹³ The CDC reports that Latino children have higher levels of mercury in their bodies compared with non-Hispanic white children.¹⁴ Truly protective standards for mercury and other air toxics would allow Latino children across the country to have a brighter, healthier future.

The EPA also projects that the proposed mercury and air toxics standards will create up to 31,000 short-term construction jobs and 9,000 long-term utility jobs, as workers are hired to bring power plants into compliance.¹⁵ Considering that, on average, Hispanic workers occupy two out of every three new construction jobs in the United States, these standards could bring relief to thousands of Latino families suffering under the economic downturn.¹⁶

LATINOS WANT CLEAN AIR

Latino communities strongly support stricter air quality standards as they understand the importance of clean air to community health and a better standard of living. In a 2008, a Sierra Club poll of 1,000 Latino voters nationwide, 51 percent stated that air and water pollution was the most important environmental problem they faced. Sixty-six percent stated that they didn't know how close their home or workplace was to a toxic site such as a freeway, factory, chemical plant, or refinery—sources of harmful pollution that put the health of their families at risk.¹⁷

Although some conservative politicians and polluting industries have tried to portray proposals to curb air pollution as job killers, a majority of Latinos believe that switching to clean energy is consistent with a good economy, according to a 2010 poll by the National Latino Coalition on Climate Change. A strong majority in Nevada (72 percent), Florida (66 percent), and Colorado (64 percent) believed that reducing pollution from energy generation would create new U.S. jobs rather than eliminate them.¹⁸

This concern has begun to translate into significant government action that promotes environmental progress, economic prosperity, and healthy communities. In the November 2010 election in California, broad Latino support was crucial in defeating the anti-clean air ballot measure (Proposition 23), which would have dismantled California's landmark global warming law and clean air protections. In recent months, groups representing more than 5 million Latinos have repeatedly called on Congress and President Obama to protect the Clean Air Act and our health from the influence of large, polluting industries.¹⁹

Protecting our children and communities from smog and air toxics must be taken seriously. With the health of so many at risk, we can no longer ignore the science. The EPA must strengthen the smog standard and set mercury and air toxics standards to the levels recommended by the agency's science advisors.²⁰ This is a historic opportunity for our leaders in Washington to safeguard millions of Americans from harmful respiratory diseases and other illnesses, regardless of race.

II. LATINOS IN AMERICA: GROWING NUMBERS, GROWING RISKS



The Latino community in the United States is growing at a faster rate than any other population group in the country. Results from the 2010 Census indicate that 50.5 million people in the United States identify themselves as Hispanic or Latino, representing 16.3 percent of the total population.¹ Latinos are also the youngest community—with a median age of 27 years, which is nearly 10 years younger than the median age of the entire U.S. population (37.2 years).^{2,3} By midcentury, Hispanics will constitute 30 percent of the U.S. population.

Seventy-five percent of the Latino population is concentrated in eight states, where their numbers reach or exceed 1 million. In these states, Latinos comprise a significant segment of the total population—California (37.6 percent), Texas (37.6 percent), Florida (22.5 percent), New York (17.6 percent), Illinois (15.8 percent), Arizona (29.6 percent), New Jersey (17.7 percent), and Colorado (20.7 percent).⁴ Latinos are propelling a tremendous demographic shift in the country, highlighting the unique environmental challenges faced by the nation's largest minority and the protections necessary to safeguard their health.

AT RISK AT HOME

Many Latino communities are on the frontlines of environmental pollution. A majority of them live in areas where the EPA has determined that the air is unsafe to breathe.⁵ These communities face heightened risks for respiratory illness and other diseases. A recent report by the CDC highlights that Latinos and Asian-Americans are more likely to live in areas where air pollution fails to meet national standards.⁶ This pollution is released into our air by vehicles, power plants, and other industrial sources, presenting health risks for communities exposed to them. The Sierra Club recently unveiled findings from a 2008 poll which found that 15 percent of Hispanics live within 10 miles of a coal-fired power plant.⁷ Exposure to air pollution can aggravate preexisting health problems. For millions of uninsured Latinos, this can lead to additional emergency room visits in the absence of primary care.⁸

According to the CDC, “preventable hospitalizations” are those that could be avoided with primary care.⁹ Between 2004 and 2007, African-Americans and Hispanics showed higher rates of potentially preventable hospitalizations than non-Hispanic whites. These numbers are particularly problematic for Latinos, whose capacity to manage health risks associated with air pollution are hampered by limited access to health care and language barriers.

POVERTY AND INSUFFICIENT EMPLOYMENT OPPORTUNITIES AGGRAVATE RISKS

Latinos are less likely to have health insurance than any other racial or ethnic group; nearly one in every three (32.4 percent) Latinos lacks health insurance.¹⁰ This may be largely due to the fact that one in four Latinos lives in poverty, and 40 percent of Latino workers earn poverty-level wages (wages earned by a full-time, year-around worker that do not keep a family of four above the federal poverty level).^{11,12} These factors can exacerbate financial hardships for Latino and low-income communities as they try to cope with pollution-related health problems.

The employment situation can be difficult for Hispanics. In a 2009 report, the Economic Policy Institute (EPI) classified a “good job” as one for which earnings are at least 60 percent of the median household income and workers are provided with health insurance and retirement benefits.¹³ The same report found that only 14.4 percent of Latino workers have good jobs, compared to 31.5 percent of white non-Hispanic workers, 28.1 percent of Asian workers, and 21.8 percent of African-American workers.

CONCERNED AND TAKING ACTION

Although Latinos are underrepresented in the public debate on environmental issues, polls show that Latinos are aware, concerned, and willing to take action to address a range of environmental problems affecting their communities and the nation as a whole. A recent poll by the Public Policy Institute of California found that Latino voters in California—more so than any other racial or ethnic group in the state—assign high importance to the idea of controlling pollution through emissions reductions; 87 percent of respondents thought the government should regulate greenhouse gas emissions. Similarly, 81 percent of Latinos polled said they would like to see stronger air pollution standards for new passenger vehicles.¹⁴ In a similar statewide survey of California residents, Latinos (24 percent) and blacks (27 percent) said that they consider air pollution a very serious health threat, a much higher rates than among white respondents (13 percent).

These findings are not new, nor are they limited to California. In 2008, a Sierra Club poll of 1,000 Latino voters nationwide found that 51 percent stated that air and water pollution was the most important environmental problem they faced. Forty-three percent ranked energy and global

warming as the most pressing environmental issues.¹⁵ A staggering 66 percent stated that they weren’t aware of their proximity to a toxic site such as a freeway, factory, chemical plant, refinery, incinerator, or agricultural field. Of equal concern, 42 percent had personally endured health problems caused by environmental quality issues in the places they lived, and many of these problems were related to air pollution.¹⁶

This concern has begun to translate into action. Last year, California’s November election became a battleground for clean air and clean energy. Proposition 23, a ballot initiative financed by Texas oil money, threatened to undermine California’s landmark clean energy and climate laws, making it easier for the worse polluters in the state to continue their dirty business. Broad Latino support was crucial in defeating the anti-clean air ballot measure.¹⁷

Latinos appreciate the importance of environmental protections despite attempts by polluters to portray environmental regulations and proposals to curb pollution as job killers. A 2011 poll of Latino voters across five western states (Colorado, Montana, New Mexico, Utah, and Wyoming) found that 83 percent reject the false choice between protecting land, air, and water and having a good economy.¹⁸ This echoes the findings of a poll by the National Latino Coalition on Climate Change (NLCCC), in which a majority of Latino respondents equated switching to clean energy with a good economy, and majorities in Colorado (64 percent), Florida (66 percent), and Nevada (72 percent) believed that a clean energy economy would create new U.S. jobs rather than eliminate them.¹⁹

READY TO ACT

As the Latino population and their political influence continue to grow at the state and federal level, Latino business owners, health professionals, activists, and community leaders are coming together to call for government action that promotes environmental progress, economic prosperity, and healthy communities. Through coalitions such as Voces Verdes and the NLCCC, Latinos are sending a clear, unified message to policymakers in Washington, DC. These groups have shown that the community is deeply concerned about air pollution and is committed to working to protect and strengthen clean air protections that safeguard the health of all Americans.

III. OZONE



Air pollution puts human health at risk in numerous ways. Fragile lung tissue can be damaged by pollutants released from cars, buses, heavy machinery, factories, and power plants.¹ These toxins can lead to an increased risk of various respiratory diseases, including asthma, lung cancer, and chronic bronchitis.² Air pollution can be especially dangerous for people vulnerable to health problems, such as pregnant women and young children. Growing evidence shows that exposure to air pollution in pregnancy and early childhood put children at higher risk of adverse health outcomes.³

Most of us are exposed to hundreds of air pollutants daily. The U.S. Environmental Protection Agency (EPA) has established health-based national standards for six of the most common air contaminants—ozone, carbon monoxide, lead, nitrogen oxides, particulate matter, and sulfur dioxide—in order to protect our health from polluted air.

SMOG: A SERIOUS HEALTH RISK FOR MILLIONS

Ozone, the main precursor to smog, is a colorless gas found in our air that can be beneficial or harmful, depending on where it is found in the atmosphere.⁴ In the upper atmosphere, ozone occurs naturally and shields us from the sun's ultraviolet rays. At ground level, ozone is the primary component of smog and is dangerous to our health. Ground-level ozone pollution in rural areas has been shown to negatively affect agriculture and vegetation, such as by decreasing soybean yields.⁵

Smog is created when pollutants known as volatile organic compounds (VOCs) and nitrogen oxides (NOx) combine to form ground-level ozone. VOCs are emitted from products like gasoline, industrial chemicals, dry cleaning solvents, paints, and household cleaners. NOx are produced from

burning fuels such as gasoline and diesel fuel.⁶ In many urban areas, at least half of the components of smog come from cars, buses, trucks, and boats.⁷

Warmer temperatures lead to higher concentrations of ground-level ozone, putting residents of urban areas with hot weather at greater risk of unhealthy levels of smog. Ground-level ozone can also be transported by air currents from urban centers to surrounding suburbs and rural areas. Scientists expect that ozone levels will continue to rise as global temperatures increase.⁸

Ozone pollution is widespread and dangerous to human health. The American Lung Association estimates that nearly half of all U.S. citizens (48.2 percent) live in areas with unhealthy levels of ozone pollution year-round.⁹ Counties that registered the highest ozone levels have a combined population of almost 148.1 million, and nearly 37 million children aged 18 years and younger live in counties with unhealthy ozone levels.^{10,11} Millions of these children are Hispanic. The Centers for Disease Control estimates that 48.4 percent of all Hispanic-Americans live in counties that frequently violate ground-level ozone standards.¹²

The largest Latino communities are found in Arizona, California, Florida, Illinois, New Mexico, New Jersey, New York, Nevada, and Texas.¹³ Many of these states are home to the country's worst ozone pollution.¹⁴ As a result, nearly one out of every two Latinos lives in the most ozone-polluted cities in the country.¹⁵

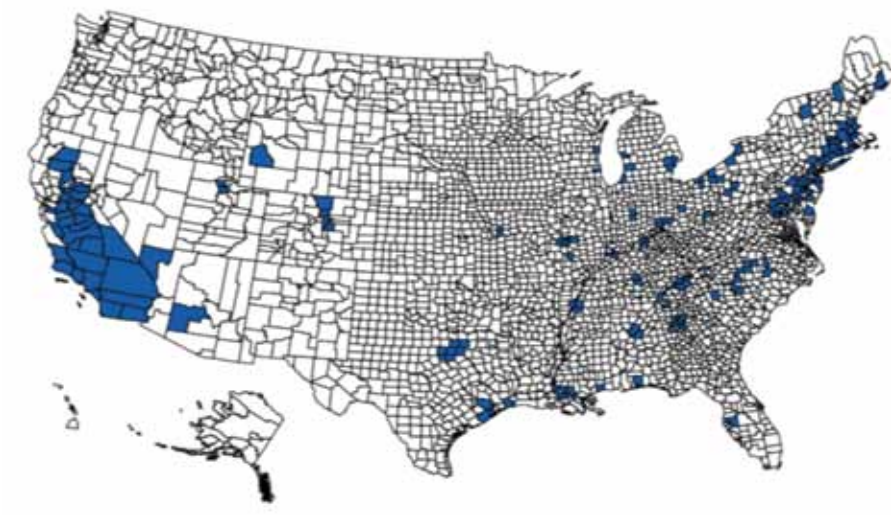
That's more than 23 million Latino children, grandparents, siblings, and friends who consistently face a higher risk of asthma, bronchitis, and even death from air pollution.

The EPA currently limits the concentration of smog in our air to 75 parts per billion (ppb). However, the agency's own science advisors have determined that this standard does not adequately protect human health and unanimously recommended lowering the level to a range between 60 and 70 ppb.¹⁸ Smog pollution above these levels causes significant health effects such as diminished lung function and inflamed airways, and can aggravate asthma and other lung diseases.

Despite repeated calls to strengthen the standard as required under the Clean Air Act, on September 2, 2011, the Obama Administration chose to delay a revision of the non-protective standard, capitulating to industry lobbyists and putting millions of Americans' health at risk.

The Centers for Disease Control estimates that 48.4 percent of all Hispanic-Americans live in counties that frequently violate ground-level ozone standards.

Figure 1: U.S. Counties that did not meet federal ozone standards for 2007-2009, according to data from the U.S. Environmental Protection Agency.^{16,17}



THE HEALTH EFFECTS OF OZONE

A recent Yale University and Rice University meta-analysis of 96 worldwide studies between 1990 and 2008 found a clear, statistically significant link between ozone levels and hospital admissions for respiratory illnesses.¹⁹

This analysis concluded that breathing smog inflames deep lung tissue, making it more difficult to breathe deeply and vigorously and often causing shortness of breath. Worse still, repeated inflammation over time may permanently scar lung tissue; in fact, even very low concentrations of ozone can be harmful to health.²⁰ These low concentrations can cause:

- Coughing and sore throat
- Greater susceptibility to infection
- Aggravated lung diseases such as asthma, emphysema, and chronic bronchitis
- Increased frequency of asthma attacks
- Continued damage to the lungs, even after symptoms have disappeared

Health risks related to ground-level ozone are greater for people who spend time outdoors at work or play because the lungs are exposed to more ozone pollution. Since many Latinos work outside in construction and agricultural trades, this puts Latinos at even greater risk from the damaging health impacts of smog.²¹

This problem is exacerbated with children who breathe in more air pollution than adults since they breathe more rapidly, spend more time outdoors, and have higher levels of physical activity. Additionally, children's lungs are still developing, meaning that they can suffer more serious and permanent harm from air pollution.²² For our children, more smog means more missed school days and more asthma attacks. The CDC estimates that 13 million school days are missed each year due to asthma.²³



Studies have found that children who play outdoor sports in communities with high ozone levels are at an increased risk of developing asthma.²⁴ For asthmatics, smog can increase their risk of suffering an attack. A 2011 analysis looked at nearly 100 prior ozone studies and found that for children, there was a 3.67 percent increase in risk of asthma-related emergency department visits for every 10 parts per billion increase in average daily ozone concentrations.²⁵

As of 2008, 4.7 million Hispanics had been diagnosed with asthma in their lifetime.²⁶ Latinos are three times more likely to die from asthma than other racial or ethnic groups.²⁷

Very Real Consequences

On a mid-August evening in southwest Ohio last year, 16 year-old high school football player Elbert Jovante Woods suffered an asthma attack so severe he had to be rushed to the hospital, where doctors waged an unsuccessful three-day battle to save his life.²⁸

Local doctors considered air pollution to be a factor, as reported by the Cincinnati news station WLWT:

"We've actually had a lot of patients in the last week come in with exacerbation of asthma," said Dr. David Bernstein, a University of Cincinnati researcher. "We think it's probably related to air quality."

That bad air quality causes more kids to be rushed to emergency rooms gasping for breath is well documented. A 2011 analysis reviewing nearly 100 prior ozone studies found that as smog levels rise, emergency room visits for asthmatic children also increase.

Figure 2



Left: a healthy lung airway. Right: an inflamed lung airway, as can be caused by elevated levels of ground-level ozone in the air.*

AN OPPORTUNITY MISSED: A STRONG STANDARD WOULD HAVE PROTECTED HEALTH

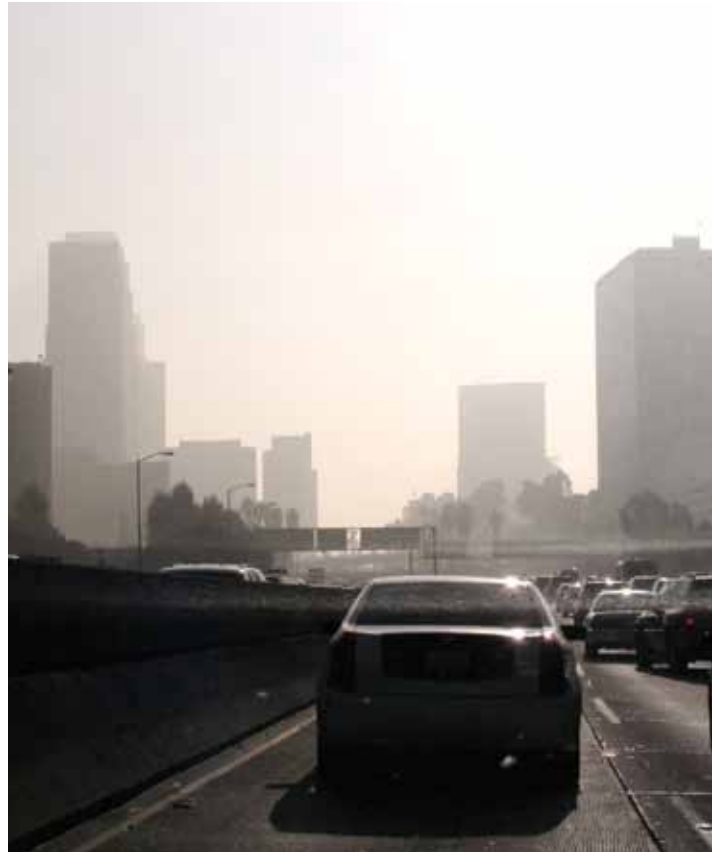
The EPA currently limits the concentration of smog to 75 parts per billion. The agency's science advisors have unanimously recommended lowering that standard to a range from 60 to 70 parts per billion. Health experts, scientists, and organizations like the American Academy of Pediatrics, the American Lung Association, and others have said the current standard is not strong enough to protect health.²⁹ Even the lower end of this range is still considerably higher than the current World Health Organization recommendation of approximately 50 parts per billion.³⁰

The EPA estimates that a standard set at 60 parts per billion would each year prevent as many as 12,000 premature deaths, 58,000 asthma attacks, 21,000 hospital and emergency room visits, 5,300 heart attacks, and more than 2 million missed school days and 420,000 lost work days. The White House's decision to keep a weak standard for smog in place will mean more lives lost and more asthma attacks—suffering that Latinos will disproportionately bear.

High health care costs weigh heavily on many Americans who are uninsured or underinsured and already struggling with the economic downturn. Latinos are hit especially hard by unexpected health care costs, since approximately two out of every five Hispanics were classified as uninsured in both 2004 and 2008, according to the CDC.³¹

The annual direct health care cost of asthma is calculated at approximately \$15.6 billion, with indirect costs like lost productivity adding another \$5.1 billion, for a total of \$20.7 billion.³² The combined cost of other non-asthma-related respiratory illness caused or worsened by smog is estimated to be much higher.

With unemployment for Latinos in the double digits, paying for unforeseen medical bills and prescriptions can be devastating. Taking days off from work to care for oneself or ill family members translates to days of lost pay and often lost jobs. For many employed in construction and agricultural trades, days off are simply not an option.



According to a recent study, African-American and Hispanic children in all age groups are significantly more likely to have an asthma diagnosis than non-Hispanic white children.³³ Even among insured children, African-American children of all ages and Latino youths ages 5-10 are more likely than whites to have avoidable hospitalizations or emergency room visits due to asthma.

Protecting our children and our community from smog must be taken seriously. The health of millions of Americans is at risk and we can no longer ignore the science. The EPA must strengthen smog standards to the level recommended by the agency's science advisors, protecting human health over polluter profits.³⁴

ASTHMA: A FAMILY AFFAIR

BY EVELYN MONTALVO STANTON, M.D. PEDIATRIC PULMONOLOGIST,
ASSISTANT PROFESSOR OF PEDIATRICS, NEW JERSEY MEDICAL SCHOOL



Across the United States, the number of people with asthma continues to grow. The Centers for Disease Control (CDC) estimates that one in 12 people (about 25 million, or 8 percent of the population) had asthma in 2009.³⁵ That's 25 million people who suffer from wheezing, shortness of breath, and coughing due to asthma. This illness can be devastating for families, and not only in

terms of ill health effects—in 2008 alone, asthma accounted for an estimated 10.5 million lost days of school and work.³⁶ Nationwide, it is estimated that we spend over \$20 billion dollars every year on health care costs and lost productivity due to asthma.³⁷

An alarming one in 10 children in the United States has asthma.³⁸ For Hispanic children—particularly Puerto Ricans—the problem is even more pronounced. One in five Puerto Rican children living in the United States has asthma.³⁹ In fact, mainland Puerto Rican children have the highest nationwide prevalence of asthma, compared to other Latinos and non-Hispanic whites.⁴⁰ As of 2008, 4.7 million Hispanics had been diagnosed with asthma in their lifetime.⁴¹

Asthma is a chronic condition involving persistent airway inflammation and airway reactivity that worsens with allergens, upper respiratory infections, exercise, and high levels of air pollution. Elevated levels of ground-level ozone can increase the risk of mortality and morbidity in patients with asthma and other cardio-pulmonary diseases. As a result, we frequently see an increase in emergency room visits and hospitalizations during poor air quality days. This is a major problem for working-class families, as taking days off from work or school because of illness can translate to decreased pay, lost jobs, or missed educational opportunities.

In New Jersey, where I practice, asthma is on the rise among children.⁴² Latino children (10.4 percent) and black children (12.8 percent) were the most likely to be diagnosed with asthma. In fact, Latino children in New Jersey were one and a half times more likely to be hospitalized for asthma and visit the emergency room compared to non-Latino children.

Children less than five years of age are more likely than other individuals to be hospitalized for asthma. From 2001 to 2004, the city of Newark saw its highest-ever rate of pediatric admissions and emergency department visits. As a result, in 2004, the sanofi-aventis Pediatric Asthma Center was created within the University of Medicine and Dentistry of New Jersey (UMDNJ) to tackle the increase in pediatric emergency department and hospitalization rates. Demand for health care for asthma patients is high—the outpatient referrals to our center have markedly increased to approximately 3,000 visits per year.

With many Latino families visiting the sanofi-aventis Pediatric Asthma Center, it became apparent that there was a great need for a specific and tailored intervention program for our Latino population in New Jersey. Many had significant language limitations, were experiencing difficult socioeconomic conditions, did not have consistent health care providers, and used the emergency department as a primary care facility for asthma. We also found that Latino families often lacked the knowledge necessary to treat their children's asthma, relying solely on folk remedies to treat asthma symptoms or using their prescribed medications incorrectly. Many of these families had no insurance or were underinsured, and frequently lived in ozone-polluted areas of New Jersey, leaving their children at greater risk for asthma attacks.

As a result, the idea for The Children's RESPIRA Bilingual Education Program was born in 2006. This program is designed to provide bilingual asthma education to children and their caregivers in their local communities and schools. Since 2006, we have enrolled more than 540 families and 655 children who suffer from asthma. At the inception of the program, we began serving the Latino community in Essex and Union counties. Five years later, we have expanded to Hudson, Morris, Passaic, Middlesex, Bergen, and Monmouth counties. Our program has created partnerships with other Latino organizations, faith-based organizations, day care centers, and schools throughout these counties, and we hope to continue to build a strong coalition aimed at improving Latino health in New Jersey.



The RESPIRA program consists of a bilingual asthma presentation, where we talk to families about the causes, triggers, and treatment of asthma. We also review and discuss folk remedies and schedule two home visits with families to assess the home environment, review and assess their knowledge of asthma, and evaluate asthma control and quality of life.⁴³

Since 2006, we have collected and analyzed data on the families in our program with very encouraging results. Recently, we performed a quality of life survey with 109 families who completed the program. During the initial intake presentation, 42.2 percent of children had gone to the emergency room and 25.7 percent had been hospitalized. After completion of the RESPIRA program, we saw a drop of 19.3 percent in emergency rooms visits and 8.3 percent in hospitalizations in the subset of 109 families.⁴⁴ We are still completing the quality of life survey and anticipate more data soon.

The response from the families participating in our program has also been incredibly positive. One Puerto Rican boy with severe asthma enrolled in our program after his single mother moved the family from Ponce, Puerto Rico, to Newark with the hope of finding new employment to pay for medical care. Even after finding an apartment and part-time employment, the mother's quality of life remained poor since she was forced to constantly visit the emergency room due to her son's asthma attacks. With her son performing poorly in school and no medical insurance, the mother felt helpless once she learned that she would lose her job because of the number of days she had missed to care for her asthmatic child.

After hearing about RESPIRA on a Spanish-language news channel, the mother enrolled in our program. At the time, she had no health care provider and no funds to purchase medications. In our home visits, we discovered deplorable home conditions—a musty basement with no windows and moldy carpet, located next to a boiler room that was sending toxic oil and gas fumes into their apartment. After showing the mother the triggers for her child's asthma, we were able to refer her to a social worker at UMDNJ. The mother qualified for HMO insurance and the family found another small apartment, free from asthma triggers. Since then, the child and mother have not missed a day of school or work. Their emergency room visits have stopped, and when the boy is sick, the mother calls our asthma center or her health care provider for guidance.

In another RESPIRA case, a young asthmatic girl had moved with her family from Costa Rica to New Jersey, where they lived in close proximity to the airport and frequently breathed in high levels of air pollution. With no health insurance or employment, the parents used the emergency room as the only source to treat their child's asthma. After the parents enrolled in our program, we were able to provide the family with Spanish-language asthma education and free medications. The family has since become citizens of the United States, and the parents were able to obtain employment with health benefits. Now, they live in a rural area of New Jersey, free from airport pollution, and have had no emergency room visits or hospitalizations.

These are just two of the many cases we have encountered during the life of RESPIRA—a few of the many lives changed thanks to the RESPIRA support we provide. We have helped empower these families and improved their quality of life. We have reduced emergency room visits and hospitalizations, as well as the associated economic costs for our health care system and the state. Families have learned to cope with their children's asthma by using our educational tools, especially on poor air quality days. They realize that air pollution affects the lives and livelihoods of American families, and that keeping our air clean will create a brighter, healthier, and more prosperous future for our children and families.

If you or a family member needs information on how to manage your asthma and improve your quality of life, contact RESPIRA at:

The Children's RESPIRA Bilingual Education Program
Doctor's Office Complex
90 Bergen Street, Suite 5200
Newark, New Jersey 07107
Toll free number: 1-888-KID-ASMA
Website: www.respiranj.org



IV. MERCURY POLLUTION

Mercury is a highly dangerous neurotoxin found in our air, waterways, and food that threatens our health, development, and way of life. Mercury can damage the brain, heart, kidneys, lungs, and immune systems of people of all ages. Mercury is especially treacherous for children because it impairs brain development and has been linked to learning disabilities, delays in the development necessary for children to walk and talk, and in some cases, even cerebral palsy.¹

Most of the man-made mercury pollution in the United States comes from power plants, which convert coal into electricity to power our homes, businesses, and schools.² In addition to releasing acid gases, dioxins, and other toxic air pollution, in 2009 alone, coal-fired power plants emitted 68,000 pounds of mercury into our air and water.³ If we include other pollutants, coal-fired power plants emit 772 million pounds of airborne toxic chemicals into the air every year—more than 2.5 pounds for every person in this country.⁴

WHERE DOES THE MERCURY COME FROM?

Coal is naturally contaminated with mercury, and when coal is burned to generate electricity, mercury escapes into the air through smokestacks. Once in the air, mercury collects in the atmosphere and is transported back down to the ground and to bodies of water through precipitation.

Fish and shellfish absorb mercury in the water, allowing the toxin to move up through the food chain as larger wildlife eats contaminated fish. Mercury stays in the bodies of

fish and wildlife—a process known as bioaccumulation—eventually making its way to humans. When humans eat contaminated fish or other animals, we permanently absorb the mercury.⁵

Studies have shown that the bulk of mercury pollution comes from power plants. Therefore, mercury contamination can be greatly reduced with the installation of pollution-control devices. Similar devices have proven very successful on municipal incinerators, which were once a significant source of mercury pollution.⁶

Between 2005 and 2007, researchers from the University of California, Davis, interviewed anglers and community members in the North Delta region of California about their fish consumption habits. The data were startling: Latino participants consumed nearly 13.9 micrograms of mercury per day through locally caught fish.¹⁰ This was the highest for any ethnic group in the region, and twice the safe limit established by the EPA.



LATINOS AND MERCURY EXPOSURE

A 2000 study by the CDC found that, on average, Latino children have higher levels of mercury in their bodies compared to non-Hispanic white children. Because consumption of fish is the primary source of mercury entering the body, Latino fishing and consumption habits significantly affect the likelihood of toxic exposure.⁷ A recent poll by the Sierra Club found that one-third of U.S. Latinos fish in freshwater lakes, where mercury pollution levels are significantly higher than in the ocean. Seventy-six percent of those who fish eat and share what they catch with their families. These families include young children and women of childbearing age, the two populations most vulnerable to mercury poisoning.⁸

Likewise, a University of California, Davis study concluded that many low-income communities and communities of color tend to fish in their immediate urban communities because of a lack of adequate transportation to safer fishing sites. Fish caught in these areas tend to have the highest concentrations of mercury due to their proximity to power plants and other polluting sources. As a result, urban fishers ingest unsafe levels of mercury.⁹

Mercury-contaminated fish cannot be distinguished by taste, touch, sight, or smell. Although government agencies test fish in many parts of the country, they rarely warn the Spanish-speaking community of the risks of eating contaminated fish.¹¹

LATINOS LIVE IN SOME OF THE MOST POLLUTED AREAS OF THE COUNTRY

According to a 2004 study by the League of United Latin American Citizens, 39 percent of Latinos live within 30 miles of a power plant.¹² Similarly, a staggering 68 percent of African-Americans live within 30 miles of a power plant.¹³ And while these communities suffer the local impacts, air pollution is not confined only to its source. It often travels hundreds of miles through our air and water to suburban and rural areas, where residents may not suspect contamination.

In Florida, where Latinos make up nearly one-fourth of the population, power plants emitted 1,610 pounds of mercury in 2009, which accounted for 78 percent of state mercury air pollution and 2 percent of U.S. electric sector pollution.¹⁴ As a result, the Florida Department of Environmental Protection's website warns that "there are currently over 300 freshwater water bodies in Florida with a Human Health Fish Consumption Advisory urging limited or no consumption of recreationally caught fish."¹⁵ The site goes on to note that the entire coast of Florida, as well as the coasts of neighboring states, is under advisory due to mercury in fish. With 20 species of freshwater fish and over 60 species of marine fish in Florida under some level of advisory, the risk to recreational fisherman is enormous.

Toxic Chicago: Taking Charge in Pilsen

In Chicago, Illinois, the city with the highest concentration in the nation of people living near coal plants, air pollution takes a heavy toll on local residents. Public health data show that people living in south and southwest suburban Cook County, closest to Chicago and northwest Indiana coal plants, have higher death rates because of lung and heart disease, as well as higher rates of hospitalization for asthma and bronchitis.¹⁶ Pollution from the two most notorious polluters—the Fisk and Crawford Generation Stations in Pilsen (a neighborhood on Chicago's south side)—has created up to \$1 billion in health care costs and related damages over the last 8 years.¹⁷

Strikingly, 83 percent of the residents living within 3 miles of the Fisk and Crawford plants are nonwhite and the vast majority of people living within a half-mile radius of the two coal plants are Latino.¹⁸ Nearly 95 percent of residents in Little Village and 85 percent in Pilsen are Latino, according to the 2000 Census data.¹⁹

Fortunately, the community of Pilsen is fighting back, with the help of Pilsen Environmental Rights and Reform Organization (PERRO). Community members are working to bring awareness to this issue and reduce mercury and

air toxics pollution by advocating for stronger air quality standards. Citizen groups are also urging their newly elected mayor, Rahm Emanuel, to support strong EPA air quality standards for mercury and air toxics that will adequately protect the health and quality of life for all Chicagoans, and people across the nation.





REDUCING MERCURY EXPOSURE

On March 16, 2011, the EPA took a critical step toward cleaner air by proposing the agency's first-ever toxic air pollution standards for power plants.²⁰

Several mercury control technologies have long been available and proven to effectively capture mercury from coal-fired power plants. Numerous case studies—including one from Calpine, the largest independent power producer in the country—have proven that the technology to clean up mercury emissions from power plants is both highly efficient and cost effective.²¹

Scrubbers, which are most often installed on smokestacks to control sulfur dioxide and acid gas emissions, can also capture mercury.²² Wet scrubbers use a specialized water spray that reacts with the exhaust and captures oxidized mercury (mercury that has chemically bound with oxygen). Dry scrubbers use a simple fabric filter to trap mercury.²³

Activated Carbon Injection (ACI) is another control technology for mercury reduction, which can be even less expensive than installing scrubbers. ACI absorbs mercury in its gaseous form and converts it to a particulate that can then be captured. In states that have mercury programs, ACI systems already exist for one-sixth of the electricity-generation capacity.²⁴

Coal plants that have already installed either or both of these control technologies may be able to meet federal air pollution standards without undertaking any further capital expenditures, according to the Brattle Group, an independent consulting firm that analyzes the capital costs for scrubbers and activated carbon injection technology.²⁵

Further, many utilities agree that the EPA's proposed reduction in mercury and air toxics can be met without significant rate increases or a decline in electricity reliability. And many power plants are already well on their way to compliance. A recent report from the Clean Energy Group, an electric company coalition that makes 170,000 megawatts of the U.S. total electric generating capacity, reports that:

Nearly 60 percent of all coal-fired boilers that submitted stack test data to EPA are currently achieving the Utility Toxics Rule's proposed mercury emissions standard. Many states already impose more stringent mercury emissions limits on coal-fired power plants than have been proposed by EPA.²⁶

Finally, although cleaning up coal plants is an important first step, a real and achievable long-term solution to mercury contamination and other air pollution must involve gradually phasing out the amount of coal we burn for electricity. This can be achieved over time through the use of energy efficiency, advanced power storage technologies, and expanded clean, renewable energy projects and infrastructure.

THE EPA'S ROLE IN MERCURY REDUCTION

The results of EPA's action to regulate mercury and other toxic emissions will be significant. Adoption of power plant standards for the mercury and air toxics rule will prevent approximately 17,000 premature deaths, 120,000 asthma attacks, and 12,000 hospitalizations and emergency room visits every year, according to EPA analysis.²⁷ Likewise, a study by the Economic Policy Institute (EPI) finds that EPA's new proposed regulations on mercury, arsenic, and other toxic air pollution from power plants will have no negative impacts on economic recovery, and would in fact positively impact job growth in coming years, leading to the creation of 28,000 to 158,000 jobs between now and 2015.²⁸

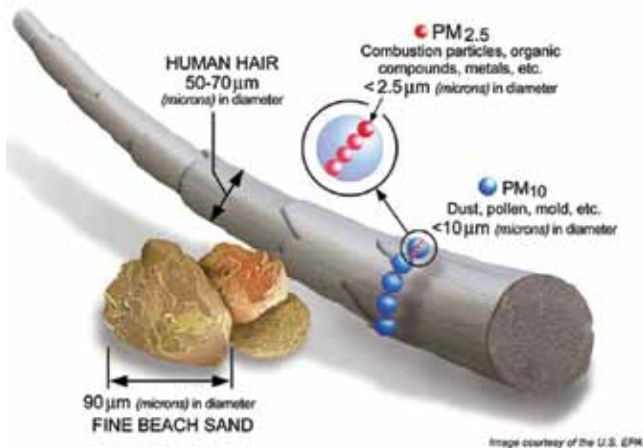
All air is not equal in the United States. Low-income and minority Americans tend to live and work in areas where they are exposed to pollution that harms their health. Families who are endangered by these toxins are paying the price. No one should be forced to choose between paying medical bills or living expenses, or risk losing their jobs to care for sick family members. Now is the time for the EPA to adopt strong mercury and air toxics standards to protect the health of all Americans.

V. PARTICULATE MATTER

Particulate matter, often called “particle pollution,” is made up of solids or liquid droplets that are so small in size that they can lodge deep into your lungs. Particle pollution can come from many different sources: smoke from factories, dirt and dust from roads, toxic compounds, metals, even pollen and mold.

The various particles that make up this pollution vary in size, but are generally smaller than 1/7 the diameter of an average human hair. There are three types of particle pollution: 1) coarse; 2) fine; and 3) ultrafine. Ultrafine particles are so small that they can pass through lung tissue and circulate through the blood.

Scientific evidence has linked exposure to particle pollution with health ailments including increased risk for cardiovascular disease such as arteriosclerosis, increased heart attacks, increased emergency room visits for acute health events, birth defects, low birth weights, premature births, and increased rates of death.¹⁻⁹



WHERE DOES PARTICLE POLLUTION COME FROM?

Particle pollution can come from a variety of sources. Some particle pollution comes from mechanically breaking down materials into smaller parts. These processes mainly create coarse particulate pollution. Examples of this include construction, mining operations, and agriculture. These particles can also come from brake pad, tire, and road wear.

Most fine and ultrafine pollution result from burning fossil fuels—coal, oil, diesel and gasoline—or wood. Old coal-fired power plants, industrial boilers, diesel and gas-powered vehicles, and wood stoves are some of the worst culprits. High-temperature industrial processes such as metal smelting and steel production are also significant sources.

LATINOS AND PARTICLE POLLUTION

When you inhale, you breathe in air along with any particles that are in the air. Millions of Latinos live in many of the most polluted areas in the country, including those areas most polluted by particle pollution. As a result, they can breathe in large amounts of harmful particulate pollution. For example, studies from Southern California provide evidence that Hispanics are more susceptible to mortality from exposure to particulate pollution.¹⁰

While exercising, particles can travel deeper into the lungs. This means that children and people who exert themselves naturally breathe in more particulate matter. Both PM₁₀ (big) and PM_{2.5} (small) particles can cause health problems; specifically respiratory problems in the lungs and airways. PM_{2.5} can have worse health effects than the bigger PM₁₀ because the smaller PM_{2.5} travels deeper into the lungs and is generally made up of more toxic compounds (like heavy metals and cancer-causing organic compounds). Exposure to particulate matter can lead to health effects including coughing, wheezing, shortness of breath, aggravated asthma, respiratory disease, and even premature death. The American Lung Association has compiled multiple studies¹¹ on the health effects of particulate matter, including significant associations between fine particles and death,^{12,13} an increased risk of ischemic strokes—those caused by a blood clot (due to PM₁₀),¹⁴ and elevated blood pressure,¹⁵ to name a few.

POLLUTION CONTROLS SAVE LIVES

EPA has taken significant actions to protect the public from particulate matter over the years, which has resulted in thousands of saved lives and medical ailments prevented. Over the past decade, EPA has adopted a series of dramatically cleaner emission standards for new diesel engines in trucks, heavy equipment, locomotives and ships. The recently finalized Cross-State Air Pollution Rule, will dramatically reduce harmful smog and soot pollution from power plants that travels across state lines.¹⁶

Many primarily Hispanic neighborhoods are located in industrial areas where pollutants are constantly poured into the air by factories, or are located next to major highways on which polluting diesel trucks travel day and night. In these communities, limits on particulate pollution from power plants and vehicles can mean the difference between respiratory disease and living a healthy life. Given the enormous health benefits from cleaning up particle pollution, however, there is more that can be done. EPA needs to take stronger action to protect the millions of people that live near major roads, and take further steps to clean up particle pollution near roadways.

BREATHING EASY: HOW THE CLEAN AIR ACT PROTECTS OUR HEALTH, ENVIRONMENT, AND ECONOMY

Air pollution controls have existed for close to half a century in the United States, preventing hundreds of thousands of premature deaths. Although national laws on air pollution have been in place since 1955, the Clean Air Act of 1970 set the stage for federal air pollution standards and programs that have protected the health of millions of Americans over the last four decades.

Under the Clean Air Act, the EPA is required to set limits on certain pollutants to protect the health of all Americans and especially vulnerable populations such as children, the elderly, and pregnant mothers. Maintaining the strength of the Clean Air Act and the EPA is critical in order to safeguard our quality of life from the harmful effects of air pollution.

WHAT THE EPA AND CLEAN AIR ACT DO

The EPA implements a variety of programs under the Clean Air Act to protect human health and the environment by reducing air pollutants that cause smog, haze, acid rain, and other environmental hazards. The EPA is authorized to set limits for toxic air pollution as well as phase out the production and use of chemicals that destroy protective ozone in the stratosphere. The Clean Air Act also gives the EPA the authority to limit emissions of air pollution from stationary sources (like chemical plants, gas stations, and power plants) and mobile sources (like cars, trucks, and planes).¹⁷

Over the past 20 years, actions taken under the Clean Air Act have prevented 205,000 premature deaths, 21,000 cases of heart disease, 672,000 cases of chronic bronchitis, 843,000 asthma attacks, 18 million childhood respiratory illnesses, and 189,000 cardiovascular hospitalizations.¹⁸

GOOD FOR OUR LUNGS, GOOD FOR OUR WALLETS

The 1990 Amendments to the Clean Air Act emphasized cost-effective approaches to reducing air pollution. Recent studies estimate that the benefits of the 1990 Clean Air Act Amendments will reach approximately \$2.0 trillion in 2020.¹⁹

In contrast, regulatory actions and compliance programs will cost an estimated \$65 billion in 2020.²⁰ This means that for every \$1 spent on regulations to cut air pollution over the last 30 years, we have earned more than \$30 in savings, to go along with the public health benefits provided by pollution controls.

Cleaner air leads to better health and productivity for American workers, as well as less money spent on health care to treat air pollution-related health problems. Economy-wide modeling shows that long-term economic growth is greater and American household economic welfare is improved because benefits, such as fewer sick days and lower medical costs, offset the economy-wide cost of investing in air pollution control.²¹

The most important benefits of the Clean Air Act are the thousands of lives saved and illnesses prevented. Air pollution controls reduce the risk of early death associated with exposure to fine particle pollution, sometimes called soot. The Clean Air Act also reduces the risk of heart attacks and illnesses like chronic bronchitis, protects the health of ecosystems, and helps enhance our quality of life through improvements like enhanced agricultural yields and better visibility in national parks.

The Clean Air Act Amendments prevent:		
Year 2010 (cases)	Year 2020 (cases)	
Adult Mortality - particles	160,000	230,000
Infant Mortality - particles	230	280
Mortality - ozone	4,300	7,100
Chronic Bronchitis	54,000	75,000
Acute Myocardial Infarction	130,000	200,000
Asthma Exacerbation	1,700,000	2,400,000
Emergency Room Visits	86,000	120,000
School Loss Days	3,200,000	5,400,000
Lost Work Days	13,000,000	17,000,000

This chart shows the health benefits of the Clean Air Act programs that reduce levels of fine particles and ozone.²²

VI. CONCLUSIONS AND RECOMMENDATIONS

Air pollution is a human issue. In communities affected by air pollution across the country, local activists work to create a healthier, safer place for future generations to flourish. But despite their efforts and the efforts of those who came before them, Latino families continue to bear the burden of our fossil fuel and pollution-based economy.

Current efforts to weaken clean air protections designed to protect the most vulnerable among us are a direct attack on our families' health and well-being. Our leaders can and should wield their power to pass regulations that will generate positive economic and health outcomes rather than burden Americans. Critical to any effort is the recognition that environmental regulations make sense, prevent costly medical care, and save lives. Preventing these impacts saves lives and money. We know that mitigating pollution can create jobs. It's time to stop putting polluters before people.

ADDRESSING DISPARITIES THROUGH ADEQUATE INVOLVEMENT

In the Natural Resources Defense Council's 2004 report, *Hidden Danger: Environmental Health Threats to the Latino Community*, we called on federal, state, and local governments and the EPA to address the inequities in pollution-related health problems and the adequacy of community inclusion affecting U.S. Latino communities and proposed solutions to reverse the problem. While some progress has been made in evaluating and addressing disparities, much remains to be done. High unemployment rates in the community aggravate health impacts on this already heavily impacted population, and a lack of proper engagement of non-English-speaking and low English proficiency individuals hinders proper community involvement. Programs removing communication barriers that hinder integration, like those being developed by the Department of Labor, are a step in the right direction.

Here we reiterate some of our original calls to action while adding some critical and urgent recommendations that can and should be tackled today.

To begin addressing the disparities regarding air pollution in Latino communities,

- The U.S. government—specifically the EPA, the Office of Minority Health, and other relevant agencies—must continue to fund the study of respiratory disease and other air pollution-related conditions in Latino and other minority communities.

- State health departments and environmental agencies should establish programs to inform the Latino community about the general health effects of air pollution, the specific hazards posed by conditions in their community, and ways to reduce their health risks. These agencies should be required to work with stakeholders and use both English and Spanish media outlets to reach Latino populations.
- State and local governments should actively encourage or require polluting industries in or around residential neighborhoods to disclose, and act to minimize, their environmental impacts; remove communication barriers that limit the engagement of non-English-speaking community members and facilitate the involvement of community-based organizations in decisions regarding new sitings.

ADOPTING STRONG, HEALTH PROTECTIVE STANDARDS NOW IS CRITICAL

The EPA has historically been a line of defense between big polluters and the public, especially for Latinos and other at-risk populations. In order to continue this work, the agency must be allowed to act swiftly to evaluate and update air pollution standards that are critical to protecting the environment and safeguarding public health—and our leadership needs to let EPA act.

THE OZONE DEBACLE: WHAT'S NEXT?

On September 2, 2011, the president blocked the Environmental Protection Agency from updating and correcting the current unprotective smog standard.

As discussed in the ozone section of this report, the existing smog standard of 75 ppb was adopted by the Bush administration under equally politicized circumstances and has been called inadequate and “not legally defensible given the scientific evidence” by EPA Administrator Lisa Jackson.¹

Throughout the past year, the administration issued repeated assurances that they intended to issue stronger standards based on science and the law. Despite this, the White House decided to pass on the opportunity to set more protective smog standards.

The White House capitulated to politics and sided with Big Oil and other polluters, while putting millions of Americans' health at risk.

President Obama's decision to ask the Environmental Protection Agency to drop the ozone standard left hundreds of millions of people in the United States facing an unacceptable level of risk from the air we breathe. We cannot simply ignore the fact that with each breath, one out of every two Latinos in America increases his or her risk of asthma, bronchitis, or even death due to poor air quality.

The president should have followed the mandate of the Clean Air Act and the Supreme Court and allowed EPA to do its job.

Our growing population—like so many others in the U.S. today—cannot bear the burden of the additional unforeseen costs that come from asthma attacks, medication, hospitalizations, or school or work days missed due to high ozone levels. Our country needs healthy people in order to thrive.

MERCURY AND AIR TOXICS

To begin addressing the problem of mercury in Latino communities:

- The EPA must finalize its first-ever mercury and air toxics standards to sharply reduce toxic emissions from power plants.
- The EPA should require power plants to employ a variety of technologies that already exist to effectively capture mercury and other toxic emissions from coal-fired power plants.²
- The Food and Drug Administration should make available or require the posting of bilingual (English and Spanish) fish consumption advisories in grocery stores and Latino markets. State health departments should provide bilingual fish consumption advisories to public clinics.
- State health departments and departments of environmental protection should post clear bilingual warnings about fish contamination in local bodies of water and popular urban fishing areas.

SAVING ENERGY SAVES MONEY AND LIVES

The importance of EPA regulations to control air pollution like ozone, particulate matter, mercury, and other air toxics cannot be underestimated. Real and achievable cost-saving solutions exist today that can mitigate these harmful pollutants, while also providing multiple benefits to Latino communities and all Americans.

Energy efficiency and expanded clean, renewable energy projects and infrastructure will help limit the amount of toxic emissions we release into our air, fight climate change, and build a clean energy economy. For U.S. Hispanics, this is truly a win-win solution. Saving energy also saves money, while reducing the amount of harmful pollution in our air and water, and creating much needed job and business opportunities for Latinos.

For example, energy efficiency requires the type of labor that is not easily outsourced. Latinos who previously saw their construction jobs fade with the housing decline already possess many of the essential skills required to weatherize and retrofit houses and buildings. This is also true for manufacturing, assembly, and installation of renewable energy infrastructure like solar panels and wind turbines. Likewise, investments in mass transit help mitigate air pollution and exhaust from vehicles, and generate construction jobs. Local, state, and federal government programs to fund these kinds of investments would address air pollution while also creating opportunity.

STRONGER AIR POLLUTION PROTECTION IS NEEDED FOR LATINO COMMUNITIES

Air pollution in Latino communities will not be solved overnight, but concerted action is long overdue. The growing Latino community is a critical voting bloc, and failure to take concerted action to address this problem will have far-reaching implications. Hispanic-Americans, like all Americans, want health-protective standards in place that protect families and allow us to enjoy a safe and brighter future. None of this can be achieved if our community is not healthy. The time to act is now.

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VI. Recommendations and Conclusions

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