

The Northeast Experience: Addressing the Public Health Impacts from Wood Biomass Combustion

Molly Jacobs
School of Health and Environment
Lowell Center for Sustainable Production
University of Massachusetts Lowell

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 - Northeast States for Coordinated Air Use Management
 - University of British Columbia

Lowell Center for Sustainable Production, University of Massachusetts, Lowell

- Interdisciplinary center of faculty, staff, fellows at University of Massachusetts, Lowell
 - Environmental health sciences; epidemiology; industrial hygiene
 - Policy
 - Sister organization with chemists and engineers
- Premise
 - Our systems of production and consumption are not only root causes of environmental and health problems, but also significant contributors to the solution.
- Approach
 - research and analysis
 - strategic engagement of leaders and decision-makers around topics at the intersection of health, environment and economy

Convergence of Need and Opportunity

- ICI wood biomass combustion is:
 - proliferating in the Northeast
 - potentially hazardous to human health
 - currently under the radar of decision-makers charged with protecting public health
- Debate so far has focused on carbon neutrality & environmental sustainability issues (e.g. fuel supply)
- There are solutions—technical, program, policy

Goals and Activities of ICI Biomass Initiative

- Goals
 - Elevate health in decision-making about the use of wood as fuel for Industrial, Commercial and Institutional (ICI) boilers, and in renewable energy decision-making more broadly;
 - Advance healthy, renewable energy
- Activities
 - Synthesize scientific information relevant to health effects of ICI wood-burning; conduct policy research
 - Engage health leaders in reviewing relevant science and proposing policy recommendations (e.g., June 14th health professionals meeting)
 - Convene cross-agency/interdisciplinary dialogue about health effects and about policy steps to enhance public health protection

Inventory of Northeast Facilities with ICI Wood Biomass Units

Table 1: Inventory* of Facilities with Industrial and Institutional/Commercial Wood Combustion Units in the Northeast U.S.

State	Electric Generating Units		Other Industrial		Institutional and Commercial	
	Operating^	Proposed	Operating^	Proposed	Operating^	Proposed
CT	2	1	1	0	0	~2
MA	1	~6	8	NA	3	~1
ME	15	NA	50	NA	18	~10
NH	8	~4	25	~1	12	~2
NJ	0	0	0	0	0	~1
NY	4	~2	18	NA	13	NA
PA	3	NA	67	NA	12	NA
RI	0	0	0	0	2	0
VT	2	~4	18	1	60	NA

*This inventory is incomplete and thus an approximation given that states do not maintain inventories of proposed facilities and small ICI combustion units are not regulated the same by all states.

^Operating or having approved air permit to operate; smaller units in some states do not require an air permit to operate.

Primary data sources: (1) data collected from the 9 state environmental agencies based on regulated units; (2) Biomass Energy Resource Center's community-scale database (www.biomasscenter.org/database) for small commercial/institutional units not always regulated by states; (3) The Wilderness Society's map of wood biomass energy facilities <http://wilderness.org/files/Wood-Biomass-Energy-Facilities-in-Northeast-map.pdf> used for proposed units only.

Are there health impacts from ICI wood combustion?

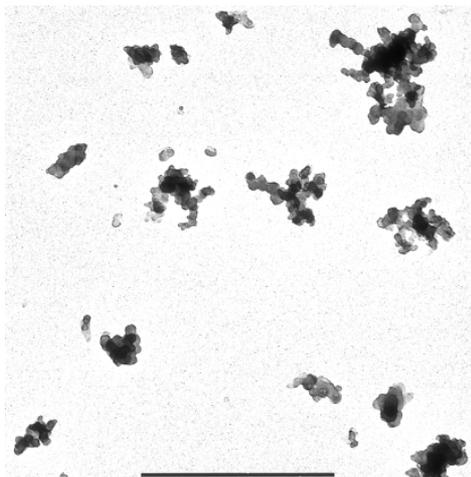
- No epidemiological studies
- Insights gained from understanding:
 - I. state of the science of wood smoke toxicology & epidemiology
 - II. vulnerable and susceptible populations
 - III. emission data reviewed from a public health lens: data based on real-world operations & conditions that have the potential to affect human health

State of the science: Woodsmoke PM demonstrates evidence for concern

Do wood smoke particles pose different levels of risk from other particles?

- Respiratory disease: No
- Cardiovascular disease: ?

Woodsmoke Particles



Bar = 1 μm = 1/1000 of 1mm

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Woodsmoke Health Effects: A Review

Luke P. Naeher

Department of Environmental Health Science, College of Public Health, University of Georgia, Athens, Georgia, USA

Michael Brauer

School of Occupational and Environmental Hygiene, University of British Columbia, Vancouver, British Columbia, Canada

Michael Lipsett

Department of Epidemiology and Biostatistics, School of Medicine, University of California, San Francisco, San Francisco, California, USA

Judith T. Zelikoff

Department of Environmental Medicine, New York University School of Medicine, New York, New York, USA

Christopher D. Simpson and Jane Q. Koenig

Department of Occupational and Environmental Health Sciences, University of Washington, Seattle, Washington, USA

Kirk R. Smith

Division of Environmental Health Sciences, School of Public Health, University of California, Berkeley, Berkeley, California, USA

The sentiment that woodsmoke, being a natural substance, must be benign to humans is still sometimes heard. It is now well established, however, that wood-burning stoves and fireplaces as well as wildland and agricultural fires emit significant quantities of known health-damaging pollutants, including several carcinogenic compounds. Two of the principal gaseous pollutants in woodsmoke, CO and NO_x, add to the atmospheric levels of these regulated gases emitted by other combustion sources. Health impacts of exposures to these gases and some of the other woodsmoke constituents (e.g., benzene) are well characterized in thousands of publications. As these gases are indistinguishable no matter where they come from, there is no urgent need to examine their particular health implications in woodsmoke. With this as the backdrop, this review approaches the issue of why woodsmoke may be a special case requiring separate health evaluation through two questions. The first question we address is *whether woodsmoke should be regulated and/or managed separately*, even though some of its separate constituents are already regulated in many jurisdictions. The second question we address is *whether woodsmoke particles pose different levels of risk than other ambient particles of similar size*. To address these two key questions, we examine several topics: the chemical and physical nature of woodsmoke; the exposures and epidemiology of smoke from wildland fires and agricultural burning, and related

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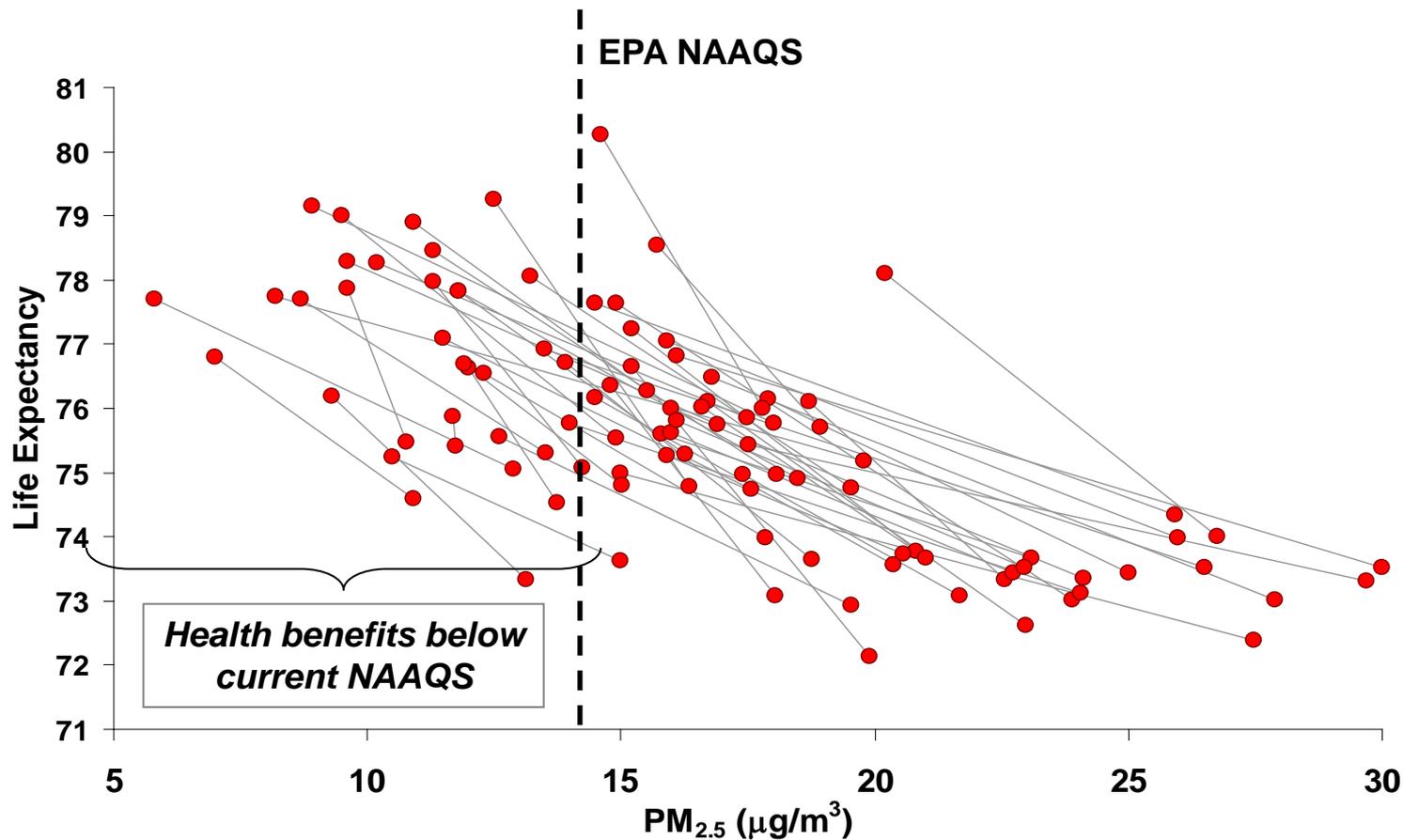
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Address correspondence to Kirk Smith, Division of Environmental Health Sciences, School of Public Health, University of California, Berkeley, Berkeley, CA, 94720-7360, USA. E-mail: krksmith@berkeley.edu

Slide adapted from Mike Brauer presentation, 11/7/2012

Exposure to PM_{2.5}: No bright “safe” line

Life Expectancy vs PM_{2.5} 1980-2000



Pope, Ezzati, Dockery (NEJM 2009)

**Classes and Examples of Major Health Damaging Chemicals
in Emissions from Wood-fired Combustion units**

Chemical class	Primary Examples	Known Health Hazard
CRITERIA POLLUTANTS	Carbon monoxide	Cardiac
	lead (and compounds)	carcinogen, cardiac, reproductive/developmental toxicant
	nitrogen oxides	asthmagen, immune toxicant, other respiratory toxicant,
	PM _{2.5}	asthmagen, cardiac, other respiratory toxicant
	PM ₁₀	asthmagen, cardiac, other respiratory toxicant
	sulfur dioxide	Asthma, other respiratory toxicant
INORGANIC ACIDS	hydrochloric acid	corrosive, respiratory irritant
	Sulfuric acid	corrosive, respiratory irritant
	Arsenic	carcinogen, cardiac, other respiratory toxicant, reproductive/developmental toxicant
METALS [20+ potential compounds]	Beryllium	carcinogen, other respiratory toxicant
	Cadmium	carcinogen, endocrine disruption (osteoporosis), other respiratory toxicant, reproductive/ developmental toxicant,
	chromium and compounds	asthmagen, carcinogen, other respiratory toxicant, reproductive/ developmental toxicant
	Mercury	reproductive/ developmental toxicant
	nickel and compounds	asthmagen, carcinogen, immune toxicant, other respiratory toxicant
POLYAROMATIC HYDROCARBONS (PAHs) [20+ potential compounds]	benzo(a)pyrene	carcinogen, immune toxicant
	indeno(1,2,3,cd)pyrene	carcinogen
	Naphthalene	asthmagen, carcinogen
VOLATILE ORGANIC COMPOUNDS (VOCs) [20+ potential compounds]	Acetaldehyde	asthmagen, carcinogen, respiratory irritant
	Acrolein	respiratory irritant
	Formaldehyde	asthmagen, carcinogen, respiratory irritant
	Benzene	carcinogen, cardiac, reproductive/ developmental toxicant, immune toxicant, neurotoxicant
	Toluene	neurotoxicant, respiratory irritant,
	1,3 butadiene	carcinogenic, respiratory irritant
	n-hexane	neurotoxicant
Dioxins, furans and other "dioxin-like" compounds	2,3,7,8 tetrachlorodibenzo-p-dioxin; 2,3,7,8 tetrachlorodibenzo-p-furan	carcinogen, cardiac, endocrine disruption (type II diabetes, thyroid disorders), immune toxicant, reproductive/ developmental toxicant

Susceptible & Vulnerable Populations

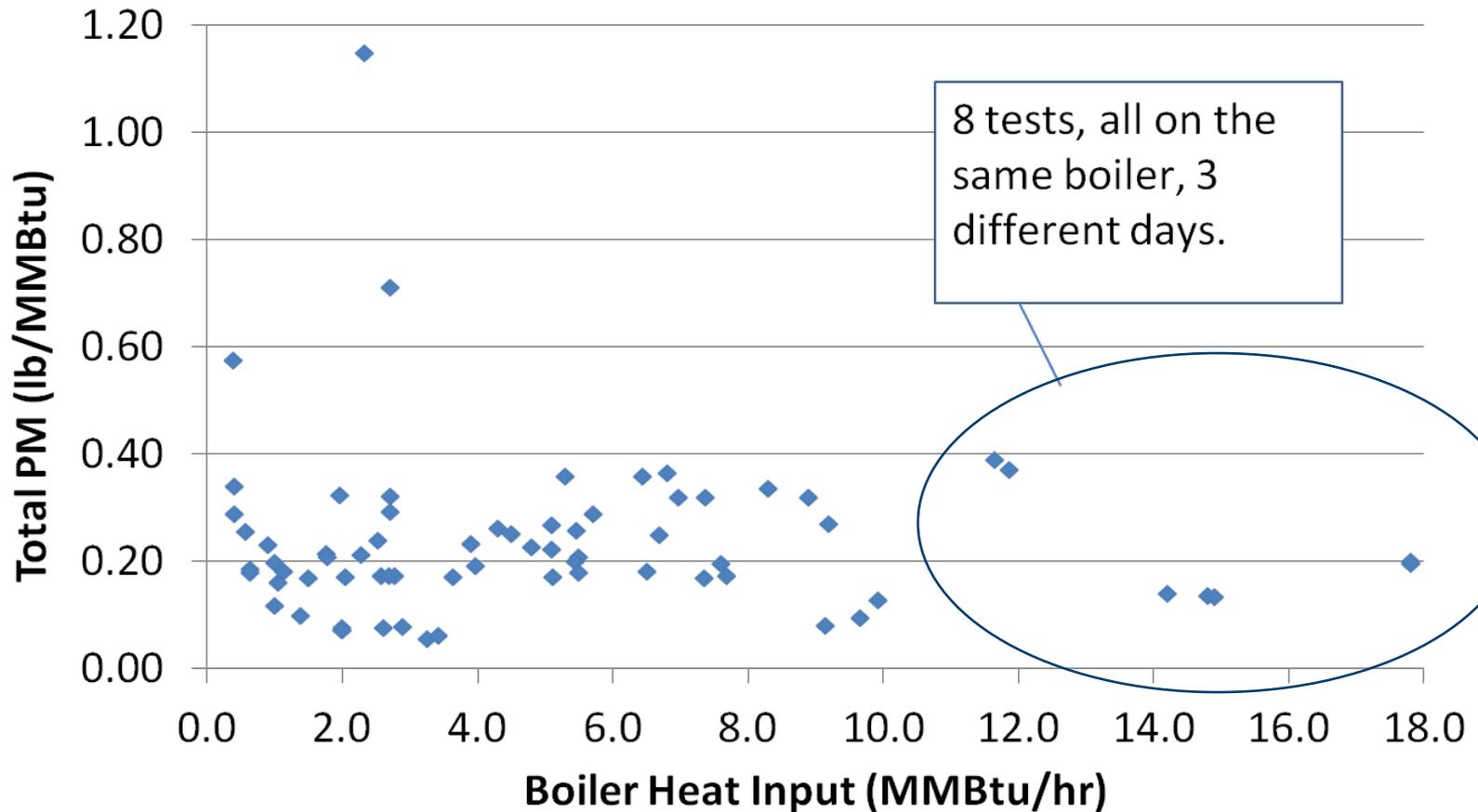
- Susceptible populations: risk at lower levels of exposure to woodsmoke
 - pre-existing respiratory disease
 - infants and children
 - schools: kids exercising out of door
- Vulnerable populations
 - geographic areas with high existing pollution loads

Naeher LP, Brauer M, Lipsett M, Zelikoff JT, Simpson CD, Koenig JQ, Smith KR. Woodsmoke health effects: A review. *Inhal Toxicol.* 2007 Jan;19(1):67-106. MacIntyre EA, Karr CJ, Demers P, Koehoorn M, Lencar C, Tamburic L, Brauer M. Exposure to residential air pollution and otitis media during the first two years of life. *Epidemiology.* 2011 Jan;22(1):81-9.; Karr CJ, Demer PA, Koehoorn MW, Lencar CC, Tamburic L, Brauer M. Influence of ambient air pollutant sources on clinical encounters for infant bronchiolitis. *American Journal of Respiratory and Critical Care Medicine,* 2009, 180(10):995-1001.; Clark NA, Demers P, Karr C, Koehoorn M, Lencar C, Tamburic L, Brauer M. Effect of early life exposure to air pollution on development of childhood asthma. *Environmental Health Perspectives* 2010, 188(2): 118:284-290.

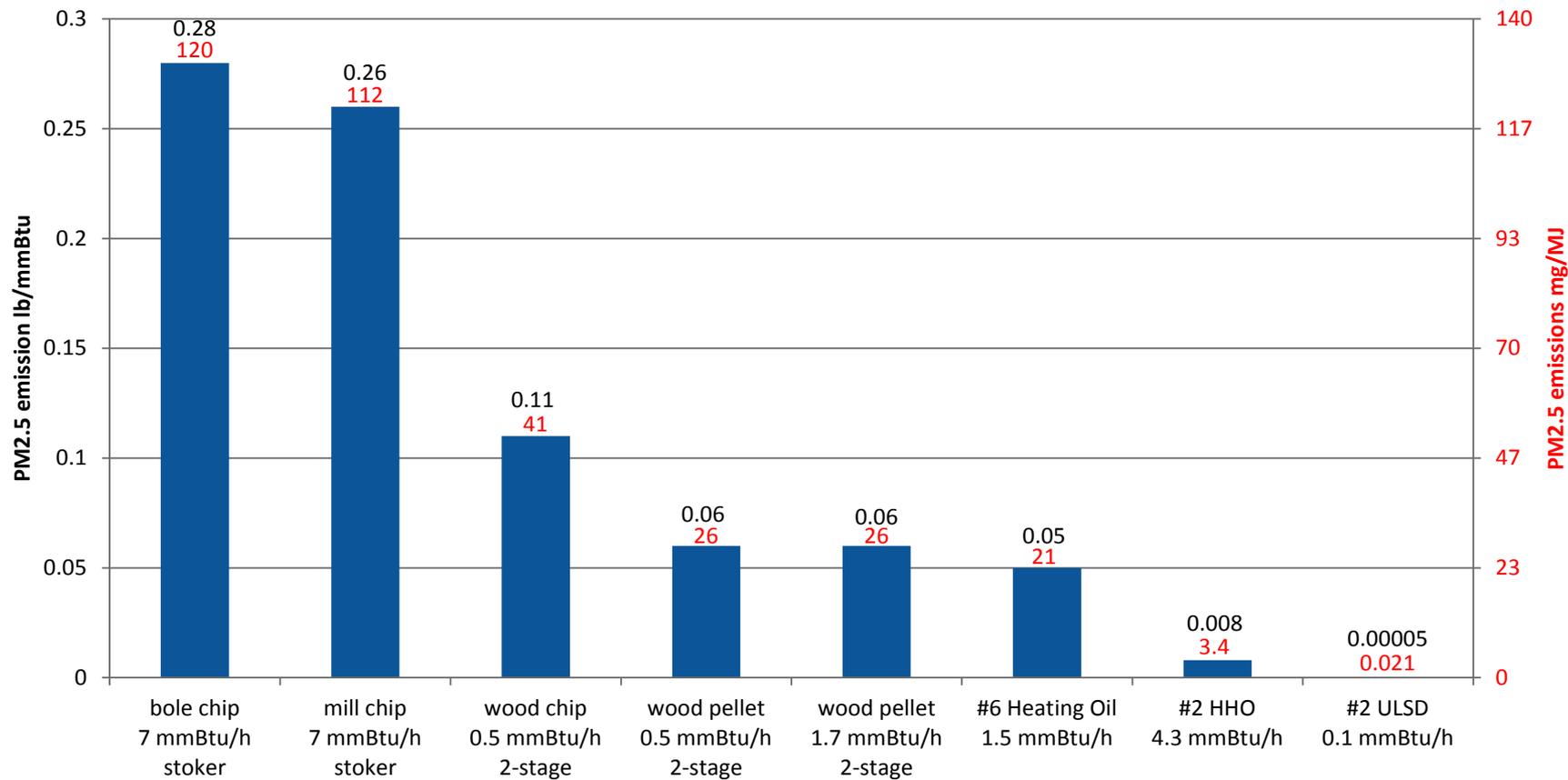
Factors that influence exposure levels: contribute to large variations in emission levels

1. fuel type (wood pellets, wood chips, wood logs, bark)
2. boiler design (direct-fired boilers; gasification)
3. fuel quality (moisture, impurities)
4. operating conditions (run load, heat demand)
5. meteorological conditions
6. topographical conditions

PM Variability: small boilers with various controls



PM Emissions: Boiler design & fuel types



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Combustion source	Emissions (mg/MJ)	Composition
Open fireplace	<p style="text-align: center;">MORE TOXIC</p> 	Mostly soot & some organic particles
Conventional woodstove		Soot & organic particles
Conventional log boilers		Mostly organic particles & some soot
'Modern' woodstoves log/chip boilers		Alkali salt particles, some organic particles & soot
Pellet stoves/boilers		<p style="text-align: center;">LESS TOXIC</p>

Adapted from: Kocbach Bølling et al. 2009; M Brauer presentation 1/24/2012

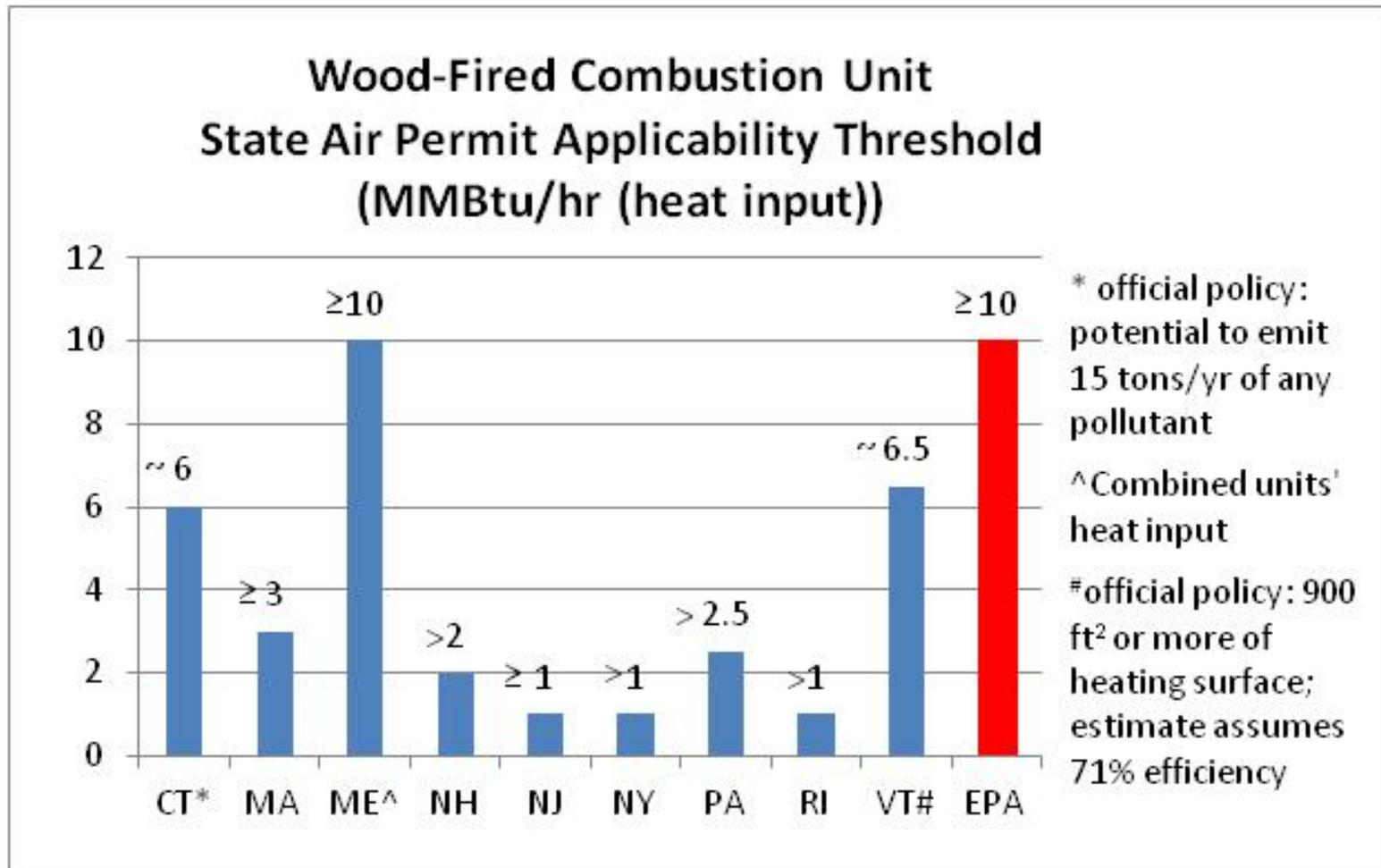
Summary of health concerns and challenges

- Literature raises concern about health impacts of wood smoke exposure
- Variety of susceptible and vulnerable populations
- Conditions affecting exposure vary widely; therefore difficult to characterize. Lack an understanding of peak exposures.
- Science gaps
 - Lack of studies on ICI exposures
 - Lack of studies on susceptible populations, e.g. exposures from school boilers and impacts on school children
 - Indoor air quality overlooked

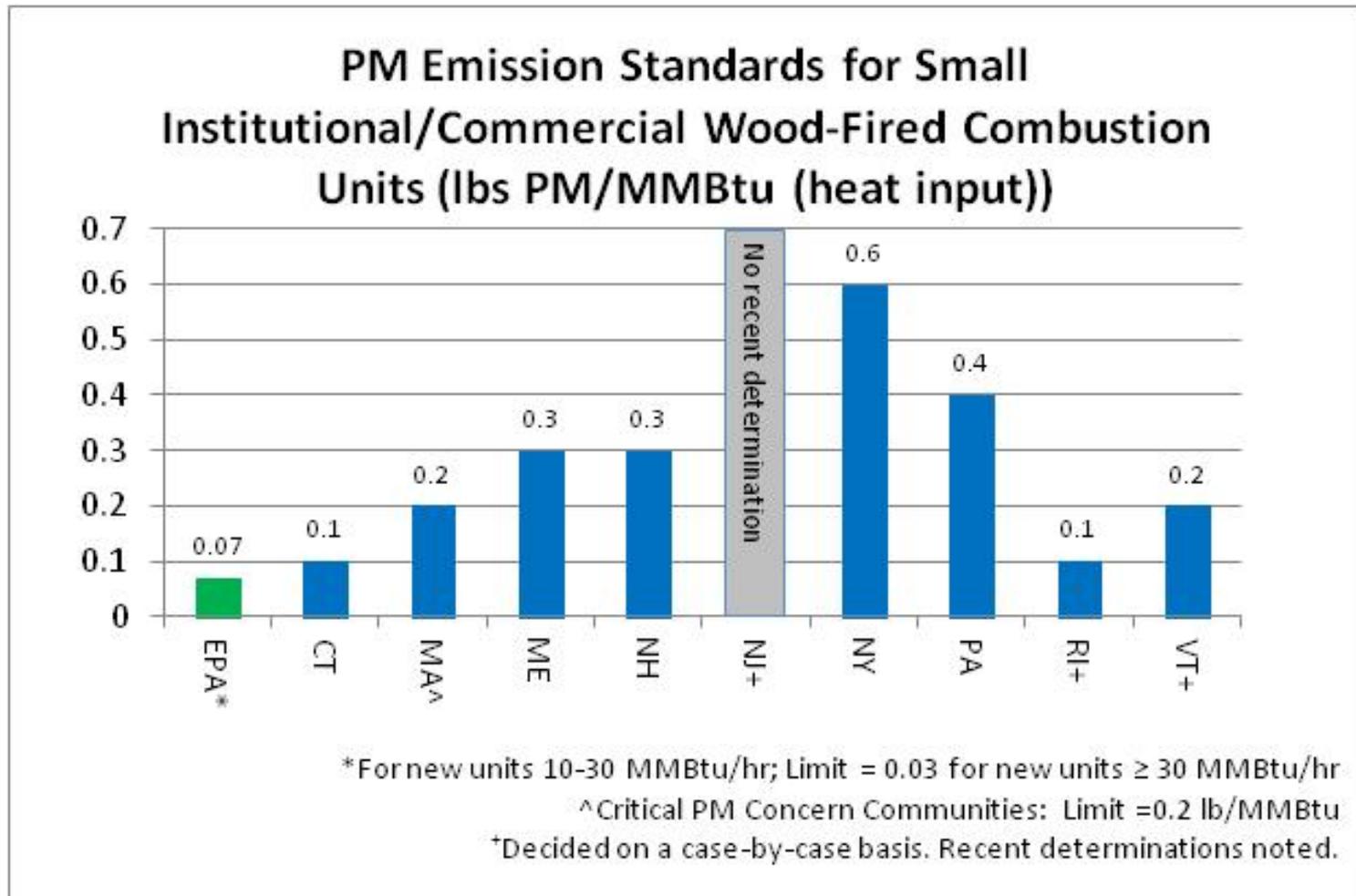
Policy Research

- How do policies and practices vary across Northeast states?
- How is health addressed in decision-making?
- Does policy promote cleanest technologies?

Institutional scale not fully regulated in some states



Where regulated, inconsistent approaches



State	Northeast States' Ambient Air Dispersion Modeling/Impact Analysis Permit Threshold
CT	Required if the source's emissions exceeds any of the following: <ul style="list-style-type: none"> ▪ PM2.5: ≥ 10 tons/year ▪ PM10 or SO2: ≥ 15 tons/year ▪ NOx: ≥ 40 tons/year ▪ CO: ≥ 100 tons/year
MA	Required if the source's emissions exceeds any of the following: <ul style="list-style-type: none"> ▪ PM2.5: ≥ 10 tons/year ▪ PM10: ≥ 15 tons/year ▪ SO2: ≥ 40 tons/year ▪ NOx: ≥ 40 tons/year ▪ CO: ≥ 100 tons/year MassDEP may require dispersion modeling for any plan application, including emission increases less than the cited thresholds
ME	Required if the source's emissions exceeds any of the following: <ul style="list-style-type: none"> ▪ PM10 or PM2.5: >25 tons/year ▪ SO2: > 50 tons/year ▪ CO: > 250 tons/year ▪ NOx: > 100 tons/year ▪ Lead: > 0.6 tons/year ▪ Chromium: > 0.2 tons/year
NH	Required of: <ul style="list-style-type: none"> ▪ units ≥ 2MMBtu/hr (heat input)—criteria pollutants only. ▪ Combustion of virgin fuels, including biomass are not subject to 's state toxics rule
NJ	Required of: <ul style="list-style-type: none"> ▪ major sources (e.g. facilities emitting more than 100 tons/year of PM). ▪ sources sited in an existing non-attainment area. ▪ for any unit requiring a permit (over 1 million btu per hour) if there is a substantial public concern
NY	Required of: <ul style="list-style-type: none"> ▪ major sources (e.g. facilities emitting more than 100 tons/year of PM). ▪ sources sited in an existing non-attainment area.
PA	Required of: <ul style="list-style-type: none"> ▪ major sources (e.g. facilities emitting more than 100 tons/year of PM). ▪ sources sited in an existing non-attainment area.
RI	<ul style="list-style-type: none"> ▪ Required when emissions exceed acceptable ambient levels (AALs). ▪ Required if an applicant requests an expedited permit review.
VT	<ul style="list-style-type: none"> ▪ Required of: sources with annual emissions of any criteria pollutant exceeds 10 tons per year ▪ when Action Levels for air toxics are exceeded (not always required).

Cleaner technologies exist, but are not in wide use

- Most states: no carrots, minimal sticks
 - “Energy policy geared towards incentivizing least efficient uses of biomass”
 - Examples of exceptions:
 - MA: requirement of 40% efficiency to receive renewable energy credits
 - NY: requirement of 83% efficiency to receive stimulus funds from NYSERDA for commercial biomass units
- Substantial reductions in emissions of pollutants is possible with advanced technologies

Gaps in public health protections: environmental decision-making

- Some biomass combustion units flying under regulatory radar
 - not regulated
 - impact analyses not conducted; LOCATION MATTERS
- Local populations' vulnerability/susceptibility not part of ambient air quality standards or permit requirements
- Emissions dramatically vary but permits set based on best combustion conditions
- Peak exposures matter to public health yet reviewed based on environmental compliance (e.g. 24 hr standard)
- Lack of carrots and sticks to promote cleanest burning technologies

Biomass/Health Effects Science Policy Symposium: November 7, 2011

- Strategic convening
 - Representatives from health, environment, education, energy, forestry agencies, state and federal
 - Nine Northeast states
 - Health scientists and health professionals
 - Biomass industry and health advocacy stakeholders
- Meeting goals:
 - Exchange information about the state of the science on health effects associated with ICI wood combustion
 - Generate recommendations about policy and program changes that to enhance public health protection in the context of the proliferation of ICI wood-burning

Symposium Outcomes

- Encourage cleaner combustion technologies
 - 4 priorities
 - Develop a best practices guide for the optimizing biomass heating combustion efficiency and performance.
 - Establish regional specifications for wood biomass fuel and appliance standards.
 - Provide financial incentives to off-set the up-front costs of new wood biomass heating projects.
 - Research and development for low-cost advanced emission control technologies.

Symposium Outcomes (cont.)

- Ensure Public Health Engagement in Energy Decision-making
 - 4 Priorities
 - Formally integrate health into energy planning processes.
 - Establish a regional working group to integrate public health into the energy decision-making process.
 - Develop HIA standards.
 - Establish an informational clearinghouse.

Symposium Outcomes (cont.)

- Fill Policy-Relevant Research Gaps

3 Priorities

- Design and conduct an efficient study of the health effects (or biological markers) to address whether children are being adversely affected by ICI emissions in their schools.
- Design and conduct an exposure study that fully describes the PM and non-PM emissions from a state-of-the-art advanced combustion ICI wood biomass unit.
- Design and conduct a qualitative research study to evaluate the level and sources of public knowledge regarding ICI wood biomass emissions.

Symposium Outcomes (Cont.)

- Utilize regulatory programs, policies & tools
 - 5 priorities
 - *All priority regulatory solutions identified require additional regional engagement across states in the Northeast to further refine and develop*
 - Establish a certification process and a recertification/review process for wood biomass combustion systems.
 - Establish a boiler performance rating system to support setting emission limits that drive continuous improvement.
 - Establish and enforce a fuel specification standard.
 - Streamline regulatory requirements.
 - Charge facilities a fee based on *all* pollutants emitted to promote the use of advanced technologies that can lower emissions.

Symposium Outcomes (cont.)

- Develop guidance and educational materials
 - 3 Priorities
 - Require that ICI boiler operators receive formal operations training.
 - Establish and coordinate a regional informational clearinghouse regarding public health risks associated with wood biomass combustion.
 - Require that facility proponents address the public's concerns regarding health impacts (e.g. via a HIA) during air permit processes.

Observations

- Principles/values in common: healthy renewable energy
- Early engagement of the public and public health communities needed
- Science gaps are real, but action can proceed while gaps are filled