## Pec 11 2020 Independent Regulatory Review Commission

## TESTIMONY FOR CO2 BUDGET TRADING PROGRAM REGULATION

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First, thank you to the DEP for hosting these remote public comment sessions.

My name is Kay Cramer. I live on a farm in southern Snyder County. In 2014, I retired after many years as a Home Health and Hospice RN.

Studies (including the Fourth National Climate Assessment produced by the current federal administration) have clarified the link between many human health issues and the burning of fossil fuels. The resulting CO2, particulate matter and VOCs have been shown to produce respiratory disease, cancer and heart disease, as well as preterm births and low birth weights in infants.

I'm sure others will be testifying to these effects and the economic consequences resulting from the health impacts. But I am testifying today because I believe my experience may add context to the discussion around joining RGGI.

Hospice nurses sometimes talk among themselves about the form of death they fear the most. You might think it would be the pain of cancer, or maybe heart disease, or even ALS—Lou Gehrig's Disease—which traps the mind inside a body that can no longer function. But for me, respiratory disease is my biggest fear.

Respiratory disease such as emphysema or COPD often begins with a hacking, sputum-filled cough that is hard to control. The body becomes less and less able to glean oxygen from the air as the lungs fill with fluid and the tiny air sacs are destroyed. I've seen patients hunched over their kitchen tables, trying to pull in enough breath to get the energy to eat and sleeping in recliners to alleviate their breathlessness. The feeling of drowning causes terror and anxiety as the disease progresses, and people are treated with opioids to ease the breathing and anti-anxiety medications to combat the fear. They are usually prescribed supplemental oxygen and go around the house tethered to an oxygen cannister and tubing. As the disease progresses, people with this disease become less and less able to summon the energy to do more than sit in their chairs. In late-stage respiratory disease, medications lose their effectiveness and people receive higher and higher doses. In the end, though, no amount of medication can overcome the oxygen deprivation, and the person slips into unconsciousness and death.

Turning to our children, the respiratory disease most common is asthma, which can be triggered or exacerbated by breathing in the pollutants from burning fossil fuels. Childhood asthma has increased exponentially over the last few decades and is a horrible thing to hear and see. Wheezing and terrified, children describe feelings of suffocation similar to that of the adults with respiratory disease. This is a disease that takes over young people's lives, as they may need inhalers and other medications 4 to 8 times a day. Triggering events frequently send them and their families racing for the emergency room.

Asthma causes many missed school days for children and frequent anxiety for their parents. It is not something anyone would wish for their kids and grandkids.

I have read that by 2030, Pennsylvania's joining RGGI could save about 640 premature deaths, result in about 30,000 fewer hospital visits and avoid 83,000 lost workdays. The economic benefits of all this could be \$6.3 billion from improved health alone.

The numbers are significant in themselves. As a nurse, though, I can say that numbers in no way compare to our moral responsibility to alleviate the suffering of the people of our Commonwealth. RGGI represents a major step toward cleaning up our air pollution and improving the health of Pennsylvanians. For that reason, I urge PA to join RGGI.

Thank you.