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October 1, 2021

RE: Response to CalGEM Questions for the California Oil and Gas Public Health Rulemaking Scientific Advisory Panel

Director Shabazian and Supervisor Ntuk,

Please find attached the responses from the California Oil and Gas Public Health Rulemaking Scientific Advisory Panel to the written questions sent by the California Geologic Energy Management Division (CalGEM) on August 31, 2021.

We would be glad to answer any further questions that may arise.

Best Regards,

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CalGEM Questions for the California Oil and Gas Public Health Rulemaking Scientific Advisory Panel

CalGEM requests the California Oil and Gas Public Health Rulemaking Scientific Advisory Panel assistance with the following questions:

1. ***How would the panel characterize the level of certainty that proximity to oil and gas extraction wells and associated facilities in California causes negative health outcomes? Is there a demonstrated causal link between living near oil and gas wells and associated facilities and health outcomes?***

We have focused our review on epidemiological studies carried out in multiple oil and gas regions, including Colorado, which has a similar regulatory context as California. Given that similar environmental health hazards and risks are intrinsic to both conventional and unconventional oil and gas development (OGD), including exposure pathways, chemicals associated with hydrocarbon reservoirs, use of ancillary equipment, and non-chemical stressors (See section on "Similarities and Differences Between Unconventional and Conventional OGD"), the California Oil and Gas Public Health Rulemaking Scientific Advisory Panel (Panel) concludes that the full body of epidemiologic literature is relevant to assess the human health hazards, risks and impacts of upstream OGD in California.

Our Panel concludes with a high level of certainty[1] that the epidemiologic evidence indicates that close residential proximity to OGD is associated with adverse perinatal and respiratory outcomes, for which the body of human health studies is most extensive in California and other locations.

Studies on Oil and Gas Development and Perinatal Outcomes

Perinatal outcome studies provide the largest [19 studies][2] and strongest body of evidence linking OGD exposure during the sensitive prenatal period with adverse health effects. The majority of studies that examine perinatal effects found increased risk of adverse birth outcomes in those most exposed to OGD (measured using metrics including, but not limited to proximity, well density, and production volume). It should also be noted that adverse perinatal outcomes, including preterm births, low birth weight, and small-for-gestational age births

[1] In this document, the statement, "a high-level of certainty" is based on the professional judgement of all California Oil and Gas Public Health Rulemaking Scientific Advisory Panel (Panel) members in their assessment of the scientific evidence. In terms of panel process, all Panel members agree with the responses to the questions in this document. Any Panel member could have written a dissenting opinion, but no one requested to do so. This document reflects the perspective of the Panel members and not necessarily the opinions of their employers or institutions.

[2] Apergis et al., 2019; Busby & Mangano, 2017; Caron-Beaudoin et al., 2020; Casey et al., 2016; Currie et al., 2017; Cushing et al., 2020; Gonzalez et al., 2020; Hill, 2018; Janitz et al., 2019; Ma, 2016; McKenzie et al., 2014, 2019; Stacy et al., 2015; Tang et al., 2021; Tran et al., 2020, *Forthcoming*; Walker Whitworth et al., 2018; Whitworth et al., 2017; Willis et al., 2021.

increase the risk of mortality and long-term developmental problems in newborns (Liu et al., 2012; Vogel et al., 2018) as well as longer term morbidity through adulthood (Baer et al., 2016; Barker, 1995; Carmody & Charlton, 2013; Frey & Klebanoff, 2016).

Perinatal Outcomes Associated with Conventional and Unconventional Oil and Gas Development

While many perinatal outcome studies outside of California focus on unconventional OGD (e.g., high-volume hydraulic fracturing), a recent review of the literature (Deziel et al., 2020), highlighted the need for an updated assessment of the health effects associated with OGD more generally, as both conventional and unconventional OGD operations present health risks, especially to those living in close proximity. This bolsters conclusions reached by the authors of the 2015 independent scientific study of hydraulic fracturing and well stimulation in California led by the California Council on Science and Technology (CCST) (Long et al., 2015) pursuant to Senate Bill 4 (2013, Pavley). Recent studies in California have reported associations between exposure to OGD and adverse birth outcomes, considering wells under production using enhanced oil recovery including cyclic steam injection, steam flooding and water flooding -- methods that do not meet the definition of unconventional development (Gonzalez et al., 2020; Tran et al., 2020, *Forthcoming*). Similar findings regarding adverse birth outcomes have been reported while examining unconventional OGD in Colorado, Oklahoma, Pennsylvania and Texas (Apergis et al., 2019; Casey et al., 2016; Cushing et al., 2020; Gonzalez et al., 2020; Hill, 2018; McKenzie et al., 2019; Stacy et al., 2015; Walker Whitworth et al., 2018; Whitworth et al., 2017). In the California independent scientific study on well stimulation pursuant to Senate Bill 4 (2013, Pavley), the authors concluded that while hydraulic fracturing introduces some specific human health risks, the majority of environmental risks and stressors are similar across conventional and unconventional oil and gas operations (Long et al., 2015; Shonkoff et al., 2015). Further, a handful of epidemiological studies explicitly examine potential differences in associations between conventional or unconventional oil or natural gas development and adverse outcomes. For example, Apergis et al. (2019) reported statistically significant reductions in infant health index within 1 km of both conventional and unconventional drilling sites in Oklahoma. In summary, the Panel concludes with a high level of certainty that human health studies focused on unconventional and conventional OGD are relevant to consider in the California context where conventional development is most prevalent.

Consistency Across Perinatal Epidemiology Studies

We have a high level of certainty in the findings in the body of epidemiological studies for perinatal health outcomes because of the consistency of results across multiple studies that were conducted using different methodologies, in different locations, with diverse populations, and during different time periods (see **Table 1** below). Most of these studies entail rigorous, high quality analyses (i.e., study designs that establish temporality based on large sample sizes, control for potential individual and area-level confounders, apply rigorous statistical modelling techniques, and conduct sensitivity analyses to assess the robustness of effects). A variety of pollutants (e.g., $PM_{2.5}$ and air toxics) and other OGD stressors are associated with these same adverse birth outcomes (Dzhambov & Lercher, 2019; Nieuwenhuijsen et al., 2017; Shapiro et al., 2013), which further strengthens the evidence of the link between OGD and adverse perinatal outcomes. Therefore, the totality of the epidemiological evidence provides a high level of certainty that exposure to OGD (and associated exposures) cause a significant increased risk of poor birth outcomes.

Further, imprecision in exposure assessment or non-differential exposure misclassification in some of the epidemiological studies is more likely to attenuate observed relationships, thus leading to an underestimate of the true adverse impacts of OGD on birth outcomes (**Figure 1**). In environmental epidemiologic studies, researchers often use surrogates to estimate exposures or assign individuals to exposure categories; these surrogates have some measurement error associated with them. When these errors in assigning or classifying participant exposures are similar between exposed and unexposed or those with or without the health outcome, this is referred to as non-differential exposure misclassification. This type of "noise" in the data tends to dilute or attenuate the true exposure-response relationship, as illustrated by the hypothetical dashed line in **Figure 1**, which has a shallower slope compared to the hypothetical "true" solid line.

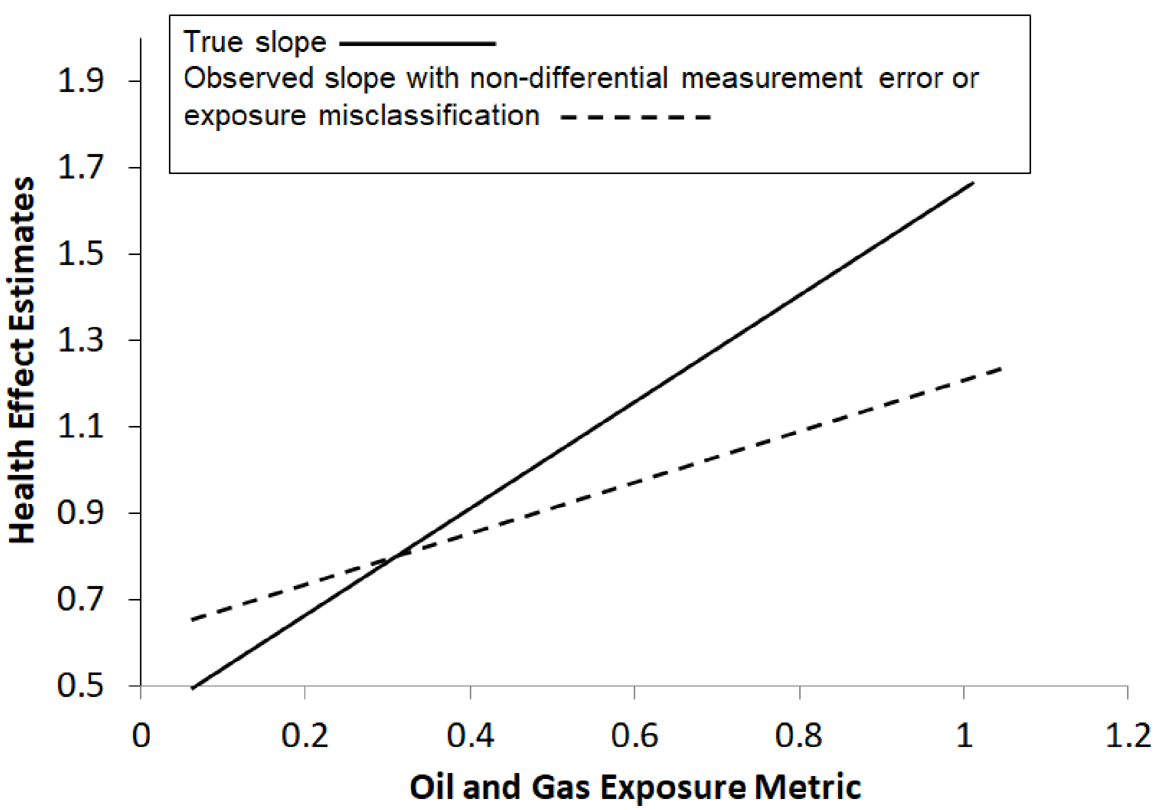

Figure 1. Effect of imprecise exposure estimates on a hypothetical exposure-response relationship (Source: Adapted from Seixas & Checkoway, 1995).

Respiratory Risks and Impacts from Oil and Gas Development

Respiratory health outcomes are the second most studied health outcomes in the epidemiological literature examining OGD, with eight peer-reviewed studies published to date. Two peer-reviewed studies in California found an association between OGD and self-reported and physician-diagnosed asthma, reduced lung function, and self-reported acute respiratory symptoms (e.g., recent wheeze) (Johnston et al., 2021; Shamasunder et al., 2018). Six studies in other oil and gas regions (Pennsylvania and Texas) reported an association between OGD and asthma exacerbations, asthma hospitalizations, and respiratory symptoms (Koehler et al., 2018; Peng et al., 2018; Rabinowitz et al., 2015; Rasmussen et al., 2016; Willis et al., 2018, 2020).

Epidemiological studies, by design, often use aggregate measures of exposure to account for multiple potential stressors and pathways associated with OGD (e.g., air pollution, noise pollution, groundwater and/or drinking water contamination). Many criteria air pollutants (e.g., particulate matter, ozone, nitrogen oxides) and hazardous air pollutants emitted from OGD have a well-established body of scientific literature indicating that exposure to these pollutants causes an increased risk of development and exacerbation of respiratory disease (Bolden et al., 2015; Ferrero et al., 2014). We reiterate the relevance of studies on both conventional and unconventional OGD for respiratory health outcomes. For example, (Willis et al., 2020) found that both conventional and unconventional natural gas development at the ZIP code level was associated with pediatric asthma hospitalizations in Texas.

Comparing The Body of Perinatal and Respiratory Outcome Studies Against The Bradford Hill Criteria for Causation

Below, we demonstrate how the body of epidemiological studies on the relationship between OGD and perinatal and respiratory outcomes meets the nine Bradford Hill Criteria for Causation (Hill, 1965; Lucas & McMichael, 2005). The Bradford Hill Criteria are used to evaluate the strength of epidemiological evidence for determining a causal relationship between an exposure and observed effect. These criteria are widely used in the field of epidemiology and public health practice to guide decision-making. <u>After considering these criteria, the Panel concludes with a high level of certainty that there is a causal relationship between close geographic proximity to OGD and adverse perinatal and respiratory outcomes</u> (**Table 1**).

Table 1. Application of the Bradford Hill Criteria for Causation to the peer-reviewed epidemiological literature on oil and gas development and perinatal and respiratory health outcomes.

Criteria for Causation (Bradford-Hill)	Description of Criteria	Perinatal Health Studies	Respiratory Health Studies
Strength of Association	Environmental studies commonly report modest effects sizes (i.e., relative to active tobacco smoking or alcohol consumption). A small magnitude of association can support a causal relationship, a larger association may be more convincing.	Reported effect sizes are in ranges similar to other well-established environmental reproductive and developmental hazards, such as $PM_{2.5}$ (Dadvand et al., 2013; C. Li et al., 2020). Some studies, particularly those in California, have found stronger effect estimates for OGD exposures among socially marginalized groups (Cushing et al., 2020; Gonzalez et al., 2020; Tran et al., 2020, *Forthcoming*).	Reported effect sizes are in ranges similar to other well-established environmental respiratory hazards. For example, effect sizes in reductions in lung function by Johnston et al. (2021) are similar in magnitude to reductions in lung function associated with secondhand smoke exposure among women (Eisner, 2002) and reductions in lung function among adults living near busy roadways (e.g., (Kan et al., 2007).
Consistency	Consistent findings observed by different persons in different places with different samples strengthens the likelihood of an effect.	Adverse birth outcomes have been observed in multiple studies using multiple methods in different populations at different times and locations (e.g., California, Pennsylvania, Colorado, Texas). While there is some variation in findings by specific perinatal outcomes, the overall body of evidence is highly consistent in supporting the association between OGD and adverse perinatal outcomes.	Various respiratory health outcomes are evaluated in the literature. For asthma -- the most commonly studied respiratory health outcome -- studies across California, Pennsylvania and Texas consistently show an association between OGD and asthma-related metrics (asthma prevalence, exacerbations, pediatric hospitalizations) (Koehler et al., 2018; Rasmussen et al., 2016; Shamasunder et al., 2018; Willis et al., 2018, 2020) .

Criteria for Causation (Bradford-Hill)	Description of Criteria	Perinatal Health Studies	Respiratory Health Studies
Specificity	Causation is likely if there is no other likely explanation.	All peer-reviewed birth outcome studies included in our review controlled for other potential confounders by (i) accounting or adjusting for other individual-level or area-level factors (e.g., other air pollution sources, neighborhood socioeconomic status) in the analysis (Casey et al., 2016; McKenzie et al., 2014; Tran et al., 2020, *Forthcoming*). Other studies applied statistical modeling approaches such as difference-in-difference that accounts for temporal and spatial trends that may confound observed effects (Willis et al., 2021).	Most respiratory health studies have controlled for other potential explanatory or confounding factors by (i) accounting or adjusting for other individual-level (e.g., smoking status) or area-level factors (e.g., other air pollution sources) in the analysis (Johnston et al., 2021; Koehler et al., 2018; Peng et al., 2018; Rabinowitz et al., 2015; Rasmussen et al., 2016; Willis et al., 2018, 2020), or in the study design, such as utilizing a difference-in-difference methodology (Peng et al., 2018; Willis et al., 2018).
Temporality	Exposure precedes the disease.	Most birth outcomes studies have proper temporal alignment between exposure and outcome and use a retrospective cohort, case control or other study design that allows retroactive assessment of exposures to OGD occurring before the onset of disease. They do not consider exposure that occurred at the time of disease or oil and gas wells drilled after the disease.	Some respiratory health studies do not allow for assessments of exposure that predate disease. However, of the studies with the proper temporal alignment (Johnston et al., 2021; Koehler et al., 2018; Peng et al., 2018; Rasmussen et al., 2016; Willis et al., 2018), authors report statistically significant associations between OGD and oral corticosteroid medication orders, asthma hospitalizations and asthma-related emergency department visits.

Criteria for Causation (Bradford-Hill)	Description of Criteria	Perinatal Health Studies	Respiratory Health Studies
Biological Gradient (Dose-Response)	Greater exposure leads to a greater likelihood of the outcome.	Some studies have found dose-response relationships based on oil and gas production volume categories or metrics of inverse distance weighting and/or oil and gas well density in California and elsewhere (Casey et al., 2016; McKenzie et al., 2014, 2019; Tang et al., 2021; Tran et al., 2020).	Larger reductions in lung function observed with decreased distance from active oil development sites (Johnston et al., 2021).
Plausibility	The exposure pathway and biological mechanism is plausible based on other knowledge.	Individual health-damaging chemical pollutants are well-understood to be emitted from OGD (e.g., $PM_{2.5}$, benzene) and established as contributing to increased risk for the same adverse perinatal outcomes observed in the epidemiology studies. Stressors associated with OGD (e.g., psychosocial stress; (Casey et al., 2019) can also contribute to increased adverse perinatal outcomes.	Many air pollutants associated with OGD are well-known to contribute to respiratory morbidity and mortality, including exacerbations of existing respiratory conditions (Guarnieri & Balmes, 2014).
Coherence	Causal inference is possible only if the literature or substantive knowledge supports this conclusion.	In particular, the body of peer-reviewed literature is converging towards singular directions for adverse perinatal outcomes.	The body of peer-reviewed literature points in a singular direction for adverse respiratory health outcomes.

Criteria for Causation (Bradford-Hill)	Description of Criteria	Perinatal Health Studies	Respiratory Health Studies
Experiment	Causation is a valid conclusion if researchers have seen observed associations in prior experimental studies.	N/A- Human population-based experimental studies are not available due to ethical issues.	N/A- Human population-based experimental studies are not available due to ethical issues.
Analogy	For similar programs operating, similar results can be expected to bolster the causal inference concluded.	Pollutants well known to be emitted during OGD including benzene, toluene and 1,3 butadiene are listed as reproductive or developmental toxicants under Prop 65 and thus are recognized as such by the State of California (CalEPA OEHHA, 2021). EPA's current Integrated Science Assessments of particulate matter and tropospheric ozone conclude that the evidence is suggestive of, but is not sufficient to infer, a causative relationship between birth outcomes, including preterm birth and low birth weight, and $PM_{2.5}$ and long term ozone exposures (US EPA, 2019, 2020). Additionally, increased stress during pregnancy can alter fetal growth and length of gestation (Fink et al., 2012).	EPA's current Integrated Science Assessments of particulate matter and tropospheric ozone conclude that there is: a casual relationship between respiratory outcomes, including asthma and short term ozone exposure; and likely a causal relationship between respiratory outcomes, including asthma and: short and long term $PM_{2.5}$ exposure; and long term ozone exposure (US EPA, 2019, 2020).

Similarities and Differences Between Unconventional and Conventional Oil and Gas Development

Though definitions of conventional and unconventional OGD may differ across different regulatory and policy landscapes, the majority of OGD in California is often considered conventional, involving vertical drilling at shallower depths into target geologies that hold migrated hydrocarbons. These attributes of development are often considered in contrast to unconventional OGD, which can involve horizontal directional drilling in deeper wells to access source rock formations by increasing the permeability of these tight formations using mostly hydraulic fracturing. In addition, these unconventional operations are often accompanied with greater masses of material inputs (e.g., water, chemical additives, proppants) and a greater magnitude of liquid and solid waste outputs (e.g., flowback fluids and produced water). It should be noted, however, that hydraulic fracturing that takes place in California often uses fluids (gels) with higher concentrations of well stimulation chemicals than those fluids used in high-volume slick water hydraulic fracturing of source rock in other parts of the United States (Long et al., 2015).

However, many environmental and health hazards and risks are intrinsic to both conventional and unconventional OGD (Hill et al., 2019; Jackson et al., 2014; Lauer et al., 2018; Stringfellow et al., 2017; Zammerilli et al., 2014). $PM_{2.5}$ and nitrogen oxides emissions result from the use of diesel-powered equipment and trucks and hazardous air pollutants such as benzene, toluene, ethylbenzene and xylene (BTEX) occur naturally in oil and gas formations, regardless of the type of extraction method employed. Noise pollution, odors, and landscape disruption are inherent to OGD. Investigations in other oil and gas states have noted radioactivity on particles downwind from unconventional oil and gas wells (Li et al., 2020b) and in sediment downstream of water treatment plants that treat waste from conventional as well as unconventional oil and gas operations (Burgos et al., 2017; Lauer et al., 2018).

In California, policy, regulatory and scientific emphasis has been placed on well stimulation activities, including hydraulic fracturing, matrix acidizing and acid fracturing. The 2015 Independent Scientific Assessment on Well Stimulation in California, which focused primarily on well stimulation activities pursuant to Senate Bill 4 (2013, Pavley), reported the following key conclusion: *"The majority of impacts associated with hydraulic fracturing are caused by the indirect impacts of oil and gas production enabled by the hydraulic fracturing"* (Long et al., 2015). Indirect impacts relevant to human health for the purposes of the study included: "proximity to any oil production, including stimulation- enabled production, could result in hazardous emissions to air and water, and noise and light pollution that could affect public health" (Long et al., 2015). Additionally, a recent evaluation of chemical usage during OGD in California found significant overlap in chemical additives used for well stimulation (including hydraulic fracturing) and those used in routine activities, such as well maintenance (Stringfellow et al., 2017).

2. What are the air pollutants released from these activities that cause negative health outcomes? How do we know exposure to these is likely from oil and gas extraction wells and associated facilities, as opposed to other sources?

The wells, valves, tanks and other equipment used to produce, store, process and transport petroleum products at both unconventional and conventional OGD sites are associated with emissions of toxic air contaminants, hazardous air pollutants and other health-damaging non-methane VOCs (Helmig, 2020; Moore et al., 2014). Diesel engines used to power on-site equipment and trucks at unconventional and conventional OGD sites directly emit health-damaging hazardous air pollutants, fine particulate matter ($PM_{2.5}$), nitrogen oxides and volatile organic compounds (VOCs) (CalEPA OEHHA, 2001). Many VOCs and nitrogen oxides are precursors to ground level ozone (O_3) formation, another known health harming pollutant. Hazardous air pollutants that are known to be emitted from OGD sites include benzene, toluene, ethylbenzene, xylenes, hexane and formaldehyde--many of which are known, probable or possible carcinogens and/or teratogens and which have other adverse effects for non-cancer health outcomes (CalEPA OEHHA, 2008, 2009; Moore et al., 2014). In the San Joaquin Valley Air Pollution Control District, OGD activities are responsible for the majority of emissions of multiple toxic air contaminants including acetaldehyde, benzene, formaldehyde, hexane and hydrogen sulfide (**Figure 2**) (Brandt et al., 2015; Long et al., 2015).

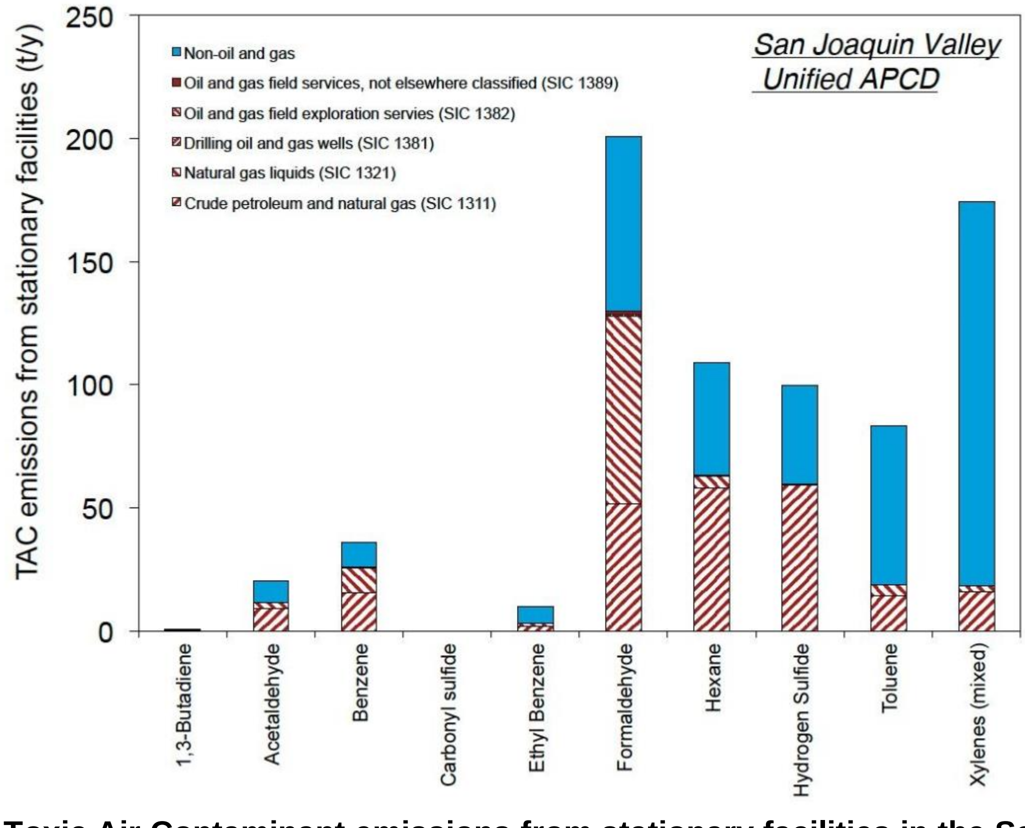

Figure 2. **Toxic Air Contaminant emissions from stationary facilities in the San Joaquin Valley Air Pollution Control District (Source: (Brandt et al., 2015).**

A recently published study using statewide air quality monitoring data from California investigated whether drilling new wells or increasing production volume at active wells resulted in emissions of $PM_{2.5}$, nitrogen dioxide (NO_2), VOCs, or O_3 (Gonzalez et al., 2021)**.** To assess the effect of oil and gas activities on concentrations of air pollutants, the authors used daily variation in wind direction as an instrumental variable and used fixed effects regression to control temporal factors and time-invariant geographic factors. The authors documented higher concentrations of $PM_{2.5}$, NO_2, VOCs, and O_3 at air quality monitoring sites within 4 km of pre-production OGD well sites (i.e., wells that were between spudding and completion) and 2 km of production OGD well sites, after adjusting for geographic, meteorological, seasonal, and time trending factors. In placebo tests, the authors assessed exposure to well sites downwind of the air monitors and observed no effect on air pollutant concentrations. **Table 2** summarizes the increases in each pollutant for each additional upwind well site by distance.

Table 2. Summary of air pollutant concentrations measured between 2006-2019 at 314 air quality monitoring sites in the EPA Air Quality System for California (Gonzalez et al., 2021*).*

Distance	$PM_{2.5}$ µg/m³*	NO_2 ppb	VOCs (ppb C)*	O_3 (ppb)
Estimated increase for each additional upwind pre-production well site				
Within 2 km	2.35 (0.81, 3.89)	2.91 (0.99, 4.84)	No increase	no increase
2-3 km	0.97 (0.52, 1.41)	0.65 (0.31, 0.99)	No increase	0.31 (0.2, 42)
3-4 km	no increase	no increase	no increase	0.14 (0.05, 0.23)
Estimated Increase for each 100 BOE of total oil and gas upwind production volume				
1 km	1.93 (1.08, 2.78)	0.62 (0.37, 0.86)	0.04 (0.01, 07)	no increase
1-2 km	no increase	no increase	no increase	0.11 (0.08, 0.14)

*No $PM_{2.5}$ or VOC monitoring sites with 1 km of pre-production well sites; BOE, barrels of oil equivalents.

These multiple stressors, along with other physical factors such as noise and vibration, are consistently found in exposure studies to be measurably higher near oil and gas extraction wells and other ancillary infrastructure in California. As such, the Panel concludes with a high level of certainty that concentrations of health-damaging air pollutants, including criteria air pollutants and toxic air contaminants, are more concentrated near OGD activities compared to further away.

3. ***Does the evidence evaluated clearly support a specific setback? If so, what is this setback distance and what oil and gas extraction activities would it specifically apply to? What is the supporting evidence?***
    a. ***How does this evidence justify the recommended setback distance, as opposed to another distance?***

Existing epidemiologic studies were not designed to test and establish a specific "safe" buffer distance between OGD sites and sensitive receptors, such as homes and schools. Nevertheless, studies consistently demonstrate evidence of harm at distances less than 1 km, and some studies also show evidence of harm linked to OGD activity at distances greater than 1 km. In addition, exposure pathway studies have demonstrated through measurements and modelling techniques, the potential for human exposure to numerous environmental stressors (e.g., air pollutants, water contaminants, noise) at distances less than 1 km (e.g., Allshouse et al., 2019; Holder et al., 2019; McKenzie et al., 2018; DiGiulio et al., 2021; Soriano et al., 2020), and that the likelihood and magnitude of exposure decreases with increasing distance.

b. ***What are the health benefits from this setback? Can the panel quantify them or recommend a methodology CalGEM can use to quantify them? Can the panel establish that these health benefits can only be achieved with the setback? Or can they also be achieved with mitigation controls?***

Figure 3 presents a hierarchy of strategies to reduce human health hazards, risks and impacts from OGD activities. **Table 3** presents the advantages and disadvantages of each strategy from an environmental public health perspective.

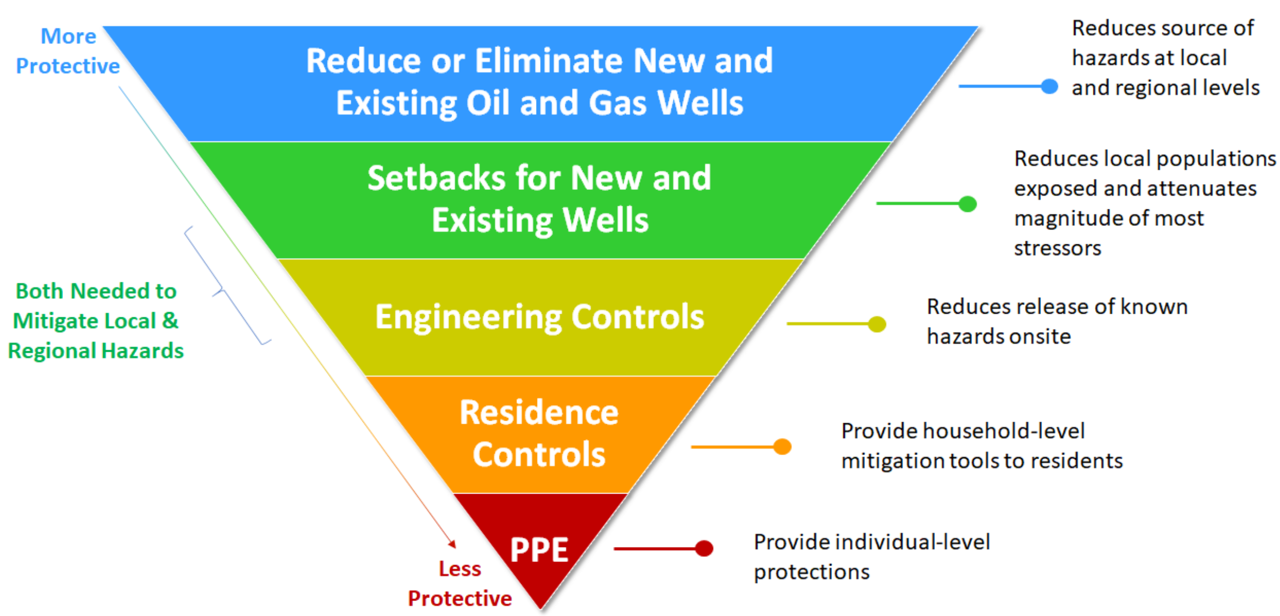

Figure 3. Hierarchy of strategies to reduce or eliminate public health harms for OGD activities. Note: the use of the term "wells" includes the ancillary infrastructure used to develop, gather and process oil and gas in the upstream oil and gas sector.

At the top of Figure 3 is the most health protective strategy: to stop drilling and developing new wells, phase out existing OGD activities and associated infrastructure, and properly plug remediate legacy wells and ancillary infrastructure.

If the development of oil and gas is to continue, the greatest health benefits would be gained from a strategy that includes the next two controls in the hierarchy depicted in Figure 3: the elimination of new and existing wells and ancillary infrastructure within scientifically informed setback distances and the deployment of engineering emission controls and associated monitoring approaches that lead to rapid leak detection and repair for new and existing wells and ancillary infrastructure. Because air pollutant concentrations and noise levels decrease with increasing distance from a source, adequate setbacks can reduce harm to local populations by reducing exposures to air pollutants and noise directly emitted from the OGD activities. However, setbacks do not reduce harms from OGD contributions to regional air pollutant levels, such as secondary particulate matter and ozone, or greenhouse gases, such as methane, which are nearly always co-mingled with health-damaging air pollutants (Michanowicz et al., *Forthcoming*). Engineering controls that reduce emissions at the well site are also necessary to reduce these harms.

Engineering controls include cradle-to-grave noise and air pollution emission mitigation controls on OGD infrastructure including new, modified and existing infrastructure, and proper abandonment of legacy infrastructure, prioritizing those nearest to residential sites and schools and those associated with the highest emissions, leaks and other environmental hazards.

However, engineering controls can fail and engineering solutions may not be available for or economically feasible to handle all of the complex stressors generated by OGD, including multiple sources and types of air pollution, noise pollution, light pollution, water pollution, and other stressors. <u>Therefore, neither setbacks or engineering controls alone are sufficient to reduce the health hazards and risks from OGD activities -- both approaches are needed in tandem</u>.

Finally, we note that while outside of CalGEM's jurisdiction, setbacks for new construction of housing or schools at a certain distance from existing or permitted OGD sites (commonly referred to as reverse setbacks), should be considered.

Table 3. Advantages and Disadvantages of Oil and Gas Development Control Strategies from an Environmental Public Health Perspective.

Control Strategy	Description	Advantage	Disadvantage
Elimination	Eliminate or reduce new and existing wells and ancillary infrastructure in combination with proper plugging and abandonment of wells and other legacy infrastructure.	Eliminates the source of nearly all environmental stressors (e.g., air and water pollutants, noise); protects local and regional populations	None.
Setbacks	Increase the distance between OGD hazards and sensitive receptors.	Reduces risk of exposures to populations living near OGD sites; environmental stressors are generally attenuated with increasing distance.	Setbacks alone without coupled engineered mitigation controls allow continued release of hazards and therefore does not adequately address air pollutant and greenhouse gas emissions from OGD and their impacts on regional air quality and the climate.
Engineering Controls	Reduces or eliminates release of specific hazards on site.	Reduces or eliminates certain hazards and therefore can have local and regional environmental public health benefits.	Tends to be disproportionately focused on air pollutant emissions. Often not feasible to apply engineering solutions to multiple, complex stressors each requiring different control technologies (e.g. noise, air and water impacts, social stressors) and lacks the important factor of safety provided by a setback when engineering controls fail.
Residence Controls	Provides households with devices to reduce hazard at the home (e.g., water filter, light-blocking shades, air filters).	Reduces intensity of certain hazards to nearby communities at the household level.	Places burden on individuals and households to use devices properly and to maintain and regularly replace controls to maximize effectiveness. Not feasible to apply devices to address numerous, complex stressors.
Personal Protective Equipment	Provide individuals with devices to reduce exposure (e.g., respiratory masks, ear plugs, eye masks).	Reduces intensity of exposure of certain hazards to nearby individuals.	Places burden on individuals to use PPE consistently and properly and is not feasible for the complex stressors.

Attributable Risk Calculations

One method to estimate health harms from OGD is to use the measures of association from the epidemiologic literature and population counts to calculate the excess number of specific health outcomes. This is what is known as an attributable risk method. We may be able to derive these estimates in the final report for birth outcomes using estimates of population counts for women of reproductive age in California living near OGD sites. We will also attempt to derive similar estimates for respiratory outcomes by using age appropriate population counts near OGD sites. This attributable risk method can allow us to estimate the number of adverse perinatal or respiratory cases that are attributable to OGD exposures and could be attenuated through the implementation of elimination or setback strategies.

c. ***Can the panel quantify or recommend a methodology CalGEM can use to quantify the health benefits associated with mitigation controls?***

The Panel was not tasked to estimate health benefits of various setbacks and mitigation strategies, which pose significant methodological challenges and would require considerable time and effort. Among the challenges is the need to consider the benefits of reducing multiple stressors -- multiple air pollutants and other chemicals, noise, vibration, light, subsurface contamination, etc.

Known Health Benefits of Reducing Air and Noise Pollution

There is a significant body of literature and available tools that address the potential health benefits that can be achieved by reducing air and noise pollution exposures. The National Institute of Environmental Health Sciences has linked air pollution and specifically $PM_{2.5}$ to respiratory disease, cardiovascular disease, cancer, and reproduction harm and provides references supporting these links (NIEHS (National Institute of Environmental Health Sciences), 2021). Schraufnagel et al. (2019) examined in detail the health benefits of air pollution reductions in different geographic regions. Friedman et al. (2001) showed that improvements in air quality in preparation for the 1996 Atlanta Olympics resulted in significantly lower rates of childhood asthma events, including reduced emergency department visits and hospitalizations. Avol et al. (2001) demonstrated that children in southern California who moved to communities with higher air pollution levels had lower lung function growth rates than children who moved to areas with lower air pollution levels. Gauderman et al. (2015), examining the impact of reductions in $PM_{2.5}$ and nitrogen dioxide in the Los Angeles air basin, found that children who grew up after air quality improvements had less than ½ the chance of having clinically low lung function results. Ha et al. (2014) found $PM_{2.5}$ exposures in all trimesters to be significantly and positively associated with the risk of all adverse birth outcomes.

In an analysis of noise exposure reductions. Based on sound levels measured and/or modeled across the US together with an EPA exposure- response model for levels exceeding EPA standards, Swinburn et al. (2015) found that a 5-dB noise reduction scenario in communities with noise exceeding EPA standards would reduce the prevalence of hypertension by 1.4% and coronary heart disease by 1.8%. The types of health-benefit studies noted here provide a basis for conducting a health-benefits analysis using a tool such as US EPA's Environmental Benefits Mapping and Analysis Program—Community Edition (BenMAP-CE) (US EPA, 2021).

Possible Approaches to Quantify Health Benefits

CalGEM could obtain estimates of the health benefits achieved from different mitigation strategies individually or in combination with tools such as the Community Multiscale Air Quality Model (CMAQ) (Binkowski & Roselle, 2003) and/or other exposure assessment tools and link model output to EPA's BenMAP-CE (US EPA, 2021). However, these models and approaches are only focused on air quality and noise. It should also be noted that a significant drawback of using BenMAP-CE for this application is that it only considers impacts from criteria air pollutants and not from toxic air contaminants or other emerging air pollutants.

BenMAP-CE estimates the number and economic value of health impacts resulting from changes in air pollution concentrations. BenMAP-CE estimates benefits in terms of the reductions in the risk of premature death, heart attacks, and other adverse health effects. BenMAP-CE requires as input, pollutant concentrations at a scale that matches with population data. These concentrations can be obtained from a model such as CMAQ (Binkowski & Roselle, 2003) or from a monitoring network. BenMAP-CE takes the concentration fields for a base case and then for a pollution reduction (or increase) to assess health benefits (or detriments). BenMAP-CE then estimates changes in health endpoints, allowing the user to specify the concentration–response function and either use built-in population and baseline mortality rates or specify them as inputs.

It should be noted that in order to use a model such as BenMAP-CE to assess health benefits of setbacks and mitigation controls at well sites across California would involve a significant level of time and effort in data collection and model executions. In addition, these models are limited to characterizing the health benefits of criteria air pollutant reductions, but do not account for other OGD related exposures such as toxic air contaminants, other chemical exposures and exposures to other stressors through other environmental pathways (e.g., water and noise). Additionally, and importantly, the lack of spatially resolved emissions data from upstream OGD introduces challenges when assessing local- and sub-regional scaled health impacts that would be required for calculating benefits of specific policies such as setbacks and emission control. As such, <u>attempts to quantify benefits using BenMAP-CE are likely to underestimate them</u>.

4. ***CalGEM is aware of health risk assessments, health impact assessments, air exposure studies, and workforce safety studies that have been conducted but were not evaluated as part of your preliminary advice. How do these studies align with your causation determination, any recommended setback distance, and recommendations on health benefits quantification?***

The Panel determined early in its deliberations that it would limit the studies assessed in its report to those in the peer-reviewed scientific literature. This criterion ensures that studies have been evaluated by scientists who have not been involved with the study but have expertise in the relevant topic area and/or the methods used to carry out analyses, prior to publication. The peer-review process helps to ensure that high quality data and scientific interpretations are at the core of the science-policy decision-making process. Authors of peer reviewed studies are more likely to have been questioned about their methods, data interpretations, and conclusions, leading to greater confidence in the results.

In addition, the Panel was not tasked with assessing occupational studies. If CalGEM staff are aware of any peer-reviewed studies that were not included in our preliminary advice, we encourage them to send the Panel references so that we can evaluate them for inclusion in the final report. We intend to scan the literature again to assess whether relevant studies have been published since we completed the draft report. Should additional peer-reviewed studies be identified, the Panel will evaluate them to determine if they align with the scope of the report and should be added.

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