

# OUR CHILDREN SHOULDN'T HAVE TO BEG TO BREATHE

The Asthma Epidemic in New York State and the  
Practical Steps Government Should Implement  
Immediately to Tackle this Health Crisis

Part of an ongoing series of briefs prepared by the  
New York State Assembly Puerto Rican/Hispanic Task Force

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Hon. Sheldon Silver, Speaker  
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# New York State Assembly Puerto Rican/Hispanic Task Force



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## INTRODUCTION

Asthma rates in New York State and the entire nation continue to rise. According to data made available by the Centers for Disease Control, New York has the highest levels of asthma, even though other states have immensely larger populations.

But the problem is much worse in New York than simple statistics reveal. The problem of asthma has reached epidemic proportions in children, especially minority children. Simultaneously, the communities feeling the hardest impact across New York, are low-income communities with a history of environmental decay but with no ability to escape it.

It has long been understood that a true indicator of a civil society is the manner by which it protects its children. At this time and with this disease, New York State is failing miserably.

This policy brief will highlight the current status of this epidemic in communities across New York and provide a few practical solutions that government must take immediately to address this public health crisis.

Other reports have fully documented the rise in asthma rates. This brief is only intended to serve as a tool to focus attention on actions that will immediately help to reduce the level of pollution our children are exposed to, provide them with the medical equipment needed to alleviate chronic symptoms, and remove bureaucratic obstacles that prevent access to medications that will help them breathe easier.

The asthma epidemic has reached an unacceptable point. The devastating impact on minority children and low-income communities across New York can no longer be ignored or tolerated. Especially when lawmakers can implement simple policy changes as the ones outlined in the pages that follow.

While science has not yet provided us with the tool to prevent asthma, we do have other apparatus that can be used to alleviate the symptoms, reduce its environmental triggers, and deliver a higher degree of adequate health care to those suffering with this disease.

Some clear actions demanding immediate implementation are presented here.

**“It is appalling that we have not taken the practical steps to address this chronic health problem throughout our state. We have the technology to reduce the level of pollution our children are exposed to and we have the scientific data to prove the harm diesel fuel is causing our communities. It is time for diligent action on this problem.”**

***Assemblyman  
Peter M. Rivera***  
*Chairman, New York State  
Assembly Puerto Rican/  
Hispanic Task Force*

## THE ASTHMA EPIDEMIC

Asthma affects nearly 15 million Americans, more than 5 percent of the U.S. population with the overwhelming burden of this disease being felt predominantly by children, the poor, and minority communities across the nation. New York is no exception.

**“Children are especially at risk from diesel exhaust because exposure to diesel exhaust disrupts the development of lung tissue, robbing kids of full lung capacity and function.”**

**Marissa Rappaport**

*Consultant to the Natural Resources Defense Council, speaking at a public hearing held at the request of the Assembly Puerto Rican/Hispanic Task Force*

One-third of all Hispanics are uninsured and simultaneously our communities are overburdened with high rates of diseases caused by man-made factors that are exacerbated by willful neglect. In the Bronx alone, the rate of asthma for children is now more than 903 cases for every 100,000 people. In Brooklyn, the rate is over 525 cases for every 100,000 people.

According to the Centers for Disease Control, there are over 1.1 million New Yorkers suffering from asthma, more than those of states like California, Florida and Texas, which have larger populations.

Most recently the United States Environmental Protection Agency released information classifying New York as the state with the dirtiest air in the nation. Yet school districts and municipal transportation systems continue to use diesel-burning vehicles that exacerbate the situation.

**“I would argue that it’s probably the Long Island bus fleet [all public transportation buses] or perhaps the City of Atlanta bus fleet which is run entirely on compressed natural gas that is likely the cleanest bus fleet in the world.”**

**Swati Prakash**

*Director of Environmental Health for West Harlem Environmental Action, speaking at a public hearing held at the request of the Assembly Puerto Rican/Hispanic Task Force*

For example, the Metropolitan Transportation Authority (MTA) operates over 4,500 buses throughout New York City. In 2006, less than 24% of its entire bus fleet runs on clean fuel sources such as hybrid electric and compressed natural gas technologies. The slow process of this transition to clean-burning fuels continues to add to the air pollution that New York has become infamous for.

School districts that operate their own bus fleets are not doing much better. They continue to purchase diesel-burning school buses. These buses have a life-span of ten years. So each purchase is having a long-term detrimental impact on the children they serve and the communities these buses drive through.

With over 50,000 school buses transporting over 2 million school-age children daily throughout the state, it is easy to see how such decisions in aggregate are part of the negligence and neglect that negatively impacts all our lives. This issue is further addressed within this report with a strong and simple solution.

In early spring of 2003, a study by the Harlem Hospital Center found that one of every four children in Harlem has asthma. It is one of the highest rates recorded for a neighborhood in the United States.

It is well understood that excessive school absence disrupts learning and is a strong predictor of premature school dropout. School-aged children with asthma are absent more often compared to their healthy peers without asthma. Yet this growing health problem, which hinders the education of our children, has not become the focus of education or health care policy leaders.

The scope of the health care problem caused by asthma lies not only in the large number of Americans with the disease, but also in the limitations that asthma can impose on the daily lives of children and their families.

Asthma is the leading cause of school absenteeism due to chronic illness and is the second most important respiratory condition that causes home confinement for adults.

Each year, asthma causes more than 18 million days of restricted activity, and millions of visits to physicians' offices and emergency rooms.

A recent study found that children with asthma lose an extra 10 million school days each year. This problem is compounded by an estimated \$3 billion in lost productivity for their working parents. In 2005, asthma-related health care cost our nation approximately \$18.2 billion.

Recently, the New York State Department of Health has requested that physicians prescribing second generation antihistamines get prior approval before giving these medications to asthma sufferers. These, and other asthma attack reducing medications, are not available unless a physician can convince an anonymous voice on the other side of a telephone that the medication is needed.

Members of the Assembly Puerto Rican/Hispanic Task Force and New York State Black, Puerto Rican, Hispanic and Asian Legislative Caucus, have fought to prevent the creation of such a policy by the Department of Health.

**“The health costs to school kids is far too important and if we have to force the bus companies to make these adjustments as a condition of their contracts with the Board of Education, then we will.”**

**Shammeik Barat**  
*Deputy Director of Operations for  
Senator David A. Patterson  
speaking at a public hearing held  
at the request of the Assembly  
Puerto Rican/Hispanic  
Task Force*

**“Diesel exhaust poses a risk to children’s health. Exposure to diesel exhaust can cause lung damage and respiratory problems. Diesel exhaust also exacerbates asthma. Long-term exposure to diesel exhaust is thought to increase the risk of lung cancer.”**

**Ronald Borsellino**  
*Deputy Director of the U.S. Environmental Protection  
Agency, speaking at a public hearing held at the  
request of the Assembly Puerto Rican/Hispanic  
Task Force*

The Task Force and the Caucus have believed that such a policy represents a direct attack on the well-being and dignity of hundreds of thousands of African Americans and Hispanic children across New York State.

**“By investigating this matter, you are pursuing a very serious problem that is harming the health of our school children and urgently needs to be addressed.”**

**Stephen J. Boeses**

*New York State Director for the Healthy Schools Network, Inc., speaking at a public hearing held at the request of the Assembly Puerto Rican/Hispanic Task Force*

Trying to reduce health care costs by denying high quality health care to our poor is a proposal that also attacks the core principals of a civil society.

An emergency room visit by an asthmatic child needing urgent treatment costs over \$600 per visit. Policies like prior authorization and the clear absence of a strategy to help reduce asthma rates are the real cost burdens to New York in the long and short terms.

A line in the sand must be drawn with regard to this issue. In minority and low-income communities across our state, New Yorkers see such attempts as biased policies that enforce the status quo through neglect and indifference.

But there are practical steps that can be taken to: reduce our children’s and community’s exposure to dangerous toxic exhausts; increase community involvement in addressing school bus pollution; enhance access to medications that more adequately and safely help New Yorkers reduce their asthma symptoms; and, provide schools with the inexpensive medical equipment needed to help children with acute asthma cope with emergencies in the classroom.

**“Diesel engines are one of the largest sources of particulate matter...the fine particulate matter that is found in diesel exhausts causes 15,000 premature deaths annually. Those most susceptible to the effects of this pollutant include the elderly and children.”**

**Ronald Borsellino**

*Deputy Director of the U.S. Environmental Protection Agency, speaking at public hearing held at the request of the Assembly Puerto Rican/Hispanic Task Force*

How do we explain the ridiculous lack of leadership on solving this problem and bad public health policies to our children?

How do we tell a six year-old child, with an acute asthma attack, triggered by school bus diesel fuel exhaust, that the medication that can make them feel better is only made available to those who can pay for it?

How do we tell our children that, in the wealthiest nation on Earth, they are not important enough to the government that is supposed to protect and help safeguard their interests?

Lawmakers should make no apologies for siding with good medicine over bad public policy and address these questions and this problem with diligent and sincere efforts.

“Suffer the little children” should not be the name given to inaction on this critical public health issue that overwhelmingly burdens poor and minority children in communities across New York.

# A CRISIS ACROSS NEW YORK

As stated previously, the asthma epidemic is not confined to New York City alone. All across New York State, communities are feeling the growing impact as more and more children and adults are being affected by this disease.

The figures provided below show the spread of the problem and should help to forge cooperation by a diverse group of policymakers that are intent on implementing short-term and common sense solutions, while planning for long-term policy initiatives that will help reduce the impact and incidences of asthma.

**Asthma Hospitalization Discharge Rates per 100,000 children under 17 years of age as of December 2005 as reported by the New York State Department of Health for suburban and rural counties**

<b>County</b>	<b>No. of children</b>	<b>Rate</b>
Suffolk	370,662	195.0
Nassau	323,243	198.0
Orange	98,910	239.0
Sullivan	17,644	191.0
Fulton	12,950	407.0
Oneida	53,796	208.0
Jefferson	27,648	263.0
Cortland	10,982	228.0
Chemung	21,245	260.0
Erie	221,814	179.0
Otsego	13,091	239.0

**“Emissions from diesel vehicles pose a serious health threat to every resident of New York City. Particulate, or soot pollution from diesel buses triggers asthma attacks, cancer and even premature death.”**

*Marissa Rappaport  
Consultant to the  
Natural Resources  
Defense Council,  
speaking at a public  
hearing held at the  
request of the Assembly  
Puerto Rican/Hispanic  
Task Force*

**“Acknowledging data that shows asthma as the most common chronic childhood illness and the number one cause of school absenteeism, it is a clear deduction that New York City’s school buses are not facilitating our children’s access to education, but implicated in hindering our children’s health and educational success.”**

*Shammeik Barat  
Deputy Director of Operations for Senator David A. Paterson,  
speaking at a public hearing held at the request of the Assembly Puerto Rican/Hispanic Task Force*

**“Our children deserve better. They live in areas that chronically fail to meet EPA’s health standards for ozone and/or particulate matter. Their school buses should be vehicles that move children toward education, not contributors to our state’s chronic pollution problems.”**

**Marissa Rappaport**  
*Consultant to the Natural Resources Defense Council, speaking at a public hearing held at the request of the Assembly Puerto Rican/Hispanic Task Force*

**Asthma Hospitalization Discharge Rates per 100,000 among all population as of August 2004 as reported by the New York State Department of Health**

<b>County</b>	<b>No. of children</b>	<b>Rate</b>
Dutchess	69,435	171.0
Orange	98,910	199.1
Putnam	24,878	96.0
Rockland	79,446	132.0
Sullivan	17,644	191.0
Ulster	40,433	126.0
Westchester	231,793	151.0
<b>Total</b>	<b>562,539</b>	<b>163.0</b>
Bronx	395,520	902.0
Kings	651,965	525.0
New York	270,234	562.0
Queens	502,732	435.0
Richmond	112,954	257.0
<b>Total NYC</b>	<b>1,933,405</b>	<b>568.0</b>

**Asthma Hospitalization Discharge Rates per 100,000 among children under 17 years old as of August 2004 for suburban and rural counties as reported by the New York State Department of Health**

<b>County</b>	<b>Total Population</b>	<b>Rate</b>
Suffolk	1,443,299	131.6
Nassau	1,339,301	134.1
Orange	349,480	199.1
Sullivan	74,048	144.1
Fulton	54,896	194.9
Oneida	234,635	186.0
Jefferson	110,212	114.3
Cortland/Otsego	48,639/61,741	115.1
Chemung	90,704	120.2
Erie	946,625	104.0
Otsego	61,741	121.5

**Asthma Hospitalization Discharge Rates per 100,000 among all populations as of August 2004 for New York City and surrounding areas as reported by the New York State Department of Health**

<b>County</b>	<b>Total Population</b>	<b>Rate</b>
Dutchess	284,270	106.5
Orange	349,480	199.1
Putnam	97,125	73.1
Rockland	289,430	104.6
Sullivan	74,048	144.1
Ulster	178,372	103.0
Westchester	932,748	117.1
<b>Total</b>	<b>2,205,473</b>	<b>124.9</b>
Bronx	1,343,698	598.0
Kings	2,479,923	343.2
New York	1,549,009	290.6
Queens	2,238,024	215.5
Richmond	451,373	174.4
<b>Total NYC</b>	<b>8,062,027</b>	<b>330.7</b>

**“Aging and dirty school buses not only pose a toxic threat to the children riding inside of them, but to the community residents who are living near school bus parking lots and school bus depots. New York City communities of color are home to a disproportionately large share of these diesel facilities.”**

**Swati Prakash**  
*Director of Environmental Health for the West Harlem Environmental Action, speaking at public hearing held at the request of the Assembly Puerto Rican/Hispanic Task Force*

**THREE SIMPLE SOLUTIONS NEEDED TODAY**

The need for some short-term and long-term solutions that will begin to address the causes of increasing asthma rates and the concentration of pollution-generating facilities in the most impacted communities begins with a genuine desire to address this public health problem.

Itemized below are three practical policy approaches that are both overdue and can be implemented rapidly across New York State. These policy initiatives include:

- The placement of nebulizers in all of the 6,544 public and non-public schools throughout New York State, beginning with the 2,306 school buildings in the communities hardest hit by the asthma epidemic. (Assembly Bill 10504)

- The total prohibition of idling by vehicles outside school and child care facilities through enforcement of no idling

**“School buses, especially older school buses, emit harmful diesel exhaust. Diesel exhaust not only deteriorates air quality, but also has a negative impact on children’s health.”**

**Ronald Borsellino**  
*Deputy Director of the U.S. Environmental Protection Agency, speaking at public hearing held at the request of the Assembly Puerto Rican/Hispanic Task Force*

rules by school administrators during school arrival and dismissal periods, while simultaneously empowering local communities through involvement in the decisions of when and how to replace aging and polluting diesel-powered school buses. (Assembly Bill 9874)

■ Increasing access to the latest respiratory therapy advances by adding such medicines to the list of drugs already excluded from New York State's prior authorization formulary. Advances in respiratory disease medications provide more effective and safer medicines that should be available to those most in need of such therapies.

## MAKING NEBULIZERS AVAILABLE TO ACUTE ASTHMATIC CHILDREN

Almost one in 13 school children suffer from asthma, making it the leading serious chronic illness in children and the leading cause of hospitalizations for children under the age of 15. More than 4.8 million children nationwide suffer from asthma and more than 5,000 Americans die from the illness each year. It is estimated that asthmatic children lose 10 million school days each year.

**“Children of color are at especially high risk given their higher rates of asthma prevalence. For example, a recent survey in Central Harlem conducted by Harlem Hospital has found that one in four children in Central Harlem has asthma, which is three times the national prevalence.**

**Swati Prakash**

*Director of Environmental Health for the West Harlem Environmental Action, speaking at public hearing held at the request of the Assembly Puerto Rican/Hispanic Task Force*

In the Bronx, there were 10,135 hospital cases of asthma in children younger than 17 reported in 2002, at a rate of more than 854.9 per 100,000. That is in comparison to an average rate of approximately 150 per 100,000 for the rest of the state.

Poor children under the age of 4 are four times more likely to be hospitalized for asthma than children in high-income areas. Asthma is an illness that is far too common among our poorest citizens, especially in children. In New York City, children are almost twice as likely to be hospitalized as children nationwide.

According to the Centers for Disease Control and Prevention (CDC), asthma's impact on health, quality of life, and the economy are substantial. The CDC has also found that the rates of severe asthma continue to disproportionately affect poor and minority populations. For example, African-Americans visit emergency departments, are hospitalized and die due to asthma at rates three times higher than rates for white Americans. Overall, asthma rates in the United States have doubled since 1980.

Health experts and school officials agree that to reduce the high absenteeism of children with chronic asthma who presently must leave school grounds for nebulizer treatments, this equipment must be present in schools and accessible for emergency treatments. These treatments last about 15 minutes but allow students to return to class immediately.

Currently, students requiring nebulizers for emergency treatment of asthma attacks must be sent home or sent to an emergency room.

For thousands of children in areas of our state with high asthma rates, their schooling is being interrupted and the cost on our health care system is substantial. For many of these students their illness will turn their schooling into academic failure because of the high number of school days missed.

The legislature recently approved the placing of defibrillators in all public buildings in New York State to assist anyone having a heart attack. We need to place the same priority on the placement of nebulizers in all schools, starting with those with a large number of asthmatic children.

## A TERRORIST ATTACK AND ASTHMATIC CHILDREN

In addition, in the event of a terrorist attack that would require children to stay in school buildings for a prolonged period of time, it is conceivable that children with severe asthma would die because they would have no access to the nebulizers that allow them to continue to breath. At a cost of less than \$125.00 per machine and specialized hoses, we can provide substantial public health benefits to tens of thousands of children.

## THE TOTAL BAN ON VEHICLE IDLING OUTSIDE SCHOOL AND CHILD CARE FACILITIES

The proposed legislation is a simple, pragmatic and no-cost approach to dealing with idling vehicles outside school and child-care grounds. It will stop the wasteful and dangerous idling of dozens of school buses in areas congested with young children. This legislation calls for each school district to establish a clean-fuel school bus committee that will recommend ways and timelines for the replacement of aging school buses with clean fuel burning technologies that have been available for many years now.

### The specific provisions of this legislation:

- 1. Establishes the Children's Clean Air Act**
- 2. Amends Section 3623 of the Education Law** to mandate no idling of school buses or other vehicles on, adjacent to or near school grounds of child care facilities.
- 3. Creates a Clean Fuel Program Advisory Councils** in every school district in the state. These councils will be composed of nine

**“Even with these retrofits [to reduce diesel exhaust] school buses will not be as clean as they would be if they are not running on diesel fuels at all. For example, running on compressed natural gas or even electric school buses.”**

**Swati Prakash**

*Director of Environmental Health for the West Harlem Environmental Action, speaking at public hearing held at the request of the Assembly Puerto Rican/Hispanic Task Force*

**“Pollution control technologies exist and have been successfully used. Taking action now to clean school buses will lead not only to an immediate improvement in the air quality, it will demonstrate a commitment to children's health.”**

**Ronald Borsellino**

*Deputy Director of the U.S. Environmental Protection Agency, speaking at a public hearing held at the request of the Assembly Puerto Rican/Hispanic Task Force*

members from the school district and are required to produce a public plan for the replacement and discontinued use of diesel fuel burning school buses.

## REDUCING EXPOSURE TO TOXIC FUMES FROM DIESEL FUEL POWERED VEHICLES

The dramatic increases in pediatric asthma cases throughout our state are alarming, and New York has 107 neighborhoods which are considered to be in the top 5% of the most polluted communities in the nation. Simultaneously, these areas have a high concentration of New Yorkers suffering with asthma.

**“The solution in this case does not exceed our grasp. We have the means at hand today to minimize children’s exposure to harmful diesel fumes from school buses. We applaud the leadership of Assemblyman Peter M. Rivera in bringing the subject of school children’s health and the environment to the forefront.”**

**Stephen J. Boeses**  
*New York State Director for the Healthy Schools Network, Inc., speaking at a public hearing held at the request of the Assembly Puerto Rican/Hispanic Task Force*

Diesel fuel exhaust has been documented by health experts and the federal government to pose serious health risks, especially to children. From Buffalo to Long Island, this is a real problem with harmful consequences for our children.

Each school day, over two million children board over 50,000 diesel-powered school buses and are exposed to lung-irritating chemicals. For many children this exposure triggers asthma attacks. For others this exposure will lead to respiratory problems.

The proposed legislation is a simple, pragmatic and no-cost approach to dealing with idling vehicles outside school and child-care grounds. It will stop the wasteful and dangerous idling of dozens of school buses in areas congested with young children. School officials will be required to enforce the state’s no-idling laws. This bill will also ban all non-emergency idling with strict enforcement by local school administrators.

## CREATING CLEAN FUEL PROGRAM ADVISORY COUNCILS

In addition, under current practices, school districts and school bus operators continue to replace heavily polluting diesel fuel buses with more of the same. This legislation calls for each school district to establish a clean-fuel school bus committee that will recommend ways and timelines for the replacement of aging school buses with clean fuel burning technologies that have been available for many years now.

The growing number of asthmatic children and bad air quality surrounding our schools and child-care facilities can not be ignored anymore.

For years, the State Education Department has failed to move swiftly to force the purchase of clean-fuel school buses when old polluting ones are being replaced. This has further compounded the problem as each new polluting diesel powered school bus purchased will be used for at least 10 years.

## **MAKING ASTHMA MEDICATION ACCESSIBLE TO THOSE MOST IMPACTED BY THE ASTHMA EPIDEMIC: CHILDREN AND THE POOR**

This proposed legislation will eliminate the use of prior authorization under the preferred drug program for medications used to treat respiratory diseases. This is an important step to help children, the poor and minorities suffering from asthma by allowing them the opportunity to access the best available medicines.

The asthma rates documented throughout this report indicate that this proposed policy change is obvious and will result in a long-term health care cost saving for the state.

This legislation will allow the drugs are used to treat asthma to be covered by Medicaid without going through bureaucratic channels of prior authorization which could lead to the use of less effective drugs.

We can't allow a non-physician bureaucracy to second-guess doctors and ration medicine. By continuing this policy, children suffering from asthma get less effective medication under a plan geared to saving the state money. This is true in the short-term but not in the long-term costs associated with life-time management of this disease.

The current need for prior authorization is bad medicine and bad public policy.

It is believed that such a policy represents a direct attack on the well-being and dignity of hundreds of thousands of African American and Hispanic children across New York State.

Trying to reduce health care costs by denying high quality health care to our poor is a proposal that also attacks the core principals of a civil society.

An emergency room visit by an asthmatic child needing urgent treatment costs over \$600 per visit. Policies like prior authorization and the clear absence of a strategy to help reduce asthma rates are the real cost burdens to New York in the long- and short-term.

**“Children riding the buses [in a school bus pollution test] were being exposed to more diesel pollution than drivers in vehicles alongside the buses. It was even more shocking to find out that inside the bus children were breathing in levels of toxic, cancer-causing pollution up to 46 times the EPA’s cancer risk threshold.”**

***Marissa Rappaport***  
*Consultant to the Natural Resources Defense Council speaking at a public hearing held at the request of the Assembly Puerto Rican/Hispanic Task Force*

## SOURCES

Transcript of New York State Assembly Joint Hearing of Puerto Rican Hispanic Task Force, Committee on Transportation, and Committee on Environmental Conservation – June 2003

New York State Department of Health, Center for Community Health, *New York State Asthma Surveillance Summary Report* – October 2005

Centers for Disease Control and Prevention, National Center for Health Statistics, *2004 National Asthma Survey*

New York State Department of Health, SPARCS Data, *Asthma Discharge Rate per 10,000. Population Age 0-17*. December 2005

United States Department of Energy. *Advanced Technology Vehicles in Service. MTA New York City Transit Diesel Hybrid Electric Buses*. March 2003

Environment and Human Health, Inc. Press Release. *EHHI Releases Original Research Report, Children's Exposure to Diesel Exhaust on School Buses 2/7/2002*

Environment and Human Health, Inc. February 2002 Report. *Children's Exposure to Diesel Exhaust on School Buses*. <http://www.ehhi.org/reports/diesel/>

Nancy Alderman, President, Environment and Human Health, Inc. March 2002 Testimony before Connecticut House of Representatives/State Senate Committees on Environment.

Connecticut General Assembly Public Act No. 02-56 *The Idling of School Buses*. October 1, 2002

Environment and Human Health, Inc. 2002 Report. *A Survey of the Prevalence of Asthma among School Age Children in Connecticut*. <http://www.ehhi.org/reports/asthma/>

Nancy Alderman, President, Environment and Human Health, Inc. March 6, 2001 Testimony before Connecticut House of Representatives/ State Senate Committees on Public Health. <http://www.ehhi.org/asthma/testimony.htm>

Assemblyman Peter M. Rivera's Press Release *Assemblyman Peter M. Rivera, Health Experts and Clean Air Advocates Call on School Bus Companies to Move Quickly to Reduce Levels of Asthma-Causing Diesel Fuel Pollution in Buses*. September 3, 2003

Assemblyman Peter M. Rivera's Press Release *Assemblyman Peter M. Rivera, Health Experts and Clean Air Advocates Call School Buses "Pollution Chambers which Children are Forced to Enter" and Call on Bus Companies to Move Quickly to Reduce Levels of Asthma-Causing Diesel Fuel Pollution in School Buses*. September 4, 2003

**“The New York City Board of Education cannot become complacent with accepting an antiquated and hazardous product from their [school bus] vendors. Especially when it comes to providing an essential service to our children.”**

**Shammeik Barat**  
Deputy Director of Operations  
for Senator David A. Paterson,  
speaking at a public hearing  
held at the request of the  
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