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Ecology should take a preventative, precautionary approach when it comes to air monitoring, rather than the exclusionary approach offered:

- * the draft air pollution and community indicators are overly narrow and restrictive, insist on the satisfaction of an overly limited multi-factor test, do so without supplying adequate justification of the thresholds established, and exclude vulnerable communities and at-risk populations;

- * the department does not provide an alternative pathway to allow consideration of, or identification of, communities who wish to be considered as overburdened for the purposes of Section 3; and

- * despite its sound efforts so far, the department's process for seeking input is still not accessible to the most vulnerable populations and its proposal is not readily understandable to most people.

To improve the department's draft criteria, we recommend that the department ensure frontline communities can be monitored:

- * broaden the default pathway to identify overburdened communities by:

- * eliminating the multi-factor requirement that an overburdened community have both an elevated level of criteria air pollutants and exposure to a second category of pollutants;

- * lowering the thresholds for non-criteria pollutant exposure, and explaining how the selected thresholds correlate to health factors or desired outcomes; and

- * accounting for the environmental harms and cumulative health impacts experienced by vulnerable communities and at-risk populations;

- * create an alternative pathway to identify overburdened communities—in addition to the default pathway—one that permits a community to apply or petition for consideration due to its lived experience with pollution, or due to special or unforeseen circumstances;

- * expand its efforts to reach affected persons in potentially overburdened communities to incorporate hard-to-reach perspectives and input that could affect decisions about identifying an overburdened community, and its boundaries; and

- * build on existing community engagement efforts across programs and agencies and align its Section 3 implementation with community engagement principles and proposals from the Healthy Environment for All ("HEAL") Act.