

August 31, 2012

Lisa P. Jackson, Administrator  
U.S. Environmental Protection Agency  
1200 Pennsylvania Avenue, NW  
Washington, DC 20460

RE: Docket EPA-HQ-OAR-2007-0492

Dear Administrator Jackson:

We are public health and medical organizations who work to improve the health and treatment of millions. Our organizations are keenly aware of the public health and medical threats from particulate matter and we write to urge the U.S. Environmental Protection Agency to significantly strengthen both the annual and the 24-hour average National Ambient Air Quality Standards (NAAQS) for fine particulate matter (PM<sub>2.5</sub>) to protect public health. Specifically, we recommend that the annual standards be set at 11 µg/m<sup>3</sup> and the 24-hour standard be set at 25 µg/m<sup>3</sup>.

Ample scientific evidence supports adopting tighter standards to protect the health of people who are most susceptible to the serious health effects of these pollutants. More than 10,000 peer-reviewed scientific studies have been published since 1997 when EPA adopted the current annual standard. These studies validate earlier epidemiologic studies linking both acute and chronic fine particle pollution with serious morbidity and mortality. The newer research has also expanded our understanding of the range of health outcomes associated with PM, and has identified adverse respiratory and cardiovascular health effects at lower exposure levels than previously reported. As discussed and interpreted in the EPA's 2009 *Integrated Science Assessment for Particulate Matter*, the new evidence reinforces already strong existing studies and supports the conclusion that PM<sub>2.5</sub> is causally associated with numerous adverse health effects in humans, at exposure levels far below the current standard. Such a conclusion demands prompt action to protect human health.

At the conclusion of the thorough review of the current research, the Clean Air Scientific Advisory Committee and EPA's own staff scientists concluded that PM<sub>2.5</sub> causes or is likely the cause of premature deaths, and significant health problems, such as increased hospital admissions and emergency

department visits for cardiovascular and respiratory problems, including heart attacks and strokes. PM<sub>2.5</sub> also is linked to the development of chronic respiratory disease, reproductive and developmental harm, as well as cancer, mutagenicity and genotoxicity.

The evidence documents risk well below the current annual average standard of 15 µg/m<sup>3</sup>. Multiple, multi-city studies long-term have shown clear evidence of premature death, cardiovascular and respiratory harm as well as reproductive and developmental harm at contemporary concentrations far below the level of the current standard.

Fine particulate air pollution cuts short the lives of tens of thousands of Americans each year. Studies have shown fine particulate air pollution is shortening lives by up to six months.

Infants, children and teenagers are especially sensitive, as are the elderly, and people with cardiovascular disease, lung disease, or diabetes. The new EPA standards should be set at levels that will protect these sensitive people with an adequate margin of safety, as required by the Clean Air Act.

We urge you to set the following primary NAAQS for particulate matter to protect public health:

- **Annual average PM<sub>2.5</sub> standard of 11 µg/m<sup>3</sup>**
- **24-hour average PM<sub>2.5</sub> standard of 25 µg/m<sup>3</sup>**

We support a stronger 24-hour standard as well as a stronger annual standard. Lowering the annual standard will reduce chronic exposures but it cannot protect against peak daily concentrations that have also been linked to serious harms to human health. Studies of short-term exposure demonstrate that PM<sub>2.5</sub> air pollution increases the risk of hospital admissions for heart and lung problems even when you exclude days with pollution concentrations at or above the current daily standard of 35 µg/m<sup>3</sup>.

Daily concentrations must be capped at lower levels to protect against peak exposure days that occur due to local and seasonal sources of emissions. Strengthening both the annual and daily standards is necessary to provide healthier air to breathe for people all across the nation.

Numerous scientific studies have now identified increased health risks in association with traffic-generated air pollution, including fine particulate matter. We commend EPA's proposal to begin a program of roadside monitoring of PM<sub>2.5</sub> pollution, but the size of the roadside monitoring proposed is far too small. We urge EPA to expand the proposed roadside PM monitoring network to better protect the health of millions of Americans who live in high traffic areas.

To help us protect the health of our families, friends, neighbors and patients, we call on EPA to set much more protective fine particulate standards.

Thank you for considering our views.

Sincerely,

American Lung Association in Alaska  
American Lung Association in Alabama  
American Lung Association in Arkansas  
Arizona Public Health Association  
American Lung Association in Arizona  
Fresno-Madera Medical Society  
Southern California Public Health Association  
American Lung Association in California  
California Thoracic Society  
American Lung Association in Colorado  
Asthma and Allergy Foundation of America  
American Lung Association in DC  
Delaware Ecumenical Council on Children  
American Lung Association in Delaware  
American Lung Association in Florida  
American Lung Association in Georgia  
American Lung Association in Hawaii  
Iowa Public Health Association  
American Lung Association in Iowa  
American Lung Association in Idaho  
American Lung Association in Illinois  
American Lung Association in Wisconsin  
American Lung Association in Indiana  
American Lung Association in Kansas  
American Lung Association in Louisiana  
HMHB Coalition of MA  
Codman Square Neighborhood Council  
Cambridge Public Health Department  
Health Resources in Action

Massachusetts Association of Health Board  
Easton MA BOH  
FC Cooperative Public Health Service  
Board of Health / Whitman  
Bourne Massachusetts Board of Health  
Clarksburg Board of Health  
Common Pathways, CHNA 8  
Pioneer Valley Asthma Coalition  
AAFA New England Chapter  
American Lung Association in Maryland  
American Nurses Association-Maine  
River Valley Healthy Communities Coalition  
Maine Public Health Association  
American Lung Association in Maine  
Washtenaw Asthma Coalition  
American Lung Association in Minnesota  
American Lung Association in Missouri  
American Lung Association in Mississippi  
American Lung Association in Montana  
American Lung Association North Carolina  
American Lung Association in North Dakota  
American Lung Association in Nebraska  
American Lung Assoc. in New Hampshire  
American Lung Association in New Jersey  
New Mexico Public Health Association  
American Lung Association in New Mexico  
Nevada Public Health Association  
American Lung Association in Nevada  
American Lung Association Nevada/Reno

American Lung Association in New York  
Public Health Association of NYC  
American Lung Association in Ohio  
American Lung Association in Michigan  
American Lung Association in Kentucky  
American Lung Association in Tennessee  
Ohio Society for Respiratory Care  
American Lung Association in Oklahoma  
Oklahoma City Public Health  
American Lung Association in Oregon  
Pennsylvania Public Health Association  
American Lung Association in Pennsylvania  
QUALITY HOME MEDICAL

American Lung Association of South Carolina  
Allergic Disease and Asthma Center  
American Lung Association in South Dakota  
American Lung Association in Texas  
Air Alliance Houston  
American Lung Association in Utah  
Healthcare Council NCA  
Virginia Society for Respiratory Care  
American Lung Association in Virginia  
American Lung Association in Vermont  
American Lung Association in Washington  
American Lung Association in West Virginia  
American Lung Association in Wyoming