

ENVIRONMENTAL HEALTH PROJECT

DEFENDING PUBLIC HEALTH 2012-2022

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**Public Comments on
Pennsylvania's Shale Gas Boom: How Policy
Decisions Failed to Protect Public Health
Submitted to the Pennsylvania Senate - Democratic Policy Committee**

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Senator Muth, Senator Brewster, and other senators of the Democratic Policy Committee of the Pennsylvania Senate:

Good afternoon. My name is Alison Steele, and I am the executive director of the Environmental Health Project. EHP is a nonprofit, nonpartisan public health organization, founded in 2012, with the mission of defending public health in the face of shale gas development. Our team is made up of a skilled group of public health professionals, scientists, community educators, analysts, and researchers working toward the same goal: to ensure that public health considerations are a central part of policymaking. Our findings over the past decade demonstrate that these considerations have barely been part of the conversation in Pennsylvania.

It's safe to say that everyone in this room, regardless of job function, regardless of political affiliation, can agree that all Pennsylvanians should have the opportunity to thrive and lead healthy, fulfilling lives—and that public health should not be a partisan issue. However, from what we've heard today regarding what frontline residents have experienced and what the academic and medical communities have learned over the years of Pennsylvania's shale boom, we know that decisions over shale gas policy have been politicized to the detriment of the Commonwealth's families and individuals.

There is a growing chasm between what is known about related health impacts and what is being done about them. Existing regulations are not sufficiently health-protective, regulations that do exist are not sufficiently enforced, and, due in part to industry-friendly legislation promulgated within the Commonwealth, the burden of proof regarding health harms from industry activities has primarily fallen to those who are being impacted. The General Assembly played no small role in getting us to where we are today by demonstrating support for industry-friendly legislation, failing to provide sufficient funding for health-protective research and initiatives, and exhibiting a preference for symbolic gestures over meaningful action.

Our own research includes the following examples of these failures:

1. The passage of Act 13 (2012), which created an impact fee rather than a severance tax, allowed the state to preempt local ordinances and overrule limitations local municipalities placed on shale gas activities, while permitting companies to designate certain chemicals used in their operations a “trade secret.”
2. Consistent underfunding of efforts that could have shed light on public health risk is best exemplified by the long-term failure to create a health registry. A health registry was recommended in 2011 at a budget of \$2 million but received only \$100,000 when finally established in 2017 after pressure from Governor Wolf, a move that some consider to be too little, too late to have a meaningful impact in identifying and addressing health harms.
3. A trend of symbolic gestures over meaningful actions can be seen in the creation of The Marcellus Shale Advisory Commission, which was largely considered to be political theater. Even though the commission did make some reasonable health recommendations, the General Assembly did not enact any significant health-protective steps.

Through EHP’s work over the last decade—in speaking with community residents, gathering and analyzing environmental and health data, compiling findings from a growing body of research, and studying the decisions of state-level policymakers—we have identified four key areas that need to be addressed and meaningfully incorporated into a state-level approach:

Equity: Communities hosting shale gas infrastructure must have a say in what happens in their own regions, and there must be a robust mechanism to meaningfully incorporate their feedback into the decision-making process. That process requires a balance of traditional economic considerations (specifically jobs and revenue factors) with health considerations (which also have economic impacts).

Public officials are supposed to be representing the interests of their constituents. Since industrial interests are usually far better positioned to advocate for themselves than impacted residents are, Pennsylvania government should be working to create a more level playing field.

Transparency: Residents in frontline communities should not bear the responsibility for protecting their own health, but they should have the necessary information if they have to use it. That means knowing what chemicals are going into the ground, what toxic and radioactive substances are coming back out of the ground, where the waste is taken and how it is disposed of, and what is in the air people are breathing.

Air quality monitoring should be conducted with an eye toward human exposures—it usually is not. Monitoring data should be shared with the public and objective, third-party evaluators who can analyze the information and share insights and recommendations for health-protective actions.

Transparency on the part of government is key as well: residents need to know what decisions their elected officials make and why, and what the alternatives were. A healthy democracy is based on transparency, so those in office effectively represent the interests of their constituents.

Authority: Government officials need to be clear about making public health a priority—in words and actions. A clear commitment to public health protections could look like funding for the Department of Health to examine the issue and provide guidance for residents and health care providers alike, fielding questions and pointing them to resources.

Accountability: Pennsylvania needs a more formal, structured, accessible process for residents to log their health complaints and flag violations committed by industrial operators. The lack of trust on the part of residents is a huge barrier to the effectiveness of any such system, but using information from residents to hold violators accountable could be a very meaningful early step in building back that trust.

Again, here we see the opportunity for government agencies to fulfill their missions if provided the proper resources and a firm mandate. The Department of Health, even in an advisory role, could take a firmer stance that better informs agencies with enforcement capabilities, such as the DEP. But, of course, those agencies also need support from the General Assembly and a clear mandate from the Governor's Office to do their jobs effectively and hold bad actors accountable.

At this moment, we have 13,000 unconventional wells drilled across the state, plus an associated network of compressor stations, pipelines, processing plants, and diesel truck traffic—and those numbers are only expected to continue to rise. Also on the rise is the number of health studies that form a clearer and clearer picture: there is an increased risk of health harms in proximity to shale gas development, and we know that Pennsylvania's residents do not have sufficient protection.

The path that got us to where we are today involved downplaying existing public health research, presuming safety and vast economic benefits based on the word of industrial interests, and pushing the burden of proof to those who are often least equipped to advocate for themselves. That being said, it is within the government's capability to create a better, stronger, more health-protective approach, starting today. The General Assembly could take more positive steps to ensure public health is protected from the harms posed by shale gas development. It could:

- Permit all municipalities the power to enact ordinances and zoning that protect public health and allow them to decide whether to host shale gas development at all.
- Require industry transparency of chemical information so doctors and patients can have productive conversations about exposure, risk, and health outcomes.
- Allocate sufficient funding and clear directives to state agencies tasked with protecting public health.
- Discontinue the creation of unproductive committees or commissions used primarily as a stalling tactic and instead act immediately on the available science in a more public health-focused manner.

We call on you, leaders in the Pennsylvania government, to recognize the legions of research findings and testimonies from constituents demonstrating health harms related to shale gas development. Further, we call on you to introduce policy and support decisions that protect the public's health in the face of this emission-intensive extractive industry. There is much to be done, and I hope that you will consider EHP a valuable resource in your efforts to effectively and equitably represent the interests of your constituents.

I thank you very much for your time, attention, and future efforts to better protect the health of Pennsylvania's families and individuals.