1 abled at hearing 28-10-15 -J Hoare

Presentation by J. L. Hoare to the pCARP Hearing Commissioners – 9:30am 28th October 2015.

Firstly, having been assured that "the panel will read submissions and evidence in advance and take such evidence as read", I am assuming that you have taken the necessary steps to get to grips with what we/I have documented thereto. If so, I would expect you to have some questions should I, inadvertently, have failed to make various aspects clear. Meanwhile, since the letter sent by AIR Inc. to Canterbury Mayors on 24th March 2015 summarizes our views pretty well I'm prepared, if it would help, to read this out loud assuming a 45 min. maximum time slot applies in my case...

Undoubtedly, in New Zealand, criticism of environmental-type policy is made more difficult by the fact that i) Under the RMA (1991) proposed plans are operative/have legal standing right from the outset meaning that those who are unconvinced or disagree have an uphill task arranging for correction of any mistakes/omissions or, as a worst case scenario, rejection of such plans in their entirety.

ii) Whereas regional planning presumably ought to pay attention to/conform with, say, Section 5: Purpose of the RMA (i.e. enabling people and communities to provide for their social, economic, and cultural well-being and for their health and safety) instead, as drafted by ECan, air plans need first and foremost to comply with the NESAQ (2004) (fine particulate matter PM10) notwithstanding the fact that there is little or no direct evidence that the latter stipulation is effective as regards maintenance/preservation of health and safety in particular.

iii) Those responsible for drafting and/or formally approving/ratifying the relevant legislation are inclined not to rate affirmed/substantive scientific or medical/clinical-type knowledge very highly compared to existing law/predispositions as

determined by government.

Concerning iii) above, take for instance comments made in the s42A report such as "Many submissions have questioned the science basis of the pCARP. The science underpinning the NESAQ is not relevant to the imperative that the CRC must enforce observance of the NESAQ. Beyond that, the science that has informed the Air Plan review is robust and current."

If you believe these assertions, without question, to be true then the results of many years of work by members of AIR/AIR Inc. and other scientists, mathematicians/statisticians, physicians, engineers, etc. highly critical of e.g. the relevant epidemiology effectively are summarily dismissed - highly inappropriate in the present situation I suggest. Why is it do you think that the Minister for the Environment Dr Nick Smith is having second thoughts about the NESAQ if not because he has no choice but to admit the science simply doesn't compute? As shown by our submissions the pCARP is riddled with non sequiturs and/or untruths which, having been identified as such by AIR Inc., need to be corrected in the public interest not covered up as ECan is want to do.

As detailed in my evidence, AIR Inc.'s appeal to the Environment Court in 2007/2008 pertaining to ECan's earlier proposed air plan i.e. its NRRP (air) was effectively thwarted by ECan allowing serious defects embedded therein to remain intact. During the intervening period, however, contributions e.g. by AIR Inc. and the PCE to the fund of knowledge have led to improved understanding of the topic as a whole whereby, as indicated recently by Dr Smith, changes are in the wind pertaining to, we conclude:

i) form/substance of the 2004/2011 NESAQ

ii) significance of the indoor environment

with both of these, perceived as stumbling blocks, having been left unresolved/denied earlier.

All we need now, I suggest, is for the proposed revision to accurately reflect the (new) status quo involving acceptance of the fact that pursuit of "Clean Air" as a goal in Canterbury has potentially harmful health consequences (e.g. hypothermia) as well as potentially unacceptable, costs.

Undoubtedly, with the appointment by central government in 2010 of commissioners to run the Canterbury Regional Council, the ability of local communities to act in their own interests is seriously impaired. Specifically, the ability of due process controlled by ECan to deliver solutions other than those acceptable to central government is thereby rendered highly unlikely. As you will have seen (in our evidence) such influential people as

i) Hearing commissioners appointed to hear public submissions on ECan's proposed NRRP (air)

ii) Judges of the Environment Court

iii) Executive members of the Broadcasting Standards Authority

are on record, ostensibly, as having failed to act fairly and/or competently corresponding to AIR/AIR Inc.'s arguments opposed to MfE/ECan's stance on the urban air quality - public health relationship.

To their credit the Advertising Standards Authority on the other hand did support our complaint (amongst several complaints made in a similar vein pertaining to a series of "anti domestic fire" advertisements placed by ECan in "The Press" about 5 years ago) that it was unsubstantiated/incorrect for ECan to contend that "Winter air pollution creates serious health problems for thousands of people each year". Yet ECan continues to behave as if occasional, peak, levels of air pollution (PM10) measured outdoors are a real problem health wise admitting, substantively, of no other argument in the context of domestic heating.

Why exactly such perverseness should be shown by the authorities is hard to explain. Clearly, those maintaining that "ordinary air pollution kills people" have a lot to answer for. Little by little, more and more people are beginning to realize that acceptable public health/well-being is determined by much more than strictly controlled levels of PM10/2.5 measured outdoors. Thus it is that, in spite of what has been claimed by ECan and the Canterbury District Health Board (CDHB), a decrease in the recorded levels of PM10 attributed to the widespread removal of domestic fires/chimneys in Christchurch following the recent series of earthquakes has not led to improved public health. Indeed quite the reverse with stress of various kinds undoubtedly a major contributor to this state of affairs.

Meanwhile, Dr Smith's letter sent to me dated 11th August and the one from me to him dated 12th August in our opinion give grounds for concern that MfE may be ill-informed regarding certain (key) issues. The attachment to the email from me to Ms Tera Marka dated 25th September falling within the category of Rebuttal Evidence confirms this. Perhaps in the interests of clarity I may be permitted an opportunity to read out loud/refer to the contents of these documents?

All in all I/we believe it is time to call a halt to this charade amounting to (for want of a better description) "shadow boxing" by the authorities. In the event of this not happening, dissenting members of the public it seems are left with just 2 options namely:

a) lodging an appeal in the High Court based on any one of several points of law

b) requesting a judicial review neither of which AIR Inc. finds particularly appealing However, better that such options are followed up than promulgation by ECan of yet another air plan built on unsatisfactory/redundant foundations thereby risking prolonging the agony quite literally.

In his letter to me dated 30th September 2015 (cf. my email dated 2nd October sent to Ms Marka – Rebuttal Evidence) Dr Smith says that, in respect of his intention to review the Standards in 2016, the views of AIR Inc. and the PCE (with such views being already on the public record by and large) will be taken into account/"fully considered" in the case of the PCE. Given that the pCARP itself is meant to be the product of a review i.e. of ECan's earlier NRRP (air) clearly it is important that uncertainties surrounding the NESAQ are clarified as part and parcel of this process. Particularly when Dr Smith has known of the NESAQ's shortcomings for some considerable time (e.g. his 6th September 2010 reply to my email dated 8th July 2010 stored in my files) yet rejected such advice earlier.

Also galling from our point view is the fact that, with the adoption of a less stringent, more conservative, more open-minded stance (cf the decisions requested in our 29th April 2015 submission to ECan), the alleged problem of air pollution in Canterbury largely could be solved/would disappear virtually overnight.

To break the deadlock those in authority need, in our opinion, to

i) declare ECan's NRRP (air) null and void

ii) shelve ECan's pCARP (March 2015)
iii) demand of Minister Smith/central government confirmation that air quality regulation in New Zealand under the RMA is, properly, primarily directed towards amelioration of health/public health as defined by WHO (cf. our evidence) rather than something else not immediately clear but potentially covered/promoted by the act e.g. economic well-being. iv) (possibly consequent upon a satisfactory answer to iii) above) lobby central government so as to achieve immediate replacement of the current NESAQ with a new set of national standards for air pollution measured outdoors based on the current EU standards for particulate matter comprising a combination of the following limits a) PM10 50 µg/cubic metre measured as the 24hr av. allowing 35 exceedences/yr, b) PM10 40 µg/cubic metre measured as the annual average c) PM2.5 20 µg/cubic metre measured as the annual average (averaged over 3 yr).

v) follow WHO's advice pointing out the need for communities to follow/implement air quality guidelines (as opposed to standards) appropriate to their individual situation/needs determined by the actual exposures, whereby the limitations of

ambient air quality standards are tacitly acknowledged.

Thank you for your attention.

JLH 27th October 2015.

John Hoare

From:

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To:

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Sent:

Tuesday, 24 March 2015 12:42 p.m.

Subject:

Proposed Canterbury Air Regional Plan March 2015

Letter from the Association for Independent Research (AIR) Inc.

To: Camerbury Mayors

David Ayers - Waimakariri District Council Claire Barlow - Mackenzie District Council Kelvin Coe - Selwyn District Council Winton Dalley - Hurunui District Council Lianne Dalziel - Christchurch City Council Winston Gray - Kaikoura District Council Craig Growley - Waimate District Council Angus McKay - Ashburton District Council Damon Odey - Timaru District Council

Cc. The Hon Dr Nick Smith, Minister for the Environment

> Dame Margaret Bazley, Chair, Environment Canterbury Commissioners

Dr Jan Wright,
Parliamentary Commissioner for the Environment

Ms Rachel Reese, Mayor of Nelson

24th March 2015

Dear Sir/Madam,

Environment Canterbury's Proposed Canterbury Air Regional Plan March 2015

The purpose of this letter is to inform you that the Association for Independent Research (AIR) Inc. has serious concerns regarding the appropriateness of and risks implicit in the above plan as detailed under <a href="http://www.ecan.govt.nz/our-responsibilities/regional-plans/regional-plans-under-development/air-plans/regional-plans-under-development/air-plans/regional-plans-under-development/air-plans/regional-plans-under-development/air-plans/regional-plans-under-development/air-plans-under-develo

The reasons for our concerns are summarised as follows:

- The most onerous requirements of the Proposed Canterbury Air Regional Plan March 2015 arise from the contentious premise that particulate matter PM10 is a serious threat to health In 2004 the Ministry for the Environment (NZ) adopted this principle and instituted regulations for PM10 which were and are much more severe than those applying in Europe and the USA.
- In 2005 WHO stated that occasional exceedances of their suggested guideline level for particulate matter PM10 were not a problem. In 2013 the WHO expert group stated: "Long-term (years) exposure to PM2.5 is associated with both mortality and morbidity. The evidence is weaker for PM10." They also stated that the most important source of potentially harmful urban air pollutants are emissions from traffic and coal combustion.

malo / mas bases but PM10 includes PM2.5 anyway

- The Parliamentary Commissioner for the Environment in her March 2015 commentary on the 2014 Air Domain report available at: http://www.pce.parliament.nz/assets/Uploads/The-state-of-air-quality-in-New-Zealand-web4.pdf states: "The most important current particulate measure is long-term exposure to PM2.5. The least important is short-term exposure to PM10." Unfortunately most of the available data in New Zealand is based on measurement of PM10. By maintaining the current regulations in regard to PMA0 whereby a singular 24hr average-based standard is mandated instead of a standard or preferably a working guideline based on or incorporating annual averages, the Ministry for the Environment is acting against current scientific understanding of the actual relationship linking particulate air pollution and health."
- The Parliamentary Commissioner for the Environment has recommended that the existing PM10 24hr average-based standard be reviewed. Because it is vitally important that people have adequate means of heating in the winter AIR Inc. strongly supports this recommendation. The burning of wood is one way of allowing people to keep warm at reasonable cost and it is also carbon neutral. To have a secure form of domestic heating which is still available if the mains electricity supply is interrupted/restricted or ineffectual/inefficient (as can occur in the case of heat pumps under conditions of extreme cold) is essential.
- The excess of deaths in winter with consequent infections, increase in cardiac events, and increase in strokes has been reliably documented in the medical literature. In the South Island about 15% of the population have been said to suffer from fuel poverty. These are the people, along with the elderly, chronically ill and the very young who will be at risk from interruption of adequate heating. Many will be unable to afford the necessary electricity, LPG, wood pellets, etc. or cost/inconvenience of the required conversions.
- In contrast, the numbers of deaths e.g.182/yr in Christchurch allegedly attributable to (particulate) air pollution are estimates based on weak/confounded statistical associations in the absence of clinical evidence and unconfirmed by relevant information as recorded officially under Causes of Death e.g. by Statistics New Zealand. Furthermore, it is this vagueness/uncertainty surrounding the extent and monetary value of illness or mortality typically attributed categorically to remediable urban air pollution by epidemiologists, planners, etc. that represents the greatest shortcoming in the methodology employed e.g. in the aforementioned 2014 Air Domain Report. Such distinctions were not discussed by the Parliamentary Commissioner for the Environment in her March 2015 commentary.
- Environment Canterbury/Ministry for the Environment's definition/view of Ambient Air Quality is, because these specifically exclude the indoor environment, inappropriate for regions of New Zealand regularly experiencing potentially hypothermic temperatures outdoors.
- The steps taken by Environment Canterbury resulting in the decommissioning, banning, etc. of relatively modern wood burners in the interests of NESAQ compliance is a great threat to the public's health.
- The National Environmental Standards for Air Quality will therefore, in the greater public interest, have to change dictated/guided by the latest knowledge regarding likely actual cost-benefit implications* of achieving compliance, it will be a real threat to the people of Canterbury and a significant failure of Environment Canterbury as a whole if it allows unduly harsh measures to be taken against both home and industrial heating whilst attempting to meet existing 'clean air' regulations.

* In paragraph 4, Section 4-3, on page 33 of the Section 32 analysis (Consideration of alternatives, benefits, and costs) of ECan's proposed air plan the following statement is made: Social, cultural and environmental effects are typically difficult to monetise because there are no agreed methodologies, data is difficult and expensive to obtain, and there is no clear direction from the Courts that they have found monetisation to add value to decision-making. From this statement we infer that cost-benefit analysis in the context of the proposed air plan is arbitrary and/or involves mistaken terminology leaving the public open to extraordinary monetary and other costs without redress should, as seems likely, the proposed air plan fail to deliver on its promises to e.g. "--- reduce the number of premature deaths caused by exposure to poor air quality ----- mean(ing) fewer people taking days off work, going to hospital, and visiting their doctors.."

Bearing in mind such concerns we the undersigned trust you as mayor will take such matters into account when party to decisions significantly affecting the lives/livelihood of people living in communities coming within your spheres of influence and responsibilities pertaining to Environment Canterbury's Proposed Air Plan.

Yours sincerely,

(signed)

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