APPENDIX D

AIR QUALITY
TECHNICAL ANALYSIS - MSAT

Appendix D: Incomplete or Unavailable Information for Project-Specific MSAT Health Impacts Analysis

The U.S. Environmental Protection Agency (EPA) is responsible for protecting the public health and welfare from any known or anticipated effect of an air pollutant. They are the lead authority for administering the Clean Air Act and its amendments and have specific statutory obligations with respect to hazardous air pollutants and MSAT. The EPA is in the continual process of assessing human health effects, exposures, and risks posed by air pollutants. They maintain the Integrated Risk Information System (IRIS), which is "a compilation of electronic reports on specific substances found in the environment and their potential to cause human health effects" (EPA, http://www.epa.gov/ncea/iris/index.html). Each report contains assessments of non-cancerous and cancerous effects for individual compounds and quantitative estimates of risk levels from lifetime oral and inhalation exposures with uncertainty spanning perhaps an order of magnitude.

Other organizations are also active in the research and analyses of the human health effects of MSAT, including the Health Effects Institute (HEI). Among the adverse health effects linked to MSAT compounds at high exposures are cancer in humans in occupational settings; cancer in animals; and irritation to the respiratory tract, including the exacerbation of asthma. Less obvious is the adverse human health effects of MSAT compounds at current environmental concentrations (HEI, http://pubs.health effects.org/view.php?id=282) or in the future as vehicle emissions substantially decrease (HEI, http://pubs.healtheffects.org/view.php?id=306).

Evaluating the environmental and health impacts from MSAT on a proposed highway project would involve several key elements, including emissions modeling, dispersion modeling in order to estimate ambient concentrations resulting from the estimate emissions, exposure modeling in order to estimate human exposure to the estimate concentrations, and then final determination of health impacts based on the estimated exposure. Each step in the process builds on the model predictions obtained in the previous step. All are encumbered by technical shortcomings or uncertain science that prevents a more complete determination of the MSAT health impacts of this project. These difficulties are magnified for lifetime (i.e., 70-year) assessments, particularly because unsupportable assumptions would have to be made regarding changes in travel patterns and vehicle technology (which affects emissions rates) over that time frame, and such information is unavailable. The results produced by the EPA's MOBILE6.2 model, the California EPA's Emfac2007 model, and the EPA's Draft MOVES2009 model in forecasting MSAT emissions are highly inconsistent. Indications from the development of the MOVES model are that MOBILE6.2 significantly underestimates diesel particulate matter (PM) emissions and significantly overestimates benzene emissions.

Regarding air dispersion modeling, an extensive evaluation of EPA's guideline CAL3QHC model was conducted in an NCHRP study (http://www.epa.gov/scram001/dispersion_alt.htm#hyroad), which documents poor model performance at ten sites across the country - three where intensive monitoring was conducted plus an additional seven with less intensive monitoring. The study indicates a bias of the CAL3QHC model to overestimate concentrations near highly congested intersections and underestimate

Figure III-1: National MSAT Emission Trends 1999 - 2050
for Vehicles Operating on Roadways
Using EPA's MOBILE6.2 Model
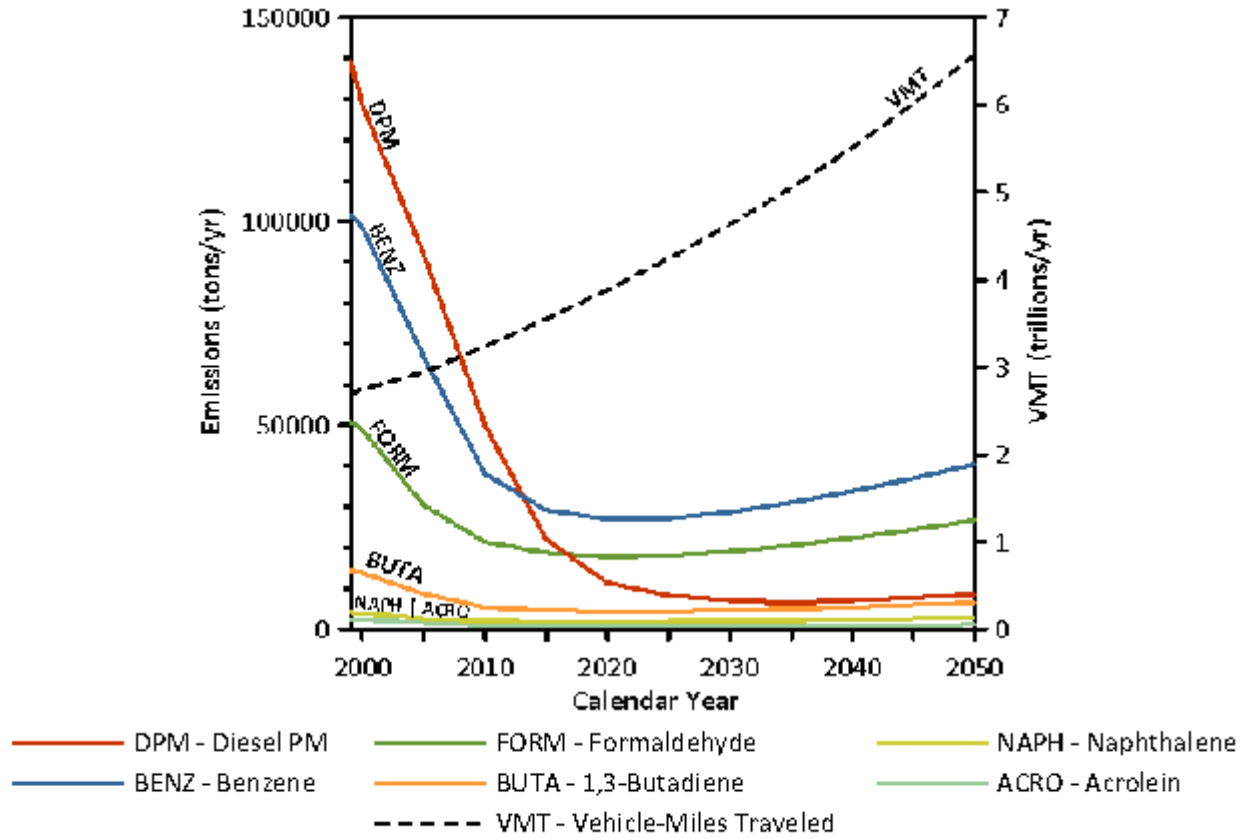
Note:
(1) Annual emissions of polycyclic organic matter are projected to be 561 tons/yr for 1999, decreasing to 373 tons/yr for 2050.
(2) Trends for specific locations may be different, depending on locally derived information representing vehicle-miles travelled, vehicle speeds, vehicle mix, fuels, emission control programs, meteorology, and other factors

Source: U.S. Environmental Protection Agency. MOBILE6.2 Model run 20 August 2009.

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concentrations near uncongested intersections. The consequence of this is a tendency to overstate the air quality benefits of mitigating congestion at intersections. Such poor model performance is less difficult to manage for demonstrating compliance with National Ambient Air Quality Standards for relatively short time frames than it is for forecasting individual exposure over an entire lifetime, especially given that some information needed for estimating 70-year lifetime exposure is unavailable. It is particularly difficult to reliably forecast MSAT exposure near roadways, and to determine the portion of time that people are actually exposed at a specific location.

There are considerable uncertainties associated with the existing estimates of toxicity of the various MSAT, because of factors such as low-dose extrapolation and translation of occupational exposure data to the general population, a concern expressed by HEI (http://pubs.healtheffects.org/view.php?id=282). As a result, there is no national consensus on air dose-response values assumed to protect the public health and welfare for MSAT compounds, and in particular for diesel PM. Neither EPA

(http://www.epa.gov/risk/basicinformation.htm#g)orHEI(http://pubs.healtheffects.org/getfile.php?u=395) have established a basis for quantitative risk assessment of diesel PM in ambient settings.

There is also the lack of a national consensus on an acceptable level of risk. The current context is the process used by the EPA as provided by the Clean Air Act to determine whether more stringent controls are required in order to provide an ample margin of safety to protect public health or to prevent an adverse environmental effect for industrial sources subject to the maximum achievable control technology standards, such as benzene emissions from refineries. The decision framework is a two-step process. The first step requires EPA to determine a "safe" or "acceptable" level of risk due to emissions from a source, which is generally no greater than approximately 100 in a million. Additional factors are considered in the second step, the goal of which is to maximize the number of people with risks less than 1 in a million due to emissions from a source. The results of this statutory two-step process do not guarantee that cancer risks from exposure to air toxics are less than 1 in a million;in some cases, the residual risk determination could result in maximum individual cancer risks that are as high as approximately 100 in a million. In a June 2008 decision, the U.S. Court of Appeals for the District of Columbia Circuit upheld EPA's approach to addressing risk in its two step decision framework. Information is incomplete or unavailable to establish that even the largest of highway projects would result in levels of risk greater than safe or acceptable.

Because of the limitations in the methodologies for forecasting health impacts described, any predicted difference in health impacts between alternates is likely to be much smaller than the uncertainties associated with predicting the impacts. Consequently, the results of such assessments would not be useful to decision makers, who would need to weigh this information against project benefits, such as reducing traffic congestion, accident rates, and fatalities plus improved access for emergency response, that are better suited for quantitative analysis.