

The mission of OPHA is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario.

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ANDSOOHA – Public Health Nursing Management in Ontario

Association of Ontario Health Centres

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Canadian Institute of Public Health Inspectors (Ontario Branch)

Community Health Nurses' Initiatives Group (RNAO)

Health Promotion Ontario: Public Health

Ontario Association of Public Health Dentistry

Ontario Public Health Libraries Association

Ontario Society of Nutrition Professionals in Public Health

Public Health Research, Education and Development (PHRED) Program

Charitable Registration Number 11924 8771 RR0001 March 18, 2004

To: The Honourable Dwight Duncan Ontario Minister of Energy

Re: Ontario's Energy Future Should be Sustainable

Dear Minister:

I am writing to you today to express the views that our organization and membership have about the recommendations contained in the report of the OPG Review Committee respecting the position of nuclear energy in Ontario's energy future:

".... We have concluded that Ontario must begin planning now to supplement and ultimately replace it ageing nuclear assets with new and better generations of nuclear technology" (OPG Review Committee, 2004, page 20).

The Ontario Public Health Association (OPHA) is a non-profit, voluntary organization that represents many of the nurses, health promoters, environmental health officers, policy analysts, epidemiologists and environmental health managers working in public health units and community health centres across this province. Our members recognize how difficult it is for your government to address the energy supply crisis facing this province, while simultaneously honouring its commitment to phase-out coalfired power plants by 2007.

In November 2001, the OPHA released a report entitled "Beyond Coal: Power, Public Health and the Environment" in which we called for the phase-out of coal-fired power plants because of the significant health and environmental impacts associated with them. In that report, we indicated that the phase-out of coal-fired power plants should not be accomplished with increased reliance on nuclear plants.

Our Project Advisory Committee, which included staff from seven public health units in southern Ontario, was united in its belief that nuclear energy is an option that: 1) resulted in the accumulation of \$38 billion in debt in the 1980s and 1990s; 2) presents significant health concerns for workers involved in the mining and processing of uranium; 3) produces highly hazardous radioactive waste that must be safety stored and managed for tens of thousands of years; and 4) involves health, security, and waste management costs that have not

been factored into the cost of electricity for nuclear energy in the OPG Review Committee report.

While we acknowledged in our report that nuclear energy may serve an important role as a transitional technology in Ontario, we also expressed the view that the province should not divert resources or regulatory support away from that needed to develop renewable energy capacity and energy efficiency standards in the province. In other words, while we can accept the on-going use of the nuclear units that are currently operating, we do not support further investment in the refurbishment of nuclear units that are currently closed or in new nuclear facilities.

The OPHA agrees with Ontario's Select Committee for Alternative Fuel Sources and the Commission for Environmental Cooperation that energy efficiencies and renewable energy sources have tremendous potential to address our energy needs; potential that has been proven in other jurisdictions. For example:

Germany, which began to invest in wind power in 1990, has developed 8,000 MW of wind-powered electrical capacity and is on track to meet its target of 22,000 MW of wind-powered electrical capacity by 2010. Germany's 22,000 goal represents 4500 MW more than the electrical capacity provided by Ontario's nuclear and coal plants combined in 2003 (i.e. 18,300 MW); and

California, which began to invest in energy efficiency programs 20 years ago, has cut energy demand growth in that state to one-half of that experienced by other U.S. states; energy that would have required 10,000 MW of electrical generation capacity to fill. That capacity represents 800 MW less than the electrical capacity provided by Ontario's nuclear plants in 2003 (i.e. 10,800 MW).

The province is at a crossroads. It can decide to re-commit to a centralized technology that presents long-term concerns for worker health, environmental integrity and public safety, or it can commit to new, low impact technologies that have the potential to offer economic benefits to communities across the province. We believe that Ontario's energy future should be a sustainable one.

In closing, we want to thank you for moving quickly to address the many challenges that face the electrical market in Ontario at this time. We appreciate the commitment that you have demonstrated to the coal plant phase-out, and encourage you to have faith in low impact technologies, energy efficiency and renewable resources to meet the energy needs of the province.

Yours Sincerely,

David MacKinnon Executive Director

cc Dalton McGuinty, Premier of Ontario George Smitherman, Minister of Health and Long-Term Care Leona Dombrowsky, Minister of the Environment Peter Wiebe, President, Ontario Public Health Association Kim Perrotta, OPHA Air Quality Coordinator