



Medical Groups Sue EPA Over Mercury Rule

Bridget M. Kuehn

SEVERAL NATIONAL HEALTH ORGANIZATIONS have joined a lawsuit against the Environmental Protection Agency (EPA) alleging that the agency's recently finalized rules on mercury emissions from power plants fail to protect children and fetuses from the toxin's harmful health effects.

The Southern Environmental Law Center in Chapel Hill, NC, which is representing the organizations, filed a motion on June 14 to intervene in the ongoing lawsuit with the federal court of appeals in Washington, DC. The Physicians for Social Responsibility (Washington, DC), the American Public Health Association (Washington, DC), the American Nurses Association (Silver Spring, Md), and the American Academy of Pediatrics (Elk Grove, Ill) say that the mercury rule fails to meet the stringent standards the Clean Air Act sets for protecting public health.

Kent Bransford, MD, president-elect of the Physicians for Social Responsibility, called the legal proceedings historic. Although health organizations have long been active in advocating for strong public health policies, John Suttles, JD, who is representing the groups, explained it is highly unusual for health organizations to sue a government agency over a policy.

Bransford likened the suit to efforts driven, in part, by the medical community to remove lead from household paints and gasoline in the 1980s after it was discovered that these sources contributed to high rates of lead poisoning in young children and developing fetuses.

"We didn't allow lead contamination to continue then; we can't afford to allow more mercury contamination now," he said.

The lawsuit, initiated in May by the Sierra Club (San Francisco, Calif), Environmental Defense (New York, NY), and the National Wildlife Foundation (Reston, Va) claims that the EPA acted

illegally in exempting coal- and oil-fired power plants from a list of industrial pollution sources governed by the strict pollution control requirements of the Clean Air Act. These plants are the largest source of mercury emissions in the United States. Thirteen states (Minnesota, Wisconsin, Illinois, Pennsylvania, Vermont, New Jersey, New York, Maine, New Hampshire, Connecticut,

power plants from these requirements and instead would institute a program favored by the industry. The program would set a cap on mercury emissions in 2010 that would reduce emissions to about 38 tons per year, about a 24% reduction in emissions; in 2018 the cap would be lowered to 15 tons, a 70% reduction from current levels. The emission reductions would be achieved by installing filters for sulfur dioxide and nitrogen oxides. The program would allow plants to exceed these caps if they buy emission credits from plants whose emissions fall below the caps.

"The EPA and the Bush Administration believe that we must act now to effectively reduce emissions of mercury from power plants," according to a statement from the agency. "The Clean Air Mercury Rule represents the first time the United States or any other country in the world has regulated mercury emissions from power plants—and it will dramatically reduce mercury emissions by 70%."

The statement also noted that mercury emissions from other countries contribute to contamination in the United States: "Because the US represents just 3% of global mercury emissions, we cannot expect a quick fix to this important problem. Therefore, until mercury concentrations in fish caught and sold globally are reduced, it is important for women of child-bearing age to follow the [Food and Drug Administration] FDA-EPA joint fish advisory for eating fish so they continue to receive the nutritional benefits of eating fish and reduce their exposure to the harmful effects of mercury."

TOO LITTLE, TOO LATE?

But the health groups say the new rule does too little, too late to protect a generation of children from the harmful effects of mercury emissions. Additionally, they say the cap and trade program would lead to "hot spots" of mercury around some plants.

"The developing brain and nervous system are exquisitely vulnerable to per-



Health groups charge that the Environmental Protection Agency's rule on mercury emissions from power plants fails to protect children and fetuses from the toxin's effects.

California, New Mexico, and Massachusetts) also are challenging the EPA's mercury rule in court.

POLLUTION CURBS

Under the Clean Air Act, power plants would have been required to use the best available technology to reduce mercury emissions. According to an EPA report to Congress in 2000, this requirement would have reduced mercury emissions from the plants by 90%—from about 50 tons per year to 5 tons per year—by 2008. In a reversal of this approach, on March 29, 2005, the EPA finalized a mercury rule that exempts the



manent damage from everyday exposures to methyl mercury,” said Katherine M. Shea, MD, MPH, a fellow of the American Academy of Pediatrics. “There is no doubt that methyl mercury contributes to developmental delay, learning disabilities, and loss of IQ points.”

In the lawsuit, the groups allege that the EPA failed to consider the scientific evidence submitted in comments to the agency before the rule was finalized. Melanie A. Marty, PhD, chair of the EPA’s Children’s Health Protection Advisory Committee (CHPAC), sent a letter to EPA Administrator Michael Leavitt in January 2004 that expressed concerns about the cap and trade proposal: “The concern of the CHPAC is that this proposed action

does not go as far as is feasible to reduce mercury emission from power plants, and thereby does not sufficiently protect our nation’s children.”

A recent study estimated that between 316 588 and 637 233 infants born each year have cord blood mercury levels greater than 5.8 mg/L, a level that has been associated with the loss of IQ (Trasande et al. *Environ Health Perspect.* 2005;113:590-596). The authors also estimated that this loss of intelligence leads to productivity losses that cost the United States \$8.7 billion annually. Noting that sources other than power plants contribute to the contamination, the authors estimated that \$1.3 billion of these losses can be attributed to mercury emitted by power plants.

Pamela C. Hagen, MSN, RN, chief programs officer of the American Nurses Association, noted that strict federal regulations have already reduced by 90% mercury emissions from hospital incinerators (and municipal waste incinerators), which were a top source of mercury emissions. Additionally, many hospitals have phased out the use of mercury-containing versions of devices such as thermometers and blood pressure cuffs. “We must expect no less from the electric utility industry,” Hagen said.

“Both individual and societal success requires healthy minds,” Shea said. “We can ill afford to allow continued, preventable pollution with methyl mercury to trim away the IQ points and critical brain functions of our children.” □

AMA, AAMC Say Reform Needed Across Continuum of US Medical Education

Rebecca Voelker

WITH A FEW PEN STROKES, THE American Medical Association (AMA) and the Association of American Medical Colleges (AAMC) reaffirmed their close ties while signifying an urgent need for reform in US medical education.

In mid-June, as the AMA’s House of Delegates opened its 2005 Annual Meeting, the heads of both associations signed a statement of cooperation intended to improve health care by making changes throughout the educational continuum, from undergraduate medical education to continuing medical education (CME).

The one-page statement points out that the two groups are longtime partners in medical school accreditation and data collection on medical school and residency training. Now, both associations have pledged to cooperate in facilitating reforms intended to prepare physicians for the scientific, technological, and practice challenges of medicine in the 21st century.

“The reason we are addressing this is not because we want to make life better for faculty and students. It’s because we want to make life better for our patients,” said Jordan J. Cohen, MD, president of the AAMC. The AMA’s executive vice president and chief executive officer, Michael D. Maves, MD, said the statement of cooperation represents a “practical move” that will help both organizations to improve the quality of health care by carrying out reforms in medical education.

The signing highlighted efforts from both associations in recent years. The AMA’s Initiative to Transform Medical Education is a comprehensive effort that has examined a number of reports on the gaps and deficiencies in medical education. This fall, the initiative will convene a group of stakeholders to make recommendations for reforms that can be implemented in subsequent pilot programs.

The AAMC’s Institute for Improving Medical Education is working to implement strategies outlined in “Educating Doctors to Provide High Quality

Medical Care: A Vision for Medical Education in the United States,” a report completed last year for the AAMC by an ad hoc committee of 10 medical school deans. Some of those strategies were elucidated during an expert panel discussion that followed the signing.

NEW MODEL NEEDED

Michael M. E. Johns, MD, chief executive officer of the Woodruff Health Sciences Center of Emory University in Atlanta, Ga, noted that the current model for medical education—the “Hopkins model,” named for the Johns Hopkins University School of Medicine, of which he is the former dean—is a century old.

“That model has served us well,” he said. “But is it still the best model for the future? Do we know that we’re providing the very best training that we can? I think not.”

Former *New England Journal of Medicine* Editor-in-Chief Jerome P. Kassirer, MD, now a distinguished professor at Tufts University School of Medicine, Boston, Mass, reeled off a list