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June 4, 2010

Open Letter to EHHI:

EHHI, author of a recent report on LEED, and the U.S. Green Building Council, developers of the LEED Green Building Rating System, clearly share a common mission: we care deeply about human health. In fact, human health and how it is tied to environmental health is at the core of what both organizations study and do. To suggest something contrary to that, as you did in your recent report, suggests a fundamental misunderstanding of the role LEED plays as a catalyst for action related to this critical issue.

We could not agree more with the need for serious action on improved indoor air quality. But your report fails to provide a complete picture of how interconnected the built environment and public health truly are.

Since the launch of the first LEED rating system 10 years ago, we have been on a continuous improvement cycle to enhance the LEED system. Our goal is to continually evolve this tool that engages everyone involved with buildings -- from the owner to the designer to the manager and the occupants -- to act and deliver high performance healthy buildings and communities.

Can LEED as a tool be improved? Yes, always! Does LEED reflect the realities of a voluntary system of change? Yes! In other words, we are always helping to guide the market, balancing forces that want *status quo* and those that want immediate, far-reaching change. We do not do this work as a government. We do this work as a non-profit organization, the same as you.

So please help us. The expertise of EHHI could be a rich resource to continue the evolution of LEED. Having the opportunity to work with very well-respected public health experts that have issued the call to arms on chemicals of concern is very exciting to us. We believe that LEED is an appropriate mechanism to move our shared agenda forward.

We'd like to move quickly. Please accept our invitation to meet with us in Washington, D.C. or New Haven, in June, at a time that is convenient. We would like to explore how we might add your specific expertise to the work of the hundreds of volunteer professionals (including noted Indoor Air Quality experts) charged with the ongoing development of LEED. We also believe that a study of LEED buildings, rather than the rating system itself, would clarify many of these benefits. To that end we want to welcome you to join us in studying this issue as part of our Building Performance Partnership.



And it is on behalf of those same volunteers and the 17,000 organizational members of USGBC, that I take issue with your report's serious lack of understanding about the role rating systems play in raising the bar on improved indoor air quality and specifically how LEED works.

To suggest that the Indoor Environmental Quality section of LEED is the only place LEED addresses public health, as you did in your report, is to show a fundamental lack of knowledge about the rating system. As noted in detail in our Foundations Documents (our constitution for how LEED is developed), LEED credits are specifically designed to be cross-cutting. This is because the human health benefits associated with reduced building energy use and associated particulate matter, mercury and so on; reduced transportation emissions from gasoline and diesel use; increased community walkability; decreased wastewater generation; and the numerous other cross-cutting human health issues addressed by LEED's integrative framework are widely known and well-documented.

I believe your report would have benefited from a better understanding of how this integration underpins the rating system, how the rating system is built, and how project teams actually apply these ideas in the real-world execution of a project. There's not a LEED Platinum project to date that did not maximize the specific IEQ credits, and even though it may be theoretically possible to certify a project at any level that does not include practices of improved indoor air quality, it is virtually impossible to achieve higher levels of LEED without achieving these credits.

The suggestion that energy efficiency is given "priority" over human health is similarly misleading. The two issues are inextricably linked and your report fails to mention how LEED helps project teams optimize cross-cutting issues. The fact that this report missed the public health/transit link is especially confusing in light of EHHI's own work on this subject. Additionally, the report uses pointed words like "alarm" and "danger" that could actually delay the continued transformation of the building industry in areas where clear action is warranted and long overdue.

We have more work ahead of us than we do behind us in order to create a world that is better for human health. We will need to work together. To that end, many of the suggestions made in the report are issues we have already identified and are working on. The talent and expertise represented in your group could help accelerate this progress. We are interested in sharing these issues with you and receiving your suggestions. We hope to hear from you soon on a convenient meeting time.



Sincerely,

A handwritten signature in black ink, consisting of a large, stylized capital letter 'R' followed by a horizontal line and a period.

S. Richard Fedrizzi
President, CEO and Founding Chair
U.S. Green Building Council

Cc: Scot Horst, Senior Vice President, LEED
Brendan Owens, VP Technical Development, LEED
Bob Thompson, Chair, LEED IEQ Technical Advisory Group, and Indoor
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Gail Vittori, Immediate Past Chair, USGBC, Co-Director, Center for Maximum
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