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To: erda.sm.scopingplan
Subject: Public Comment on NY"s Draft Scoping Plan
Date: Tuesday, May 10, 2022 12:14:16 PM

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Thank you for this opportunity to provide comments on the draft scoping plan. As required by New York's nation-leading climate law, the CLCPA, climate and environmental justice must be the driver of the outcomes of this scoping plan. To achieve this, please ensure that the following recommendations for the Public Health Chapter are included in the final draft:

The existing public health chapter within the draft scoping plan acknowledges the stresses and uncertainty that climate change puts on communities experiencing health disparities. In New York, Black and brown communities and low- and moderate-income homes experience increased rates of hospitalization and cardiovascular disease mortality associated with air pollutants from fossil fuel combustion. While the current plan acknowledges existing state and government programs that implement regulations and permitting to control air pollutant emissions that have contributed to air quality, that alone is not enough to close the health gap or other consequences of prevailing eco-disruption, extreme weather events, and physical and mental threats. All of these have only been exasperated by the COVID-19 pandemic, making underlying economic and social inequalities all the more apparent.

The chapter provides an outline of health effects associated with greenhouse gas emissions and exposure to air pollutants, with a focus on power generation, transportation, buildings, and the built environment to better integrate co-benefit policies moving forward. However, it contradicts its notion that we must shift away from carbon-based fuels to improve public health by posing so-called "green" hydrogen and unproven carbon capture technologies as solutions. In order to improve the physical health and life expectancy of New Yorkers, these false solutions must be rejected from the final scoping plan. In particular, this must be consistent through the transportation and building sectors of the plan. Additionally, there is no outline for detailed public health guidelines to track or measure improvements in health outcomes, such as hospitalization rates due to environmental burdens, that will occur over the next 20-30 years.

Reflective of what is expressed in the buildings sector, which lays out a set of priority strategies that will accelerate the equitable deployment of energy efficiency and building electrification technologies, there should also be steps laid out in these energy-efficiency programs to allow the state to take action to address inefficient or polluted home environments. In addition to amplifying existing home intervention programs or creating new intervention programs that prioritize energy efficiency upgrades to decrease home energy costs, the state must also outline a plan to bring clean air into homes, particularly those of DAC and low-moderate income residents.

Additionally, parameters around this should include identifying code violations associated with increased risks of flooding. The plan should designate minimum land-use plans to ensure green space in disadvantaged communities, particularly as these offer physical and mental health benefits. These areas are the most impacted by cardiovascular disease and type 2 diabetes exacerbated by polluted air and lack of green space. Further integration of the

existing recommendations from the Climate Justice Working Group that pertain to DAC and low-moderate income homes, such as those in ecologically sensitive areas, would help strengthen posed strategies and expectations.

Sincerely,

Julianne Desilva