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U.S. Environmental Protection Agency
Hearing on the Particulate Matter National Ambient Air Quality Standards
July 19, 2012

Sacramento, California
Docket Number EPA-HQ-OAR-2007-0492

Testimony of Janice E. Nolen
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Good morning. Thank you for the opportunity to comment on the proposed particulate matter national ambient air quality standards. My name is Janice E. Nolen, Assistant Vice President, National Policy and Advocacy of the American Lung Association. I also want to thank you and the U.S. EPA for the hard work it has taken to get us to today's hearing.

As Susan Griffin shared with you, the American Lung Association believes that the current primary standards fail to meet the requirements of the Clean Air Act to protect human health. I'd like to take a few minutes to explain our support for an annual standard of 11 micrograms per cubic meter and a 24-hour standard of 25 micrograms per cubic meter. We will submit much more detailed discussion of this into the docket.

First, the current standards cannot protect public health as required. Multiple, large, multi-city studies show convincing evidence of serious harm at levels well below 15 micrograms per cubic meter. The extensive data from the Women's Health Initiative study, the extended American Cancer Society study, the Medicare Study all show that levels of exposure well below 15 are associated with serious health harm, including premature death.

As the extended studies have shown, current levels of particulate matter, though lower, continue to cause premature death and other harms. Consequently, we need to protect against pollution not just at the mean levels, but well below the mean to begin to meet the requirements of the Clean Air Act. The Lung Association supports an annual standard of 11 because it would protect against harm shown with high confidence based in major studies.

Looking at where to set the standard, EPA has argued that the strongest certainty about the data in these studies lies in the data above the 25th percentile. Just to be clear, the question is not over whether there is harm, but how much harm occurs at these levels. We note that several major studies show evidence of harm below 12 that fall well above the 25th percentile and well within the EPA's own assessment of levels where strong certainty exists. The large Women's Health Initiative and the Medicare Study both had data showing harm with strong certainty well below 12. Even the study that EPA's scientists found the most robust—the extended Cancer Society cohort—had its 25th percentile at 12 and had 11 as one standard deviation below the mean values. Given the evidence that no threshold of harm exists, we believe this calls for an annual standard of 11.

One large, long-term exposure study with its mean value below 12 found serious harm to one of our most vulnerable populations—newborn babies. Babies aren't just the most vulnerable just because of their age—their exposure to pollution in the womb and until maturity can affect their health throughout their entire lives. Measuring those endpoints, too, is in its infancy –but the evidence so far tells us that they need, desperately, that critical protection. The potential harm and the magnitude of that harm demand it.

The 24-hour standard also needs to be strengthened. The Lung Association disagrees with EPA's conclusion that the annual standard should be the controlling standard and that the 24-hour standard could remain at 35 and provide supplemental protection. Fundamentally, we do not agree that either standard should be controlling: both should be determined based on their ability to protect health. Sources that cause elevated short-term levels are often very different from those that cause annual levels, and communities where those sources dominate deserve a standard that protects them, too.

Thanks to numerous scientific studies, we know that traffic-generated air pollution, including fine particulate matter, increases risks to our health. We commend EPA's proposal to begin a program of roadside monitoring of $PM_{2.5}$ pollution, but urge that EPA expand the network to protect the health of millions of Americans that live in high traffic areas. Without adequate monitoring we will not know the real extent of the burden this source places on our health. The roadside monitors are also essential tools to help us know whether the steps we are taking to clean up particulate matter are working as we hoped.

Finally, I note that the Washington Post reported that the White House changed EPA's proposal to include 13 in option for the annual standard. We are disappointed that the White House once again has interjected itself into the scientific review in a way that would provide significantly less protection to public health. These standards should be set, as the law requires, on the basis of the health science at levels that protect the public. The American people deserve nothing less. Such protection requires a 24-hour standard of 25 and an annual standard of 11.

Thank you.