

***Health Messengers and Coal Plant Campaigns:  
New Investment Opportunities and Lessons Learned  
from the Chemicals Reform Movement***

Prepared for the Growald Family Fund and The John Merck Fund

By Judy Robinson and Gary Cohen for the Environmental Health Fund and  
Elizabeth Crowe for the Kentucky Environmental Foundation

August 2011

## Introduction

The Growald Family Fund and The John Merck Fund commissioned Coming Clean and the Environmental Health Fund to explore the most readily available points of intersection between health-based organizations – groups representing health care providers, clinical specialty associations, and disease advocates – and campaigns against coal power based on climate and energy goals. Health has been identified as a key message for many coal campaigners, and many are already involved in state and national environmental health advocacy. Our intention was to bring these two powerful interests together, and find ways that the climate and health movements can strengthen each other.

We envisioned climate and energy funders as the principal audience for the report. Many of them have scant knowledge about the environmental health community, yet recognize the potential power of the health message and engaging the health community. We therefore asked authors Elizabeth Crowe and Judy Robinson to paint a picture for us: Who are the main players? How are they organized? What are their goals, objectives and campaigns? What have they accomplished? And finally, what organizing structures and lessons would be applicable to coal campaigns?

Painting that picture is the purpose of **Part 1: The Environmental Health Movement**. They portray a multi-faceted but highly integrated set of activities that include policy advocacy, grassroots organizing, alliances among diverse interests, market campaigns, and engagement of scientists – all deeply infused with an orientation to health.

From the perspective of movement building, we believe that environmental health campaigns can provide valuable lessons to climate and energy advocates interested in utilizing a human health message in their campaigns. And those lessons can first be applied in coal campaigns.

**Part 2: Health Organizing in Coal Plant Campaigns** discusses the potential for specific health groups that are already participating in environmental health campaigns to expand their engagement to coal plant fights. The authors also suggest likely points of entry for these new allies.

In **Part 3: Foundation Investments in Health Organizing on Coal Plant Campaigns**, the authors recommend a set of criteria for funders to use when considering grants. They then list health groups by state that are interested in working on coal campaigns if they are able to raise funds to do so.

We want to offer some comments in regard to the report's recommendations of organizations in Part 2 and list of states in Part 3. First, we commissioned the authors to provide an overview, rather than an exhaustive set of grantmaking recommendations that would encompass local organizations active in each state. That is why most of the organizations mentioned are national, although they may have state affiliates. For a foundation interested in supporting coal campaigns in a specific state, the report should be

considered a starting point only; creating a comprehensive portfolio of grants to engage health interests in a particular state will require deeper scoping than this report is intended to do.

Second, to state the obvious, the authors are not coal or energy campaigners. So their perspective as environmental health advocates does not take into account considerations such as states' relative importance in the effort to end coal power. That is an additional lens that funders must apply to any analysis. The report is only reflecting the current interest and potential for health groups to join coal campaigns, irrespective of state priorities.

We should also note that the report was researched and written prior to the announcement of Michael Bloomberg's \$50 million gift to Sierra Club's Beyond Coal Campaign. That development is not mentioned in the report, nor is its affect on coal campaigns factored into the analysis.

With those caveats, we hope that foundations interested in coal grantmaking will find value in better understanding what the environmental health community has done well, and how they see those experiences can be applied to the coal campaign. Coming Clean and EHF have been leaders in the environmental health field, and we hope their perspective on building a stronger, more robust coal opposition by engaging allies concerned first and foremost about the health impacts of coal will be of assistance to funders interested in this intersection.

Joanna Messing, Growald Family Fund  
Ruth Hennig, The John Merck Fund

## Part 1: The Environmental Health Movement

**Background.** Since 1996, there has been a conscious strategy to recast the environmental movement around “environmental health” and build a broad set of campaigns and initiatives to create a strong and resilient movement to protect people from environmental exposures, transform the market toward safer chemicals and products, win policy changes and begin to document and reduce the burden of disease related to environmental toxicants.

In service of this broad set of objectives, NGO environmental public health community has implemented an intentional, integrated three-part strategy to:

- Educate health-affected constituencies and health professionals on the best available science linking toxic chemicals exposure with health threats;
- Encourage critical industrial sectors that rely on toxic chemicals in production and use to invest in green chemistry solutions;
- Advocate policies that seek to replace unnecessary toxic chemicals with safer alternatives and to create incentives to bring greener chemicals to market.

**Building the Health Frame.** Historically, scientists and health professionals generally avoided activist-organized toxic chemical campaigns. They only occasionally spoke out on pollution issues, rarely collaborating with NGOs in chemical research projects or high profile media releases. But just as environmental health groups were building new networks to focus on toxics and public health, new scientific discoveries also emerged showing that low dose chemical exposures could cause lasting negative human health outcomes. These discoveries provided new opportunities and momentum for health messengers to join efforts to reduce public exposure to toxic chemicals.

In the last 10 years, messaging on the health impacts of toxic chemical exposure has become a rallying point for organizers. Research into human chemical levels, fetal exposure, and chemicals in consumer products has helped attract medical professionals and disease groups to policy, market and research objectives. Today health and science associations, as well as health-affected groups, are active on many chemical industry campaigns. Breast Cancer Fund, Autism Society of America, Reproductive Health Technologies Project, and Learning Disabilities Association, among others, regularly partner with environmentalists on direct advocacy. Groups like the Endocrine Society, the American Medical Association, American Nurses Association, American Public Health Association, and the American Academy of Pediatrics have been cultivated for a formal position on the hazards of common chemical exposure over the course of numerous years and now publicly support an overhaul of federal chemicals policy.

At the same time, the health-based frame has created space for new collaborations and services for the environmental health and justice movement. A few highlights of this

integrated strategy are: a dedicated news service; a clearinghouse and forum for researchers, health affected groups and advocates to learn about emerging science; and academic research that is translated to be useful for advocates.

**Using the Health Frame to Leverage the Marketplace.** The NGO's strategy has been to focus on downstream industrial sectors whose companies do not have an inherent business interest in making or using toxic chemicals, but can be provided the business incentive to address chemicals of concern and replace these chemicals with greener and safer alternatives. For example, in 2007 and 2008, campaigners collectively shifted the discussion about Chinese manufacturers putting "lead in toys" to a focus on the retailers selling products containing any number of the 84,000 chemicals in commerce with little health and safety data<sup>1</sup>.

NGO studies of toxins in "America's most trusted brands" (not just in stores but also in hospitals, schools, office buildings, and more) caused some product manufacturers and retailers to distance themselves from chemical manufacturers and decry the complicated chain of upstream providers that disclose very little about the chemicals they use. Retailer commitments from companies like KMART, WalMart, Target and Toys R Us to stop using targeted chemicals changed the marketplace for certain chemicals overnight and split the industry right down the middle, providing an opening for NGOs to seek concessions from industry on new regulations. New federal regulations, NGOs said, would resolve consumer insecurity about product safety. Now the CEOs of major chemical companies and product makers are negotiating with NGOs on proposed federal chemical regulations.

Market campaigns using the health frame are succeeding in their efforts to influence these sectors: Health care institutions and equipment suppliers; architecture and buildings; electronics; household cleaning and consumer products; cosmetics; schools; and shareholders.

**Policy Campaigns that Advance Health Objectives.** Ten years ago in the U.S. the NGO community decided to develop health-based coalitions in selected states and advance policy initiatives that focused on restricting the worst toxic chemicals and create incentives and programs on green chemistry. The strategy then and now is to have lead NGOs staff the coordination and essential regular functions of the state-based coalition, including mobilizing diverse partners in campaign plans. The lead NGOs provide a consistent presence, while other partners – like medical professionals – might engage on an as-needed basis. This ensures the campaign maximizes the participation of busy allies.

The most effective safer chemicals coalitions are in Alaska, California, Connecticut, Maine, Massachusetts, Michigan, Minnesota, New York, Vermont and Washington State.

These coalitions and related activities in more than fifteen states are coordinated under the auspices of the *SAFER States network*. Each of these policy campaigns focuses on specific

---

<sup>1</sup> Under the federal Toxic Substances Control Act, just five chemicals have been banned out of 84,000 chemicals in commerce.

chemical phase-outs (e.g. mercury, phthalates, PBDE flame retardants, BPA, lead and cadmium) in consumer products, especially children's products to protect public health. Additional campaigns focus on other pieces (or the total set) of the comprehensive policy reforms being sought at the federal level. [www.saferstates.org](http://www.saferstates.org)

A handful of states have already broadened the frame to include more comprehensive chemical policy reform. The Kid Safe Products Act passed in Maine in 2008 and established a first-in-the-nation state chemical management program thanks to a campaign led by the the Alliance for a Clean and Healthy Maine. Similar comprehensive chemical laws have since been enacted in Washington State, California and Minnesota. Related bills are advancing in Massachusetts, Connecticut, Michigan and Oregon. In the absence of federal policy leadership, NGOs are using the states to fill the gap in fixing our broken chemical safety system.

At the national level, the *Safer Chemicals Healthy Families Campaign* is a 250 organizational member coalition focused on winning federal reform of the Toxic Substances Control Act, the 34-year-old law that has failed to protect the health of Americans from toxic chemical exposure. This national coalition is a roll up of all the market and policy campaigns and health-based constituencies that have been activated over the last fifteen years. [www.saferchemicals.org](http://www.saferchemicals.org)

At the European level, there was a strong NGO coalition that included *World Wildlife Fund*, *Greenpeace*, *Friends of the Earth*, the *Chemical Reaction coalition* and many country level NGOs that were successful in winning passage of the REACH legislation, the most comprehensive framework on chemicals management in the world. Since the passage of REACH, the three largest NGOs involved in this effort have moved onto other issues, creating a gap in capacity for civil society to counteract a campaign by the chemical industry to weaken and slow implementation of the law.

At the global level, the *International POPs Elimination Network* was established to win passage of the Stockholm Treaty on Persistent Chemicals, which achieved success in 2001 and has continued to grow to include organizations in 100 countries and allow NGOs to become equal partners with industry and government in adding new chemicals to the Convention for possible global restriction. Increasingly, US NGOs are partnering with international allies in an effort to leverage successes from one place to another and harmonize policies worldwide. [www.ipen.org](http://www.ipen.org)

**Group Alignment Behind Shared Strategies.** The environmental health movement is aligning groups behind common strategies and goals that include:

- √ *Elevate health professionals and health-impacted leaders as spokespeople.* Environmental health NGOs have learned that medical professionals and business leaders are the most powerful spokespeople to advance policy initiatives. For instance, polling data shows that nurses are the most trusted messengers in society. In the U.S. there have been 71 environmental health laws restricting chemicals in eighteen states passed in the last

eight years. In passage of these laws, 98% of Democrats and 72% of Republicans voted in favor. The bi-partisan nature of these votes was largely due to the health-based framing of the effort as well as the health messengers that participated in the lobbying efforts.

- √ *Strategic allocation on government and policy campaigns.* NGOs have been careful to evaluate the costs and benefits of putting resources and political capital into policy campaigns. While new bills can be major game-changers, NGOs are positioned to advance their goals even if federal legislative action is delayed. More surgical interventions into the policy realm can yield big outcomes anyway and they help build momentum for federal solutions. While national groups have a vital role to play in securing legislative wins, concurrent capacity building among community, state and market campaigns are essential. Communications campaigns succeed when many different groups push the messages of the campaign, not just one very well-resourced national group.
  
- √ *Go global.* Recognizing the global nature of commerce, international partners and US groups are working together to push shifts in markets from two vantage points: First, to prevent the shifting of environmental health problems to other, less developed countries. Second, to allow the greater policy opportunities in Europe and at the global level to influence global markets and regional policy efforts. The European Union continues to provide good opportunities for model governmental action in service of environmental health goals. The EU Cosmetics Directive, which restricted certain classes of chemicals from cosmetics sold in Europe, led to the conditions to launch the Safe Cosmetics Campaign in the U.S. The ROHS Directive in Europe created the conditions to strengthen the Electronics Take Back Campaign in the U.S and globally. REACH has provided extra ammunition to campaigners to pass similar comprehensive chemical policy legislation in the U.S. The campaigning to add brominated flame retardants and endosulfan to the Stockholm Treaty phase out list has been instrumental to both policy and market campaigns to address these chemicals in other regions, including the US. In the 21<sup>st</sup> century, all environmental health campaigning will likely be in a global context.
  
- √ *Divide the opposition.* A key component to market campaign strategies has been to divide the downstream users from the chemical manufacturers and to leverage the purchasing and political power of "brand" companies that have no inherent interest in continuing to use toxic chemicals if safer alternatives exist.
  
- √ *Create market demand through the buy-in of institutional purchasers.* Hospitals, schools and procurement arms of government have sufficient market clout to push markets toward safer chemicals and products across a broad array of technologies and product sectors. Building these downstream alliances and pressure campaigns have led to significant market signals and innovation on such chemicals as BPA, brominated flame retardants, PVC plastics, agricultural chemicals, and mercury-based products.

- √ *Create Market Demand Through the Buy-In of Major Retailers:* Working with large retailers has been critical to market campaigns for safer food, greener chemicals and greater accountability in the global supply chain. Wal-Mart's marketing clout has signaled to the entire supply chain that environmental innovation matters. Target, KMART, Toys R Us, CVS, Walgreens have all taken similar action. In Britain, Marks and Spencer has "mainstreamed" fair trade products.
- √ *Target Industry Leaders.* Shifts in the market are easier to attain if the industry leader changes first. In healthcare, Kaiser Permanente and the Stockholm Country Council have played this role. In electronics, HP and Apple have been leaders in moving the market. In the architecture and building sectors, architectural firms like Perkins and Will and building companies like Skanska have led efforts toward safer building materials.
- √ *Promote Safer Solutions.* NGOs are providing information to institutional or company buyers on positive "green" alternative products, while at the same time pushing manufacturers to develop and offer cost-competitive alternatives to toxics in products and to disclose the data and methodology on which they base chemical use decisions. In this way, the campaign is standing for real solutions, while at the same time critiquing what is wrong with current industry practices. The availability of alternative products and practices allows individuals to press for change in their institutions and creates the pressure for green chemistry alternatives, not just fake alternatives that replace one hazardous chemical with another.
- √ *Use Shareholder Power.* Shareholder action is a great tactic to open the door for direct negotiations with companies, since companies like to control the tone of their annual meetings and want to avoid confrontations with environmentalists, labor unions, religious leaders or other actors concerned about the company's practices. The shareholder strategy is a good vehicle for buying-in other institutional partners into market campaigns. Its success rests on whether it's part of a broader campaign on the company, versus a stand-alone strategy.

**Movement-Building Lessons Learned.** Policy, market, science, health, community alliance, and green chemistry initiatives need to be inter-connected under a big picture strategy that people agree to. This ensures the right groups are working together to build power over time so the movement is positioned to win environmental health goals in the future that are currently out of reach. Other key movement lessons from the chemicals field are below:

1. *Build the Campaign Broad Enough to Win:* To be able to exert pressure on many targets at the same time, to create enough change to move markets, and to counter the "economy versus environment" argument that is industry's constant refrain to avoid change, it has proven essential that environmental health campaigns include a diverse

and unusual partnership of groups outside the environmental “box.” In general, campaigns have been framed as public health campaigns, which have more resonance with the average citizen and make it more difficult for industry to marginalize the effort.

2. *Devise Structure and Technology Models That Encourage Inclusion, Transparency and Accountability:* there is a wealth of experience in Health Care Without Harm, Safer Chemicals Healthy Families, IPEN, GAIA, Coming Clean and the Collaborate on Health and the Environment to suggest that creating open structures where people can share intellectual resources and campaign strategies is effective and catalytic. This can be accomplished through websites, conference calls, in person strategy meetings, and other fora where people come together and conduct work through different work group structures and other logical divisions of labor. In these kinds of structures, providing some level of funding for facilitators of workgroups is essential as well as funding for joint communications and the management of the web based networking vehicles. Mini grants have also proven to be incredibly effective investments in getting a lot of good work done and creating buy in from a broad array of organizational players:
3. *Tell Your Story Accurately, Attractively, In a Variety of Voices, and as Often as You Can:* Campaigns that elevate a broad number of spokespeople that can speak to different audiences is an effective strategy. Additionally, materials that are written for a variety of audiences and are available free of charge to anyone willing to use them to achieve the campaigns’ goals is also an effective strategy. The open collaboration by multiple campaign members results in products that are more accurate, better edited and more widely distributed by campaign members who share the pride of authorship.
4. *Honor the Spiritual Power of the Work:* Working on environmental health is essentially a spiritual pursuit, since advocates are compelled to “hold” the poisoning of the web of life and the epidemic of diseases and suffering that cascade from this violence. Experience has shown that when we help people to connect to the deeper spiritual purpose of their advocacy efforts, we are more successful in building resilient campaigns that can withstand political disagreement and difference in strategy and inequities in resources and media attention and branding. This also suggests that environmental health advocates need to be taken care of in a way that respects the spiritual load they carry.
5. *Open the Door to Other Issues:* environmental health campaigns need to raise larger issues in society around corporate accountability, human rights, consumption, and the nature and cost of the healthcare system. As campaigns develop, groups should ensure they are creating wins that lead to greater wins and also create experiences with allies that can be built upon. In the environmental health arena, campaigns that continue to highlight both the health cost impacts of environmentally-related illness as well as the health and financial co-benefits of mitigating climate change and transitioning to safer chemicals and more sustainable energy production are likely. This is critical to reforming the healthcare industry to focus on the primary prevention of chronic diseases and to reduce consumption of products leading to chemical exposure.

6. *Spread the Money and Responsibility Around:* Create a fundraising plan that provides financial support for many organizations to work together and share their expertise. This strategy builds the long-term capacity of many groups, funders and campaign executives. This has been the model of Health Care Without Harm, Coming Clean, SAFER States, GAIA, IPEN and Safer Chemicals Healthy Families.

*End of Part 1*

## ***Part 2. Health Organizing in Coal Plant Campaigns***

**Background.** A wide range of groups are organizing power plant campaigns across the US. Their organizing to date has resulted in the cancellation of more than 150 new coal plant proposals in just the last several years.<sup>2</sup> Previously, there was landmark work done to reduce pollution from existing plants. Now many groups are mobilizing to shut down or retire a whole slate of facilities in 20 plus states and to build networks to achieve those goals.

Sierra Club, Environment America, Earthjustice, Environmental Integrity Project and other national groups play an important role in coordinating coal plant work nationally and in certain states and regions. They interface directly with each other and coordinate their interactions - and input from field groups - with EPA and the Administration. They mobilize turnout for hearings and comment periods, and run simultaneous legal strategies in numerous places. Their DC staff bolster specific facility campaigns and they fund field-level organizing by their own chapters or with “parachute funds” to other groups<sup>3</sup>.

State groups play a local organizing role on coal plant campaigns and help align groups around a common strategy in a certain location or locations. They do campaign planning and event organizing and plug different messengers into the right opportunities. They often relate directly to national groups as chapters or as co-collaborators in multi-state coal plant efforts managed by DC green groups. State and local groups are increasingly collaborating with national partners on new EPA rule making related to coal and clean air. RE-AMP is an example of a network of state groups focusing on coal (among other issues) in the eight states of the upper Midwest.

For smaller groups, such as community impact groups, and allies with limited capacity to engage due to other work obligations, such as medical professionals and other health messengers, participation in collaborative work or site-specific coal plant campaigns is largely driven by available resources<sup>4</sup> and the strength of on-the-ground leadership NGOs to provide a consistent campaign for others to add value to. With additional funds, new groups could be mobilized to deliver the health message and existing groups could do more. Groups active in the “Clean them Up or Shut them Down” campaigns of the late 1990s could be re-energized with funds and a new strategy to stop coal.

---

<sup>2</sup> Sierra Club Beyond Coal campaign, December 2010

<sup>3</sup> These are emergency resources that pay for people to attend hearings, lobby days, media events and the like. The funds are generally small, and not intended to resource groups or individuals for the long term.

<sup>4</sup> Without funds of their own, health professionals and community groups report their reliance on last minute funding (and often last minute requests) from national groups to participate in coal-related hearings or lobby days. Dedicated funding and more consistent communication with local and other coordinating NGOs about upcoming opportunities to message about coal and health are needed to better utilize interested health professionals and their national associations. Some national NGOs are seen as over-funded and wasting resources just as they are increasing their requests of health professionals to get involved, suggesting this is the perfect time for direct investments to health messengers.

**Health Messaging in Coal Plant Campaigns.** Health messaging by on-the-ground NGOs and medical professionals was central to the Clean Air Act campaign of the late 1990s, known as the Clear the Air campaign. This national effort to upgrade the Clean Air Act played out locally to force older power plants that were exempt from modern clean air standards to reduce pollution of specific chemicals like NOX, sulfur dioxide, mercury and CO<sub>2</sub>. The fight wasn't about plant closure, as it is now, but about plant emission reductions by 50%, 75% or 90%. The health themes of this campaign, and its geographic focus on coal plant sites, mirrors what is necessary for the plant closure work of today.

Unfortunately, while activity among health professionals on clean air issues has persisted in some areas and has been helpful in preventing new power plants from being built, pushing other plants toward retirement, and raising public awareness about the risks of coal mining, transport and ash, in general, coal plant organizing and funding shifted to issues like global warming and diesel campaigns after the pollutant campaigns were successful. Many local coalitions embedded with strong health messengers disbanded or regrouped under a different focus than coal plant campaigning.

**Recommendations For Building A More Robust Health Messaging Frame.** Physicians for Social Responsibility, the Alliance of Nurses for a Healthy Environment, the American Thoracic Society, the American Lung Association and American Nurses Association are now seeking funds to provide central coordination and resource generation services to state chapters or individual health professionals to engage in coal plant closure campaigns<sup>5</sup>. We advise some combination of funding to the national offices with guidance by foundations on which place-based campaigns are of interest. Most of these groups have experience in health advocacy work related to either coal or chemicals. Each is interested in leveraging health messengers into the coal space and building state coalitions that will sustain organizing activity beyond the coal plant fights to broader health-related issues like climate change. Below we explore the potential strategy approach by each of these groups in detail.

**1. The American Nurses Association (ANA)** represents the nation's 3.1 million registered nurses through its constituent member nurses associations and organizational affiliates. They are a longtime partner of Health Care Without Harm, the environmental health NGO organizing the health care sector to implement ecologically sound and healthy alternatives to health care practices that pollute the environment and contribute to disease. ANA's record of mobilizing nurses "in the field" on environmental health campaigns is often done via organizing partners like Health Care Without Harm and more recently the independent Alliance of Nurses for Healthy Environments (ANHE). They have a track

---

<sup>5</sup> Other health affected support groups like Learning Disabilities Association and the Autism Society of America expressed interest in building capacity to engage in coal plant closure campaigns. Multiple year funding would likely be necessary to build a consistent presence in key states. Lesser support could ensure messaging on a limited or "as needed" basis to be coordinated by the national offices and/or anchor NGOs.

record of lobbying on federal health-related issues as well<sup>6</sup>. ANA is now proposing they lead a new initiative to form a National Center for Occupational Environmental Health that would mobilize State Nurses Associations (SNA) in field campaigns for environmental health, including potentially coal/mercury campaigns. ANA is seeking resources to mobilize the Center over a five-year time frame. During an initial two-year period, they would build partnerships with two or three State Nurses Associations on an explicit environmental health agenda. They would foster leadership development for a select group of nurses to represent their SNA on the COEH and take model strategies and materials created through and by the COEH back home to SNA members. In the states, field activities would reflect the agenda adopted by the COEH and SNA members would be educated about those issues through existing SNA mailing lists. ANA is the only medical group that can reach these SNAs as a group and therefore is very well positioned to send a health message to nurses about coal issues. In the second phase of the COEH, more SNAs would be involved and more site visits would occur in select locations to build membership into the new environmental health advocacy work of ANA. If ANA was able to quickly mobilize the COEH, and they have received strong interest from a number of state chapters during these initial planning stages<sup>7</sup>, they could reach millions of nurses with environmental health information and direct advocacy asks. The organizing director of the COEH initiative believes coal is a likely component of the advocacy agenda that will be adopted by the Center and its members.

**2. The Alliance of Nurses for Healthy Environments (ANHE)** was founded in 2008 following a meeting of 50 nursing leaders from sub-specialty organizations ranging from nurse midwives, school nurses, and nurse practitioners, to critical care, neonatal, and public health nurses: state nursing associations; as well as the national organizations of Black and Hispanic Nurses Associations. This group built consensus around the idea that nurses should understand the relationship between human health and the environments in which we live, learn, work, and play. Their goal is to prepare nurses to respond to questions about the environment and its relationship to health with credible, evidence-based information, and to mobilize them to provide leadership in making changes to policies and practices that would better protect human health. They have four workgroup to achieve this outcome focused on education, practice, research and policy/advocacy.

The Policy/Advocacy Work Group of ANHE is made up of 35 nurses from around the country. Their main function is to provide field activity and national advocacy from nurses on issues of environmental health. Federal chemical policy reform is already part of the advocacy agenda and they are interested now in adding coal plant campaign work. With new resources they could focus on building on the ground activity in targeted states (*see list of recommendations*), training nurses on the health consequences of coal fired power plants both nationally and locally and how nurses can advocate for health protective changes. Nationally, ANHE could provide spokespeople for communications work such as

---

<sup>6</sup> ANA members from the following states visited Washington, DC in May 2011 to lobby for strong rules on coal ash and other coal-related pollution in collaboration with Earth Justice and Physicians for Social Responsibility: CT, IA, MA, ME, NH, NV, OH, OR, PA, VI, WA and WI.

<sup>7</sup> Interest in ANA's COEH has been expressed by nurse leaders in DE, IA, LA, MA, ME, NV, OR, PA, VT, and WA.

media outreach and opinion placement.

**3. The American Lung Association (ALA)** defines its mission as protecting lung health through education, advocacy and research. They prioritize children's asthma and air pollution as major health threats and conduct research to support policy goals in this area. They are a trusted public health group with excellent reach to physicians and nurses concerned with pulmonary and respiratory issues, not to mention the 24 million Americans suffering from asthma.

ALA is active on coal-pollution related campaigns in six states<sup>8</sup> with the goal of expanding advocacy to four more states this year (*see more in the recommendations section*). They have a history of working collaboratively with the American Thoracic Society and environmental health NGOs on coal pollution campaigns associated with the Clean Air Act and on climate-related initiatives. They are planning to increase their advocacy in the near term to take advantage of the opportunity to reduce coal-plant pollution even further. To that end they have a state affiliate strategy to message on the health affects of coal pollution and plug into existing campaigns to close coal plants (but preserve their authority as independent experts on lung health). They are already partnering with the American Thoracic Society, American Public Health Association, Health Care Without Harm, Physicians for Social Responsibility, the American Academy of Pediatrics and other national medical associations to support actions by the Administration and Congress to set air pollution standards that reduce pollution from power plants and factories. They are also mobilizing local medical voices in selected states with dirty coal plants and/or Congressional districts strategic to related objectives. ALA is a good messenger in conservative states where environmental goals are hard to win and is a key player in ensuring that health issues penetrate messaging about coal.

**4. The American Thoracic Society (ATS)** is a 15,000 member medical and scientific organization that is working to positively influence EPA rule making on air toxics. They are currently partnering with ALA to add a scientific voice to these discussions, coordinating messaging and events and collaborating behind the scenes with environmental NGOs. They are very interested in being considered for resources that would help bring the medical and science voices of ATS into the coal pollution campaign field. While ATS leadership is uncomfortable with a stated position against all coal-fired power plants (existing or proposed), they already make the case about negative health impacts resulting from coal pollution. ATS would be a good candidate to partner with other national medical groups on outreach conferences to educate and attract new medical and scientific professionals to state and national coal work. ATS could also contribute new research and opinion pieces in the top medical journals in the country and state media outlets. They are committed to putting resources behind their effort to mobilize more medical and science professionals in support of EPA's ability to increase regulations on power plants and to take action with respect to global climate change<sup>9</sup>, which should only

---

<sup>8</sup> MA, MT, MI, OH, PA, ME

<sup>9</sup> ATS and members were featured in a 6/15/11 New York Times article titled "Doctors Prepare Their Professions to Explain and Treat Climate-Related Symptoms." The article referenced coordinated work

help (and is quite obviously related to) coal plant retirement campaigns.

**5. Physicians for Social Responsibility (PSR)** has a history of advocating against coal and brings to these collaborative campaigns a robust network of activist health professionals. PSR has a dozen staff people at their national office in Washington, DC, plus 28 chapters in almost as many states. The boards of directors of the national and state chapters are composed of dedicated health professional activists (largely doctors, also including registered nurses, public health professionals and university researchers). National PSR has approximately 50,000 individual members and e-activists; on top of that are members of individual PSR chapters and Student PSR chapters, which are composed of medical students.

On coal, **the national PSR office** works hand-in-hand with state chapters to assure they have the guidance, capacity and resources to become effective messengers on coal and health. With their assistance, chapters are readied to engage with local stop-coal coalitions and to advocate productively with key decision-makers. The national office develops focused medical resources on coal and health<sup>10</sup>; designs and presents trainings to bring local health professionals up to speed on coal and health issues, as well as messaging strategy; and provides guidance to chapters as they navigate relations with local environmental coalitions. The national also supports the legal strategy to stop coal. They work in collaboration with groups like NRDC, Sierra Club, and the Southern Environmental Law Center, filing comments and amicus briefs that add the medical voice to important legal challenges to coal.

An additional strategy being pursued by PSR, as with ATS and ALA, is the provision of comments and testimony on US EPA rule-makings relevant to coal-fired power plants. Many of these rules will have an impact on coal combustion: the mercury and air toxics rule, now underway, is directed specifically to coal-fired (and oil-fired) power plants; the national ambient air quality standards for ozone and particulate matter, new greenhouse gas limits, and the transport rule will limit pollutants emitted by coal combustion. By placing restrictions on pollutants released by coal-fired plants, these rules will have the eventual effect of making coal-based electricity generation more costly. This decreases public support for coal combustion as a way of generating electricity and increases utilities' willingness to shutter some plants, especially the oldest, dirtiest ones. For this reason,

---

among ATS, American Medical Association, and American Lung Association to advocate for reductions in smokestack emissions in order to protect human health.

<http://www.nytimes.com/cwire/2011/06/15/15climatewire-doctors-prepare-their-professions-to-explain-8660.html> ATS also recently co-hosted a conference with EPA, NIEHS and the Swiss Lung Association on the likely effects to respiratory health from climate change and what new research is necessary to better understand and predict these health outcomes.

<sup>10</sup> PSR has produced highly relevant health-based reports on coal such as: *Coal's Assault on Human Health*, which shows how coal combustion in particular contributes to diseases affecting the US population; *Coal Ash: The Toxic Threat to our Health and Environment*, which identifies specific toxicants in coal ash and their effects on human health; *The Clean Air Act: A Proven Tool for Healthy Air*, which highlights the damage to human health inflicted by air pollution; *Death by Degrees*, on coal pollutants, how they enter the body and cause effects has been approved for continuing medical education credits and pretested for use in medical Grand Rounds. A forthcoming report is on healthy alternatives to coal energy sources.

work on EPA rulemaking contributes directly to the more targeted work of closing specific coal plants. It's also worth saying that this strategy links to climate change and while a focus on coal's impact to public health is a good venue for delivering a health message related to but not explicitly focused on climate change, we do need medical professionals to make the health case against climate. Focusing on coal plants now and organizing multiple medical groups to message about associated health impacts is a good stepping stone toward building public awareness about the health costs of climate change.

**PSR chapters could serve one of three roles related to coal plant campaigns:** full chapter engagement, partial chapter engagement, or just-in-time interventions. A number of PSR state chapters (*see listings under recommendations*) will have **full chapter engagement** on coal plant campaigns. These chapters have medical professionals with experience campaigning against coal who will serve as active participants in the local stop-coal coalition. These medical personnel will provide a public presence on coal and health issues by submitting Op-Eds, holding editorial board meetings, participating in press events, radio tours set up by PSR national office, and providing expert testimony at public hearings and other key junctures. They will also be emissaries to the health community and also to the broader population, to draw more people into the campaign.

Other PSR chapters can make a qualitative contribution to local coal work through **partial chapter engagement**. These chapters feature health professional leaders who would provide medical testimony or other input (such as media work) on a responsive basis. They will draw on the national PSR staff for guidance and resource materials, where their own capacity does not fulfill immediate needs.

**Just-in-time interventions** by chapters at other locations would involve PSR experts from other states or the national office responding to specific needs in hot campaign locations. The PSR national office frequently responds to urgent requests for written testimony, letters of support, and other statements that bolster the work in states around the country, without the necessity of traveling to the site or having on-the-ground capacity there. These experts can present testimony, provide training, or conduct media work as needed.

Pass-through funds from the national health groups to their chapters would work most effectively in places where chapters had paid staff and resources to participate directly in campaign work, what's described above as "full chapter engagement." These might be locations where the chapter is part of an existing coalition of campaigning groups that helps medical professionals plug into the campaign. A national or state environmental health group might anchor the coalition, devoting the most resources to coordinating the coal plant campaigning generally. Medical professionals would be resourced to testify at hearings, appear at events, submit Op-Eds, speak to reporters, meet with legislators, business leaders, and other medical professionals, as a key piece of the campaign strategy. Overall, the goal is to build real on-the-ground alliances between local medical professionals and NGOs campaigning on coal. Where there is insufficient capacity for local health professionals to stay involved in the day-to-day work of the campaign, national offices would play that role: interfacing directly with lead NGOs on what the strategy and calendar plans are. The national groups would then connect with local members when

there was an opportunity for them to take action in support of the campaign or they would fill this role themselves. This strategy is a mirror of what has worked in environmental health campaigns on chemicals (*see Part One*).

6. Scientific research is demonstrating that emissions from coal burning, such as mercury and polyaromatic hydrocarbons (PAHs), cause perturbations in neurodevelopment in the fetus and in young children that may result in developmental delays, cognitive and behavioral problems, and loss of IQ levels. It is estimated that American women have body burdens of mercury sufficient to cause these neurodevelopmental impacts in 600,000 children each year. Understandably, the learning and developmental disabilities community is concerned that pollution from coal plants could be a factor. While many of these disorders, such as autism, are complex in their origins and are most likely multi-factoral in nature, several NGOs are taking a precautionary approach and would like to stem environmentally related disabilities even before the science is firmly established.

**The Autism Society of America** and the **Learning Disabilities Association**, have each expressed interest in messaging about the neurological health impacts of coal pollution. Both groups have relatively small environmental health programs but with support could build new targeted work on coal. For instance, Autism Society could focus intervention on Texas and North Carolina in 2011 (as they are already planning outreach on environmental health there) and a slate of five other states in 2012, to be determined. Funders could help Autism Society make decisions on state investments related to coal plant work.

LDA could devote new resources to engaging state-based LDA members in coal plant campaigns, focusing on mercury exposure and learning and developmental disorders, and do national communications work in coordination with the other health groups and lead environmental NGOs. *End of Part 2*

### **Part 3: Foundation Investments in Health Organizing on Coal Plant Campaigns**

**Strategic Guidelines For Investments.** Below are guidelines for evaluating locations for funder investments, based on a set of criteria developed by the Environmental Health Fund to inform foundation investments in state and federal chemicals policy campaigns beginning in the early 2000s. The guidelines reflect a strategy to invest in areas that have strong potential for success (near- or longer-term), and invest in coalitions capable of coordinating and sustaining the direct involvement of health professionals in current and future environmental health campaigns. The criteria are offered as a guide for decisionmaking; they are not listed in a priority order. Since very few states will satisfy all criteria, identification and selection of key states will in the end rely on the judgments of advocates and funders, who may, for example, have geographic priorities or limitations.

- √ **State political alignment.** Are there people sympathetic with the “beyond coal” agenda who have positions of power on the legislature, in the public utilities/public service commission? What about the Governor’s office and lead environmental agencies or other relevant groups? Do champions already exist? Could we achieve a significant coal campaign win on a 2-4 year timeframe?
- √ **Political volatility.** If the current political alignment is poor, are the state’s politics volatile enough that an opening could be created in the next two years? Can the campaign leverage coal as an election issue? Would a challenger for statewide office embrace a clean energy platform and open up debate? Or, does the high level of support for the coal industry mean that on-the-ground resistance could get media attention that bolsters federal or other state campaign goals?
- √ **State issue consciousness.** Do dirty energy/toxics/children’s environmental health issues resonate in-state? Are there local examples of the problem from a health perspective? Does the media have a history of reliable coverage or at least lack of hostility? Are there lead groups with credibility among children’s welfare groups and health leaders?
- √ **State role in the coal life cycle.** Is the state considered an important coal state based on number and size of coal plants and other facilities? If plants were closed, what would be the magnitude of the climate benefit? Does the state contain major coal facilities that, if closed, would adversely impact the coal marketplace in some way? Are there prominent coal facilities whose closure would have symbolic value that would add momentum to campaigns or discourage coal proponents? What coal-related businesses would be affected?
- √ **Culture of innovation.** Is there a culture of policy innovation in the state government and among opinion leaders when it comes to energy or any related issues that would help keep the issue alive and help predict its success? Could the coal agenda be seen as an opening for state innovation?
- √ **Capacity for partnership.** Is there an organization(s) on the ground willing to make health messaging and organizing a top priority, and is that organization capable of running a campaign that engages health professionals and health affected groups respectfully and effectively? Do the environmental groups get along and have a good collaborative capacity and track record, able to avoid “turf” issues?
- √ **Additional health partners/new advocates.** What is the possibility of getting area public health, women’s and children’s health allies on board? What is their existing capacity to participate? Are there existing relationships?
- √ **National political resonance.** Is the state seen as a bellwether? Do its politics influence the Presidential race? Does it contain a large number of key Congressional targets on these issues, where making coal an in-district debate would be valuable?

Will it help create a tipping point for an end to coal plants? Do federal committee appointments make this an important state related to climate legislation goals, which are also related to coal plant campaigns?

- √ **Economic resonance.** Will preventing/retiring coal plants provide a model for feasible economic transformation? Is that transformation already happening or could the campaign be designed as a model to serve arguments in other states?
- √ **Opposition targets.** Is the company target seen as a tipping point for the industry? Are there good and visible targets that can be made 'poster children' for the problem? Are there companies or industries that are models of the solution?
- √ **Foundation partners.** Are there foundations or other financial supporters that are making investments in that state and could be brought in as partners to support a robust, multi-group, well-resourced endeavor?

**Investment Recommendations.** The following states have been identified by national and regional coal plant campaign leaders as those with promise in developing health messengers for coal plant campaigns, or have been identified specifically by health professional organizations as states where they already are working or intend to work on coal plant campaigns. In some cases, states where groups are doing effective organizing to stop coal plants are not included here because no health professional groups interviewed for this report expressed plans to work in that state. **So the states listed below are those where observers believe that health messengers are ready to be engaged in coal fights.** Conversely, some states with important coal facilities, such as Georgia, Indiana and Missouri, may not be listed because health-related organizations there would likely require more cultivation over a longer period of time. Under each state is listed health professional groups (HP), health-affected organizations (HAO) and/or, in some cases, lead NGOs (LNGOs) that are, or will have the capacity to center health professional groups into the strategies currently being deployed existing coal plant campaigns. This is not a comprehensive list, but should serve as a helpful starting point. *(Descriptions of the different roles PSR chapters could play are described on page 15.)*

### **Arkansas**

HP: Alliance of Nurses for a Healthy Environment (ANHE) can cultivate nursing leader strength here.

HAO: Arkansas Public Policy Panel, with a long history of giving voice to community members most directly impacted by pollution or unjust policies.

LNGO: Sierra Club, potentially with support from clean energy policy groups like Arkansas Business Leaders for a Clean Energy Economy.

### **Colorado**

HP: Physicians for Social Responsibility (PSR) Boulder chapter has previous experience working on local coal plants in conjunction with the locally-based coalition. They

could provide partial chapter engagement with members presenting medical testimony or other input (such as media work) on a responsive basis.

HP: ANHE is active here.

### **Connecticut**

HP: CT Nurses Association

HP: ANHE is active here. Co-leadership of the policy/advocacy workgroup is based in CT.

HP: American Lung Association (ALA) has capacity here. The same parent organization, ALA of New England, deals with Maine, Massachusetts and Connecticut. New resources would be necessary for the chapter to pivot work to coal plants, but they could do that and are interested in doing so.

HAO: Connecticut Coalition for Environmental Justice (Bridgeport office) is the key local group mobilizing community voices on health impacts.

LNGO: Clean Water Action, Conservation Law Foundation (they run a Coal Free New England campaign in CT, MA, & NH), and Sierra Club. (Greenpeace has recently become engaged and providing direct action services.)

### **Florida**

HP: The PSR chapter in Tampa could offer full chapter engagement. It has worked extensively on air pollution issues<sup>11</sup> and recently offered its services to the leading groups working on coal, including Greenpeace, Southern Alliance for Clean Energy and the Sierra Club. Those groups indicated they would be thrilled to have PSR help in their campaigns, particularly on Crystal River plant retirement. This office is also actively supporting the EPA's proposed air quality regulations relevant to coal-fired plants, including the mercury/air toxics rule and the ozone rule as part of coal plant strategy. This chapter will focus on advocacy training for local doctors and health professionals, educating local clinicians on the negative effects of coal on the human body. Once trained, these doctors will engage with the chapter to address coal-related EPA air quality rules, conduct public education and do media work.

HP: ALA would work here with resources. Local representatives are already speaking out on ozone from a health perspective and could be a key driver for power plant clean up.

HP: ANHE is active here.

LNGO: Southern Alliance for Clean Energy (SACE), a regional organization with a presence in Florida, and Environment Florida, which has contacts with other groups including community impacted groups.

### **Illinois**

HP: Chicago PSR is committed to full chapter engagement, continuing its work with the Clean Power Coalition to pass a law to clean up or shut down Fisk and Crawford, two dirty, outdated coal plants located in low-income Mexican-American inner-city neighborhoods. This chapter would continue to serve as the public health voice in this battle, testifying at hearings, taking part in public events and rallies, and

---

<sup>11</sup> With the involvement of Tampa PSR, the Florida Medical Association passed a resolution in 2005 citing concerns with coal power plant pollution.

educating the community about how coal plants in Chicago and IL specifically have a impacts on human health.

HP: ALA is seeking new resources to expand to Illinois. They would use resources to prioritize this area and hire a local organizer to build capacity and outreach here.

HAO: Little Village Environmental Justice Organization is the leading health impacted group working on coal plant pollution here along with Pilsen Environmental Rights and Reform Organization (PERRO).

LNGO: Sierra Club

### **Iowa**

HP: Iowa PSR can provide full chapter engagement. They have a history of challenging coal plants and have led the field in developing original approaches to this work. For example, last year they published a "mapping study" in which they charted the known disease burden and financial costs to Iowans of relying on coal. They found strong correlations between coal combustion and health in the state and monetized the cost of coal-related health expenditures. This innovative chapter proposes to work in the coming year with Plains Justice and the Sierra Club, educating and activating concerned citizens in targeted areas of low-income, heavily impacted populations, as well as selected city councils.

HP: American Nurses Association (ANA) members here have expressed interest in joining ANA's Center on Occupational and Environmental Health (COEH)<sup>12</sup>.

LNGO: Plains Justice, Sierra Club and Midwest Re-Amp Network.

### **Kentucky**

HP: ANHE is active here.

HP: Local ALA staff have stated publicly their support for clean energy policy, but is cautious about outright attacks on coal plants. There is room for strengthening this partnership.

HP: The ANA Chapter has been approached by state coal organizers and is willing to begin communication and information sharing.

HP: The Autism Society and LDA have been approached with partnership opportunities.

LNGO: Kentucky Environmental Foundation, with support from Sierra Club Kentuckians for the Commonwealth.

### **Maine**

HP: ALA is active here

HP: ANA members here have expressed interest in joining ANA's COEH.

### **Massachusetts**

HP: ANHE is active here.

HP: Massachusetts Nurses Association is active and ANA members here have expressed interest in engaging with ANA's new COEH.

HP: ALA has a campaign here. It is one of a six-state region.

HP: American Academy of Pediatrics, Massachusetts chapter

---

<sup>12</sup> Page 12 of this report describes the COEH initiative of ANA.

HAO: ARC of Massachusetts is the leading advocacy learning disabilities group in the state. Alternatives for Community and Environment (ACE) is a leading group mobilizing local community members around health affects in the Boston area.

LNGO: Clean Water Action; Conservation Law Foundation

### **Michigan**

HP: ALA is building a field presence here now.

HP: PSR National is currently helping local group the Ecology Center develop and implement a strategy that links EPA-focused advocacy with coal work. PSR is mobilizing Michigan-based health professionals (including air pollution experts and PSR members at the University of Michigan, Michigan State and Wayne State Universities) with appropriate resource materials. The Ecology Center in turn is organizes them into on-the-ground campaign work. This effort is mature enough that PSR and Ecology Center want to launch a Michigan PSR chapter so that there is a stable, consistent group of organized health professional activists that can be drawn upon now and in the future. This would require extra funds to the chapter and visits to the state by both the PSR program director and the PSR Physician Ambassador<sup>13</sup> to allow for the cultivation and problem-solving that are inherent in such an organizing effort.

HP: ANHE is active here.

HAO: Detroiters Working for Environmental Justice and the Green Door Initiative are two groups mobilizing community voices on health affects and solutions to pollution exposure.

LNGO: Michigan Environmental Council; MI Sierra Club

### **Minnesota**

HP: ALA is expanding here pending resources to do so.

HP: ANHE could cultivate nurses here.

LNGO: Sierra Club North Star Chapter, Sierra Club Minneapolis Environmental Justice Program and Minneapolis Chapter of the NAACP.

### **Mississippi**

HP: ANHE could cultivate nurses here.

HAO: Jesus People Against Pollution (Ms. Charlotte Keys, Coloumbia, MS) is active in bringing the community voice to issues associated with coal health affects and EPA-rule making.

---

<sup>13</sup> PSR plans to deploy a "Physician Ambassador" to train health professionals in selected states. The Physician Ambassador is an M.D. who is an expert on coal and global warming and has extensive expertise providing hands-on training in health communications. The training will focus on the medical basis of coal's effects on the major organ systems of the body – respiratory, cardiovascular and nervous systems – and will address the health effects of coal's full "life cycle." It will also incorporate up-to-date findings in regard to the most effect ways of messaging about coal and health. Through these trainings, PSR expects to build a core group of health care messengers in each target state who are able to serve as effective, articulate anti-coal spokespeople.

**Montana**

HP: ALA is active here.

HAO: Native Action (Gail Small, Lamedeer, MT) is the leading native and legal advocacy organization based on the Cheyenne Reservations. Their reservation encompasses most of the Powder River Basin, which is a key area for coal extraction and burning.

HAO: Northern Plains Resource Council

HAO: Montanans Against Toxic Burning

**Nevada**

HP: ANA members here have expressed interest in joining ANA's COEH.

HP: ALA has interest in Nevada, although it is not a swing district with respect to federal politics. They are seeking funds from regional funders and would work here with resources.

HAO: Moapa Band of Paiutes (Chairman William Anderson) is the lead group mobilizing community health affects on coal.

LNGO: Moapa Paiutes

**New Hampshire**

HP: ALA is ready to expand here with resources.

HP: Breathe New Hampshire is a key coalition group raising issues of health associated with pollution.

LNGO: Conservation Law Foundation

**New York**

HP: Hudson Valley PSR could provide partial chapter engagement with new resources provided. Members would provide medical testimony or other input (such as media work) on a responsive basis.

HP: ANHE is active here. The Co-leadership of the policy/advocacy workgroup is based in NY.

HP: ALA New York chapter historically has been very involved in power plant campaigns. They need direct resources to fit current closure campaigns on their platter of issues. If resourced, they could work with health care unions and nurses, making coal a big issue, which, from a federal political organizing perspective, is helpful with Senators Charles Schumer and Steve Israel.

HAO: Friends of the Hudson is the local group engaged in leveraging the community health voice associated with coal and similar issues.

**North Carolina**

HP: PSR in Western North Carolina could provide partial chapter engagement. Members have experience advocating on clean air issues and would provide medical testimony or other input (such as media work) on a responsive basis.

HP: ALA could activate in this region with new resources.

HP: The Autism Society of America's environmental health initiative is organizing a workshop in Research Triangle in October 2011 on chemical contributors to learning and developmental disabilities that could include a real focus on coal. Their goal is to present the latest on environmental health science and policy

opportunities, particularly to those in the disabilities sector as well as health professionals and researchers.

HAO: North Carolina Environmental Justice Network

LNGO: Southern Environmental Law Center; Sierra Club

### **Ohio**

HP: PSR has health activists in North East Ohio that could provide partial chapter engagement. Members would provide medical testimony or other input (such as media work) on a responsive basis.

HP: ALA is active here.

HP: ANHE is active here. They have numerous nurse members in Ohio and recently organized two separate trainings for 50 and 75 nurses, respectively, on the need for chemicals policy reform.

HAO: Ohio Citizen Action is a lead group delivering the community health impacted voice to coal campaigns. Green Environmental Coalition (Yellow Springs) is another health affected organization operating locally.

LNGO: Ohio Environmental Council; Ohio Citizen Action

### **Oklahoma**

HP: ANHE could cultivate nurses here.

HAO: B.E. Cause is the lead community group fighting against coal plant pollution and raising the negative affects on health that result.

### **Oregon**

HP: Oregon PSR is an active participant in the coalition to close Boardman coal plant. They are also organizing against a coal export facility now proposed for construction on the WA-OR border. The facility, which would ship coal to China, would impact human health in the U.S. Pacific Northwest in two ways. Coal dust escaping from train cars in transit and unloaded daily would be a dangerous source of particulate matter. Secondly, coal pollutants such as mercury already blow back across the Pacific and affect the U.S. coastal states. PSR activists in Oregon are gearing up for a major fight and are well positioned given their history of engagement on coal plant campaigns. Plus this issue provides one of the few U.S.-based "handles" for addressing China's massive combustion of coal.

HP: ANA members here are interested in ANA's new COEH initiative.

HP: ANHE is active here.

HAO: OPAL (Organizing People-Activating Leaders) is a community organizing group that could deliver the health message related to coal plant exposures.

LNGO: Sierra Club

### **Pennsylvania**

HP: PSR chapters in Harrisburg and Philadelphia, could provide partial chapter engagement. Dr. Walter Tsao is president of the chapter board and would support leadership by health professionals in providing medical testimony regarding coal's health impacts or other input (such as media work) on a responsive basis.

HP: ANA members here are interested in joining ANA's new COEH initiative.

- HP: ALA is active here.  
 HP: ANHE is active here.

### Texas

- HP: PSR Austin could provide partial chapter engagement. They have paid staff who could help activate health professional messengers on a responsive basis.
- HP: ALA Healthy Air Alliance is part of a larger coalition for clean air in the state.
- HP: ANHE has several active members here and good reach within the Latino community.
- HP: The Autism Society of America's environmental health initiative is organizing a workshop in Austin in November 2011 on chemical contributors to learning and developmental disabilities that could include a real focus on coal pollution. Their goal is to present the latest on environmental health science and policy opportunities, particularly to those in the disabilities sector as well as health professionals and researchers.
- HAO: Downwinders at Risk is a community group that can mobilize health affected people to oppose coal (Alexandra Allred)
- HAO: TEJAS (Texas Environmental Justice Advocacy Services) is a very effective health advocacy and community support group. They are already very active on pollution-related issues.
- HAO: Houston Air Alliance is a state-wide group that works with smaller organizations like TEJAS and Downwinders at Risk and does their own advocacy work. They are plugging into national work on EPA-rulemaking as well.
- LNGO: Public Citizen- TX

### Virginia

- HP: There is no existing PSR chapter but DC either organizes locally interested medical professionals here or sends staff from the national to engage.
- HP: This territory fits within the corporate umbrella of ALA's national organization. Resources are needed to organize the tremendous volunteer interest here in coal, especially the Alexandria plant.
- LNGO: Southern Environmental Law Center; Wise Energy for Virginia coalition

### Washington

- HP: Washington PSR was an active participant in the coalition that successfully negotiated agreements for the accelerated closure of the Centralia coal plant in Washington, the state's last coal fired power plant. Their experience makes them important members of a national network among anti-coal medical professionals. Chapter board members Rich Grady, MD, and Dr. Steven Gilbert are members of the national PSR board and involved in national initiatives. Dr. Gilbert, for instance, was coauthor of PSR study, *Coal Ash: The Toxic Threat to our Health and Environment*. In addition to this role, PSR in Washington is now organizing with PSR Oregon against a coal export facility now proposed for construction on the WA-OR border. The facility, which would ship coal to China, would impact human health in the U.S. Pacific Northwest in two ways via coal dust escaping from train cars in transit and

unloaded daily and coal pollutants such as mercury blowing back across the Pacific to U.S. coastal states. This issue provides one of the few U.S.-based "handles" for addressing China's massive combustion of coal. PSR activists in Washington are gearing up for a major fight and are well positioned given their momentum from their coal power plant win.

HP: ANA members here are likely to become part of ANA's COEH initiative.

HP: ANHE is active here.

LNGO: Sierra Club

### **West Virginia**

HP: West Virginia Rural Health Research Project is a lead group providing new research and strong messaging on health and coal pollution.

HAO: WV Healthy Kids and Families Coalition is planning a focus on children's health and the environment in 2012 that will address coal impacts to health.

LNGO: Ohio Valley Environmental Coalition (OVEC). They also can mobilize citizen voices on health affects.

### **Wisconsin**

HP: ALA is expanding here pending resources. Wisconsin is in their top 10 locations prioritized for action.

HAO: Oneida Nation is a strong voice on health impacts related to coal.

HAO: Clean Wisconsin works to mobilize health affected citizens, as well.

**Conclusion.** With more and more scientific and medical research available that affirms the link between coal plants and poor health, and with renewed interest by NGOs and funders in investing in coal plant campaigns, there is a strong advantage to proscribing a health frame to campaigns on coal.

Several national medical professional organizations including American Nurses Association, American Lung Association, American Thoracic Society, Physicians for Social Responsibility and the Alliance of Nurses for Healthy Environments are ready to move strongly into this space. Investments will tend to yield the most benefits when they are spread to multiple groups working in coalition with one another on a specific plant closure campaign or across regions. Investments to one group should have carry over effects to others working on the same campaign.

By requiring medical groups to work together on coal plants, foundations can support future capacity in efforts directed toward advancing a health message on climate. This would help ensure the US advances toward real climate policy legislation and other sustainable energy related initiatives in the near future.

*August 2011*