

Talking Points for the EPA Public Hearing on Ozone

February 2, 2010 ▪ Arlington, VA



You can make the case for cleaner air. Tell EPA what you think. Here's how to comment:

- **Speak at the Public Hearing**

A public hearing is scheduled for February 2, 2010 in Arlington, Virginia from 9:30 a.m. to 7:30p.m. with a break from 12:30 to 2 for lunch. You will only be able to speak for 5 minutes, but you can leave behind longer, written comments.

Location: Hyatt Regency Crystal City @ Reagan National Airport Washington Room (located on the Ballroom Level), 2799 Jefferson Davis Highway, Arlington, Virginia 22202. Telephone: 703-418-1234.

Email Tricia Crabtree to sign up to speak: crabtree.tricia@epa.gov or telephone (919-541-5688).

- **Send in written comments**

Email comments to: a-and-r-Docket@epa.gov. Be sure to put "Docket ID No. EPA-HQ-OAR-2005 -0172" in the subject line.

Or mail comments to: Docket ID No. EPA-HQ-OAR-2005 -0172, Environmental Protection Agency, Mail code 6102T, 1200 Pennsylvania Ave., NW., Washington, DC 20460.

Additional information is available at: <http://www.epa.gov/air/ozonepollution/actions.html#jan10s>.

Essentials

- **EPA must strengthen the national air quality standards for ozone in the air we breathe. The current standards fail to protect the health of millions of Americans, as the Clean Air Act requires.**
- **We support a much tighter national air quality standard of 60 parts per billion (0.060 parts per million), to protect the health of those most at risk-children, teens, seniors, and people with chronic lung diseases like asthma.**

If you can, tell a personal story about someone you know who suffers from asthma or another respiratory problem that is aggravated or worsened by air pollution. Or explain your concern about children in your family, older adults or those who work or exercise outdoors. All are at higher risk.

Ozone pollution is a serious health threat. Ozone burns our lungs and airways, causing them to become inflamed, reddened, and swollen. Children and teens, senior citizens, and people with lung diseases like asthma, chronic bronchitis, emphysema, and others are particularly vulnerable to the health effects of ozone. When inhaled even at low levels, ozone can cause chest pain and cough, aggravate asthma, reduce lung function, increase emergency room visits and hospital admissions for respiratory problems, and lead to irreversible lung damage. **We also know that breathing ozone can shorten human life at levels currently considered safe.**

Ground-level ozone is one of the nation's most widespread air pollutants and threatens the health of millions of people. Ground-level ozone is one of the nation's most widespread air pollutants and threatens the health of millions of people. EPA estimates that over 187.3 million people (2000 Census) in 650 counties would be protected from unhealthy levels of ozone if the standard is set at 60 ppb.

For more current estimates of populations at risk in the hearing cities, see table on the last page.

The science is clear that EPA must substantially strengthen the ozone standard to protect public health. The Clean Air Scientific Advisory Committee, EPA's independent science advisors, reviewed the evidence from over 1,700 studies of the health impacts of ozone. They concluded unanimously that the ozone standard should be set between 60-70 parts per billion (ppb), 8-hour average, to protect human health. The medical and scientific community also endorsed this conclusion.

To protect the health of children, the elderly and other sensitive groups, EPA should set the ozone standard at the low end of the range – 60 ppb (0.060 ppm). Within the range of 60 to 70 ppb, we believe that a standard at the lower end of the range, 60 ppb, will provide the strongest protection for public health.

Groups that have called for a 0.060 ppm ozone standard include: American Academy of Pediatrics, American Lung Association, American Public Health Association, American Thoracic Society, Asthma and Allergy Foundation of America, EPA's Children's Health Protection Advisory Committee, Physicians for Social Responsibility and many others.

Ozone forms from the pollution emitted by burning fuel. Ozone (also known as smog) is formed by the sunlight and heat-catalyzed reaction between oxides of nitrogen (NO_x) and volatile organic compounds (VOCs) emitted by cars, power plants, industrial facilities and other sources.

Air quality standards must be strong enough to protect sensitive groups, not just average healthy individuals. Congress intended the national ambient air quality standards (NAAQS) to prevent harm before it occurs. Under the Clean Air Act, EPA must set national ambient air quality standards (NAAQS) for ozone that protect public health, including the health of children, older adults and people with lung diseases like asthma, with an adequate margin of safety. Children, the elderly, individuals suffering from chronic lung disease, people who exercise or work outdoors are particularly vulnerable.

The law requires EPA to base its decision *solely* on the need to protect public health. Under the Clean Air Act, air quality standards must be set at levels that protect public health, including that of

sensitive populations, with an adequate margin of safety. In 2001, the Supreme Court unanimously ruled that protecting public health was the sole factor EPA should consider in setting the standard. **EPA must reject pressure from Big Oil and other industries to retain the current standard.** Retaining the current standard would ignore a decade of science and recklessly subject millions of Americans to unsafe levels of ozone pollution.

All Americans deserve to breathe clean air and are counting on EPA to deliver cleaner air in their communities.

For HEALTH PROFESSIONALS

If you can, tell personal story about a patient you treated who suffered from asthma or another respiratory problem that is exacerbated by air pollution.

Ozone pollution threatens public health. Ozone is a powerful oxidant that can burn our lungs and airways, causing them to become inflamed, reddened, and swollen. Children, teenagers, senior citizens, and people with lung diseases like asthma, chronic bronchitis, emphysema, and others are particularly vulnerable to the health effects of ozone. Ozone exposure may lead to shortness of breath, chest pain, wheezing and coughing, increased risk of asthma attacks, and even premature death.

The more we learn about ozone pollution, the more we understand how dangerous it is. The Clean Air Scientific Advisory Committee, EPA's independent science advisors, reviewed evidence from roughly 1,700 studies in the scientific research of the health impacts of ozone. They unanimously concluded that standard that EPA adopted in 2008 is not adequate to protect human health.¹ The World Health Organization, the American Academy of Pediatrics, the State of California, EPA's Children's Health Protection Advisory Committee, the American Medical Association, and others have all called for stricter ozone standards.

I concur with the consensus of the scientific and medical communities that EPA should strengthen the ozone standards to maintain the "adequate margin of safety" for public health, as required by law. EPA should finalize an ozone standard of 60 parts per billion (0.060 parts per million), which is consistent with recommendations made by its own scientific advisors.

¹ Letter from Dr. Rogene Henderson, Chair, Clean Air Scientific Advisory Committee to Stephen L. Johnson, Administrator, U.S. Environmental Protection Agency, re Clean Air Scientific Advisory Committee Recommendations Concerning the Final Rule for the National Ambient Air Quality Standards for Ozone, EPA-CASAC 08-009, April 7, 2008.

Millions of People Face Risks from High Ozone



The table below shows the approximate number of people who live in the 3 metropolitan areas for the EPA hearings. These people face higher risk from unhealthy ozone. Those at greatest risk include: all children and teenagers under 18 years of age; adults aged 65 years and older; anyone with asthma (children and adults); and anyone with emphysema or chronic bronchitis. Even otherwise healthy adults face higher risk if they work or exercise outdoors.

Combined Statistical Areas ¹	Total Population ²	Under 18 ³	65 and Over ³	Pediatric Asthma ⁴	Adult Asthma ⁵	Chronic Bronchitis ⁶	Emphysema ⁷
Houston-Baytown-Huntsville, TX	5,729,027	1,612,940	469,062	146,633	337,275	133,968	59,157
Sacramento--Arden-Arcade--Yuba City, CA-NV	2,397,691	591,294	284,980	53,755	135,649	60,679	29,190
Washington-Baltimore-Northern Virginia, DC-MD-VA-WV	8,241,912	2,006,709	872,143	182,430	513,892	209,541	99,161

(1) Includes all counties defined as part of the Combined Statistical Areas under OMB Bulletin No. 09-01 Update of Statistical Area Definition and Guidance on their Uses. Accessed at www.whitehouse.gov/omb/assets/omb/bulletins/fy2009/09-01.pdf.

(2) **Total Population** represents the at-risk populations for all counties within the respective Combined Statistical Area as defined under OMB Bulletin No. 09-01

(3) Those **18 & under** and **65 & over** are vulnerable to PM_{2.5} and are, therefore, included. They should not be used as population denominators for disease estimates.

(4) **Pediatric asthma** estimates are for those under 18 years of age and represent the estimated number of people who had asthma in 2007 based on national rates (from the National Health Interview Survey, or NHIS) applied to county population estimates (U.S. Census).

(5) **Adult asthma** estimates are for those 18 years and older and represent the estimated number of people who had asthma during 2007 based on state rates (from the Behavioral Risk Factor Surveillance System) applied to county population estimates (U.S. Census).

(6) **Chronic bronchitis** estimates are for adults 18 and over who had been diagnosed in 2007, based on national rates (NHIS) applied to county population estimates (U.S. Census).

(7) **Emphysema** estimates are for adults 18 and over who have been diagnosed within their lifetime, based on national rates (NHIS) applied to county population estimates (U.S. Census).

(8) Adding across rows does not produce valid estimates, e.g., summing pediatric and adult asthma and/or emphysema and chronic bronchitis.