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The Right Honourable Herb Gray
Chairman, Canadian Section
International Joint Commission
234 Laurier Avenue West, 22nd Floor
Ottawa, Ontario
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Dear Chairman Gray:

Re: Comments on the 2002 Progress Report on activities under the 1991 Canada-United States Air Quality Agreement

I am pleased to have the opportunity to comment on the Canada-United States Air Quality Agreement 2002 Progress Report. As Medical Officer of Health for the City of Toronto, I work to protect and improve the health of Toronto's citizens by focusing on health promotion and healthy environments. Toronto Public Health and the City of Toronto consistently encourage policies that improve environmental quality and protect health at the municipal, provincial and federal level, and across jurisdictional lines. The importance of fully implementing the Canada-United States Air Quality Agreement to reduce cross-border flows of atmospheric contaminants and improve health cannot be overstated.

I offer the following comments on the 2002 Progress Report for your consideration:

1. Ontario's compliance with the Ozone Annex

Annex 3 of the Canada-United States Air Quality Agreement, Specific Objectives Concerning Ground-level Ozone Precursors, ("the Ozone Annex") sets out Ontario's obligation to cap emissions of nitrogen oxides (NO_x) at a specified level by 2007. As has been noted by numerous parties, including Canada's Minister of Environment, it is not clear that Ontario's activities to date will allow Canada to meet this commitment.

The Ozone Annex commits the Province of Ontario to capping electrical sector NO_x emissions from southern Ontario's Pollutant Emissions Management Area (PEMA) at 25 kt NO (or 39 kt NO₂) by 2007. The province's stated 2007 emission cap for the PEMA (25.5 kt NO) just meets this target. However, when one incorporates the emission reduction credits (ERCs) that this sector is permitted to purchase, the Province's proposed 2007 cap for the PEMA (34 kt NO, or 52 kt NO₂) is approximately 33 percent higher than the Ozone Annex commitment. Given the lack of clarity that Ontario will meet its Ozone Annex commitment without additional emission-reduction initiatives, it is surprising that this discussion was omitted from the 2002 Progress Report.

2. Monitoring and research on human health

The Canada-United States Air Quality Agreement requires, and provides opportunities for, conducting co-ordinated air quality research. Specifically, in Annex 2, paragraph 5, Canada and the United States committed to developing "joint analyses on ground-level ozone and its precursors, including: (a) research and applications that contribute to tracking of human health and environmental responses to controls". While human health was the primary motivator for the creation and signing of the Air Quality Agreement, I am not aware of any research that is being undertaken to track the human health and environmental responses to the specific emission-reduction strategies prescribed in the Agreement. If little or no human health research is being done to satisfy the commitments made in Annex 2, paragraph 5, this requirement should be reflected in the 2002 Progress Report with recommendations to allocate appropriate resources and initiate the research.

If research is in fact being undertaken to track the human health response to the specific emission-reduction strategies of the Air Quality Agreement, I kindly request that the results and progress be shared with interested scientists and public health professionals.

3. Cross-border impacts of changing policies and practices

The anticipated changes to the US Clean Air Act, in particular the New Source Review legislation, could significantly impact air quality in the United States and Canada. To my knowledge, thorough modelling and analysis of the ambient air quality impacts have not been undertaken on either side of the border. I advise that filling this information gap is critical to understanding the quality of our air, the impacts on health, and the progress made by Canada and the United States in meeting our commitments.

The Air Quality Agreement plays a valuable role in fostering communication on cross-border air pollution issues and the sharing of information. Its implementation requires consideration of the downwind implications of major changes in policy and practice on both sides of the border. The 2002 Progress Report cannot be considered complete until it evaluates Canada's and the United States' analysis, or lack thereof, of the air quality impacts of anticipated changes to the US Clean Air Act.

The Canada-United States Air Quality Agreement is a valuable means of co-ordinating air quality initiatives in our shared airshed. It is useful to describe the progress made to date in implementing the Agreement and improving air quality, however the continuing challenges should also be noted and analyzed. I am confident that Canada, the United States, and affected provinces and states will continue to improve our co-ordinated effort to improve air quality and protect health.

Yours truly,



Dr. Sheela V. Basrur
Medical Officer of Health

cc: Secretary, Canadian Section, International Joint Commission
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