Dorothy Holasek

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JAN 8, 2015

U.S.F.S.
Southwestern Region
333 Broadway SE
Albuquerque, NM 87102

REF TO: FEIS OBJECTION
Four-Forest Restoration Initiative
M. Earl Stewart and
Michael R. William, Forest
Supervisors
Coconino and Kaibab-forests

Dear Reviewers:

The FEIS fails to utilize the best available science and medicine to evaluate the health consequences of prescribed burning on downwind populations.

1) The FEIS fails to mention that the four forests of 4FRI are located entirely within the Radiation Exposure Compensation Act (RECA) counties of northern Arizona.

2) The FEIS argues that, (contrary to the CDC, WHO and a multitude of public health schools), smoke particulates from prescribed burning do not present a serious health threat. (page 372 FEIS) "Furthermore, at low levels an increase in PM may result in no measureable health consequences."

3) The FEIS introduces the concept of "averting behavior" to be practiced by downwind populations. (page 374 FEIS) "The advance notice associated with prescribed burns allows individuals with acute sensitivity to smoke (e.g. asthmatics) to engage in averting behavior, which reduces the negative quality of life impacts."
The American Thoracic Society released a study in 2006 that found that breathing particulate matter significantly shortens the lives of people with diabetes, COPD, congestive heart failure and inflammatory diseases such as rheumatoid arthritis or lupus.

Therefore, the FEIS not only needs to expand the list of diseases for people who should advisedly practice averting behavior, but also lay out a plan to educate the public as such.
With this expanded list, just how many people in Northern Arizona will need to practice this averting behavior? And, what exactly encompasses averting behavior? Does it include staying home from school and work, purchasing and running expensive whole house air filtration, purchasing oxygen and out of pocket medications, and cancelling long-awaited doctor's appointments?

The FEIS states that the cost of mechanical thinning is 400^{00}/acre and the cost of using prescribed burning is 175^{00}/acre. The 225^{00}/acre is transferred to our already overburdened healthcare system.

4) The goal to restore forest health is an admirable mission. The fact that downwind populations will suffer increased morbidity and mortality from breathing this chronic smoke cannot be wished or spinned away with disjointed public health reasoning in the FEIS or the constant stream of Forest Service public service announcements promoting prescribed burning for the prevention of forest fires in exclusion of alternative methods.

The most important question that the FEIS fails to answer is: how do we achieve a level of forest health that reduces catastrophic wildfires without sacrificing our fellow citizens?

The Forest Service has soundly rejected all alternatives to burning from the very beginning of this NEPA process, citing that only fire meets their program goals for forest health.

Sincerely,

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