Dear President Obama:

As doctors, nurses, scientists, and public health and medical professionals, we are writing to urge you to significantly strengthen both the annual and the 24-hour average National Ambient Air Quality Standards (NAAQS) for fine particulate matter (PM2.5) to protect public health. Specifically, we recommend that the annual standards be set at 11 µg/m³ and the 24-hour standard be set at 25 µg/m³. 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 primary NAAQS for fine particulate air pollution of 15 µg/m³. These studies, as discussed and interpreted in the EPA’s 2009 Integrated Science Assessment for Particulate Matter, 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. The new evidence reinforces already strong existing studies and supports the conclusion that PM2.5 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 PM2.5 causes or is likely the cause of premature deaths and significant health problems such as increased hospital admissions and emergency room visits for cardiovascular and respiratory problems, including heart attacks and strokes. PM2.5 also is linked to the development of chronic respiratory disease.

Fine particulate air pollution is cutting 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. The World Health Organization recently concluded that diesel particulate matter, a component of total PM2.5 mass, is a known human carcinogen. Recent evidence suggests that long-term exposure to fine particles may cause reproductive and developmental harm.

The evidence documents risk well below the current annual average standard of 15 µg/m³. Numerous, long-term multi-city studies 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.

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 PM2.5 standard of 11 µg/m3
• 24-hour average PM2.5 standard of 25 µg/m3

Lowering the annual average standard will reduce chronic exposures but it is not sufficient to protect against peak daily concentrations that have also been linked to serious harms to human health. Studies of short-term exposure demonstrate that PM2.5 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/m3. 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 PM2.5 pollution, but urge that the initiative be greatly expanded to protect the health of millions of Americans that live in high traffic areas.

Thank you for considering our views.

Sincerely,

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