



13 June 2014

Mr. Paul Denton
Senior Policy Advisor
Environmental Policy
Greater Wellington Regional Council
P.O.Box 116646
Manners Street
WELLINGTON 6142

Dear Mr. Denton

RE: WAIRARAPA AIRSHED RE-GAZETTING

Following our meeting on 3 June between Greater Wellington Regional Council Officers and myself, I thank you for the opportunity for Regional Public Health to consult on the re-gazetting proposal.

Regional Public Health serves the Greater Wellington region through its three district health boards: Capital and Coast, Hutt Valley and Wairarapa and is based at the Hutt Valley District Health Board.

Regional Public Health accepts that the current situation of a single airshed for the entire Wairarapa is unsatisfactory, does not reflect the air quality reality across the wider region and has constrained the ability of Council to put mitigating measures in place. We believe that rationalisation of the airshed will assist in air quality management options. We therefore support the re-gazetting exercise and are generally comfortable with the recommendations of the re-gazetting review.

It is Regional Public Health's view that the National Environmental Standards for Air Quality Regulations 2004 were promulgated with the intention of protecting the health of members of the public. Therefore, the preeminent principle in any airshed boundary review should be the impact of any change on public health and not merely as an administrative tool for airshed management.

Figures extrapolated from 'The Health and Air Pollution in New Zealand'¹ estimate that for Wairarapa urban areas, premature mortality for adults due to PM₁₀ pollution² accounts for 8% of all deaths and up to 20% of deaths for Māori. When considered over ten years, the number of deaths (161) and the social cost (\$574m) is considerable.

The National Environmental Air Quality Standards set standards for both a 24 hour average PM₁₀ and annual PM₁₀ levels, but exceedences for airshed compliance are generally set against the 24 hour average only. Excess winter exceedences largely driven by domestic wood burners are therefore a focus.

Whilst short term exceedences are important, we note that PM₁₀ is a non-threshold contaminant in terms of its effects on human health. Long term effects on chronic conditions need to be considered

¹ Fisher, G. et al (2007) Health and Air pollution in New Zealand Final Report.

² PM₁₀ is particulate matter less than 10 micrometers in diameter. There is a substantial body of evidence that breathing particulate matter (PM) is harmful to human health particularly small fractions such as PM₁₀.

thus annual average PM₁₀ levels are significant. The greatest health effects occur where premature mortality is associated with long-term exposure to fine particulates from combustion sources. Regional Public Health would like to see Greater Wellington Regional Council consider the health effects of exposure to long term air pollution when developing air quality management strategies.

Regional Public Health recognises that addressing air quality health concerns will be a long term strategy and any significant progress will likely result from a series of steps. Regional Public Health strongly believes that the reorganisation of the Wairarapa airshed should be seen as just one of these steps. Given that PM₁₀ contributes to quite significant health effects, including premature deaths and cost to society, Regional Public Health would welcome the opportunity to work with Council, Territorial Authorities and other stakeholders in such a stepwise approach to improving air quality.

If you wish to discuss this matter, please contact me on 04 570 9002.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'PP' followed by a stylized flourish and a horizontal line.

Dr Stephen Palmer
Medical Officer of Health
Regional Public Health