

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:

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 (PM_{2.5}) 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 PM_{2.5} 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 PM_{2.5} 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. PM_{2.5} 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 PM_{2.5} 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 PM_{2.5} standard of 11 µg/m³
- 24-hour average PM_{2.5} 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 PM_{2.5} 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 PM_{2.5} 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,

William N. Rom, MD, MPH
Sol & Judith Bergstein Professor of Medicine and Environmental Medicine
Director, Division of Pulmonary, Critical Care and Sleep Medicine
New York University School of Medicine

Thomas L Macchia, Physician Assistant – Anchorage, AK
Robin E. Pattillo, Associate Professor-Clinical – Auburn, AL
Bettina Bickel, RN, BSN, CCRN – Glendale, AZ
William Weese, MD – Phoenix, AZ

Terry Nordbrock, MPH, Executive Director, National Disease Clusters Alliance – Tucson, AZ
Robert Meagher, MD – Sacramento, CA
Soyun Kim, MD – Los Angeles, CA
Michael Kelly, MD, Chair, San Diego Regional Asthma Coalition – San Diego, CA
Samuel Applebaum, MD – Roseville, CA
Patricia Marlatt, RT, CRT – Los Angeles, CA
Ellen Levine, MD – Hayward, CA
Ruth Malone, Professor of Nursing and Health Policy – San Francisco, CA
David Pepper, MD – Oakland, CA
Bill Legere, RRT – Clovis, CA
Laura Apodaca, Health Program Coordinator – El Centro, CA
Sonal Patel, MD – Los Angeles, CA
John Oda, RN – San Francisco, CA
Kari Nadeau, MD, PhD – Los Altos, CA
Stephen James Cain, MD – Campbell, CA
Savita Ries, MD – Whittier, CA
Helen Rockas, MD – Fresno, CA
Leslie Hata, DDS – Orinda, CA
Cindy Russell, MD – Portola Valley, CA
Dorothy E. Vura-Weis, MD, MPH – Portola Valley, CA
Robert Gould, MD – San Francisco, CA
Ana Herold, Health Aide – Pacifica, CA
Ellen S. Alkon, MD, MPH – Rolling Hills Estates, CA
Laura Applebaum, MD – Rocklin, CA
Zoe Chafe, MS, MPH – Berkeley, CA
Donna Carr, MD – Encinitas, CA
Alvaro Garza, MD, MPH – Modesto, CA
Miriam L. Iosupovici, MSW – Imperial Beach, CA
Rosemary Stortz, RCP – Fremont, CA
Trisha Roth, MD – Santa Monica, CA
Janet Perlman, MD – Berkeley, CA
Sharine Wittkopp, MS – Irvine, CA
Sherrill Futrell, MS – Davis, CA
Jim Schieberl, MD – Santa Rosa, CA
Jessica Duvall, MD – San Francisco, CA
Lyndsay Avalos, PhD – Oakland, CA
Farla Kaufman, PhD – Sacramento, CA
Janet Darrow, RN – San Jose, CA
Natalie Audage, MPH – Davis, CA
Peter G. Joseph, MD – San Anselmo, CA
Paul M. Quinton, MD – San Diego, CA
Kari Nadeau, MD, PhD – Los Altos, CA
Savita Ries, MD – Long Beach, CA
Nancy Boyce, RN, BSN – San Rafael, CA
Lynda Boyer, RN – San Francisco, CA
Marco Soto, RCP – Loma Linda, CA
Donna Carr, MD – Encinitas, CA
Leslie Hata, DDS – Orinda, CA

Janet Perlman, MD – Berkeley, CA
Lloyd Peckner, MD – Santa Monica, CA
Oliver Brooks, MD – Lakewood, CA
David R. Pepper, MD – Oakland, CA
Christine Ortiz, RN, PhD, PHN – Fresno, CA
Viki Chaudrue, RN, MSNed, Ed.D(c) – Ukiah, CA
Kathryn Zils, RN – Santa Rosa, CA
Tamanna Rahman, MPH – Los Angeles, CA
Rabia Razi, MD – Los Angeles, CA
Ralph DiLibero, MD – Sacramento, CA
Robert Vinetz, MD – Los Angeles, CA
Andrew Wallach, MD – El Cerrito, CA
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David Fairley, PhD – San Francisco, CA
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Alison K. Bauer, PhD – Aurora, CO
Cecile Rose, MD, MPH – Denver, CO
Mark A. Mitchell M.D., MPH – Hartford, CT
John R. McArdle, MD – Hartford, CT
Susan Silver, RN – Enfield, CT
David G. Hill, MD FCCP – Middlebury, CT
Marvin Den, MD – Norwalk, CT
Diane Grenier, RN – Meriden, CT
Connie Clements Dills, MBA, RRT, RPFT – West Hartford, CT
Carl R. Baum, MD, FAAP, FACMT – New Haven, CT
Antonio Riera, MD – New Haven, CT
Susan Walsh, MD – Hamden, CT
Jodi Sherman, MD – New Haven, CT
Louis M. Levine, RRT – Bridgeport, CT
Patricia Jackson Allen, PhD, PNP – New Haven, CT
Bruce E. Gould, MD – West Simsbury, CT
Nicole Garro, MPH – Washington, DC
Tee Lamong Guidotti, Professor of Occupational and Environmental Medicine – Washington, DC
Steven H. Lamm, MD, DTPH – Washington, DC
Sara Evangeline Larson, RN – Washington, DC
Jalonne L. White-Newsome, PhD – Washington, DC
Clara Filice, MD, MPH, MHS, FAAP – Washington, DC
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Joy Dixon, MPH – Tallahassee, FL
Mona V. Mangat, MD – St. Petersburg, FL
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John P Guercio Jr., MD – Largo, FL
Jacqueline Pace, RRT – Gainesville, FL
Lynn Ringenber, MD – Tampa, FL

Chuck Henry, MPA – Bradenton, FL
Leslie M. Beitsch, PhD – Tallahassee, FL
Maeve Howett, PhD, APRN – Atlanta, GA
Anne K. Mellinger-Birdsong, MD, MPH, FAAP – Atlanta, GA
Michele Nihipalim, MPH – Hauula, HI
Donna Radzun, CMA(AAMA) – Oak Forest, IL
Shelle Ridings, CMA (AAMA) – Granite City, IL
Leslie Stayner, PhD – Chicago, IL
Maija Kroeger, RN – Elmhurst, IL
Joseph G. Leija, MD – Oak Brook, IL
Bernadette Mary McCoy, Certified/Licensed Respiratory Therapist – Springfield, IL
Shawn DeVillez, RCP/CRT – Springfield, IL
Anita Indrelie, Respiratory Care Practitioner – Wheaton, IL
Stephen Wintermeyer, MD, MPH – Indianapolis, IN
Cecelia Morris-Walton, Respiratory Therapist, Asthma Educator – Indianapolis, IN
Gilbert Liu, MD – Indianapolis, IN
Barbara Polivka, PhD – Louisville, KY
Janice Beatty, RN – Louisville, KY
Heidi Sinclair, MD – New Orleans, LA
Clara Savage, EdD – Worcester, MA
Deborah Pedersen, MD – Taunton, MA
Kyle Hoesterey, MD, MPH – Holyoke, MA
Susan Sommer, RN, NP, Certified Asthma Educator – Cambridge, MA
Raymond Considine, MSW – Boston, MA
Irving Bailit, MD – Newton, MA
Michele Hart, RN, BSN, AE-C – Westfield, MA
Christine A. Pouliot, RN – Indian Orchard, MA
Susan Orlando, RN, BSN, AE-C – Middleboro, MA
Dorothy A. Slack, RN – Middleboro, MA
Dorothy Cabral, LPN, Asthma Nurse Educator – New Bedford, MA
Helen Hollingsworth, MD – Waltham, MA
Nadine al-Naamani, MD – Boston, MA
Maher Ghamloush, MD – Cambridge, MA
Brandon Green, MD – Boston, MA
Jesslyn Murphy, RRT – Bellingham, MA
Howard Paisner, Respiratory Therapist – Jamaica Plain, MA
Emmanuel Berthil, RRT – New Bedford, MA
Laura E. Lusky, Respiratory Educator – Raynham, MA
Gail Foley, Respiratory Therapist – Woburn, MA
Gay Martin, RN – New Bedford, MA
Donna Hawk, RRT, AE-C – Springfield, MA
Linda Kovitch, CRNA – Bedford, MA
Nicholas S. Hill, MD – Sherborn, MA
Müge Erkan, MD – Everett, MA
Karen Nordelo, Respiratory Care Therapist – Milford, MA
Maura Goodney, RN – Southborough, MA
Smita Shah, Respiratory Therapist – Norton,
David C. Christiani, MD – Boston, MA

William S. Beckett, MD – Watertown, MA
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Eric Chivian, MD – Boston, MA
Mary C. Russell, RRT – Worcester, MA
Tina Ducasse-Jablonski, RRT – N. Grafton, MA
Polly Hoppin, Research Professor and Program Director – Jamaica Plain, MA
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Trudy Loy, CRT – Amherst, NH
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Liz D'Imperio, Director of Asthma Education – New York, NY
Ken Spaeth, MD MPH – Great Neck, NY
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Kathleen Morris, RN – Columbus, OH
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Sarah Petras, MPH – Portland, OR
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Ted Welker, Licensed Respiratory Care Practitioner – Portland, OR
David R. Gilmour, MD – Central Point, OR
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Cynthia B. Flynn, CNM, PhD – Bryn Mawr, PA
Arthur L. Frank MD, PhD – Philadelphia, PA
Allan P. Freedman, MD – Elkins Park, PA

Laveina Dash, Clinical Regulatory Affairs Specialist – Philadelphia, PA
Patricia Holtz, MD – Newtown Square, PA
Maureen George, Assistant Professor of Nursing – Philadelphia, PA
Kate Lawler, MD – Immaculata, PA
Elizabeth Keech, PhD, RN – Wynnewood, PA
Erin Johnson, RN, MSN, MPH – Philadelphia, PA
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Margaret Slota, Associate Professor – Pittsburgh, PA
Dora Martinez, Public Health Counselor – Philadelphia, PA
Robert P. Naparstek, MD, FACOEM – Providence, RI
Catherine Kempe, Respiratory Therapist – North Kingstown, RI
Liana Cassar, MPH/MBA – Barrington, RI
Georgette Smith, CPNP, Assistant Professor – Charleston, SC
Susanne Tropez-Sims, MD, MPH, FAAP – Brentwood, TN
James Klein, MD – Corpus Christi, TX
Harold J. Farber, MD, MSPH – Houston, TX
Elena Craft, Health Scientist – Austin, TX
Shannon Cox, MD – Tyler, TX
Adeltia G. Cantu, PhD, RN – San Antonio, TX
Betty J. Dabney, PhD – San Antonio, TX
Michelle A. Zeager, DO, MPH – Harlingen, TX
Adeltia G. Cantu, PhD, RN – San Antonio, TX
William J. Walsh, III, MD – Salt Lake City, UT
R. Scott Poppen, MD – Draper, UT
Ingrid Nygaard, MD – Salt Lake City, UT
Douglas Jones, MD – Layton, UT
Holly Molberg, MD – Salt Lake City, UT
Jan Baker Kennington, Nurse Practitioner – Salt Lake City, UT
Tamara Schwarting, RN, MSN – Salt Lake City, UT
Gary Kunkel, MD – Salt Lake City, UT
Michelle Hofmann, MD, MPH – Salt Lake City, UT
Cris G. Cowley, MD – Cottonwood Heights, UT
Brian Moench, MD – Salt Lake City, UT
Kristina Heintz, RN – Salt Lake City, UT
Richard E. Kanner, MD – Salt Lake City, UT
Brian Moench, MD – Salt Lake City, UT
Sharon Moon, Immunization Coordinator – Bountiful, UT
Christopher Lillis, MD – Fredericksburg, VA
Mark Ryan, MD, FAAFP – Richmond, VA
James L. McDaniel, MD – Franktown, VA
Charlotte Brody, RN – Esmont, VA
Helen Ragazzi, MD – Richmond, VA
Jerome A. Paulson, MD – Alexandria, VA
Greg Gelburd, MD – Charlottesville, VA
Ramesh Natarajan, Associate Professor – Richmond, VA
Jeanne Erickson, PhD, RN – Earlysville, VA
Thomas M. Daniel, MD – Charlottesville, VA
Chase R. Poulsen, MD – Roanoke, VA

Donna Bond, Pulmonary Clinical Nurse Specialist – Roanoke, VA
Laura Anderko, RN, PhD – Annandale, VA
Barbara Cruickshank, RN, MSN Community Health – Charlottesville, VA
Andrew Carruthers, RRT – Crozet, VA
Janie Heath, PhD – Charlottesville, VA
Larry Borish, MD – Charlottesville, VA
Edward P. Robinson, Respiratory Therapist – Virginia Beach, VA
Thomas Lahiri, MD – Williston, VT
Jane Katz Field, MD – Brattleboro, VT
Lisa Plymate, MD – Seattle, WA
Elizabeth Allen, Public Health Nurse – Bellingham, WA
Mary Margaret Thomas, RN, MSN – Seattle, WA
Larry Duetsch, Professor Emeritus – Milwaukee, WI
Susan K. Riesch, PhD, RN – Madison, WI
Randolph J Lipchik, MD – Shorewood, WI
Patricia Finder-Stone, RN, MS – De Pere, WI
Bruce Krawisz, MD – Marshfield, WI
Mary Jo Biebl-Yahnke, Respiratory Therapist – Madison, WI
Larry A Lindesmith, MD – Onalaska, WI
Lisa Crandall, RN, APNP – Milwaukee, WI
Jennifer Hayes, Physician Assistant – Stevens Point, WI
Jeanne B. Hewitt, PhD, RN – Elm Grove, WI
Todd A. Mahr, MD – Onalaska, WI
Edward L. Petsonk, MD – Morgantown, WV
Talia Sotomayor, MD – Morgantown, WV