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O L S O N , B Z D O K & H O W A R D

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August 21, 2019

Ms. Barbara Kunkle  
Acting Executive Secretary  
Michigan Public Service Commission  
7109 W. Saginaw Hwy.  
P. O. Box 30221  
Lansing, MI 48909

*Via E-Filing*

RE: MPSC Case No. U-20471

Dear Ms. Kunkle:

The following is attached for paperless electronic filing:

Direct Testimony of Kindra Weid on behalf of Michigan Environmental Council,  
Natural Resources Defense Council, and Sierra Club

Exhibits MEC-88 through MEC-92

Proof of Service

Sincerely,

Tracy Jane Andrews  
[tjandrews@envlaw.com](mailto:tjandrews@envlaw.com)

xc: Parties to Case No. U-20471

STATE OF MICHIGAN  
BEFORE THE MICHIGAN PUBLIC SERVICE COMMISSION

In the matter of the Application of )  
DTE ELECTRIC COMPANY for )  
approval of its Integrated Resource Plan ) MPSC Case No. U-20471  
pursuant to MCL 460.6t, and for other relief. )  
\_\_\_\_\_  
)

**DIRECT TESTIMONY  
OF  
KINDRA WEID  
  
ON BEHALF OF  
MICHIGAN ENVIRONMENTAL COUNCIL, NATURAL RESOURCES  
DEFENSE COUNCIL, AND SIERRA CLUB**

**August 21, 2019**

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1      **I. INTRODUCTION AND QUALIFICATIONS**

2      **Q. Please state your name, business address and affiliation.**

3      **A.** My name is Kindra Weid. My business address is 525 W. Main St. Manchester, Michigan  
4                          48158. I am the Coalition Coordinator for MI Air MI Health.

5      **Q. On whose behalf is this testimony being offered?**

6      **A.** I am testifying on behalf of the Michigan Environmental Council (“MEC”), Natural Resources  
7                          Defense Council (“NRDC”), and Sierra Club (“SC”).

8      **Q. Please describe your educational background and professional qualifications.**

9      **A.** I graduated from the University of Michigan, School of Nursing in 2000 with a Bachelor of  
10                         Science and Nursing. I also have a Master of Public Health, Biostatistics and Epidemiology,  
11                         from the University of Nevada, Las Vegas, School of Public Health (2011). I attended the  
12                         University of Toronto, Dalla Lana School of Public Health from 2012-2015, where I  
13                         completed all but a dissertation in pursuit of a PhD in Epidemiology. Currently, I am a  
14                         Registered Nurse (RN) with the Michigan State Board of Nursing and practice as a critical  
15                         care RN in a medical intensive care unit in Washtenaw County. In this role, I perform direct  
16                         patient care for some of the at-risk populations impacted by air pollution. I am also the  
17                         Coalition Coordinator of MI Air MI Health, an alliance of health professionals that believes  
18                         all people deserve to breathe clean and healthy air. MI Air MI Health advocates for public  
19                         policy that improves outdoor air quality at the local, state and federal level; we educate  
20                         legislators on the importance of public health considerations in all policy decisions; and we

1 educate the public on the health impacts associated with exposure to air pollution. A copy  
2 of my Resume is attached as Exhibit MEC-88.

3 **Q. Have you previously testified before the Michigan Public Service Commission?**

4 **A.** No.

5 **Q. Are you sponsoring any exhibits?**

6 **A.** Yes, I am sponsoring the following exhibits:

7 Ex MEC-88: Resume of Kindra Weid  
8 Ex MEC-89: WP LKM -5, 6, 7, 8 Emissions Tabs  
9 Ex MEC-90: Response to MECNRDCSCDE-5.35j  
10 Ex MEC-91: Response to MECNRDCSCDE-8.47  
11 Ex MEC-92: Table 1: Population of At-risk Groups: Monroe, St. Clair, and Wayne  
12 Counties, Michigan (2019) by DTE coal-fired power plant location

13 **Q. What is the purpose of your testimony?**

14 **A.** The purposes of my testimony are to:

15 a. Document DTE's proposed coal plant retirement schedule and share with the  
16 Commission the emissions data presented by DTE in this case.

17 b. Highlight the public health impacts associated with air pollution in Michigan from  
18 fossil fuel combustion. In particular, I highlight two public health issues that are  
19 exacerbated by fossil fuel electric generation: (a) public health impacts associated with

1                   the exposure to air pollutants, and (b) public health impacts associated with climate  
2                   change.

3                 c. Demonstrate to the Commission that the public health impacts associated with the  
4                   continued operation of DTE’s coal-fired generating units deserve consideration in the  
5                   IRP decision-making process.

6       **II. DTE’S COAL PLANTS AND AIR POLLUTANT EMISSIONS**

7       **Q. What timeline for retirement has DTE proposed for its coal plants?**

8       A. Although several of DTE’s currently operating coal-fired power plants are slated for closure  
9                   by 2022, there is still a sizable amount of the Company’s capacity relying on fossil-fueled  
10                  power through 2040:<sup>1</sup>

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<sup>1</sup> IRP, pp. 25, 56-57, 129, 142, 153; Mikulan pp. 51-61, 87-89; Paul Direct, pp. 13-17; Exhibit A-10.

Fossil-Fueled Generation Units	Year Operational	Summer Capacity Rating (MW)	IRP Treatment	Location
River Rouge Unit 3	1958	272	Coal combustion ends 2020; burn recycled industrial gases until 2022	Wayne County
Trenton Channel Unit 9	1968	495	2022	Wayne County
St. Clair Unit 1	1953	151	2019	St. Clair County
St. Clair Unit 2	1953	154	2022	St. Clair County
St. Clair Unit 6	1961	311	2022	St. Clair County
St. Clair Unit 7	1969	440	2022	St. Clair County
Belle River Unit 1	1984	517	Evaluated 2025 retirement; maintains 2029 retirement	St. Clair County
Belle River Unit 2	1985	517	Evaluated 2026 retirement; maintains 2030 retirement	St. Clair County
Blue Water Energy Center	2022	1,150	Enters into service 2022	St. Clair County
Monroe Unit 1	1971	758	Consider in future IRP	Monroe County
Monroe Unit 2	1973	773	Consider in future IRP	Monroe County
Monroe Unit 3	1973	773	Consider in future IRP	Monroe County
Monroe Unit 4	1974	762	Consider in future IRP	Monroe County
Oil, Gas peaker units	Various	IRP, pp. 56-57	No change	Various

1       **Q. Did DTE provide self-reported emissions projections that it provided in this**  
2       **proceeding?**

3       **A.** Yes. The emissions data that DTE presented in this case is included as Exhibits MEC-89  
4       and MEC-90. Exhibit MEC-89 (WP LKM-5, 6, 7, 8 Emissions Tabs) consists of the  
5       information provided in the Emissions Tab from each of the four the work paper provided  
6       by DTE witness Mikulan, which was also discussed by DTE witness Marietta.<sup>2</sup> These data  
7       show, for each of DTE's fossil generating units, the rate and total volume (in tons) of the  
8       following emissions: sulfur dioxide (SO<sub>2</sub>); carbon dioxide (CO<sub>2</sub>); nitrogen oxide (NOx);  
9       particulate matter (PM); and mercury (Hg) (volume, not rate). In addition, in response to a  
10      discovery request, DTE provided its projected volume of fine particulates (PM<sub>2.5</sub>) for its  
11      fossil fuel generating units, which is presented in Exhibit MEC-90  
12      (MECNRDCSCDE-5.35j).

13       **Q. Did DTE provide self-reported actual emissions in this proceeding?**

14       **A.** Yes. In response to a discovery request, DTE provided its reported emissions for 2008  
15      through 2018 for each of the pollutants noted above (SO<sub>2</sub>, CO<sub>2</sub>, NOx, PM, PM<sub>2.5</sub>, and Hg).  
16      This data is provided in Exhibit MEC-91 (MECNRDCSCDE-8.47).

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<sup>2</sup> Marietta, pp. 14-15.

1     **Q. Did you review the emissions data that DTE provided in this case?**

2     A. Yes, I reviewed both the past data and the projected emissions provided by DTE in the  
3         exhibits referenced above.

4     **Q. Based on the DTE emissions projections in Exhibit MEC-89 (LKM-5-8), will the  
5         conversion of River Rouge to burning industrial gases reduce emissions levels?**

6     A. No. According to the data provided by DTE related to projected emissions (Ex MEC-89 (WP  
7         LKM-5-8 Emissions)), DTE's proposal to convert the River Rouge 3 unit from coal to  
8         industrial gases will not result in a reduction in the reported emissions rates for this unit  
9         between 2018 rates and 2020 for all reported pollutants.

10    **Q. Is the data DTE has provided in this case sufficient to make an analysis of health  
11         impacts associated with DTE's units?**

12    A. No, I do not believe that DTE's emissions data is sufficient to enable either stakeholders or  
13         the Commission to consider the health impacts associated with the units.

14    **III. PUBLIC HEALTH IMPACTS ASSOCIATED WITH EXPOSURE TO AIR  
15         POLLUTANTS**

16    **Q. How does exposure to air emissions from fossil-fuel electric generating units impact  
17         human health?**

18    A. Fossil fuel electric generation results in significant emissions of regulated air pollutants,  
19         including (among others) particulate matter, ozone-forming compounds, sulfur dioxide,

1       nitrogen oxides, volatile organic compounds, and others.<sup>3</sup> Research shows that the inhalation  
2       of particulate matter (PM) and other criteria pollutants directly impacts the tissue or organ of  
3       initial contact (*e.g.*, the respiratory system) while also triggering a cascade of inflammation  
4       with indirect systemic effects (*e.g.*, the cardiovascular system).<sup>4</sup> These impacts may be felt  
5       more acutely and short-term (*e.g.*, coughing, tearing, shortness of breath, chest pain) or may  
6       be more chronic and subtle (*e.g.*, atherosclerosis, diabetes, stroke).<sup>5</sup> Broadly speaking, the  
7       human health impacts of air pollution are dictated by the size, makeup, duration and  
8       concentration of particulate exposure, which makes it paramount that ALL emissions are  
9       considered a threat to public health and the environment and require as much reduction as  
10      possible. MEC-NRDC-SC witness Dr. George Thurston provides testimony in this case that  
11      addresses how the combustion of coal results in emission of several criteria pollutants with  
12      well-documented human health impacts.

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<sup>3</sup> ToxTown, National Library of Medicine, National Institute of Health, *Power Plants* (2017).

<sup>4</sup> Schraufnagel *et al*, *Air Pollution and Noncommunicable Diseases: A review of the Forum of International Societies' Environmental Committee, Part 1: The Damaging Effects of Air Pollution*, CHEST Journal (2018).

<sup>5</sup> *Id*; Schraufnagel *et al*, *Air Pollution and Noncommunicable Diseases: A review of the Forum of International Societies' Environmental Committee, Part 2: Air Pollution and Organ Systems*, CHEST Journal (2018).

1      **Q. How can particulate matter (PM) emissions impact human health?**

2      A. Particulate matter (PM) is one of many by-products of the combustion of fossil fuels for  
3      energy, among other sources, but especially among coal-fired power.<sup>6</sup> In a review of scientific  
4      studies (2012) performed over the past 30 years, associations between PM exposure and human health  
5      were investigated.<sup>7</sup> The authors posited the following conclusions from the literature: “A dose-  
6      response relationship between PM exposure and adverse effects has been identified, and  
7      improvement in health endpoints is observed when the PM exposures are reduced.”<sup>8</sup> The  
8      studies included in the review investigated varying levels and duration of PM exposure and  
9      the following health endpoints: cardiovascular morbidity and mortality (atherosclerosis,  
10     systemic inflammation, coagulation platelet activation, ischemic cardiovascular disease  
11     mortality, mortality from arrhythmia, congestive heart failure, and cardiac arrest), respiratory  
12     health effects (symptoms, medication use, lung function, health-care utilization, and  
13     mortality), and cerebrovascular health effects (e.g., stroke) of which the connection was  
14     inconclusive at the time of this study’s end; however, since then, scientific research has  
15     demonstrated an association between air pollution and systemic cerebrovascular  
16     inflammation associated with stroke and other cognitive deficits, such as dementia.<sup>9</sup>

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<sup>6</sup> ToxTown, National Library of Medicine, National Institute of Health, *Particulate Matter* (2017)

<sup>7</sup> Anderson *et al*, *Clearing the Air: A Review of the Effects of Particulate Matter Air Pollution on Human Health*, Journal of Medical Toxicology (2012).

<sup>8</sup> *Id.*, p. 172.

<sup>9</sup> *Id.*, see also Peters *et al*, *Air Pollution and Dementia: A Systematic Review*, Journal of Alzheimer’s Disease (2019).

1 Moreover, the authors concluded that, “Overall, the available evidence suggests a causal  
2 association between long- and short-term PM exposure and cardiovascular and respiratory  
3 morbidity and mortality.”<sup>10</sup> Particulate matter exposure is associated with premature deaths  
4 in people with heart or lung conditions, nonfatal heart attacks, irregular heartbeat,  
5 exacerbations of asthma, decreased lung function, and increased respiratory symptoms, such  
6 as coughing, irritation and/or difficulty breathing.<sup>11</sup>

7 **Q: How can ozone impact human health?**

8 **A:** Ground-level ozone is the result of a chemical reaction between sunlight, nitrogen oxide  
9 (NOx), and volatile organic compounds (VOCs) in the air, which is more prone to occur on  
10 high-temperature, sunny days.<sup>12</sup> As referenced below, the precursors to ozone formation  
11 (NOx and VOCs) are emitted during fossil-fuel combustion for energy, among other  
12 sources.<sup>13</sup> When ozone is inhaled, it serves as a noxious irritant to the mucous membranes  
13 of the respiratory system causing localized irritation and systemic inflammation; it has been  
14 compared to “getting a bad sunburn” along the nose, throat, and airways.<sup>14</sup> Research has  
15 demonstrated a linear relationship between ozone exposure and premature death in older

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<sup>10</sup> Anderson *et al*, *Clearing the Air: A Review of the Effects of Particulate Matter Air Pollution on Human Health*, Journal of Medical Toxicology (2012), p. 172.

<sup>11</sup> EPA, *Health and Environmental Effects of Particulate Matter (PM)* (2018).

<sup>12</sup>American Lung Association, *Healthy Air: Ozone* (2018).

<sup>13</sup> See Nitrogen Oxides at <https://toxtown.nlm.nih.gov/chemicals-and-contaminants/nitrogen-oxides> and Volatile Organic Compounds (VOCS) at <https://toxtown.nlm.nih.gov/chemicals-and-contaminants/volatile-organic-compounds-vocs>.

<sup>14</sup> *Id.*; see also American Lung Association, *Ozone Pollution* (2016).

1       adults.<sup>15</sup> Ozone exposure can also cause more immediate effects, such as shortness of breath,  
2       wheezing or cough; irritation and/or inflammation of the airways that may lead to an asthma  
3       attack or exacerbation of chronic obstructive pulmonary disease (COPD) requiring  
4       hospitalization; and an increased susceptibility to pulmonary inflammation and infections.<sup>16</sup>

5       The heart and lungs are uniquely interconnected and anything that impacts the lungs will  
6       impact the heart as well and vice versa. Arrhythmias (irregular heartbeats), increased risk of  
7       heart attacks, and an increase in hospitalizations and emergency department visits related to  
8       cardiovascular disease after exposure to ozone have all been documented in the literature.<sup>17</sup>

9       Witness Thurston also discusses health impacts from ozone exposure in his testimony.

10      **Q: How can sulfur dioxide (SO<sub>2</sub>) emissions impact human health?**

11      **A:** Again, witness Thurston outlines this in his testimony. Sulfur dioxide forms when sulfur-  
12       containing fuels are burned and the combustion of fossil fuels by power plants and other  
13       industrial facilities are the biggest sources in the United States.<sup>18</sup> Short-term exposure can  
14       irritate the mucous membranes of the eyes, nose, throat and lungs, cause difficulty breathing,  
15       and inflame lung tissue.<sup>19</sup> Long-term exposure has been associated with structural changes  
16       in lung function, infertility in men and women, non-specific symptoms, such as headache,

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<sup>15</sup> American Lung Association, *Healthy Air: Ozone* (2018); Di *et al*, (2017).

<sup>16</sup> American Lung Association, *Healthy Air: Ozone* (2018); EPA, *Health Effects of Ozone Pollution* (2019).

<sup>17</sup> *Id.*

<sup>18</sup> NASA, *Scientific Visualization Studio: Sulfur Dioxide 2018 Update* (2019).

<sup>19</sup> ToxTown, National Library of Medicine, National Institute of Health: *Sulfur Dioxide* (2017).

1 dizziness, nausea, and vomiting, and more localized respiratory symptoms, such as bronchitis  
2 and shortness of breath.<sup>20</sup> Populations at greatest risk are those who live or work within close  
3 proximity to a source, athletes, children, and elderly populations with pre-existing heart and  
4 lung conditions.<sup>21</sup>

5 **Q: How can nitrogen oxides (NOx) emissions impact human health?**

6 **A:** Nitrogen dioxide (NO<sub>2</sub>) is one of a group of related nitrous gases commonly referred to as  
7 NOx (nitrogen oxides), which are emitted upon combustion of fossil fuels from power plants  
8 and for transportation, among other processes.<sup>22</sup> They have direct health impacts on their  
9 own as well as when they combine with sunlight and other compounds in a chemical reaction  
10 to form ground-level ozone, or smog.<sup>23</sup> Short-term exposure to NOx can irritate the eyes  
11 and respiratory system and can trigger asthmatics, resulting in coughing, shortness of breath,  
12 wheezing, etc., potentially leading to hospitalization.<sup>24</sup> Long-term exposure has been linked  
13 to the development of asthma in children, harmful cardiovascular impacts, lower birth  
14 weight, increased risk of premature death, and decreased survival in those with diagnosed  
15 lung cancer.<sup>25</sup> As discussed earlier, it is a component of the chemical reaction required for

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<sup>20</sup> *Id.*

<sup>21</sup> National Park Service, *Sulfur Dioxide Effects on Health: Who is at risk?* (2018).

<sup>22</sup> ToxTown, National Library of Medicine, National Institute of Health: *Nitrogen Oxides* (2017).

<sup>23</sup> *Id.*

<sup>24</sup> EPA, *Basic Information about NO<sub>2</sub>* (2016); American Lung Association, *Healthy Air: Nitrogen Dioxide*, (2018).

<sup>25</sup> American Lung Association, *Healthy Air: Nitrogen Dioxide* (2018).

1 ground-level ozone to develop. Witness Thurston provides additional testimony regarding  
2 the connection between NOx emissions and human health.

3 **Q. How can Volatile Organic Compounds (VOCs) emissions impact human health?**

4 **A:** VOCs are outgassed during the combustion of fossil fuels and from various consumer  
5 goods.<sup>26</sup> Similar to other toxic pollutants, short-term exposure can result in irritation to the  
6 eyes, nose, throat, and other neurological symptoms (e.g., headache, dizziness, visual and  
7 memory problems); long-term exposure can result in more serious impacts like intensified  
8 short-term effects, nausea, damage to the kidneys, liver and central nervous system, as well  
9 as certain cancers.<sup>27</sup> Alone, VOCs are considered a toxic classification of chemical  
10 pollutants; however, they are also a key ingredient in the chemical reaction responsible for  
11 ground-level ozone.<sup>28</sup> Decreasing these emissions would help to mitigate the formation of  
12 ground-level ozone.

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<sup>26</sup> ToxTown, National Library of Medicine, National Institute of Health, *Volatile Organic Compounds* (2017).

<sup>27</sup> *Id.*

<sup>28</sup> American Lung Association, *Healthy Air: Volatile Organic Compounds* (2018).

1     **Q. What is your assessment of the scientific research and resources related to the**  
2         **health impacts associated with exposure to emissions that originate from fossil-**  
3         **fuel power plants?**

4     **A.** The scientific literature, including the resources cited in my testimony as well as many others,  
5         confirm that air pollutants like those emitted from DTE's fossil fuel units cause serious  
6         negative health impacts.

7     **IV. MICHIGAN SPECIFIC PUBLIC HEALTH IMPACTS ASSOCIATED WITH**  
8         **EXPOSURE TO AIR POLLUTANTS**

9     **Q. How has public health in Michigan been impacted by outdoor concentrations of PM<sub>2.5</sub>?**

10     **A.** The American Thoracic Society (ATS) estimates that in 2019, Michigan will experience an  
11         excess of 41 deaths, 13 cases of lung cancer, and 20 serious illnesses (*e.g.*, asthma or COPD  
12         exacerbation requiring hospitalization) due to outdoor concentrations of PM<sub>2.5</sub> greater than  
13         recommended values.<sup>29</sup> As discussed by witness Thurston, there are proven methods (*e.g.*,  
14         health impact assessments) to quantify the health impacts of PM<sub>2.5</sub> emissions from DTE's  
15         power plants, but, in addition to accurate emissions data from DTE, we would need further  
16         information.

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<sup>29</sup> American Thoracic Society, *Health of the Air 2019: Health Impacts: Fine Particulate Matter (PM<sub>2.5</sub>)* (2019).

- 1      **Q. Is this health impact data DTE-specific?**
- 2      A. No, these numbers represent all of Michigan and all air emissions sources. More detailed  
3            data would be needed to do a health impact assessment of DTE sources.
- 4      **Q: How has public health in Michigan been impacted by outdoor concentrations of**  
5            **ozone?**
- 6      A: An Air Action! Day in Michigan occurs on sunny, high-temperature days when levels of  
7            certain criteria pollutants, particularly ozone and PM, are at levels high enough to make the  
8            air unsafe to breath.<sup>30</sup> At-risk populations vary depending upon the ground-level  
9            concentration of ozone, but Michigan sees several days each summer in which the air is  
10          considered unhealthy for “sensitive groups.” Sensitive populations to ozone include children,  
11          seniors, people who are active outdoors, and people with pre-existing lung disease (e.g.,  
12          asthma, COPD, emphysema, lung cancer, etc.); sensitive populations to PM include those  
13          with heart or lung disease, older adults and children.<sup>31</sup> As of August 15, the Detroit area had  
14          experienced 5 days in 2019 in which the air quality index was elevated to the extent that it  
15          was recommended for sensitive groups to limit their exposure to outdoor air.<sup>32</sup>

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<sup>30</sup> Mich. Dept. Environment, Great Lakes, and Energy, *About Action! Days* (2019).

<sup>31</sup> *Id.*

<sup>32</sup> Mich. Dept. Environment, Great Lakes and Energy, *Action! Days* (2019).

1     **Q. What does the American Thoracic Society estimate in terms of the public health  
2                    impacts resulting from ozone exposure?**

3     A. The ATS estimates that in 2019, Michigan will experience an excess of 132 deaths, 304  
4                    serious illnesses, and 313,447 impact days (*e.g.*, days in which people are not able to carry  
5                    on with their usual activities of daily living, like school or work, due to the health effects of  
6                    poor air quality) as a result of outdoor ozone levels above their recommendation of 60 ppb.<sup>33</sup>  
7                    The NAAQS for ozone is currently 70 ppb.<sup>34</sup>

8     **Q. Is this health impact data DTE-specific?**

9     A. No, these numbers represent all of Michigan and all air emissions sources. More detailed  
10                  data would be needed to do a health impact assessment of DTE sources.

11    **Q. Is there local-level information available, related to the health impacts from ozone  
12                  and fine particulates?**

13    A. Michigan currently has 10 counties in nonattainment status for the NAAQS 8-hour ozone  
14                  standard for 2018-2019: Allegan, Berrien, Livingston, Macomb, Monroe, Muskegon,

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<sup>33</sup> American Thoracic Society, *Health of the Air 2019: Health Impacts Fine Particulate Matter (PM<sub>2.5</sub>)* (2019).

<sup>34</sup> EPA, *2015 Revision to 2008 Ozone NAAQS Related Documents* (2018).

1       Oakland, St. Clair, Washtenaw, and Wayne.<sup>35</sup> The tri-city areas of Detroit-Dearborn-Livonia  
2       (34 excess deaths) and Warren-Troy-Farmington Hills (48 excess deaths) rank 25th and 15th,  
3       respectively, on the list of *Top 25 [US Cities] - Ozone Health Impacts* according to data from  
4       the ATS.<sup>36</sup> Detroit-Dearborn-Livonia ranks 15<sup>th</sup> with an estimated 41 excess deaths on the  
5       ATS list of *Top 25 [US Cities] – PM<sub>2.5</sub> Health Impacts*.<sup>37</sup> When taking excess mortality  
6       from both PM<sub>2.5</sub> and ozone exposure into account, the Detroit-Dearborn-Livonia area ranks  
7       18th among *Top 25 [US Cities] - Total Health Impacts* with an estimated 75 deaths.<sup>38</sup>

8       **Q. Are certain populations in Michigan more vulnerable to the health impacts associated  
9       with coal-unit emissions?**

10      A. Exposure to outdoor air pollutants, like those emitted from DTE's fossil fueled generating  
11       units, is often more detrimental to those with pre-existing conditions, children and seniors,  
12       and those living in poverty.<sup>39</sup> The American Lung Association has quantified Michigan's  
13       population into at-risk groups by county.<sup>40</sup> This information identifies the scope of risk for

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<sup>35</sup> EPA, *Michigan Nonattainment/Maintenance Status for Each County by Year for All Criteria Pollutants* (2019).

<sup>36</sup> American Thoracic Society, *Health of the Air 2019: City Rankings, Top 25- Ozone-Health Impacts Rankings Ozone* (2019);

<sup>37</sup> American Thoracic Society, *Health of the Air 2019: City Rankings, Top 25- PM<sub>2.5</sub>-Health Impacts* (2019).

<sup>38</sup> American Thoracic Society, *Health of the Air 2019: Top 25 – Total Health Impacts* (2019).

<sup>39</sup> American Lung Association, *State of the Air 2019: Key Findings: People at Risk* (2019).

<sup>40</sup> American Lung Association, *State of the Air 2019: Report Card: Michigan* (2019), *Groups at Risk Tab*.

negative health impacts on days with poor air quality. In Exhibit MEC-92 (Table 1), I highlighted the number of people in the at-risk population categories in each Monroe, St. Clair and Wayne Counties to help show the context for the decisions to continue operation of coal-fired power plants, as proposed in DTE's IRP. For example, on a Michigan *Air Action! Day* in Wayne County (excluding those under 18 and those 65 and over because of the unknown health variability within those groups), there are an estimated 297,122 individuals at risk for an exacerbation of their pre-existing lung condition (*i.e.*, pediatric and adult asthma, COPD and lung cancer). This excludes less common lung diseases, such as emphysema, cystic fibrosis, pulmonary fibrosis, etc. but those populations are still considered at-risk, therefore, this is an underestimate of the at-risk group. Sensitive groups are asked to limit their exposure to outdoor air on these occasions making it difficult to carry out activities of daily living, such as working, shopping, attending school and playing.

**Q. Is the data in Exhibit MEC-92 (Table 1) DTE-specific?**

**A.** No, the at-risk populations shown in Table 1 would be impacted by all sources of air pollution, both in the respective counties and also from sources further away. More detailed data would be needed to do a health impact assessment of DTE sources.

**Q. Please summarize your concerns, based upon your review of the scientific literature discussed above.**

**A.** By approaching this IRP from a more holistic perspective that took health externalities into consideration, the utility and stakeholders, as well as the Commission, could better understand the full costs and benefits of utility resource decisions. It is also imperative to

1 consider that not all populations are impacted by utility resource decisions equally, and such  
2 inequity should be considered as part of a resource-specific health impact assessment.  
3 Communities living near fossil fuel generating units will bear the brunt of health costs  
4 associated with air pollution emissions, but could also stand to reap larger benefits in terms  
5 of improvements to health outcomes from reductions or cessation of emissions of harmful  
6 pollution.

7 **V. FOSSIL FUELS AND CLIMATE CHANGE**

8 **Q. Please summarize how the combustion of fossil fuels contributes to climate change.**

9 **A.** According to the EPA, in 2017, the combustion of fossil fuels for energy production  
10 contributed 28% of all greenhouse gasses (GHGs) attributed to climate change—second only  
11 to the transportation sector (29%).<sup>41</sup>

12 **Q. What are the current and projected impacts of climate change in Michigan and in the  
13 Midwest?**

14 **A.** According to the Great Lakes Climate Change Report (2019) and the National Climate  
15 Assessment (2018), climate change in Michigan and the rest of the Midwest will manifest in  
16 increased air temperatures, heavier precipitation, flooding, diminished agricultural

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<sup>41</sup> EPA, *Sources of Greenhouse Gas Emissions, Overview* (2017).

1 production, and heat waves.<sup>42</sup> Michigan is projected to see more days with temperatures  
2 reaching 90 degrees Fahrenheit and fewer days below 32 degrees Fahrenheit.<sup>43</sup> Key crop  
3 production, such as corn and soybeans, will shift north geographically.<sup>44</sup> Spring and winter  
4 seasons will experience more precipitation, while summer seasons will experience less  
5 rainfall and more drought-like conditions.<sup>45</sup> Smaller and lower-income communities with  
6 less infrastructural resilience to these shifts will suffer economically as a result.<sup>46</sup>

7 In the Midwest region, including Michigan, researchers project that we will experience an  
8 increase in water-borne and vector-borne pathogens, heat related illness, and pollen season  
9 duration.<sup>47</sup> The National Climate Assessment indicates that the Midwest will be particularly  
10 susceptible to an increase in respiratory and cardiovascular diseases, and injuries and  
11 premature deaths related to extreme weather events.<sup>48</sup> Scientists and public health officials  
12 project the expansion of vector-borne illnesses, such as Lyme disease and West Nile virus,

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<sup>42</sup> Environmental Law & Policy Center, *An Assessment of the Impacts of Climate Change on the Great Lakes* (2019); US Global Change Research Program, *Fourth National Climate Assessment*, Chapter 21: Midwest (2018).

<sup>43</sup> Environmental Law & Policy Center, *An Assessment of the Impacts of Climate Change on the Great Lakes* (2019).

<sup>44</sup> *Id.*

<sup>45</sup> *Id.*

<sup>46</sup> *Id.*; see also US Global Change Research Program, *Fourth National Climate Assessment*, Chapter 21: Midwest (2018),

<sup>47</sup> *Id.*; US Global Change Research Program, *Fourth National Climate Assessment*, Chapter 21: Midwest (2018).

<sup>48</sup> US Global Change Research Program, *Fourth National Climate Assessment*, Chapter 21: Midwest (2018).

1 extreme precipitation with increased flooding, and more heat-related illnesses throughout the  
2 state.<sup>49</sup> Living with the uncertainty of extreme weather events has been shown to threaten  
3 mental health, as well.<sup>50</sup> Researchers have further documented that climate change has  
4 contributed to the unpredictability and intensification of extreme weather events like  
5 flooding, forest fires, extreme heat events and hurricanes, which all have the potential to  
6 trigger “extreme anxiety reactions” or post-traumatic stress disorder.<sup>51</sup>

7 **VI. CONCLUSION**

8 **Q. What conclusions do you draw from your review of the DTE data and scientific  
9 research that you have discussed in your testimony?**

10 **A.** I conclude that:

11 1. DTE proposes to keep a sizable amount of coal online between now and 2040.

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<sup>49</sup> NRDC, *Climate Change and Health in Michigan* (2019).

<sup>50</sup> Berry *et al*, *Climate change and mental health: a causal pathways framework*, International Journal of Public Health (2010).

<sup>51</sup> *Id*

1       2. The data provided in this IRP by DTE related to its fossil-burning electric  
2           generation plants are not sufficient to understand the health impacts associated  
3           with its decisions to operate these units.

4       3. Air pollutants like those emitted from DTE's coal units cause serious negative  
5           health impacts.

6       4. Air pollutants like those emitted from DTE's fossil fuel units exacerbate climate  
7           change.

8       5. The worsening climate crisis will have negative impacts on Michigan and the  
9           health of those living in Michigan.

10      **Q. Based on these conclusions, what are your recommendations for the Commission?**

11     A. Going forward, I recommend the Commission ensure that health impacts of resource  
12       decisions be considered within the scope of IRPs. The body of evidence presented in this  
13       testimony articulates the nexus between fossil fuel energy production, air pollution, climate  
14       change, and public health. It makes clear that energy production decisions have vast and far-  
15       reaching implications on the health, safety, and wellbeing of families across Michigan. The  
16       stated mission of the MPSC is to “protect the public by ensuring safe, reliable, and accessible  
17       energy and telecommunications services at reasonable rates for Michigan's residents.”<sup>52</sup>  
18       Thus, making long term energy resource decisions without considering the impacts of fossil

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<sup>52</sup> Michigan Public Service Commission, *About the MPSC* (2019); see also Case No. U-20147, Nov. 21, 2018, Order, p. 36.

1       fuel generation on human health will hinder the ability of the utility and Commission to fully  
2       evaluate how reasonable and prudent those resources are in meeting the needs of the public.

3       **Q. Does this conclude your testimony?**

4       **A.** Yes.

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### Curriculum Vitae

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#### **Education:**

**PhD (Student)** Epidemiology, ABD, incomplete  
University of Toronto, Dalla Lana School of Public Health, 2012-2016

**MPH** Master of Public Health, Epidemiology and Biostatistics, 2011  
University of Nevada, Las Vegas, School of Community Health Sciences, 2009-2011

**BSN** Bachelor of Science in Nursing, 2000  
University of Michigan, School of Nursing, 1996-2000

#### **Employment and Experience:**

St. Joseph Mercy Health System, Chelsea Hospital, December 2015 – present  
**Registered Nurse**, Intensive Care Unit and Radiology (Diagnostic Imaging), Basic Life Support Instructor (AHA), unit scheduler

MI Air MI Health, May 2016- present  
**Coalition Coordinator**, Public Health Advocate and Health Educator

Ecology Center and MI Air MI Health, November 2015 – May 2016  
**MI Air MI Health**, Health Fellow

The University of Toronto Scarborough campus, May 2015 – August 2015  
**Course Instructor** for the Department of Anthropology, Health Studies Discipline Foundations in Health Studies II, Summer term (2015), undergraduate course

The University of Toronto Scarborough campus, January 2015 – April 2015  
**Head Teaching Assistant** for Dr. Suzanne Sicchia, Foundations in Health Studies I Winter term (2015), undergraduate course

The University of Toronto Scarborough campus, August 2013 – December 2014  
**Teaching Assistant** for Dr. Suzanne Sicchia, Foundations in Health Studies I (Fall terms 2013, 2014) & II (Winter term 2013), undergraduate course

The University of Toronto, St. George campus, January 2014 – April 2014  
**Teaching Assistant** for Drs. Jason Garay and Shelly Bolotin, Health Trends & Surveillance (Winter term, 2014), graduate course

The University of Toronto, Dalla Lana School of Public Health, January 2014 – April 2014  
**Research Assistant** for Dr. Dionne Gesink (PhD supervisor), Cancer Care Ontario's Under- and Never-Screened (UNS) cancer screening project

**Gap in employment** due to completion of MPH in Dec 2011 and relocation to Toronto, Canada to pursue PhD in Epidemiology at the University of Toronto in the fall of 2012  
\*Please note: There were restrictions on employment until school was initiated due to my immigration status.

Southern Nevada Health District, December 2010 – June 2011  
**Disease Investigation and Intervention Specialist** (influenza), internship  
Primary data collection, data entry, telephone interviewing, quantitative analysis

Las Vegas Radiology, March 2010 – December 2010  
**Cardiology testing RN**, cardiac testing, nuclear medicine, patient education and monitoring

Southern Nevada Health District, October 2009 – March 2010  
**Public Health RN**, H1N1 vaccination administrator and health educator  
Contracted through Eastridge Workforce Solutions/Healthcare Division

Michigan Heart & Associates, April 2007 – August 2009  
**Triage RN**, health educator, and Wellness Program co-coordinator

Scottsdale Healthcare, August 2005 – March 2007  
**Critical Care RN**, Neurological Intensive Care Unit/Trauma

Illinois Masonic Medical Center, October 2003 – August 2005  
**Critical Care RN**, Surgical Intensive Care Unit (Trauma/Cardiovascular ICU)

#### **Research Experience/Internship:**

**Research Assistant (RA)**, Cancer Care Ontario's Under- and Never-Screened (UNS) cancer screening project, conducted focus groups, quantitative and qualitative data analysis with an emphasis on immigrant health and cancer screening practices for breast, cervical, and colorectal cancers

#### **Primary data collector**

**MPH Thesis Title:** *Analysis of the Morbidity and Mortality of Severe Influenza Infection in Clark County, Nevada for the 2010-2011 Influenza Season*

**Presentations:**

Guest lecturer and press conferences for MI Air MI Health on the negative health impacts of air pollution in Michigan, November 2015 to present

Schools/COLLEGES OF NURSING: Michigan State University, University of Detroit Mercy, University of Michigan and Eastern Michigan University Capital Building, Lansing, Michigan

Foundations in Health Studies II: Delivered 2 hour lectures weekly as **Course Instructor** on various health topics relating to the social determinants of health to undergraduate audience of approximately 50 students

"Foundations in Health Studies II: Aboriginal Health"

University of Toronto, Scarborough campus, delivered lecture for HLTA03 Foundations in Health Studies II, March 10, 2014

"Immigrant Health in Toronto: A Community-Based Participatory Research Project and Systematic Review"

University of Toronto, Dalla Lana School of Public Health Epidemiology Seminar Series, Toronto, Ontario, December 2013

"Immigrant health in Canada and the 'healthy immigrant effect': Opportunities for research"

University of Toronto, Dalla Lana School of Public Health Epidemiology Seminar Series, Toronto, Ontario, April, 2013

MPH Thesis Prospectus Presentation, University of Nevada, Las Vegas, School of Community Health Sciences, Las Vegas, Nevada, August 2011

MPH Oral Thesis Defense, University of Nevada, Las Vegas, School of Community Health Sciences, Las Vegas, Nevada, October 2011

**Publications/Reports:**

Researching Under/Never Screened and Hard to Reach Populations Provincial Project, Final Report (April 30, 2014)

St. Jacques, K., Cruz, P. & Labus, B., (2013) Analysis of the morbidity and mortality of severe influenza infection in Clark County, Nevada for the 2010-2011 influenza season. *Nevada Journal of Public Health*, 10 (1), pg. 8 – 16.

**Awards and Honors:**

Be Remarkable Award, Saint Joseph Mercy Health System, Fall 2018

University of Nevada, Las Vegas, School of Community Health Sciences Outstanding Thesis Award, 2011

**Certifications:**

State of Michigan, Registered Nurse License #4704226765 current

BLS/ACLS certification current

**Committee Membership/Service to the Department (DLSPH):**

2015-2016 Ph.D. Epidemiology Admissions Committee Reviewer (December 2014)

Space and Facilities Committee Member, student representative (October 2014 – present)

Funding Advisory Committee, student representative (January 2013 – April 2013)

**Community Service:**

Village of Manchester, Parks and Recreation Commission Member, June 2018 - present

Faith in Action, volunteer RN for free public flu clinic, October 2015 – November 2015

Chelsea Senior Center, Meals on Wheels delivery volunteer, weekly from September 2014 to December 2015 - present (holidays only)

Toronto Public Library, adult literacy tutor, March 2012 – December 2012

Community Multicultural Center, adult literacy tutor, September 2009 – August 2011

Washtenaw Literacy, adult literacy tutor, February 2009 – July 2009







































**MPSC Case No.:** U-20471  
**Requestor:** MECNRDCSC  
**Question No.:** MECNRDCSCDE-5.35j  
**Respondent:** B. J. Marietta  
**Page:** 1 of 1

**Question:** Refer to your response to MECNRDCSCDE-2.24 and to the Emissions Tab on WP LKM- 5 PCA REF Annual Generation Report PCA A.

- j. Please provide the annual emissions (rate and tons) for each generating unit for fine particulates (PM2.5) through 2040.

**Answer:** See attachment.

**Attachments:** The document listed below is available for download at the following hyperlink:  
<https://dteenergy.sharepoint.com/sites/DiscoveryPortal/Elec/U204712019IRPPublic/default.aspx>  
*U-20471 MECNRDCSCDE-5.35j-01 PM2.5 Projection*



<b>MPSC Case No.:</b>	<u>U-20471</u>
<b>Requestor:</b>	<u>MECNRDCSC</u>
<b>Question No.:</b>	<u>MECNRDCSCDE-8.47</u>
<b>Respondent:</b>	<u>B. J. Marietta</u>
<b>Page:</b>	<u>1 of 1</u>

**Question:** Refer to the Emissions tab on workpapers LKM-5 through LKM-8 and to MECNRDCSCDE-5.35j-01 PM2.5 Projection. Please provide the Company's actual emissions, both rate and tons, and for each unit for each year 2008 through 2018. Please include SO2, CO2, NOx, PM, PM2.5, Hg for each unit.

**Answer:** See attachment.

**Attachments:** The documents listed below are available for download at the following hyperlink:  
<https://dteenergy.sharepoint.com/sites/DiscoveryPortal/Elec/U204712019IRPPublic/default.aspx>  
*U-20471 MECNRDCSCDE-8.47-01 2008-2018 Emissions Summary*

DTE Electric Company  
 MECNRDCSCDE-8.47-01 2008-2018 Emissions Summary  
 SO2

SO2 (tons)	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
BR1	7886	11066	10576	8826	10685	8752	9517	10172	7518	10414	9267
BR2	11523	11783	9954	12199	9557	11424	10399	9089	9436	7949	10287
CCK	0.4										
GW1	150	47	36	40	4	2	1	1	2	2	3
HB	1629	1044	1391	1434	588	308					
MON1	31485	24956	27635	23839	25270	18189	383	410	530	954	1071
MON2	29198	27221	18852	23730	22865	24377	4654	373	275	573	1056
MON3	31096	22961	494	956	619	509	621	544	800	707	808
MON4	26605	10761	621	564	405	691	629	916	738	843	919
RR2	6639	7481	7456	5894	3705	4355	3700	2309			
RR3	7854	7464	6966	4758	4497	4859	6023	4087	2806	2504	2118
SC1	3685	2382	3159	2535	2750	2336	2493	2455	2387	2443	2433
SC2	2751	2608	3389	2583	2848	2329	2627	2305	1765	2294	2274
SC3	5468	2630	3233	2939	2917	2579	2518	2046	1780	2374	2342
SC4	3412	2509	3397	2690	3219	2746	2600	2698	1769		
SC6	8653	7457	10519	10539	5487	9477	7970	6263	3019	5974	4203
SC7	14303	11346	11564	13377	10988	10643	9248	8938	5602	1274	6106
TC9	18200	17926	15181	16422	16999	16254	12300	11656	9393	6178	3114
TCHP	9422	7517	8288	6299	5427	3738	3213	2801	549		

-- BR1 & BR2 emissions include only DTE portion; MPPA emissions are excluded  
 -- Units operating in 2008, but since retired are included (CCK, HB, RR2, SC1, SC4, TCHP)  
 -- SO2 emissions data from continuous emissions monitoring system (CEMS) data

Case No. U-20471  
 Respondent: B. J. Marietta  
 Page: 1 of 6

SO2 (lb/mmbtu)	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
BR1	0.56	0.58	0.59	0.64	0.63	0.61	0.60	0.61	0.60	0.62	0.60
BR2	0.57	0.59	0.60	0.62	0.63	0.63	0.62	0.61	0.61	0.61	0.60
CCK	0.00										
GW1	0.09	0.05	0.01	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HB	1.26	1.27	1.36	1.40	1.16	1.09					
MON1	1.28	1.18	1.15	1.12	1.21	1.05	0.02	0.02	0.04	0.04	0.06
MON2	1.28	1.18	1.17	1.12	1.22	1.16	0.32	0.02	0.02	0.04	0.05
MON3	1.28	1.00	0.02	0.05	0.03	0.03	0.03	0.04	0.03	0.03	0.04
MON4	1.25	0.43	0.02	0.02	0.02	0.03	0.03	0.04	0.04	0.04	0.04
RR2	0.83	0.87	0.81	0.86	0.75	0.71	0.88	0.70			
RR3	0.84	0.87	0.83	0.75	0.68	0.85	0.84	0.68	0.44	0.45	0.45
SC1	0.79	0.61	0.74	0.72	0.77	0.70	0.77	0.71	0.68	0.59	0.62
SC2	0.59	0.63	0.77	0.68	0.76	0.69	0.74	0.70	0.64	0.59	0.61
SC3	1.09	0.61	0.80	0.77	0.82	0.69	0.78	0.62	0.67	0.57	0.63
SC4	0.79	0.62	0.75	0.72	0.86	0.66	0.70	0.66	0.77		
SC6	1.12	1.06	1.23	1.33	1.15	1.15	1.22	1.13	0.90	1.05	0.90
SC7	1.07	1.04	1.21	1.41	1.02	0.93	1.11	0.95	1.00	0.94	0.70
TC9	1.31	1.24	1.29	1.22	1.22	1.18	1.16	1.14	0.94	0.59	0.50
TCHP	1.38	1.39	1.41	1.29	1.16	0.79	0.93	1.29	1.30		







DTE Electric Company  
MECNRDCSCDE-8.47-01 2008-2018 Emissions Summary  
PM2.5

PM2.5 (tons)	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
BR1	5.57	2.65	1.84	0.11	1.79	0.41	0.99	0.20	0.15	3.37	0.55
BR2	4.74	2.42	1.69	1.40	0.37	1.18	1.00	0.64	0.68	3.05	3.87
CCK	3.36										
GW1	11.34	7.46	21.54	15.62	27.44	9.53	6.90	5.88	13.11	15.59	23.82
HB	4.65	1.51	1.98	2.07	0.77	0.43					
MON1	28.89	26.90	29.29	29.29	21.75	18.28	0.10	5.58	3.31	5.31	5.15
MON2	26.58	29.37	19.67	19.67	18.61	22.67	8.25	5.09	4.11	5.14	7.74
MON3	27.28	21.93	4.70	4.70	4.22	6.84	6.76	5.74	5.43	4.45	4.21
MON4	24.25	10.79	4.85	4.85	2.95	12.53	6.65	5.43	3.37	4.89	3.91
RR2	2.62	3.97	5.73	4.65	0.38	1.91	3.98	2.09			
RR3	7.61	8.70	1.49	1.50	1.03	1.83	4.68	4.10	3.60	2.88	1.58
SC1	1.34	0.38	0.18	0.07	0.28	0.11	0.35	0.24	0.25	1.31	1.21
SC2	1.23	1.46	1.68	0.47	0.53	0.96	0.81	0.36	0.29	1.84	0.64
SC3	0.00	0.30	0.89	1.48	0.01	0.03	0.11	0.05	0.03	0.07	0.79
SC4	0.09	0.34	0.39	0.61	0.14	0.00	0.05	0.03	0.01		
SC6	0.72	0.11	0.91	2.38	0.36	1.49	0.96	0.53	0.35	1.38	0.83
SC7	18.12	14.53	13.14	4.77	4.27	7.23	3.59	3.27	2.03	0.18	4.92
TC9	20.73	20.63	15181.37	13.87	13.06	15.23	18.25	11.00	8.77	12.70	7.52
TCHP	14.25	10.60	8287.98	8.72	4.58	6.06	3.96	2.50	0.16		

-- BR1 & BR2 emissions include only DTE portion; MPPA emissions are excluded

-- Units operating in 2008, but since retired are included (CCK, HB, RR2, SC1, SC4, TCHP)

-- PM2.5 data from Michigan Air Emission Reporting System (MAERS) data

PM2.5 (lb/mmbtu)	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
BR1	0.00040	0.00014	0.00010	0.00001	0.00011	0.00003	0.00006	0.00001	0.00001	0.00020	0.00004
BR2	0.00024	0.00012	0.00010	0.00007	0.00002	0.00006	0.00006	0.00004	0.00004	0.00023	0.00023
CCK	0.00750										
GW1	0.00697	0.00834	0.00882	0.00924	0.00843	0.00709	0.00679	0.00662	0.00661	0.00664	0.00668
HB	0.00358	0.00184	0.00194	0.00203	0.00151	0.00154					
MON1	0.00117	0.00127	0.00122	0.00138	0.00104	0.00106	0.00000	0.00026	0.00023	0.00025	0.00028
MON2	0.00116	0.00127	0.00122	0.00093	0.00100	0.00108	0.00057	0.00025	0.00023	0.00033	0.00034
MON3	0.00113	0.00096	0.00018	0.00026	0.00018	0.00036	0.00030	0.00038	0.00022	0.00021	0.00019
MON4	0.00114	0.00043	0.00018	0.00021	0.00018	0.00054	0.00036	0.00023	0.00020	0.00022	0.00018
RR2	0.00033	0.00046	0.00062	0.00067	0.00008	0.00031	0.00095	0.00063			
RR3	0.00081	0.00101	0.00018	0.00024	0.00016	0.00032	0.00065	0.00068	0.00056	0.00052	0.00034
SC1	0.00029	0.00010	0.00004	0.00002	0.00008	0.00003	0.00011	0.00007	0.00007	0.00032	0.00031
SC2	0.00027	0.00035	0.00038	0.00012	0.00014	0.00029	0.00023	0.00011	0.00011	0.00047	0.00017
SC3	0.00000	0.00007	0.00022	0.00039	0.00000	0.00001	0.00003	0.00002	0.00001	0.00002	0.00021
SC4	0.00002	0.00009	0.00009	0.00016	0.00004	0.00000	0.00001	0.00001	0.00001		
SC6	0.00009	0.00002	0.00011	0.00030	0.00007	0.00018	0.00015	0.00010	0.00010	0.00024	0.00018
SC7	0.00136	0.00133	0.00138	0.00050	0.00040	0.00063	0.00043	0.00035	0.00036	0.00013	0.00056
TC9	0.00149	0.00143	1.29020	0.00103	0.00094	0.00111	0.00173	0.00107	0.00087	0.00121	0.00121
TCHP	0.00208	0.00196	1.40793	0.00178	0.00098	0.00128	0.00114	0.00115	0.00038		

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## DTE Electric Company

MECNRDCSCDE-8.47-01 2008-2018 Emissions Summary

Hg

Hg (lbs)	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
BR1	155.0	160.6	174.8	182.6	148.4	140.9	148.0	215.2	27.6	26.7	21.0
BR2	223.3	167.1	159.1	257.3	130.5	177.4	155.0	184.9	34.3	21.8	28.6
CCK	0.2										
GW1		0.5	1.2	0.9	1.7	0.7	0.5	0.5	1.0	1.2	1.8
HB	12.9	5.6	8.8	8.5	5.3	2.5					
MON1	307.1	203.7	270.0	291.8	271.7	262.4	29.0	34.3	13.5	21.9	15.2
MON2	282.6	222.4	180.9	290.1	241.0	331.3	64.0	28.9	25.7	15.8	16.6
MON3	294.7	212.1	103.0	44.2	35.2	33.7	30.0	13.7	17.4	17.7	15.2
MON4	261.9	234.4	105.9	81.1	47.5	39.6	20.0	29.1	15.6	13.5	11.5
RR2	78.9	76.7	79.6	72.4	53.2	78.6	44.9	30.6			
RR3	84.7	76.6	70.4	78.2	85.1	59.6	67.8	44.1	11.6	4.1	3.3
SC1	43.2	30.7	31.3	19.8	15.0	24.7	26.7	49.6	6.9	6.1	6.0
SC2	43.0	31.3	20.3	21.2	17.6	18.0	22.7	22.2	5.4	6.3	5.3
SC3	44.9	33.6	22.0	23.9	18.8	29.6	18.5	33.2	4.6	6.6	5.3
SC4	40.1	31.9	25.1	22.5	18.0	28.5	23.6	44.5	3.2		
SC6	74.3	61.3	65.8	96.6	50.7	78.6	111.0	52.8	6.3	9.1	7.3
SC7	119.3	91.2	74.4	75.6	98.7	103.5	132.9	80.4	27.8	1.6	11.0
TC9	152.6	132.6	105.7	165.6	186.8	90.4	70.0	92.8	25.5	12.3	6.9
TCHP	76.5	52.4	56.6	61.5	69.6	55.0	32.0	19.2	3.7		

-- BR1 &amp; BR2 emissions include only DTE portion; MPPA emissions are excluded

-- Units operating in 2008, but since retired are included (CCK, HB, RR2, SC1, SC4, TCHP)

-- Hg data through 2016 from toxic release inventory (TRI) reporting; Hg data for 2017 &amp; 2018 from sorbent trap monitoring system data; emission factor from EPA AP-42 used for CCK &amp; GW

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Hg (lb/Tbtu)	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
BR1	5.54	4.20	4.89	6.59	4.41	4.93	4.63	6.42	1.10	0.79	0.68
BR2	5.55	4.18	4.80	6.59	4.32	4.86	4.60	6.22	1.10	0.83	0.83
CCK	0.25										
GW1	0.00	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25
HB	4.98	3.44	4.31	4.17	5.22	4.43					
MON1	6.24	4.80	5.64	6.87	6.52	7.57	0.62	0.79	0.46	0.51	0.41
MON2	6.18	4.81	5.60	6.86	6.45	7.88	2.20	0.72	0.73	0.50	0.36
MON3	6.08	4.64	1.98	1.24	0.75	0.88	0.67	0.46	0.36	0.41	0.34
MON4	6.17	4.65	1.97	1.78	1.45	0.86	0.54	0.61	0.47	0.30	0.26
RR2	4.93	4.45	4.34	5.26	5.36	6.43	5.34	4.65			
RR3	4.50	4.45	4.18	6.14	6.46	5.23	4.70	3.66	0.91	0.37	0.36
SC1	4.63	3.91	3.65	2.83	2.11	3.71	4.11	7.13	0.99	0.73	0.77
SC2	4.64	3.77	2.30	2.78	2.33	2.68	3.19	3.38	0.98	0.80	0.71
SC3	4.46	3.87	2.71	3.14	2.65	3.94	2.85	5.00	0.87	0.80	0.71
SC4	4.67	3.95	2.77	3.02	2.40	3.44	3.16	5.46	0.69		
SC6	4.81	4.34	3.84	6.09	5.30	4.79	8.46	4.77	0.93	0.80	0.78
SC7	4.48	4.19	3.90	3.98	4.59	4.52	7.97	4.28	2.49	0.60	0.63
TC9	5.48	4.60	4.49	6.16	6.72	3.29	3.31	4.53	1.27	0.59	0.56
TCHP	5.59	4.84	4.81	6.29	7.42	5.79	4.61	4.41	4.39		

**Table 1:** Population of At-risk Groups: Monroe, St. Clair, and Wayne Counties,\* † Michigan (2019) by DTE coal-fired power plant location <sup>1</sup>

County <i>(DTE coal plant(s) located in county)</i>	Total pop.	Lung Diseases								
		Under 18	65 & Over	Pediatric Asthma	Adult Asthma	COPD	Lung Cancer	Cardiovascular Disease	Diabetes	Poverty
<b>Monroe</b> <i>(Monroe)</i>	149,649	32,208	26,266	2,822	12,663	10,681	95	12,930	13,677	17,416
<b>St. Clair</b> <i>(St. Clair) (Belle River)</i>	159,350	33,599	29,085	2,944	13,533	11,644	101	14,181	14,994	19,533
<b>Wayne</b> <i>(Trenton Channel) (River Rouge)</i>	1,753,616	416,178	265,150	36,465	145,113	114,437	1,107	135,536	143,598	392,205
<b>Michigan</b> <i>(Population totals)</i>	7,474,222	1,660,107	1,184,993	145,455	630,222	499,691	4,724	595,065	629,146	1,049,964

\* Monroe, St. Clair and Wayne Counties are all in nonattainment for 8-hour ozone standards for 2018-2019 according to NAAQS.<sup>2</sup>

† St. Clair and Wayne Counties are in nonattainment for SO2 standards for 2018-2019 according to NAAQS.<sup>2</sup>

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<sup>1</sup> American Lung Association, *State of the Air 2019: Report Card: Michigan* (2019), available at: <https://www.lung.org/our-initiatives/healthy-air/sota/city-rankings/states/michigan/>.

<sup>2</sup> EPA, *Michigan Nonattainment/Maintenance Status for Each County by Year for All Criteria Pollutants* (2019), available at: [https://www3.epa.gov/airquality/greenbook/anayo\\_mi.html](https://www3.epa.gov/airquality/greenbook/anayo_mi.html).

STATE OF MICHIGAN  
BEFORE THE MICHIGAN PUBLIC SERVICE COMMISSION

In the matter of the Application of **DTE Electric Company** for approval of its integrated resource plan pursuant to MCL 460.6t, and for other relief.

Case No. U-20471

ALJ Sally L. Wallace

**PROOF OF SERVICE**

On the date below, an electronic copy of **Direct Testimony of Kindra Weid on behalf of Michigan Environmental Council, Natural Resources Defense Council and Sierra Club along with Exhibits MEC-88 through MEC-92** was served on the following:

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The statements above are true to the best of my knowledge, information and belief.

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Date: August 21, 2019

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