Comments on U.S. EPA Proposed Rule "Strengthening Transparency in Regulatory Science"

Docket No. EPA-HQ-2018-0259

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Good morning. My name is Lyndsay Alexander. I direct the national Healthy Air Campaign at the American Lung Association. I am also the mother of a thriving toddler, who – like all children – deserves healthy air to breathe and safe water to drink that won't make him sick or die prematurely.

I am here to ask the U.S. EPA to withdraw this proposed rule, because I am very concerned that rather than foster transparency in regulatory science this rule promotes a callous effort to suppress and censor the science used to inform EPA policy, to the detriment of millions of Americans' health and well-being.

EPA's ability to effectively fulfil its mission and protect public health from dangers such as air pollution hinges on the ability of its scientists to first evaluate the best available scientific evidence of the health threats of air pollution. Recognizing that scientists' understanding of the relationship between air pollution and public health would continue to evolve, Congress wisely required EPA to review the latest evidence and revise air pollution limits for six key pollutants every 5 years – and then to work with states to reduce pollution to meet the limit. While more work remains, this basic approach has worked exceedingly well in reducing ambient air pollution, saving lives and improving health by preventing asthma attacks, heart attacks and many other negative health outcomes from air pollution.

This proposed rule would require EPA to exclude many of the best available, peer-reviewed and rigorously scrutinized studies from consideration during decision-making, such as its upcoming air quality standard reviews for ozone and particulate matter. Excluding studies for which raw data are not available due to concerns over patient confidentiality, or which do not meet a vague standard of "reproducibility" because the studies were conducted over long periods of time or connected to real-world events beyond the control of researchers, would greatly narrow the body of evidence and the quality of the information that EPA can consider; this would undoubtedly weaken EPA's ability to estimate the true threats of air pollution on human health and benefits of reducing air pollution, and thus result in weaker air pollution limits.

In 1993, researchers at Harvard University published a landmark air pollution studies showing that particulate matter air pollution was linked to premature death. The Harvard Six Cities study, as it is known, tracked the health of 8,111 adults and 14,000 children in six small cities in the United States beginning in the 1970s. The study found that people in cities with cleaner air were living two to three years longer than those living in cities with dirtier air. Residents of Steubenville, Ohio—the city with the dirtiest air—were 26 percent more likely to die prematurely than were citizens of Portage, Wisconsin, the city with the cleanest air. What surprised researchers was that the culprit was particulate matter – not sulfur dioxide as they had thought.

This study, and countless other studies since, have helped EPA to understand that particle pollution in the air we breathe, resulting from activities such as burning coal for electricity or diesel exhaust from vehicles, harms human health in profound ways in communities across the nation – and has paved the way for stronger air pollutions limits designed to protect public health. But the data for the Harvard Six Cities study are not publicly available, and the study was conducted over a long period of time that makes it very difficult to reproduce.

Industry and their allies in Congress challenged the findings of this study and other similarly important studies. Instead of blocking the studies, as this proposal would do, EPA took a logical step and referred them study to an independent third party, the Health Effects Institute, for a deep-dive review. There, autonomous reviewers examined the data and developed a report that confirmed their original findings.

Other research has confirmed similar findings as well, including some studies that used publicly available datasets.

This proposal would also affect other protections currently in place, such as limits on certain toxic air emissions from tailpipes and smokestacks. Information on the health effects of many of these more than 150 chemicals come from older studies built on confidential patient or private business data that cannot be made public.

This change could also cull the use of research that includes confidential business information or older studies that has data stored on older technology that cannot be recovered, just to name two other limitations.

Thank you for the opportunity to speak today. The American Lung Association will submit more detailed written comments.