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**COLLABORATORY FOR HEALTH JUSTICE**

January 6, 2022.

To:

Honorable Lori Lightfoot, Chicago Mayor  
Dr. Allison Arwady, Commissioner, Chicago Department of Public Health (CDPH)  
Candace Moore, Chief Equity Officer, City of Chicago

**Subject: RMG/Southside Recycling Permit Application and the Imperative to Deny the Permit**

We, undersigned organizations, and individuals, write to you as your public health colleagues to communicate to you and the Chicago Department of Public Health (CDPH) our insistence that **the permit application for the RMG/Southside Recycling, which acquired the assets of General Iron in Lincoln Park in the fall of 2019, be denied.** The well documented excess burden of pollution already experienced by residents living in Southeast Chicago is strong enough evidence against a permit for the RMG/Southside Recycling's facility in the Southeast Side. The decision to issue the permit would be in direct opposition to the shared vision to close the **racial life expectancy gap** in Chicago that we as public health professionals have committed to in Healthy Chicago 2025 which envisions a city where all people and all communities are empowered, free from oppression, and strengthened by **equitable access to resources, environments and opportunities that promote optimal health and well-being.**

We in public health stood with CDPH in June of this year when you **declared racism a public health crisis.** Being attentive to racial justice includes engaging in critical analysis of the role of how socio-economic, political structural decisions such as permitting of industry in low-income Black, Latinx and low-income communities maintain systems of oppression that advantage wealthy, white communities and disadvantage lower-income, Black and brown communities. Fighting for racial justice also means committing to building voice and power in the public health system of **those who may be most burdened by city decisions in every step.** By contrast, the city is currently proposing to reduce environmental burden in one area of the city while increasing burden in a community already overburdened by industrial emissions and associated health risks. This is unjust and unacceptable.

We stand firmly in our conviction that, based on healthy equity principles, the permit should be denied. We simultaneously feel compelled to also comment on both methodological and scientific **deficiencies in the current Health Impact Assessment (HIA)** that CDPH is conducting to inform the January 2022 permitting decision. Procedurally, the HIA **is in direct conflict with racial justice and health equity principles and commitment that form the basis of Healthy Chicago 2025,** which seeks to prioritize populations experiencing inequities, specifically Black, brown, and low-income Chicagoans, which are the very same people communities disproportionately burdened by pollution. We know that CDPH is well aware of best practice in community engagement in HIAs. Stakeholders need to be included in each step of the HIA process: in the selection of the data and methods used, drafting of recommendations, reporting, and monitoring and evaluation. Indeed, on November 2, CDPH stated the need for stakeholder engagement in the HIA process, but in direct contrast, announced that three out of the six steps in the HIA process had already been completed without inclusive and sustained community involvement. Further, the City's proposed decision-making timeline in the holiday season prevents any meaningful engagement of community before the permitting decision is made in January 2022. The City's recently announced plan to seek additional community input in an upcoming December meeting creates additional concerns that the rapid engagement during the holiday season prevents meaningful engagement that can alter the permit

decision to be made in January. Furthermore, rushing the HIA process forward while severely lacking in meaningful and authentic community engagement without oversight by a community accountability team, a science advisory board, or external expert panel violates the moral imperative of a public health agency and puts the health of an already overburdened community at greater risk. In summary, **the current process is misaligned with racial justice principles and best practices surrounding robust, antiracist community engagement in high-stakes public health decisions and there is no way to remedy this with CDPH's proposed timeline.**

In addition to deficits in the HIA engagement processes, we have also noted **several critical scientific and technical deficiencies and limitations in the HIA work performed to date**, including deficiencies related to the air quality analysis, and socioeconomic and health data analysis presented on November 2 meeting. These include the use of current EPA national air quality standards (NAAQS) for PM2.5, which are considerably higher than those recently adopted by the WHO; growing scientific health effects literature documenting health risks at levels far lower than the EPA's NAAQS standards for PM2.5; lack of air, soil and health data more proximal to the proposed site; effects of increased truck traffic; anticipated impacts of outdoor storage and noise; biases inherent in community data as opposed to local comparisons of health; differential access to care; and lack of covariate data. Despite these HIA shortcomings, **the ample data already in existence indicates that there is a disproportionate environmental burden currently experienced by the residents on the Southeast Side.** Daily average PM2.5 concentrations measured by IEPA's Washington High School air monitoring station are the highest in the region. The annual and 24-hour average PM10 concentrations, and heavy metal concentrations in Total Suspended Particulates (TSP) measured at the Washington High School site for lead, nickel and manganese have increased since 2018. There is a high level of traffic and a multitude of polluting industries in the area, as well as disproportionate differential access to medical care and services in this very same area. Our data concerns about CDPH's HIA are so extensive that they will be detailed by a team of UIC SPH scientists and colleagues in a separate letter forthcoming.

Based on the information above, it is clear the **permit for the RMG/Southside Recycling should be denied.** The structural, process-related, scientific, and technical deficiencies of the HIA performed by the CDPH do not adhere to the scientific or professional credibility standards by any entity, including CDPH itself, to be considered an adequate assessment that can inform decisions. In the name of health justice, we are committed to eliminate the racial and structural inequities and disparities and improve health equity, particularly, for our socioeconomically disadvantaged Black and brown communities such as the southeast side. We urge the City and CDPH to foster and advocate for public health protection for all residents of Chicago, particularly for residents who are already burdened with higher and disproportionate public health risk.

To follow up or for more information, contact Jeni Hebert-Beirne, Associate Dean for Community Engagement, Interim Director of the Collaboratory for Health Justice and the ChicAGO Center for Health and EnvironmenT – Community Engagement Core (CACHET CEC) at [sphcollaboratory@uic.edu](mailto:sphcollaboratory@uic.edu).



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**The aforementioned letter has been signed by 8 elected and city officials, 69 organizations, and 754 individuals as of 10 am on Monday, December 20.**

Sixty-Nine Organizations in Solidarity

33rd Ward Working Families  
Advocates for Urban Agriculture (AUA)  
AIDS Foundation Chicago  
AIHA/ASSP UIC The School of Public Health  
Alliance for Research in Chicagoland Communities, Northwestern University  
Black Women Organizing for Power  
Bridges/Puentes Justice Collective of the Southeast  
Brighton Park Neighborhood Council  
Center for Neighborhood Technology (CNT)  
Chicago Asian Americans for Environmental Justice  
Chicago Audubon Society  
Chicago Environmental Educators  
Chicago Food Policy Action Council  
Chicago Housing Justice League  
Chicago United for Equity  
Chicago Women's AIDS Project  
Chicagoland Equity Network  
Citizen Action/Illinois  
Coalition of Limited English Speaking Elderly  
Collaborative for Health Equity Cook County  
Communities United / ReBirth of Greater Roseland  
Community Outreach Intervention Projects, UIC School of Public Health  
Edgewater Environmental Coalition  
Esperanza Health Centers  
EverThrive Illinois  
Extinction Rebellion Chicago  
Figueroa Wu Family Foundation  
Garfield Park Community Council  
Grassroots Collaborative  
Health & Medicine Policy Research Group  
Housing Opportunities and Maintenance for the Elderly (H.O.M.E.)  
Human Impact Partners  
Illinois Poor People's Campaign  
Indivisible Chicago-South Side  
Indivisible IL9 - Andersonville/Edgewater  
Just Transition Northwest Indiana  
Latin American and Latino Studies, University of Illinois Chicago  
Latino Medical Student Association-UICOM Chicago Chapter  
Lawyers' Committee for Better Housing  
Legal Council for Health Justice  
Logan Square Neighborhood Association  
Metropolitan Planning Council  
Metropolitan Tenants Organization  
Mobile Care Chicago  
National Association of Social Workers, Illinois Chapter  
Nehemiah Family Fellowship Church



Network 49  
Nordson Green Earth Foundation  
Northside Action for Justice  
Northwestern University Program in Public Health  
Padres Angeles  
Proviso Partners for Health  
Public Health Institute of Metropolitan Chicago  
Radical Public Health at the University of Illinois at Chicago  
Respiratory Health Association  
Rush University Medical Center Office of Community Health Equity  
Sergio Cueto Tellez  
Shriver Center on Poverty Law  
Sinai Urban Health Institute  
Society of Black Urban Planners  
South/West Area Civic League of Chicago  
Southeast Environmental Task Force  
The Clever Sleuth  
The Freshwater Lab  
The Medicina Scholars Program  
UIC Center for Healthy Work  
Ujamaa Co-op Farmers Market  
University of Illinois Hospital and Health Sciences  
Working Family Solidarity

Seven Hundred and Fifty-Four Individuals in Solidarity

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