

The enhancement of local air pollution by urban CO₂ domes

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Abstract

Data suggest that domes of high CO₂ levels form over cities. Despite our knowledge of these domes for over a decade, no study has contemplated their effects on local temperature or water vapor or the resulting feedback to air pollution and health. In fact, all air pollution regulations worldwide assume arbitrarily that such domes have no local health impact and carbon policy proposals, such as “cap and trade” implicitly assume that CO₂ impacts are the same regardless of where emissions occur. Here, it is found through data-evaluated numerical modeling with telescoping domains from the globe to the U.S., California, and Los Angeles, that local CO₂ emissions in isolation may increase local ozone and particulate matter, thus mortality by on the order of 50-100 deaths/yr in California and 300-1000 deaths/yr in the U.S. As such, reducing locally-emitted CO₂ will reduce local air pollution mortality even if CO₂ in adjacent regions is not controlled. This result contradicts the basis for air pollution regulations worldwide, none of which considers controlling local CO₂ based on its local health impacts. It also suggests that implementation of a “cap and trade” policy should consider the location of CO₂ emissions, as the underlying assumption of the policy is incorrect.

Introduction

Although CO₂ is generally well-mixed in the atmosphere, data indicate that its mixing ratios are higher in urban than in background air, resulting in *urban CO₂ domes* (1-5). Measurements in Phoenix, for example, indicate that peak and mean CO₂ in the city center are 75% and 38-43% higher, respectively, than in surrounding rural areas (2). Many recent studies have examined the impact of global greenhouse gases on air pollution (6-14). However, no study has isolated the impact of locally-emitted CO₂ on local air pollution, health, or climate. One reason is that model simulations of such an effect require treatment of meteorological feedbacks to gas, aerosol, and cloud changes, and few models include such feedbacks in detail. Second, local CO₂ emissions are close to the ground, where the temperature contrast between the Earth's surface and the lowest CO₂ layers is small. However, studies have not considered that CO₂ domes result in CO₂ gradients up to high altitude. If locally-emitted CO₂ increases local air pollution, then cities, counties, states, and small countries can reduce air pollution health problems by reducing their own CO₂ emissions, regardless of whether other air pollutants are reduced locally or whether other locations reduce CO₂.

Methodology and Evaluation

For this study, the nested global-through-urban 3-D model, GATOR-GCMOM (14-19) was used to examine the effects of locally-emitted CO₂ on local climate and air pollution. A nested model is one that telescopes from a large scale to more finely-resolved domains. The model and its feedbacks are described in the Supplemental Information. Example CO₂ feedbacks treated include those to heating rates, thus temperatures, which affected (a) local temperature and pressure gradients, stability, wind speeds, and gas/particle transport, (b) water evaporation rates, (c) the relative humidity and particle swelling, and (d) temperature-dependent natural emissions, air chemistry, and particle microphysics. Changes in CO₂ also affected (e) photosynthesis and respiration rates, (f) dissolution and evaporation rates of CO₂ into the ocean, (g) weathering rates, (h) ocean pH and chemical composition, (i) sea

1 spray pH and composition, (j) and rainwater pH and composition. Changes in sea spray composition,
2 in turn, affected sea spray radiative properties, thus heating rates.

3 The model was nested from the globe (resolution 4° SN x 5° WE) to the U.S. (0.5° x 0.75°),
4 California (0.20° x 0.15°), and Los Angeles (0.45° x 0.05°). The global domain included 47 sigma-
5 pressure layers up to 0.22 hPa (≈ 60 km), with high resolution (15 layers) in the bottom 1 km. The
6 nested regional domains included 35 layers exactly matching the global layers up to 65 hPa (≈ 18
7 km). The model was initialized with 1-degree global reanalysis data (20) but run without data
8 assimilation or model spinup.

9 Three original pairs of baseline and sensitivity simulations were run: one pair nested from the
10 globe to California for one year, one pair nested from the globe to California to Los Angeles, for two
11 sets of three months (Feb-Apr, Aug-Oct), and one pair nested from the globe to the U.S. for two sets
12 of three months (Jan-Mar, Jul-Sep). A second 1-year simulation pair was run for California for a
13 different year as well. In each sensitivity simulation, only anthropogenic CO_2 emissions (emCO_2)
14 were removed from the finest domain. Initial ambient CO_2 was the same in all domains of both
15 simulations and emCO_2 was the same in the parent domains of both. As such, all resulting
16 differences were due solely to locally-emitted (in the finest domain) CO_2 .

17 The model and comparisons with data have been described in over 50 papers, including
18 recently (14-19). Figure 1 further compares modeled O_3 , PM_{10} , and CH_3CHO from August 1-7 of the
19 baseline (with emCO_2) and sensitivity (no emCO_2) simulations from the Los Angeles domain with
20 data. The comparisons indicate very good agreement with respect to ozone in particular. Since
21 emCO_2 was the only variable that differed between the simulations, it was the causal factor in the
22 day and night increase in O_3 , PM_{10} , and CH_3CHO seen in Fig. 1.

23 24 **Results**

25 Figure 2a shows the modeled contribution of California's CO_2 emissions to column CO_2 , averaged
26 over a year. The CO_2 domes over Los Angeles, the San Francisco Bay Area, and much of the Central
27 Valley are evident. The largest surface CO_2 increase (5%, or 17.5 ppmv) was lower than observed

1 increases in cities (2) since the resolution of the California domain was coarser than the resolution of
2 measurements. As shown for Los Angeles shortly, an increase in model resolution increases the
3 magnitude of the surface and column CO₂ dome.

4 Population-weighted (PW) and domain-averaged (DA) changes in several parameters can
5 help to elucidate the effects of the CO₂ domes. A PW value is the product of a parameter value and
6 population in a grid cell, summed over all grid cells, all divided by the summed population among
7 all cells. Thus, a PW value indicates changes primarily in populated areas whereas a DA value
8 indicates changes everywhere, independent of population. The PW and DA increases in surface CO₂
9 due to emCO₂ were 7.4 ppmv and 1.3 ppmv, respectively, but the corresponding increases in column
10 CO₂ were 6.0 g/m² and 1.53 g/m², respectively, indicating that changes in column CO₂ were spread
11 horizontally more than were changes in surface CO₂. This is because local emCO₂ starts mixing
12 vertically into the convective mixed layer during the day and residual layer and above at night,
13 where horizontal winds are faster than at the surface. The surface losses are quickly replaced with
14 more local CO₂ emissions.

15 The CO₂ increases in California increased the PW air temperature by about 0.0063 K, more
16 than it changed the domain-averaged air temperature (+0.00046) (Fig. 2b). Thus, CO₂ domes had
17 greater temperature impacts where the CO₂ was emitted and where people lived than they had in the
18 domain average. This result held for the effects of emCO₂ on column water vapor (Fig. 2c - PW:
19 +4.3 g/m²; DA: +0.88 g/m²), ozone (Fig. 2d - PW: +0.06 ppbv; DA: +0.0043 ppbv), PM_{2.5} (Fig. 2f -
20 PW: +0.08 µg/m³; DA: -0.0052 µg/m³), PAN (Fig. 2h - PW: +0.002 ppbv; DA: -0.000005 ppbv) and
21 particle nitrate (Fig. 2i - PW: +0.030 µg/m³; DA: +0.00084 µg/m³).

22 Figure 3 elucidates spatial correlations between changes in local ambient CO₂ caused by
23 emCO₂ and changes in other parameters. Increases in temperature, water vapor, and ozone correlated
24 positively and with statistical significance ($p < 0.05$) with increases in CO₂. Ozone increases also
25 correlated positively and with strong significance with increases in water vapor and temperature. A
26 previous study found that increases in temperature and water vapor both increase ozone at high
27 ozone but cause little change in ozone at low ozone (14), consistent with this result.

PM_{2.5} correlated slightly negatively ($r=0.017$) but without statistical significance, with higher temperature and much more positively ($r=0.23$) and with strong significance ($p<0.0001$) with higher water vapor in California. Higher temperature decreased PM_{2.5} by increasing vapor pressures thus PM evaporation and by enhancing precipitation in some locations. Some PM_{2.5} decreases with higher temperature were offset by biogenic organic emission increases with higher temperatures followed by biogenic oxidation to organic PM. But, in populated areas of California, biogenic emissions are relatively low. Some PM_{2.5} decreases were also offset by slower winds caused by enhanced boundary-layer stability from CO₂. While higher temperature slightly decreased PM_{2.5}, higher water vapor due to emCO₂ increased PM_{2.5} by increasing aerosol water content, increasing nitric acid and ammonia gas dissolution, forming more particle nitrate (Fig. 2i) and ammonium. Higher ozone from higher water vapor also increased oxidation of organic gases to organic PM. Overall, PM_{2.5} increased with increasing CO₂, but because of the opposing effects of temperature and water vapor on PM_{2.5}, the net positive correlation was weak ($r=0.022$) and not statistically significant ($p=0.17$). However, when all CO₂ increases below 1 ppmv were removed, the correlation improved substantially ($r=0.047$, $p=0.07$). Further, the correlation was strongly statistically significant for Los Angeles and U.S. domains, as discussed shortly.

Health effect rates (y) due to pollutants in each model domain were determined from

$$y = y_0 \sum_i \left\{ P_i \sum_t \left(1 - \exp \left[-\beta \times \max(x_{i,t} - x_{th}, 0) \right] \right) \right\} \quad (1)$$

where $x_{i,t}$ is the concentration in grid cell i at time t , x_{th} is the threshold concentration below which no health effect occurs, β is the fractional increase in risk per unit x , y_0 is the baseline health effect rate, and P_i is the grid cell population. Table 1 provides sums or values of P , β , y_0 , and x_{th} . California's local CO₂ resulted in ~13 (with a range of 6-19 due to uncertainty in epidemiological data) additional ozone-related deaths/year (Fig. 2e), or 0.3% above the baseline 4600 (2300-6900) deaths/year (Table 1). Higher PM_{2.5} due to emCO₂ contributed another ~39 (13-60) deaths/year (Fig. 2g), 0.2% above

1 the baseline death rate of 22,500 (5900-42,000) deaths/year. Changes in cancer due to emCO₂ were
2 relatively small (Table 1). A second pair of simulations was run for California, starting one year after
3 the first. The results of this simulation were similar to those for the first approximately the same
4 number of overall deaths attributable to emCO₂.

5 Simulations for Los Angeles echo results for California but allowed for a more resolved
6 picture of the effects of emCO₂. Figure 4 (Feb-Apr) indicates that the near-surface CO₂ dome that
7 formed over Los Angeles peaked at about 34 ppmv, twice that over the coarser California domain.
8 The column difference indicates a spreading of the dome over a larger area than the surface dome. In
9 Feb-Apr and Aug-Oct, emCO₂ enhanced PW ozone and PM_{2.5}, increasing mortality (Fig. 4, Table 1)
10 and other health effects (Table 1). The causes of such increases, however, differed with season.
11 From Feb-Apr, emCO₂ increased surface temperatures and water vapor over the Los Angeles basin
12 (Fig. 4). This slightly enhanced ozone and PM_{2.5}, but the increase in the land-ocean temperature
13 gradient by about 0.2 K over 50 km also increased sea-breeze wind speeds by ~0.06 m/s averaged
14 over the month, increasing resuspension of road and soil dust and moving PM more to the eastern
15 basin. From Aug-Oct, emCO₂ increased temperatures aloft, increasing the land-sea temperature
16 gradient and wind speed aloft, increasing the flow of moisture from the ocean to land aloft,
17 increasing water vapor transport, thereby increasing cloud optical depth by up to 0.4-0.6 over land,
18 decreasing surface solar radiation by up to 3-4 W/m², and causing a net decrease in local ground
19 temperatures by up to 0.2 K (Fig. 4). The excess water vapor aloft over land mixed to the surface
20 (Fig. 4), increasing ozone (which increases chemically with water vapor at high ozone) and the
21 relative humidity, which increased aerosol particle swelling, increasing gas growth onto aerosols,
22 and reducing particle evaporation. In summary, emCO₂ increased ozone and PM_{2.5} and their
23 corresponding health effects in both seasons, increasing air pollution deaths in California and Los
24 Angeles by about 50-100 per year (Fig. 4, Table 1). The positive spatial correlations between higher
25 CO₂ and higher O₃ and PM_{2.5} deaths were strongly significant ($p < 0.0001$) (Fig. 4).

26 Figure 5 shows that, for the U.S. as a whole, the correlations between higher CO₂ and higher
27 O₃ and PM_{2.5} deaths were also both visually and statistically significant. The annual death rates due

1 to emCO₂ in the U.S. were ~770 (300-1000), with ~20% due to ozone. This death rate represented an
2 enhancement of ~0.4% of the baseline death rate due to air pollution. With a U.S. anthropogenic
3 emission rate of 5.76 GT-CO₂/yr (Table S2), this corresponds to ~134 (52-174) deaths/GT-CO₂/yr
4 over the U.S. Death rates in Los Angeles for the Los Angeles simulation were higher than those for
5 Los Angeles in the California or U.S. simulation due to the higher resolution of the Los Angeles
6 simulations; thus, results for California and the U.S. may be conservative.

8 **Implications**

9 Worldwide, emissions of NO_x, HCs, CO, and PM are regulated. The few CO₂ regulations proposed
10 to date have been justified based on its large-scale feedback to temperatures, sea levels, water
11 supply, and global air pollution. No proposed CO₂ regulation is based on the potential impact of
12 locally-emitted CO₂ on local pollution as such effects have been assumed not to exist (21). The result
13 here suggests that reducing local CO₂ may reduce 300-1000 air pollution deaths/yr in the U.S. and
14 50-100/yr in California, even if CO₂ in adjacent regions is not controlled. The results, combined with
15 those in (14), suggest that local CO₂ emissions should, in general, increase local ozone and particles
16 due to feedbacks to temperatures, atmospheric stability, water vapor, humidity, winds, and
17 precipitation. Thus, CO₂ emission controls are justified on the same grounds that NO_x, HC, CO, and
18 PM emission regulations are justified. Results further imply that the assumption behind the “cap and
19 trade” policy, namely that CO₂ emitted in one location has the same impact as CO₂ emitted in
20 another, is incorrect, as CO₂ emissions in populated cities have larger health impacts than CO₂
21 emissions in unpopulated areas. As such, CO₂ cap and trade, if done, should consider the location of
22 emissions to avoid additional health damage.

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Figure Captions

Figure 1. Paired-in-time-and-space comparisons of modeled baseline (solid lines), modeled no-emCO₂ (dashed lines), and data (22) (dots) for ozone, sub-10-μm particle mass, and acetaldehyde from the Los Angeles domain for August 1-7, 2006.

Figure 2. Modeled annually averaged difference for several surface or column parameters in California, parts of Nevada, and parts of New Mexico when two simulations (with and without emCO₂) were run. The numbers in parentheses are population-weighted changes.

Figure 3. Scatter plots of paired-in-space one-year-averaged changes between several parameter pairs, obtained from all near-surface grid cells of the California domain. Also shown is an equation for the linear fit through the data points in each case and the r and p values for the fits.

Figure 4. Same as Fig. 2., but for the Los Angeles domain and for Feb-Apr and Aug-Oct. Also shown are scatter plots for Aug-Oct similar to those for Fig. 3.

Figure 5. Same as Fig. 2., but for the U.S. domain and for Jun-Aug. Also shown are scatter plots similar to those for Fig. 3.

Table 1. Summary of locally-emitted CO₂'s (emCO₂) effects on cancer, ozone mortality, ozone hospitalization, ozone emergency-room (ER) visits, and particulate-matter mortality in California (CA), Los Angeles (LA), and the United States (US). Results are shown for the with-emCO₂ emissions simulation ("Base") and the difference between the base and no emCO₂ emissions simulations ("Base minus no-emCO₂") for each case. The domain summed populations in the CA, LA, and US domains were 35.35 million, 17.268 million, and 324.07 million, respectively. All concentrations except the second PM_{2.5}, which is an all-land average, are near-surface values weighted spatially by population. CA results were for an entire year, LA results were an average of Feb-Apr and Aug-Oct, and US results were an average of Jan-Mar and Jul-Sep.

	Annual base CA	Base minus no emCO ₂ CA	Annual Base LA	Base minus no emCO ₂ LA	Annual Base US	Base minus no emCO ₂ US
Ozone ≥ 35 ppbv (ppbv)	47.4	+0.060	44.7	+0.12	47.0	+0.044
PM _{2.5} (μg/m ³) (pop-weight)	50.0	+0.08	36	+0.29	64.4	+0.041
PM _{2.5} (μg/m ³) (all land)	21.5	-0.007	25.8	+0.06	32.8	+0.039
Formaldehyde (ppbv)	4.43	+0.0030	4.1	+0.054	6.75	+0.066
Acetaldehyde (ppbv)	1.35	+0.0017	1.3	+0.021	2.45	+0.016
1,3-Butadiene (ppbv)	0.11	-0.00024	0.23	+0.0020	0.077	+0.0005
Benzene (ppbv)	0.30	-0.00009	0.37	+0.0041	0.34	+0.020
Cancer						
USEPA cancers/yr ⁺	44.1	0.016	22.0	+0.28	573	+6.9
OEHHHA cancers/yr ⁺	54.4	-0.038	37.8	+0.39	561	+11.8
Ozone health effects						
High O ₃ deaths/yr*	6860	+19	2140	+20	52,300	+245
Med. O ₃ deaths/yr*	4600	+13	1430	+14	35,100	+166
Low O ₃ deaths/yr*	2300	+6	718	+7	17,620	+85
O ₃ hospitalizations/yr*	26,300	+65	8270	+75	200,000	+867
Ozone ER visits/yr*	23,200	+56	7320	+66	175,000	+721
PM health effects						
High PM _{2.5} deaths/yr [^]	42,000	+60	16,220	+147	44,800	+810
Medium PM _{2.5} deaths/yr [^]	22,500	+39	8500	+81	169,000	+607
Low PM _{2.5} deaths/yr [^]	5900	+13	2200	+22	316,000	+201

(+) USEPA and OEHHHA cancers/yr were found by summing, over all model surface grid cells and the four carcinogens (formaldehyde, acetaldehyde, 1,3-butadiene, and benzene), the product of individual CUREs (cancer unit risk estimates=increased 70-year cancer risk per μg/m³ sustained concentration change), the mass concentration (μg/m³) (for baseline statistics) or mass concentration difference (for difference statistics) of the carcinogen, and the population in the cell, then dividing by the population of the model domain and by 70 yr. USEPA CURES are 1.3x10⁻⁵ (formaldehyde), 2.2x10⁻⁶ (acetaldehyde), 3.0x10⁻⁵ (butadiene), 5.0x10⁻⁶ (=average of 2.2x10⁻⁶ and 7.8x10⁻⁶) (benzene)

(www.epa.gov/IRIS/). OEHHA CUREs are 6.0×10^{-6} (formaldehyde), 2.7×10^{-6} (acetaldehyde), 1.7×10^{-4} (butadiene), 2.9×10^{-5} (benzene) (www.oehha.ca.gov/risk/ChemicalDB/index.asp).

(*) High, medium, and low deaths/yr, hospitalizations/yr, and emergency-room (ER) visits/yr due to short-term O_3 exposure were obtained from Equation 1, assuming a threshold of 35 ppbv (23). The baseline 2003 U.S. death rate (y_0) was 833 deaths/yr per 100,000 (24). The baseline 2002 hospitalization rate due to respiratory problems was 1189 per 100,000 (25). The baseline 1999 all-age emergency-room visit rate for asthma was 732 per 100,000 (26). The fractional increases (β) in the number of deaths from all causes due to ozone were 0.006, 0.004, and 0.002 per 10 ppbv increase in daily 1-hr maximum ozone (27). These were multiplied by 1.33 to convert the risk associated with a 10 ppbv increase in 1-hr maximum O_3 to that associated with a 10 ppbv increase in 8-hour average O_3 (23). The central value of the increased risk of hospitalization due to respiratory disease was 1.65% per 10 ppbv increase in 1-hour maximum O_3 (2.19% per 10 ppbv increase in 8-hour average O_3), and that for all-age ER visits for asthma was 2.4% per 10 ppbv increase in 1-hour O_3 (3.2% per 10 ppbv increase in 8-hour O_3) (25, 26).

(^) The death rate due to long-term $PM_{2.5}$ exposure was calculated from Equation 1. Increased death risks to those ≥ 30 years were 0.008 (high), 0.004 (medium), and 0.001 (low) per $1 \mu g/m^3$ $PM_{2.5} > 8 \mu g/m^3$ based on 1979-1983 data (28). From $0-8 \mu g/m^3$, the increased risks here were assumed $= \frac{1}{4}$ those $> 8 \mu g/m^3$ to account for reduced risk near zero $PM_{2.5}$ (14). The all-cause 2003 U.S. death rate of those ≥ 30 years was 809.7 deaths/yr per 100,000 total population.

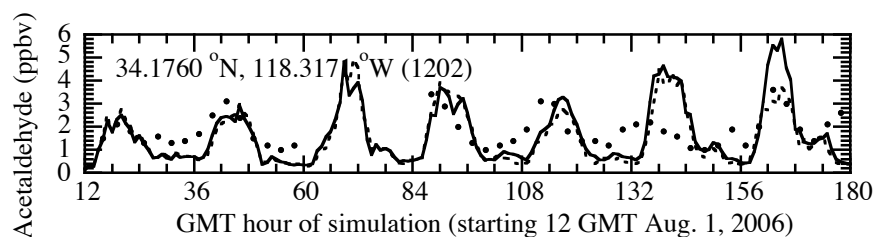
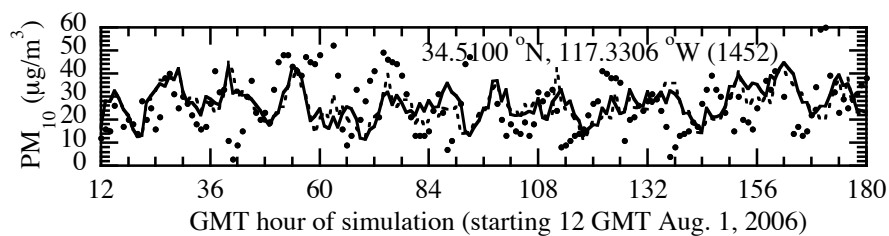
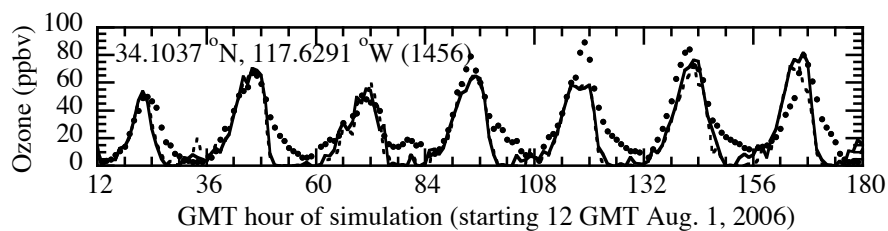
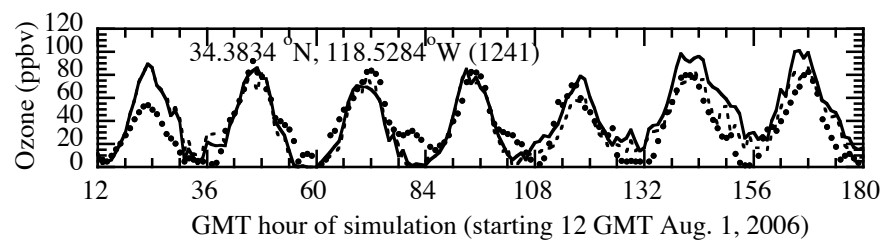
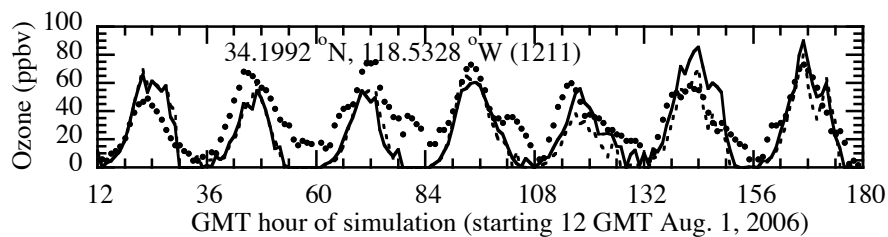


Figure 1

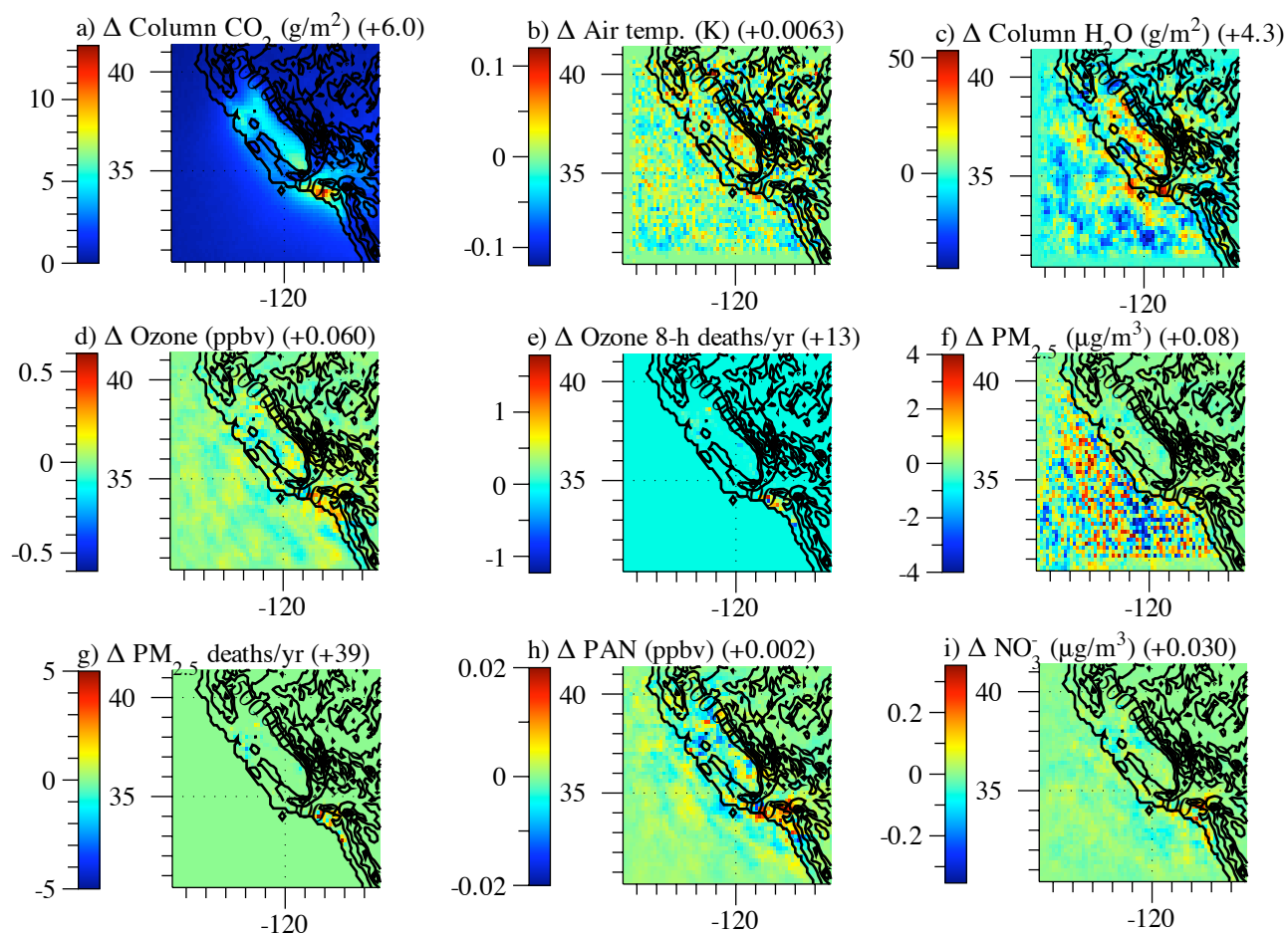


Figure 2

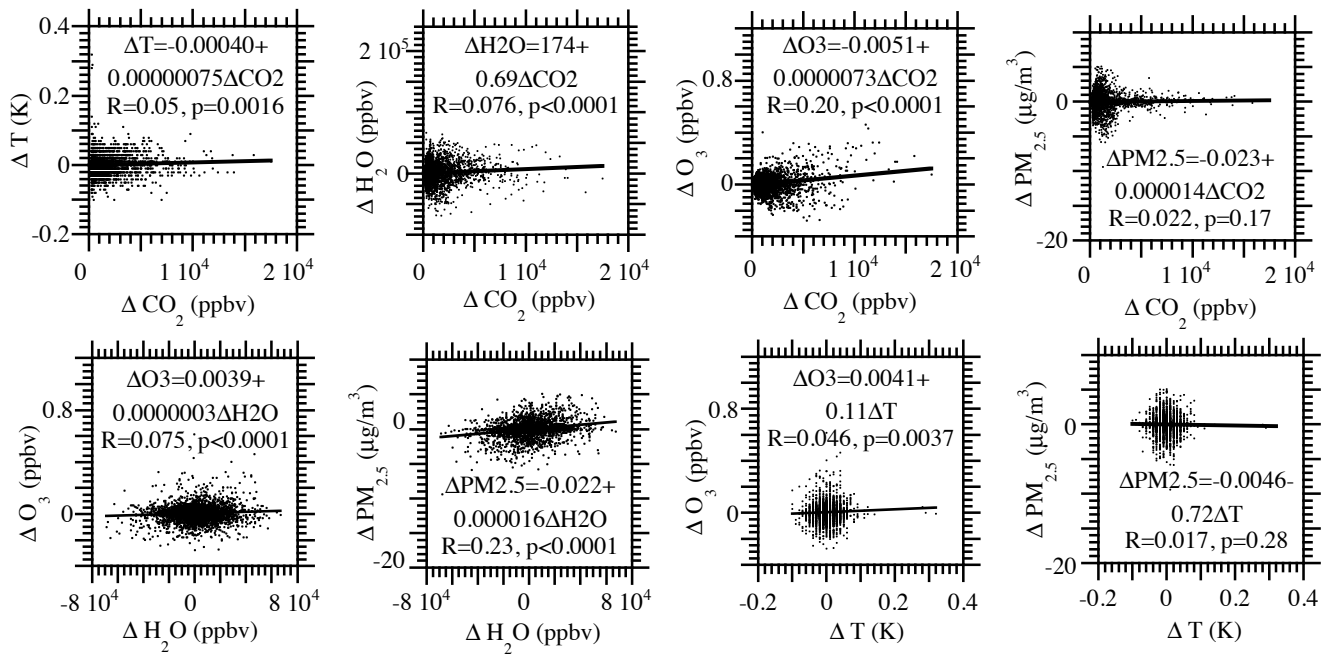
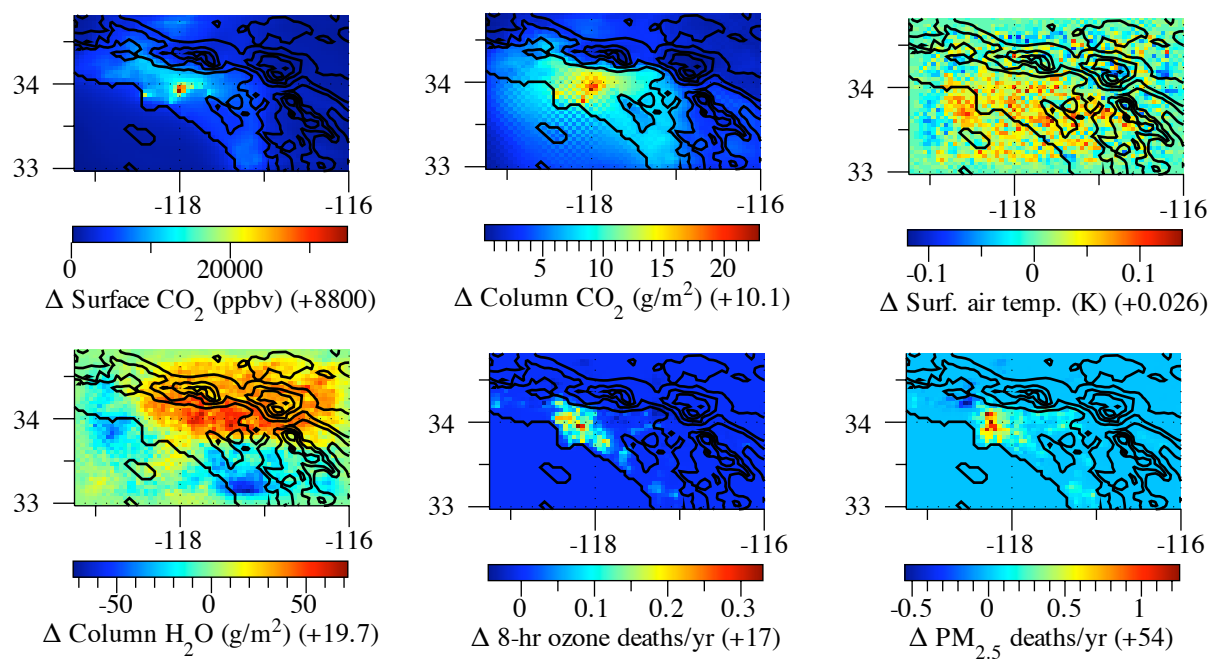


Figure 3

February-April



August-October

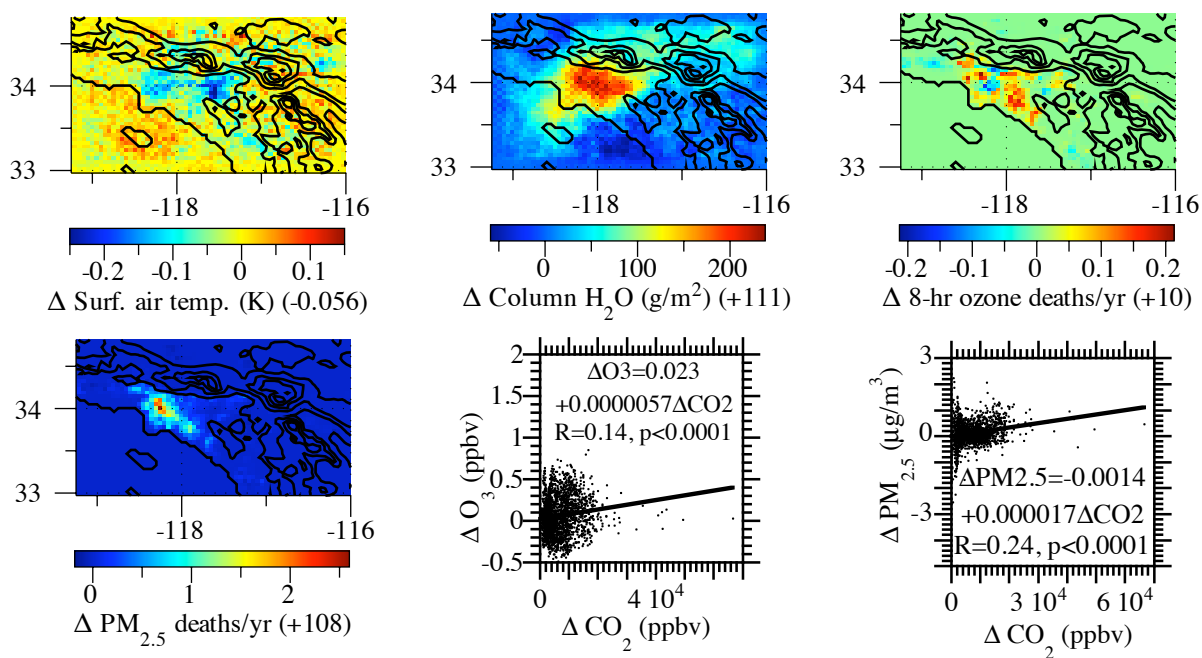


Figure 4

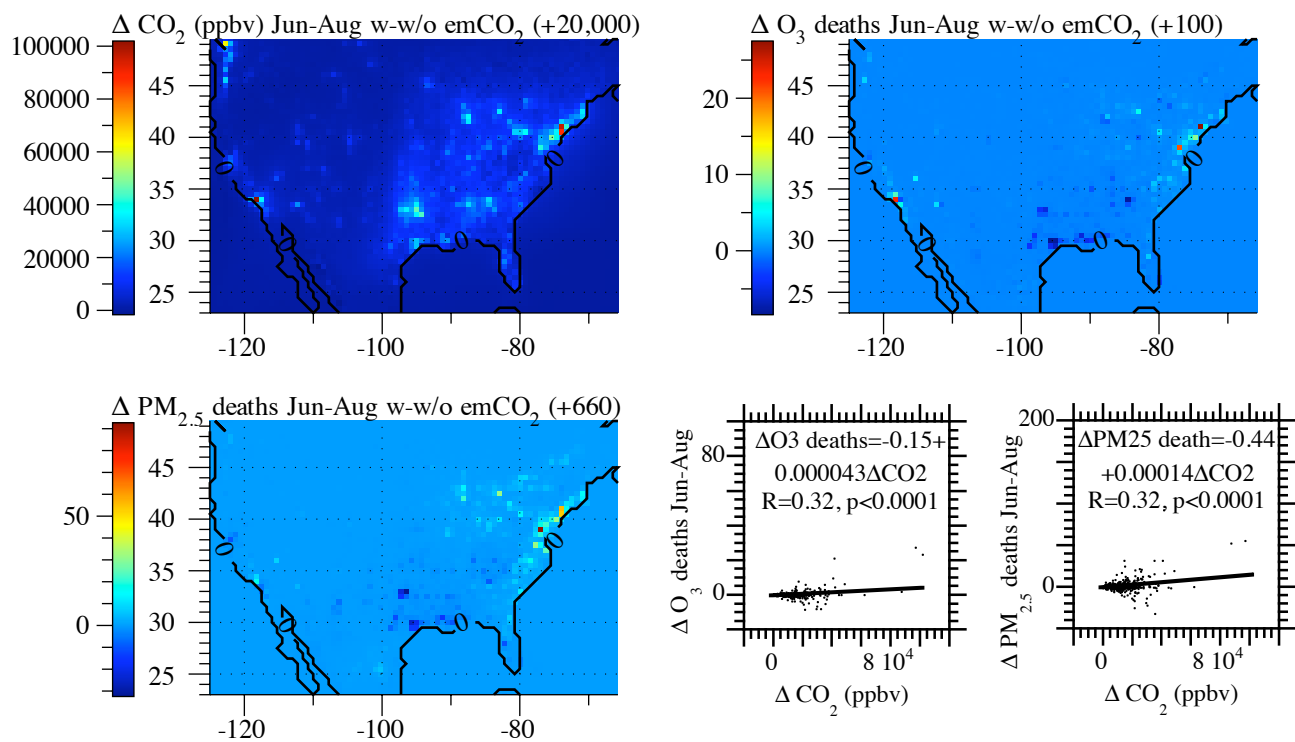


Figure 5