

Public Statement on “Report 1 of the Forty-Third Statewide Investigating Grand Jury” Regarding Shale Gas Operations

Background:

On June 25, 2020, Pennsylvania Attorney General Josh Shapiro released “Report 1 of the Forty-Third Statewide Investigating Grand Jury,” which examined shale gas operations in the state. The report, as well as AG Shapiro’s press conference releasing it, presented clear evidence that shale gas development puts public health at risk. The report was also an indictment of both the shale gas industry and specific administrative agencies, namely the Pennsylvania Department of Health (DOH) and the Pennsylvania Department of Environmental Protection (DEP), which respectively failed to protect either public health or the state’s natural resources from harm.

EHP Statement on Report 1:

The Southwest Pennsylvania Environmental Health Project (EHP) would like to express deep gratitude to the grand jury for doing the difficult investigative work that should have been done by state agencies and regulators long before now. We also thank Attorney General Shapiro and his office for having the courage to address this vitally important health issue. The shale gas industry must be held accountable, and the state must perform its regulatory role in protecting public health. We all must work cooperatively towards a healthier future for all Pennsylvanians, especially in areas impacted by shale gas development.

Dr. David Brown, a public health toxicologist who co-founded EHP, testified before the grand jury [*Report 1*, pp. 81-87] regarding the health effects from shale gas development and how an effective public health response should be carried out. As the report indicates, EHP has known about the health impacts of shale gas development for nearly a decade. We have been witness to the often-debilitating health issues experienced by people—many of them children and the elderly—living near shale gas operations. We have monitored the air and analyzed data collected from these sites. We have reviewed the dozens of epidemiological studies showing profound and overwhelming evidence that shale gas development does indeed put public health at risk. We have communicated this information to the Pennsylvania Department of Health and the Pennsylvania Department of Environmental Protection. Only now, with the grand jury’s report, do we feel that the voices of impacted individuals and families are being heard.

Today, EHP and Physicians for Social Responsibility met with Department of Health Secretary Levine to discuss the state's plan to study the health impacts of shale gas development. While we feel the peer-reviewed studies that were already completed and our own observations are more than enough evidence that public health is being impacted every day by shale gas development, we urged Secretary Levine to oversee a comprehensive, unbiased approach to shale gas health impacts, one that includes the meaningful participation of residents and communities in affected shale gas areas. While we feel DOH could have done more all along to protect public health, we look forward to a stronger, more cooperative relationship with the agency going forward.

We urge Governor Wolf to recognize that the leadership of DEP has failed the people of Pennsylvania, who depend on that agency to protect the natural resources of our commonwealth from unfettered profiteering at the expense of increased health risks. Additionally, we urge the Pennsylvania General Assembly to take seriously their responsibility to protect the health of all Pennsylvanians, enact the health-protective recommendations from the grand jury report, and restore funding to DEP to a level that enables it to be the oversight agency it is intended to be.

EHP agrees with all of the recommendations made by the grand jury. With respect to two specific recommendations:

One: Expand the No-Drill Zones:

“We...recommend that the set-back statute be changed. Considering the size and scale of a fracking site, the no-drill zone should be at least 2,500 feet, not 500.... We think the no-drill zone for schools and hospitals should be even bigger – 5,000 feet.” [*Report 1*, p. 94]

EHP has extensively studied setback distances (no-drill zones) and recommends that the setback distance between smaller shale gas facilities and homes be increased from 500 feet to at least 3,281 feet (1 km or 0.6 miles). Increasing the setback distance to 3,281 feet would mean that people who live near shale gas operations are less likely to be exposed to dangerous shale gas emissions.

EHP also recommends a setback distance of 6,600 feet between gas processing plants/large emitters and homes. EHP recommends the same setback distance of 6,600 feet between any shale gas facility and schools, daycares, hospitals, nursing homes, and other buildings that house vulnerable populations.

Note that, even at these minimum distances, there is no guarantee that people will be safe. We still see exposures high enough to cause respiratory, reproductive, neurologic, and other health effects at greater distances than those listed above. However, the greater the setback distance, the greater the risk reduction. Given our exposure modeling, EHP believes that an increase of

setback distances to 2,500 feet for residences and workplaces and to 5,000 feet for schools and hospitals, while not sufficient, is still a step in the right direction.

Four: Add Up the Air Pollution Sources

“The solution is to stop looking in isolation at air pollution caused by unconventional drilling sources. The state has to begin using more common sense and logical standards for evaluating these sources. If air-polluting fracking facilities are stationed in close proximity, treat them as one source, and regulate accordingly.” [*Report 1*, p. 96]

EHP has examined aggregate emissions and agrees that such emissions must be looked at cumulatively, including all sources of emissions within the airshed. We also urge that, contrary to EPA regulations, emissions in regions of shale gas development be monitored continuously over long periods of time in order to accurately characterize the air that residents are breathing.

The data from the monitoring should be reported in increments no longer than 15-minutes in order to show any high-intensity, short-duration, episodic emissions. Peaks in emissions can be just as, if not more, dangerous than lower-level, longer-term emissions, causing respiratory issues, such as asthma, to suddenly worsen. Hourly weather patterns must also be taken into account, as should the topography. Finally, monitoring stations should be positioned closer to sources of emissions, where risk is higher.

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June 26, 2020