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To the U.S. Environmental Protection Agency

on Proposed Revisions to the

National Ambient Air Quality Standards for Ozone

72 FR 37818

Docket No. EPA-HQ-OAR-2005-0172.

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Houston, Texas

Good morning and thank you for this opportunity to comment on the Agency's proposed National Ambient Air Quality Standards for ozone. I am Janice Nolen, Assistant Vice President of National Policy and Advocacy for the American Lung Association. The American Lung Association has carefully followed this review and, in fact, our legal actions in 2002 and 2003 instigated this review cycle. We are pleased to be at this point five years later, with the hope of more protection for all of us from the harms of ozone air pollution.

The proposed revisions to the national standards for ozone are a good step toward cleaner air. While the American Lung Association is pleased that the EPA is calling for significantly tighter standards, the agency's plan falls short of the range recommended by its own scientific experts. We believe that there is ample evidence to support a standard of 0.060 parts per million and we urge the Administrator to adopt that level. We are pleased to hear that the Administrator is personally convinced that the existing standard fails to protect public health. Despite that, the Agency left the door open to retaining the existing standard or nudging the standard downward slightly. Those options are not acceptable. We trust the Administrator will agree.

We will submit full comments in writing for the docket. However, for today, I want to focus on one issue—on the core argument given for not proposing the range that the Agency's independent scientific advisors recommended.

The argument is a familiar one—recycled, if you will—from previous reviews. The data from the research are assessed as "too uncertain" to set the standard any lower than the proposed range.

This old bugaboo provides an all-purpose cover. To the average person, it sounds like ozone may not actually be a problem at those levels—something that needs more study before we know what we need to do. EPA sounds quite reasonable in arguing that we don't want to move ahead in face of such "uncertain" evidence.

Except that the argument is wrong.

First, there is clear evidence that breathing ozone at levels well below 0.070 ppm is harmful. Many studies provide ample proof of that, including ten that I'm footnoting in my written comments. Breathing even these lower ozone concentrations sends newborns and seniors to the hospital, decreases lung function in children with asthma and in healthy adults and even increases the risk of premature death.[1] What uncertainty really means here is that while we know breathing that much ozone is harmful, we just don't know how *much* harm occurs at those levels. Science is deliberating over the *shape* of the graph showing the problem, not whether the problem exists. In more concrete terms, we're not sure just how many asthma attacks school children in Houston suffer at these levels of ozone, but we know without question that they suffer them.

Even if the evidence weren't as strong as it is, another reason also lifts the mask of "uncertainty" and compels the EPA to propose a tighter standard: the requirement to provide a margin of safety.

When Congress wrote the Clean Air Act, scientists testified that we would never have absolute knowledge: that we would learn more and improve our ability to assess these dangers, but that we would always need to protect the public even when we lack full knowledge. So Congress included a simple phrase in the Clean Air Act, in the requirements for setting standards, to direct the EPA to include an "adequate margin of safety" to provide that cushion of

protection. Even if the science weren't so compelling, the EPA would need to propose at least a standard of 0.060 ppm to provide that protective margin. The Clean Air Act requires, and the American public expects, that the EPA must address such uncertainty in favor of more public health protection, not less.

But the science is strong. The harm from ozone at levels below 0.070 is real. Remember, these 23 scientists, the Clean Air Scientific Advisory Committee, wrote compelling and clear recommendations for a much tighter standard, in the range of .0.060 to 0.070 ppm. The EPA's own staff scientists recommended a complimentary range. The American Lung Association is one of many public health and medical groups in this nation and internationally to call for much tighter ozone standards.[2]

The argument of "too much uncertainty" merely tries to justify a political limitation, one not supported by either scientific evidence or legal requirements. The EPA proposal is an improvement, but it's not enough. The evidence—and the law—require more protection now. The American Lung Association urges the Administrator to choose a standard that truly offers the protection the Clean Air Act requires.

Thank you.

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[1] U.S. EPA Memorandum from James S. Brown, EPA, NCEA-RTP Environmental Media Assessment Group, Thru Mary Ross, EPA, NCEA-RTP, EMAG Branch Chief and Ila Cote, EPA, NCEA-RTP, Director, To Ozone NAAQS Review Docket (OAR-2005-0172), The Effects of Ozone on Lung Function at 0.06 ppm in Healthy Adults, June 14, 2007.; Bell ML, McDermott A, Zeger SL, Samet JM, Dominici F. Ozone and short-term mortality in 95 US urban communities, 1987-2000. *JAMA* 2004; 292: 2372-2378.; Dales RE, Cakmak S, Doiron MS. Gaseous Air Pollutants and Hospitalization for Respiratory Disease in the Neonatal Period. *Environ Health Perspect* 2006; 114: 1751-1754;Naeher LP, Holford TR, Beckett WS, Belanger K, Triche EW, Bracken MB, Leaderer BP. Healthy Women's PEF Variations with Ambient Summer Concentrations of PM_{10}, $PM_{2.5}$, SO_4^{2-}, H^+, and O_3. *Am J Respir Crit Care Med* 1999; 160: 117-125; Brauer M, Blair J, Vedal S. Effect of Ambient Ozone Exposure on Lung Function in Farm Workers. *Am J Respir Crit Care Med* 1996; 154: 981-987; Chan C-C, Wu T-H. Effects of Ambient Ozone Exposure on Mail Carriers' Peak Expiratory Flow Rates. *Environ Health Perspect* 2005; 113: 735-738; Mortimer, KM, Neas LM, Dockery DW, Redline S, Tager IB. The effect of air pollution on inner-city children with asthma. *Eur Respir J* 2002; 19: 699-705. Koken PJ, Piver WT, Ye F, Elixhauser A, Olsen LM, Portier CJ. Temperature, air pollution, and hospitalization for cardiovascular diseases among elderly people in Denver. *Environ Health Perspect* 2003; 111: 1312-1317; Brunekreef B, Hoek G, Breugelmans O, Leentvaar M. Respiratory Effects of Low-level Photochemical Air Pollution in Amateur Cyclists. *Am J Respir Crit Care Med* 1994; 150: 962-966; Medina-Ramón M, Zanobetti A, Schwartz J. The Effect of Ozone and PM_{10} on Hospital Admissions for Pneumonia and Chronic Obstructive Pulmonary Disease: A National Multicity Study. *American Journal of Epidemiology 2006*; 163: 579-588.

[2] Among the other groups supporting a much tighter ozone standard include: the American Thoracic Society, World Health Organization, the American Academy of Pediatrics, the State of California, the EPA's Children's Health Protection Advisory Committee, and the American Medical Association.