

This is a draft of a letter circulated for sign on. The signatories represent the list as of March 5, 2007.

**COMMENTS FOR THE CLEAN AIR SCIENTIFIC ADVISORY COMMITTEE  
MEETING ON THE OZONE STAFF PAPER**

**March 5, 2007**

**John M. Balbus, MD, MPH  
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**I would like to thank the EPA and the CASAC for this opportunity to provide comments in advance of the meeting today. For my comments I would like to read a letter that has been circulated among academic researchers and physicians across the nation and which has over eighty signers as of this morning. This letter will be submitted to the EPA in the near future.**

Dear Administrator Johnson:

We, the undersigned scientists, doctors, and public health professionals, are writing to express strong support for a revised primary eight-hour ozone ambient air quality standard at a level that reduces the health burden experienced by the nation's population as the result of exposure to ozone air pollution. The National Ambient Air Quality Standards must accurately reflect the state of the science and fulfill the Clean Air Act's mandate of protecting the public health, including those most vulnerable to the effects of air pollution, with an adequate margin of safety.

We note that the EPA's panel of expert science advisors, the Clean Air Scientific Advisory Committee (CASAC), has reviewed the scientific evidence in the EPA Criteria Document and has unanimously recommended that "the primary 8-hr NAAQS needs to be substantially reduced to protect human health, particularly in sensitive subpopulations." (CASAC letter to Administrator Johnson, dated October 24, 2006) We also agree with their unanimous conclusion that "there is no scientific justification for retaining the current primary 8-hour NAAQS". Expert opinion holds that retaining the current standard would put large numbers of people at risk for respiratory effects, asthma exacerbations, emergency room visits, hospital admissions and mortality. EPA must cease further consideration of retention of the current standard as a viable policy option.

The Clean Air Scientific Advisory Committee has further recommended that EPA close the "rounding loophole" which allows areas with concentrations up to 0.085 ppm to escape regulation under the current standard of 0.08 ppm, a position that we fully endorse.

The Clean Air Scientific Advisory Committee has further unanimously recommended an eight-hour primary ozone standard in the range of 0.060 ppm to 0.070 ppm. The Committee specifically expressed its recommendation to the third decimal place to avoid the rounding loophole.

Such strongly worded consensus statements are unusual for this panel of scientists, which is deliberately selected to represent a variety of viewpoints. These unambiguous,

unanimous recommendations to your office reflect the strong body of scientific literature indicating significant harm to adults and children from exposures to ozone at and below the current standard of 0.08 ppm (effectively 0.085 due to rounding).

Controlled human exposure studies of healthy adults have repeatedly demonstrated reduced lung function, increased respiratory symptoms, changes in airway responsiveness, and increased airway inflammation following 6.6 hour exposures to 0.08 ppm ozone. Recent studies demonstrate that some of the people tested experience these adverse effects at concentrations of 0.06 ppm and below. Multiple field studies have shown adverse health effects of ozone exposures below 0.08 ppm on children, especially worsening of respiratory status in asthmatics. In addition, a series of recently published meta-analyses and primary national-scale epidemiological studies have documented consistent associations between premature mortality and ozone exposures below the current eight hour standard of 0.08 ppm.

In conclusion, we strongly and solemnly request that you follow the recommendations of the Clean Air Scientific Advisory Committee and reduce the eight-hour primary ozone standard to a range between 0.060 and 0.070 ppm.

Thank you for considering our views.

Sincerely,

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**Once again, I appreciate this opportunity to demonstrate this support for the CASAC positions within the broader academic and medical community.**

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