

I'm Dr. Meredith McKean. I am a physician and board certified in internal medicine and medical oncology with a Master of Public Health degree. Most importantly, my family and our multigenerational farm where my parents have lived my entire life was in the path of a proposed pipeline.

It is well-established that rural Iowans are already subjected to a number of health disparities. They are more likely to be uninsured, so in the event of a leak, hospital bills and time off work will be financially crippling. They are more likely to have additional health comorbidities, so in the event of a gas leak, the affected person is more likely to have heart disease and COPD, for example, in addition to inhalational injury making recovery significantly more challenging. They live farther from higher level of care such as ICUs or ERs capable of handling multiple life-threatening injuries at once. They have a higher mortality rate than urban areas and a lower life expectancy. Routing hazardous pipelines near their homes and neighbors is an avoidable disparity to add to this list. Mandatory set back distances should be established from homes, schools, and other dwellings. Additionally, pipeline companies should have clear liability for medical expenses and disability for those affected by any carbon pipeline rupture.

From a health standpoint, plume modeling should be available for all affected landowners, tenants, neighbors, and community members to understand their potential risk in the event of a pipeline rupture. Local emergency management services (EMS) are generally volunteer teams in the areas affected by the pipeline and HAZMAT teams will travel a distance to reach anyone affected by a pipeline break. Our family farm, for example, is 86 miles away from the nearest HAZMAT team, so until they arrive, local EMS will merely set-up a perimeter to restrict access for others. From that aspect, it is difficult to further prepare local teams, but if equipment such as HAZMAT gear, additional oxygen, and electric vehicles are required by law with any pipeline application, this would ease the local burden. Making local EMS teams apply for grants for funding for this equipment from pipeline companies is unacceptable. The onus should be on the for-profit pipeline companies to provide this to local emergency teams. There should also be mandatory emergency management planning funded and organized by pipeline companies with EMS teams and local hospitals within 50-100 miles of the pipelines since these healthcare workers will be on the frontline in the medical emergency.

In medicine, when we finish medical school, we make a pledge to the Hippocratic Oath with a founding principle of "First, Do No Harm", meaning that patient should be no worse off than before we started to intervene. I hope all involved with pipeline regulations walk away remembering to "First, Do No Harm" because the people and communities that were here well before carbon dioxide pipelines deserve it.