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Published By: NEWS COMMUNICATIONS since 1977

Wednesday Sept 21st, 2016

DOCTORS URGE FEDS TO ASSESS HEALTH IMPACT OF PACIFIC NORTHWEST LNG PROJECT

The controversial project has attracted widespread criticism, in part due to its proposed location at Lelu Island in northern B.C., which is at the mouth of B.C.'s second-largest salmon bearing river. Although some First Nations approve of the project, led by Malaysian energy giant Petronas, others have signed a declaration against it, warning that it could wipe out salmon in part of the province, and harm harbour porpoises while damaging the ecosystem on the Flora Bank. If constructed in its present state, it could also account for up to 87 per cent of all emissions allowed under B.C.'s 2050 target according to the Pembina Institute, and make it impossible to honour the climate commitments made by Canada in Paris and New York City. In a new letter to federal environment minister Catherine McKenna, health minister Jane Philpott and Indigenous affairs minister Carolyne Bennett, a number of prominent physicians across Canada are warning that the project is too risky. Read the full letter

below: Dear Ministers McKenna, Philpott and Bennett: We are writing to you as physicians, medical learners, allied health professionals and health advocates to request that you reject the Pacific Northwest Liquefied Natural Gas (LNG) Project until its human health impacts have been fully understood, communicated, and addressed. It is our understanding that the evaluation conducted by the Canadian Environmental Assessment Agency for the proposed Pacific Northwest LNG Project that would process natural gas transported from Progress Energy's horizontal drilling and hydraulic fracturing operations in Northeastern BC and Northwest Alberta does not include full consideration of its potential impact on human health. If some aspects of this have been done, they have not been well-communicated to communities. This is a grave omission that, in our opinion, negates the ability of this review to determine whether or not the project is in the public interest. Given this, and the potentially significant impacts that this project may have on human health globally as a result of its contribution to climate change, and locally as result of the direct impacts

of hydraulic fracturing operations (fracking), we believe that the project must not go forward. First, this project contradicts the spirit and terms of the Paris Agreement which references the need to protect the "right to health" and to hold the increase in average global surface temperatures well below two degrees Celsius. Projections of the amount of CO2 equivalents produced by the Pacific Northwest LNG project show that the project is not compatible with BC's or Canada's climate goals. Estimates range from the Government of BC's 3.7 million tonnes of CO2e per year - which includes only Phase 1 of the project, as opposed to the complete project which you are being asked to approve - to between 11.7-13.9 Mt CO2e/year when upstream emissions estimates are added to the proponent's estimates by Environment and Climate Change Canada. The Pembina Institute recently updated its estimate in light of BC's new climate plan to 9.6-10.5 Mt CO2e by 2050. Given that BC's 2050 target for the entire economy is 13 million tonnes of CO2e per year, even the Government of BC's unrealistically conservative estimate of 3.7 Mt CO2e/year means that this

project alone could consume (3.7/13) x100= 28 per cent of BC's 2050 carbon budget. The other estimates suggests that this project alone would consume most of BC's 2050 carbon budget. As was communicated to you in May in a letter signed by 90 climate scientists, this project would make it virtually impossible for BC to meet its climate targets. This would prevent BC from taking advantage of what the Lancet in 2015 called the greatest health opportunity of our time—tackling climate change. The threat posed to human health by the changing climate is so severe that the World Health Organization calls it the "greatest threat to global health of the 21st century" and calculates that, between 2030 and 2050, at least 250,000 additional people worldwide will die prematurely every year as a result of climate change from malnutrition, heat stress, diarrhea and malaria alone. The second Lancet Commission on Climate Change pointed out that "The effects of climate change are being felt today, and future projections represent an unacceptably high and potentially catastrophic risk to human health." In Canada, we are already experiencing health impacts from climate change.

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The Chief Public Health Officer of Canada has stated: "Climate change can exacerbate many existing health concerns and present new risks to the health of Canadians." In particular we are seeing an increase in severe wildfires causing a sharply increased respiratory health burden and stressful evacuations; an increased spread of Lyme disease, and mental health and food security impacts secondary to rapid landscape changes in Canada's rapidly-warming arctic regions, amongst other impacts. On a broader scale, climate-related drought has contributed to the conflict in Syria with its consequent disastrous loss of life and challenging international refugee flows. As warming accelerates beyond the 2 degree C target, basic human needs will increasingly not be met, and health care systems will themselves be affected. The Canadian Medical Association recognized the importance of climate change this year by making it a key topic of its annual General Council. We cannot afford to fail to meet our climate targets.

Second, in direct local terms, there is a rapidly mounting body of evidence which suggests that significant local health impacts are associated with hydraulic fracturing. This field of study has been transformed over the past 3 years: over 80% of the peer-reviewed scientific studies have been published since January 1st, 2013, and the vast majority contain red flags. A recent systematic assessment of the peer-reviewed scientific literature (2009-2015) concluded that "84% of public health studies contain findings that indicate public health hazards, elevated risks, or adverse health outcomes; 69% of water quality studies contain findings that indicate potential, positive association, or actual incidence of water contamination; and 87% of air quality studies contain findings that indicate elevated air pollutant emissions and/or atmospheric concentrations."

Specific concerns for human health include the endocrine disrupting properties of fracking fluids, increased asthma rates among those who live near fracking operations, contamination of groundwater resources, and potential impacts on fetal development. A recent study evaluated more than 1000 chemicals commonly used in hydraulic-fracturing fluids and wastewater for potential reproductive and developmental toxicity. For 76% of these chemicals, no toxicological data were available. Of the remaining substances, 43% and 40% of them were associated with reproductive

and developmental toxicity in humans, respectively. Access to adequate amounts of healthy water is a clear determinant of health and this project poses a real risk to water resources. The volume of water required is extremely large: Pembina Institute estimates 5.1 million m³ in 2030. This, combined with the recent finding from the first comprehensive study of groundwater to be carried out in the Peace River area, that "the groundwater regime has been very poorly monitored and is still very poorly monitored," is cause for real concern. The water study, presented to the Peace River Regional District Board in Dawson Creek on August 25th, additionally comments, "there is a profound absence of knowledge about the presence and migration of fluids in the intermediate zone of the subsurface, approximately located between 500 m and 2 km depth. This needs to be addressed in the areas of intense oil and gas activities. Adequate characterization and monitoring programs need to be designed and implemented very rapidly." To approve a project involving toxic chemicals of largely unstudied effects on human health in the face of such inadequate monitoring of water resources would be reckless. Recognizing developing concerns around both climate-related health problems and the health impacts of hydraulic fracturing, in August, the Canadian Medical Association passed a motion at its General Council stating, "The Canadian Medical Association supports incorporating full-cost accounting, including greenhouse gas emissions and water-usage impacts, into health-impact assessments for projects involving hydraulic fracturing for unconventional oil and gas reserves." To our knowledge, this has not been done for this project or those associated with it.

Finally, the degree of industrial development involved in the fulfillment of this project, and the lack of consensus as to its overall benefit for directly affected populations, particularly in some Aboriginal communities, is likely to lead to changes in traditional ways of life and "solastalgia," a term given to the intense psychological distress caused by landscape change so rapid that people begin to feel homesick while still at home. The Pembina Institute estimates that the new gas well activity required to supply the project would peak at 842 wells drilled in 2020. The Blueberry River First Nations (BRFN) petition requesting that the province of BC quash its royalty agreement regarding this project shows that directly-affected



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populations continue to have concerns. The BRFN petition states "The infrastructure development required by the long term royalty agreement and planned by Progress Energy would cause serious harm to Blueberry Rivers First Nations territory and treaty rights...It would destroy, fragment, pollute and otherwise disturb thousands of acres of animal habitat." Solastalgia has been shown to be worse when people have a feeling of a lack of control over rapid change, as is clearly the case for at least some members of the population directly affected by this project.

In the year in which Canada signed the UN Declaration on the Rights of Indigenous Peoples, and following the release of the Truth and Reconciliation report – the utmost care must be taken to honour the right of Aboriginal people to health, and to full, prior and informed consent with respect to development of their traditional lands.

British Columbia's First Nation's Health Authority (FNHA) recently made clear the strong links between First Nations, the land and resources, culture and associated health outcomes in the initial findings of the Mount Polley Health Impact Assessment. The FNHA report confirms that: "The Aboriginal population in Canada is vulnerable to changes in environmental and socioeconomic conditions stemming from resource development projects. This vulnerability is primarily due to their physical, mental, spiritual, and emotional connections to traditional land and natural resources. And it is underpinned by a history of adverse cultural impacts of colonialism and subsequent assimilation practices spanning more than 150 years." The FNHA report affirmed that protection

of First Nations from environmental dispossession requires protection of the health of ecosystems in an integrated manner. Failure to do so represents a breach of trust which can be expected to negatively impact efforts at reconciliation. Overall, urgent concerns exist with regards to both the global and the local health impacts of this project. These risks have not been adequately investigated, communicated or addressed. We urge you to consider the following motion, passed in 2012 at the Canadian Medical Association General Council: "The Canadian Medical Association supports a comprehensive federal environmental review process, including health impact studies, for all industrial projects." (DM 5-29) Until stakeholders understand the risks that hydraulic fracturing poses to their health, and steps have been taken to mitigate or eliminate them, no new projects which increase the level of hydraulic fracturing in BC, or in Canada as a whole, should proceed. Climate-health needs to be recognized as a health emergency and must be addressed with the same attention to targets and time windows as is applied during cardiopulmonary resuscitation and thrombolysis for myocardial infarction. There is no worse feeling than losing a patient because a resuscitation happens too slowly—and no better feeling than pulling a patient from a spiral of physiologic dysfunction with timely intervention. Let our experience at the bedside inform our joint success here. Greenhouse gas emissions need to be included in health impact assessments and projects must be evaluated in the context of other projects proposed, with the goal of staying within overall carbon budget targets. Over 80% of economic fossil fuel reserves must remain in the

ground, including most Canadian unconventional oil and gas reserves. Nature, unfortunately, does not accept half measures. Opinion surveys consistently show that health is a top concern of Canadians. As we increasingly understand the pivotal impact that the social and ecological determinants of health have on overall health, we must acknowledge that to consider one without the other leaves the major part of the story untold. Last year the Canadian Public Health Association published a discussion document on the health impacts of global ecological change to assist with this. (28) An incomplete assessment of a project with the potential for causing extreme harm is simply not acceptable. Christiana Figueres, former head of the United Nations Framework Convention on Climate Change, told the world's health ministers in May at the World Health Assembly that, "We have five years to make an extraordinary difference." As healthcare providers, we share with you, our decision-makers, the prime responsibility for the stewardship of our nation's health during this critical time period. A new era of best practice is required, and should begin with the rejection of the Pacific Northwest Liquefied Natural Gas (LNG) Project until its human health impacts have been fully understood, communicated, and addressed.

ALBERTA GOVERNMENT APPROVES THREE NEW OIL SANDS PROJECTS WORTH \$3BN

The Alberta Government has approved three new thermal oil sands projects that jointly represent about C\$4bn (\$3bn) of potential investment in the Canadian province.

The proposals have been approved

for Blackpearl Resources' Blackrod oil sands steam-assisted gravity drainage (SAGD) development, Surmont Energy's Wildwood oil sands SAGD development and Husky Saleski oil sands development. These projects make about 95,000 barrels per day (bpd) of production. The proposed developments will also fall under the new oil sands 100 megatonne greenhouse gas emissions limit, which was announced with Alberta's climate leadership plan. "Along with new pipelines, regulatory certainty is crucial to continued investment into our economy and I am proud to say we are advancing this certainty." Alberta minister of energy Margaret McCuaig-Boyd said: "Our government supports a growing and sustainable energy sector." "Along with new pipelines, regulatory certainty is crucial to continued investment into our economy and I am proud to say we are advancing this certainty." Prior to approving these proposals, the Alberta Energy Regulator carried out reviews including multiple environmental assessments and also consulted with local indigenous, as well as non-indigenous communities on the commercial projects. The companies will now work with the regulator on specific licences and approvals, and are required to comply with all environmental legislation, targets and thresholds. Blackpearl's 80,000bpd Blackrod oil sands project is located approximately 200km southwest of Fort McMurray.

Surmont's 100%-owned, 12,000bpd Wildwood oil sands project is located about 65km south of Fort McMurray and will use the SAGD method to recover bitumen.

Husky Saleski project is located 100km to the west of Fort McMurray.

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