Comments for CASAC meeting
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Circumventing the Review Process

• After years of vetting the science by CASAC in an open forum, the last minute addition of edits and opinions by OMB and others circumvents the entire peer review process.

• Many of the statements overstate uncertainty and misrepresent the scientific consensus.

• Most factors cited (e.g., exposure misclassification) would make it harder to find effect.
Many New Studies Support Long Term Effect of PM2.5

- ACS/LA (Jerrett et al., 2005) (with no SO2 exposure)
- Harvard Six-City (2006) and Dublin and Utah Valley “intervention” studies
- Mortality from heart failure, cardiac arrest, ischemic heart disease (Pope et al. 2005)
- Increased carotid intima-media thickness (Kunzli et al. 2005)
- Plaque development in animals (Sun et al. 2005)

In fact, New Studies with Better Exposure Assessment Give RR > 2x ACS

- ACS/LA: interpolated zip codes: (Jerrett 2005)
- Six-city: City/zip (Dockery 1993; Laden 2006)
- Netherlands: Neighborhood scale (Hoek, 2002)
- Extended Veterans: Neighborhood (Lipfert, 2006)
PM2.5 Concentrations in LT Studies (mean minus one s.d.)

- Dockery (93): 15.2
- Pope (95): 13.1
- Pope (02,04): 1999 - 2000: 11 – 17
- Chen (05): 19.2
- Filleul (05): ~13 BS
- Sun (05): 10.6 (3.4): 7.2 - 14

Therefore, Moving Down to 12/25-30 Crucial to Protecting Public Health

- Mortality reduction from Long term exposure could be twice as high
- For Los Angeles, with annual std of 12, moving 99\textsuperscript{th}% from 40 to 25-30 results in 34% reduction in mortality or ~ 500 deaths

P 126: Even great uncertainty does not imply that action to promote or protect public health should be delayed…The potential for improving decisions through research must be balanced against the public health costs incurred because of delay in the implementation of controls.

FRN Also Misinterprets Coarse Particle Studies

• Several new comments regarding Ostro et al. (2000, 2003) are incorrect
• Last minute comments not part of any peer review
CASAC should urge that:

1. The proposals be based on good, peer-reviewed science
2. Post-2002 studies be given full weight
3. EPA follow National Academy and not delay protection of public health for some undefined gold standard of certainty