

EPA

**Moderator: Nicole Hagan
August 31, 2020
9:00 a.m. ET**

OPERATOR: This is Conference #: 6376656.

Kelley Raymond: Thank you, (Carmen). Good morning. My name is Kelley Raymond and I'm the senior adviser to the EPA's Office of Air and Radiation. I'll be sharing today's public hearing on EPA's proposed rule review of the ozone national ambient air quality standards. Welcome and thank you for coming today.

Joining me on the panel this morning are Heather Simon in the Office of Air and Radiation's Office of Air Quality Planning and Standards.

Heather Simon: Hello. Thank you.

Kelley Raymond: Thanks, Heather. And (Lee Myer) in the Office of Air and Radiation's Office of Air Quality Planning and Standards.

(Lee Myer): Hello. Thanks.

Kelley Raymond: Thanks, (Lee). On August 14, 2020, EPA published in the Federal Register the proposed decision to on the primary and secondary Ozone NAAQS. This proposal was called Review of the Ozone National Ambient Air Quality Standards.

The Clean Air Act requires EPA to set two types of outdoor air quality standards. Primary standards to protect public health and the secondary standards to protect the public welfare. In this proposal, EPA has proposed to retain the existing primary and secondary ozone air quality standards.

The existing primary and secondary standards are both 70 parts per billion as a three-year average of the fourth highest annual daily maximum eight-hour ozone concentration. EPA's proposed decision is based on consideration of the currently available scientific evidence in the Integrated Science Assessment, quantitative and policy analysis presented in the policy assessment and advice from the Clean Air Scientific Advisory Committee.

EPA's soliciting comment on the proposed decisions and on the array of issues associated with review of these standards, including judgments of public health, public welfare and science policy inherent into these proposed decisions. EPA request commenters to support their comments with as much detail as possible.

Before we begin, I'd like to go through a few housekeeping items and ground rules that will make today's hearing run smoothly. Please bear with us as we work through any technical difficulties. Our goal is to make this virtual public hearing as accessible to as many members of the public as we can, which is why we're not relying on the web-based system.

This is how today's hearing will work. When I call on you to speak, the operator will unmute your line. Please state your name and spell it for the transcripts. This teleconference will be transcribed and included in the record of comments on this rulemaking action.

Each speaker will have five minutes to give comments. One of the panel members will let you know when you have one minute remaining and also when you reached your time limit. To be fair to everyone, we are going to strictly enforce the five-minute limit.

We're here to get – listen to you today. However, a panel member may ask you questions to clarify your comments. When you're finished speaking, please remain on the line until we're able to confirm there are no further clarifying questions from our panel.

Once I have confirmed there are to be no further questions, the operator will remute your line. I will then call for the next speaker and so on.

I encourage each of you to also submit a written copy of your testimony to the docket. Comments must be received on or before October 1, 2020. If time allows, we may ask if any of those on the listener line would also like to make a statement. So, if you did not register in advance, we may be able to accommodate your testimony if time allows.

If we have time for this, the operator will provide instructions to this process after we finished hearing from all registered speaker's speakers. Speakers who have additional comments they did not have time to make and anyone who has comments may submit them in writing to the docket for this decision. Again, comments must be received on or before October 1, 2020.

Let me assure you the EPA gives equal consideration to both written and oral comments. Instructions for submitting materials to the docket are available the in August 14, 2020 Federal Register notice.

I have an abundance of caution for the members of the public and our staff, EPA docket center and reading room are closed to the public with limited exceptions to reduce the risk of transmitting COVID-1. Our docket center staff continues to provide remote customer service via email, phone and web form and deliveries and couriers can be received by scheduled appointment only.

To avoid any potential delays, we encourage the public to submit comments via regulations.gov or email. We may close the session 15 minutes after the last preregistered speaker has testified if there are no additional speakers. We may also take short breaks throughout the day as needed.

Thank you again for taking the time today to share your comments on EPA's proposal. Let's get started. (Carmen), I believe our first speaker this morning is Ted Steichen. Could you please unmute Ted's line?

Operator: His line is unmuted. Thank you.

Kelley Raymond: Thank you.

Ted Steichen: Good morning.

Kelley Raymond: State and spell your name for the transcript and then you have five minutes.

Ted Steichen: Yes. My name is Ted Steichen, T-E-D S-T-E-I-C-H-E-N. Thank you for the opportunity to provide public comment today. My name is Ted Steichen and I'm a senior policy adviser at the American Petroleum Institute or API.

API represents all segments of America's oil and natural gas industry. It's more than 600 members produce, process and distribute most of the nation's energy. The industry supports more than 10 million U.S. jobs and is backed by a growing grassroots movement of millions of Americans.

API was founded in 1919 as a standard-setting organization. In the first 100 years, API had developed more than 700 standards to enhance operational and environmental safety, efficiency and sustainability.

API supports the Environment Protection Agency's proposed rule on the ozone national ambient air quality standards, which recommends retaining both the primary and secondary ozone standards. API participated throughout the agency's public process of developing science and policy documents that are the basis for this proposed rule.

Many industries across America, including ours, agree that EPA's proposed rule is a smart balance that recognizes how continued implementation of the existing ozone NAAQS will continue to reduce emissions and protect public health with an adequate margin of safety while meeting America's energy needs.

The decline in U.S. emissions, which has led to the cleanest air in half a century, is due in large part the cleaner burning fuels and advanced technology. A recent report by EPA shows the eight-hour average ozone levels and ambient air in the United States have fallen 25 percent since 1990. This air quality improvement has resulted in large part from reductions in emissions of nitrogen oxides and volatile organic compounds, the primary precursors for ozone.

According to EPA, combined emissions from the six common pollutants have dropped by 77 percent. During the same period, U.S. gross domestic product increased 285 percent, vehicle miles traveled increased 195 percent and energy consumption increased 49 percent.

In short, under the existing ozone NAAQS, the regulated sectors have innovated and responded to the needs to reduce ozone levels responsibly while continuing to support the American economy. Estimated economic impacts of previous NAAQS proposals coupled with the lack of compelling new evidence to lower the standards underlying this proposed rule support the administrators' policy judgment as outlined in EPA's proposal to retain the current ozone NAAQS.

Taking all of the current scientific record into account, API supports the administrators' policy judgment that the current ozone NAAQS are requisite to protect the public health with an adequate margin of safety. API urges EPA to finalize the ozone NAAQS as proposed. Thank you.

Kelley Raymond: Thank you, Ted. I'll pause to see if there are any clarifying questions from our panel. OK. Thank you.

Operator, could we please unmute the line of Paul Billings? Paul, are you there?

Operator: One moment. I'm trying to find the line. And the line is open. Paul?

Paul Billings: Good morning. Can you hear me?

Kelley Raymond: Yes. Paul, could you state and spell your name for the transcriber and then you have five minutes.

Paul Billings: Sure. I am Paul Billings, P-A-U-L B-I-L-L-I-N-G-S. I'm the national senior vice present of public policy for the American Lung Association.

The American Lung Association's mission is to save lives by improving lung health and preventing lung disease. There are nearly 37 million Americans living with lung diseases, including asthma, lung cancer and COPD.

In addition, according to the CDC, nearly six million Americans have been diagnosed with COVID-19 and sadly, more than 170,000 people have died. We know that exposure to air pollution makes individuals more susceptible to respiratory infections. Strengthening the ozone centers will help protect the public from respiratory infections.

In addition to the global pandemic this month, millions of Americans are losing their health, their homes and their lives are threatened by natural disasters, including hurricanes, floods and wildfires made worse by climate change. EPA should prioritize public health protection and pollution reductions.

Air pollution is an ongoing public health threat causing more than 100,000 premature deaths in the United States each year. According to the State of Global Air report in 2017, more than 24,000 of these deaths were due to exposure to ambient ozone.

In addition, ozone caused tens of thousands of asthma attacks, missed work and school days and more. The current national ambient air quality standard of 70 parts per billion fails to protect public health and certainly provides no margin of safety.

The evidence that 70 ppb was inadequate was clear and compelling in the 2015 review of the NAAQS and there's more evidence today the standard is inadequate. The American Lung Association is calling for standard of no higher than 60 parts per billion to provide the greatest protect – to provide greater protection to the public especially the most vulnerable, including children, seniors and people with chronic disease including asthma.

First, the Clean Air Act is clear that the health centers must be requisite to protect public health. The scientific literature shows average health effect with exposures under 70 ppb. A 2017 study by Di et al in the journal of the American Medical Association found strong evidence of increased mortality from ozone pollution with some risks occurring even at levels below the current standard.

In cities in Canada where the air quality would have met the current standards, epidemiologist found zone exposures were associated with increased risk of emergency department visits for lower respiratory diseases and for childhood asthma. Clearly, with health effects occurring at levels below – well below 70, it is not providing – the Clean Air Act required adequate margin of safety.

Second, the process EPA used to arrive at this proposal to keep the current standard was deeply flawed and rushed. Shortcuts were taken to bypass a review that fully examine the science. Past reviews included Integrated Science Assessment, risk and exposure assessment and a policy assessment. But this review was completed without a standalone risk and exposure assessment.

Further, the policy assessment was drafted prior to completion of the ISA. This proposal falls short of the rigorous scientific review the Clean Air Act requires.

I want to thank EPA for holding a virtual public hearing under the extraordinary circumstances of COVID-19. We know that the President declared a national emergency on March 13th in response to the COVID-19 pandemic.

Many lung health professionals, including physicians and researchers, are focused on response to the pandemic and a rule is import as the national ambient air quality standards (mirror) full public participation.

As such, we respectfully request an extension of the comment period of at least 60 additional days after the end of the national emergency or 60 additional days to November 30, 2020 whichever is later. We also note that this public hearing in the opportunity to sign up to participate was extremely rushed with less than two weeks' notice.

We respectfully request an initial round of at least two hearing days for public testimony provided later in September with additional notice to permit the public to participate in the hearings. Further, we request the public hearings provide a videoconference option for those that speak and attend the hearings.

In conclusion, the public wants and deserves air that is safe and healthy to breathe. Ozone is the most widespread pollutant yet. More than 137 million people living communities they get an F from the American Lung Association's annual state of the air report based on the current standard.

Tens of millions more are not being told the truth about the health risks posed by ozone exposures below 70 ppb.

Kelley Raymond: One minute.

Paul Billings: The public has a right to know – the public has a right to know when pollution threatens their health. The Clean Air Act promised the public air that is safe and healthy to breathe and standards set by the best most up-to-date science. The current standard fails the public.

Again, the American Lung Association calls on EPA to set a standard no higher than 60 parts per billion. Thank you very much.

Kelley Raymond: Thank you, Paul. I'm going to pause to see if there are any clarifying questions from our panel.

Heather Simon: Mr. Billings, this is Heather Simon with Office of Air Quality Planning and Standards. I just want to make sure that you have submitted – that you will submit all of the studies you referenced, including the Di et al study to the docket.

Paul Billings: We sure will. Certainly – you should be aware but we'll certainly submit the study to the docket.

Heather Simon: Thank you.

Kelley Raymond: OK. Thank you very much. Operator, would you please open the line next for George Allen.

Operator: Please go ahead, Mr. Allen.

George Allen: Thank you. George, G-E-O-R-G-E, Allen, A-L-L-E-N. Good morning. I'm a former member of CASAC and participated in the 2011 ozone reconsideration

and the previous ozone max review that was completed in 2014. My comments today do not necessarily represent the views of my employer NESCAUM or those of NESCAUM member states.

EPA's proposal to retain the current ozone standards is flawed. It is based on a review there was a rapid check-the-box-that-we-did-it event. That was a single four-day meeting for the entire CASAC review to meet an accelerated timeline that was driven by political expediency for something that normally takes at least two years.

Almost every aspect of this review was compromised. The lack of expertise was stunning by CASAC's own admission no seven-member group has (the needed) breadth of knowledge across the multiple fields necessary for a rigorous review.

Mark Frampton, the only CASAC member qualified to provide advice on ozone health effects, questioned whether the current ozone NAAQS is protective of public health with an adequate margin of safety. Dr. Frampton was the lead investigator in the recent AGI and MOSES study that found adverse respiratory effects at level similar to the current standard.

This finding is not unique, however. Almost 30 years ago, I helped design and implement the Harvard study of ambient ozone exposure to healthy adult hikers climbing Mount Washington in New Hampshire that was published in 1998. We found significant decrements in pulmonary function with the mean exposure of 40 ppb of ozone. For those with a history of asthma, these decrements were four times larger.

A 2011 EPA study by Chong Kim, healthy young adults with controlled exposure of 60 ppb for 6.6 hours found a significant decrement of FEV1 and an increase in neutrophil inflammation in the airways.

Since 2006, CASAC has recommended a primary ozone standard of no higher than 70 ppb and there is now new evidence of health effects below the current max. It is worth noting that as of this year, the countywide standard for eight-hour ozone is 62 ppb.

The previous CASAC review completed in 2014 found that, quote, "based on the scientific evidence, a level of 70 ppb provides little margin of safety for the protection of public health particularly for sensitive subpopulations," end quote, and that EPA may need to consider standards below that level.

Since then, the Harvard Medicare cohort studies by Di et al of PM and ozone mortality published in 2017 have shown significant mortality associated with both chronic and acute exposure to ozone well below the current standard and independent of PM 2.5. Despite this finding, the ISA for this review changed the (cohort) classification for short-term mortality from likely to be causal the previous review to suggest those but not sufficient to incur a causal relationship.

The chronic mortality results suggest that a primary ozone NAAQS with both a short and long-term form similar to PM 2.5 may need to be considered in the NAAQS review cycle. The 2014 CASAC review also found strong scientific support for secondary standard with a one growing season W126 form, quote, "within the range of seven to 15 ppm hours," end quote.

In this proposal, EPA has essentially ignored the court's remand of the 2015 secondary standard with a specious argument similar to last time that the primary standard is sufficient to protect against welfare effects. For additional details on these and other process and scientific shortcomings related to the current review, please see the December 2, 2019 comment letter from the members of the CASAC ozone panel for the review that concluded in 2014.

Kelley Raymond: One minute.

George Allen: In closing, since the entire review process that this proposal is based on is deeply flawed, the proposal should be withdrawn and another review perform that meets the high standards that EPA has historically set for CASAC NAAQS reviews done over the last several decades. Thank you for the opportunity to comment.

Kelley Raymond: Thank you. I'm going to pause to see if our panelists have any questions. OK. Operator, would you please unmute the line of Vijay Limaye.

Operator: The line is open.

Vijay Limaye: Good morning.

Operator: Go ahead.

Vijay Limaye: Good morning. Can you hear me?

Kelley Raymond: Yes, we can. If you could please state and spell your name for the transcriber and then you have five minutes.

Vijay Limaye: Thanks. This is Vijay Limaye, V-I-J-A-Y, last name L-I-M-A-YE. I want to thank EPA for organizing this public hearing on the agency's proposal to the ozone national ambient air quality standards.

I'm trained as a PhD of environmental epidemiologist and also former EPA scientist. My work focuses on better understanding the harmful effects of air pollution on human health. And at EPA, I worked on air pollution and health science data and policy.

I now work as a climate and health scientist at the Natural Resources Defense Council, NRDC. In the five years since the last ozone review was finalized, scientists in the U.S. and around the world have learned more and more about the links between short and long-term exposure to ozone air pollution and a wide list of health problems, including at levels of less than half of the current Clean Air Act limits.

According to the health science, the current standards are not adequately protective of public health. Robust epidemiology studies indicate that adverse health responses are experienced at levels well below the current standards and that adverse health responses identified during this review, including all metabolic disease endpoints are in fact larger and more widespread than those detailed in previous reviews.

The ISA for ozone notes that studies that identify health risks in populations of healthy individuals certainly underlying comorbidities in the population for additional risks that merit of strengthen standard. For example, right now, at

least 16 million people in this country suffer from chronic obstructive pulmonary disease, COPD, and there were more than seven million COPD associated emergency department visits in 2015.

Ozone exposures are associated with increased respiratory disease severity to these symptoms and lung exacerbation in this population at levels as low as 25 parts per billion. And EPA estimates that a huge swath of the U.S. population currently live, work and play in nonattainment areas where pollution levels exceed current standards. EPA estimates that more than 120 million people reside in counties within where ozone level is above the legal limit.

The true number of people living in areas with unhealthy levels of ozone air pollution is undoubtedly higher because of the document in adverse health effects from this type of population at substantially lower levels. And as whirring as all that is, things seem to be getting even worse in recent years.

Ozone pollution levels around the country have spiked due to a number of factors, including unprecedented climate change fueled heat that's flipping huge swath of the country. EPA's recent rollbacks on common sense clean air protections from vehicles and coal-fired power plants threatened to make things even worse.

I've been following the science and air pollution and health for the last decade and it's clear, clean air save lives. It also contributes to economic prosperity by reducing healthcare costs and boosting worker productivity.

A study I led last year working with EPA and American Thoracic Society data found that ozone air pollution in just one state, Nevada, contributed to 97 deaths, more than 100 hospitalizations and almost 200 emergency department visits over a single year. We estimated the combined health-related costs of those damages at almost \$900 million and that's just one state in one yea.

So, rather than take stronger steps to limit air pollution and fight the climate crisis, the Trump administration's EPA is waging an all assault on the Clean Air Act. Instead of allowing harmful levels of pollution to persist around the country and worsen, EPA must follow the science and the law and propose tighter limits on ozone air pollution. Thank you.

Kelley Raymond: Thank you. I'm going to pause for any clarifying question.

Heather Simon: Dr. Limaye, this is Heather Simon again. Again, if you haven't done so, it would be great if you could add that study that you just referenced that you are author of last year to the docket.

Vijay Limaye: Will do. Thanks.

Kelley Raymond: All right. Thank you. Operator, if we could please open the line next for John Bachmann.

Operator: The line is open.

John Bachmann: My name is John Bachmann, J-O-H-N B-A-C-H-M-A-N-N. Thanks, EPA, for the opportunity to comment. I worked for EPA's air office for 33 years and was associate director for science policy and new programs.

I have two major points. First, EPA leaders have broken the NAAQS process, crippled CASAC and forced EPA staff who developed this draft ozone science assessment and policy risk and exposure assessments to work under very difficult time constraints. While I thank the staff for their excellent efforts, I believe just the many compromises, especially in the external review, have not provided the administrator with a level of advice and analysis that would have been possible with more time and more expertise. This calls the validity of this review into question.

Second, EPA should conduct the analysis on the effects of ozone on climate recommended by CASAC. Process failed. In May 2018, EPA administrator Pruitt issued an ill-conceived approach to ensure the review so the PM and ozone standards would be completed by the end of 2020.

There's short (chain) of time needed to produce and review multiple documents for two major pollutants. His successor compounded the problem by selecting a largely inexperienced group for the seven-member CASAC and by announcing in October 2018 that EPA would disband the PM expert panel and would not form an expert panel for ozone.

These panels have traditionally provided expertise and expert experience liking in CASAC and all prior NAAQS reviews. The administrator never provided a valid rationale and refused recommendations from CASAC s well as members of past PM and ozone panels to remedy the issue.

Reviewing the ozone standards in another two years and weakening the external scientific review has done real damage to the legitimacy of the proposed decisions. This is well illustrated in the comments of CASAC member Mark Frampton, M.D.

The – quote, "the EPA timeframe and process are inadequate for CASAC to provide a considered and insightful review of this PA. The review of the ISA and the PA are being done simultaneously when logically the PA depends on the findings of the ISA. CASAC should be provided the opportunity to review, comment on and receive responses from EPA on the ISA before any considerations of the PA."

By preparing the PA prior to CASAC's review of the ISA, EPA short circuiting the process and in effect severely limiting CASAC's ability to advise EPA on the ozone NAAQS. Dr. Frampton further notes the failure of EPA to appoint an expert panel to assist CASAC in its review with the ISA and PA has been done and previous CASAC reviews has adversely affected the ability of the committee to provide the best advice to the administrator.

Previously, the expert panel has interacted directly CASAC during the public meetings and (inaudible) to help inform CASAC's conclusions and that is absent with the new structure. For this ozone review, additional expertise is needed in epidemiology, toxicology and human clinical studies and that expertise should include active investigators in the field.

This lack of expertise on CASAC, back to me, weakens its credibility. Unlike for PM, PM notes – EPA notes in this case, most members agreed with EPA staff that the current standards were both adequate and necessary. It's the proposal summary of the alternative view that's misleading. I was not that the current standard, quote, "may not be protective." In fact, Dr. Frampton, the only member with expertise in human clinical studies, was unequivocal

stating, quote, "the current EPA NAAQS level of 70 parts per billion does not provide an adequate margin of safety for children with asthma."

He went on to criticize the lack of attention to airway inflammation quoting the current PA analysis showing 11 percent of asthmatic children could see levels of concern and at worst year. He recommended more attention to that issue in the PA but there is not time for more work

EPA's final rule needs to respond to the actual basis of Frampton's expert conclusions which were not dependent on the staff or CASAC's assessments in the previous review.

Kelley Raymond: One minute.

John Bachmann: The need – thank you. There need to take ozone effects on climate seriously. As ozone is a significant greenhouse gas that has been increasing, despite what you heard earlier, in the northern hemisphere for decades, ozone NAAQS reviews must take this issue seriously.

While there is not time to respond, EPA should accept CASAC's recommendation to more thoroughly address effects of ozone on climate change by providing quantitative estimates and uncertainty bends for effects of zone on the global warming as a consequence for economic and welfare effects in the United States.

I will say that all of the quotes and some other sites are referenced in this and I've included it in my written copy. Thank you.

Kelley Raymond: Thank you. I'll pause in case there are any clarifying questions from the panel. OK. Operator, would you please open the line for Sandra Ribeiro.

Operator: Thank you. The line is open.

Sandra Ribeiro: Good morning. My name is Sandra, S-A-N-D-R-A, Ribeiro, R-I-B-E-I-R-O. I am a public health professional and I thank you for the time to address you this morning.

EPA's proposal to keep the current inadequate ozone standard is unacceptable. The science clearly shows that a stronger limit is needed to protect public health. Even low levels of ozone pollution can trigger asthma attack. There is an increased need for people with lung diseases like asthma or COPD to receive medical treatment and even sometimes go to the hospital. I see this in my job every day.

On a personal note, my mother has been living with me since COVID-19 began. She suffers from severe asthma. She is coughing all night, most night, keeping her from sleeping and unfortunately, keeping the rest of the household up as well.

On days that the ozone and outdoor air increases, she can't go outside and garden or partake in strenuous activities. At some times, just being outside is a trigger for her asthma.

On those days, she coughs all day as well as all night. The medication she has had to take to help her simply breathe have damaged her bone and created other health conditions.

I support the recommendation of the American Lung Association to strengthen the standard to higher than 60 parts per billion. In conclusion, a more protective standard would support a better life not only for the patients I see daily but also my mother. It would give her the opportunity to go see a baseball game without worrying about if she could breathe, get outside and enjoy the sunrise and be happy about many more tomorrow without struggling to take a breath.

Thank you for your time.

Kelley Raymond: Thank you. I'll pause in case there are any clarifying questions. OK.
Operator, would you please open the line for Ann Jaworski.

Operator: Thank you. The line is open.

Ann Jaworski: Hello. My first name is Ann, A-N-N, last name Jaworski, J-A-W-O-R-S-K-I. Thank you for the opportunity to speak this morning. I am a staff attorney at

the Environmental Law Policy Center, a nonprofit focused on environmental issues that affect Midwest.

Ozone is a huge public health problem in the Midwest. Many of the highly populated areas along the Great Lakes are nonattainment areas for the 2015 standard and Chicago is still nonattainment for the 2008 standard. The Chicago area has already had 21 days this year with ozone values above the current national ambient air quality standards or NAAQS of 70 parts per billion.

High ozone levels like those found when many Midwesterners live or recreate are harmful to health. Ozone is most harmful to children and to people with asthma and other lung diseases but even in healthy adults can cause shortness of breath, coughing, wheezing and increased the risk of respiratory infection.

And when ozone and other pollutants are present at the same time, the effects of these pollutants can multiply each other. EPA's current proposal to retain the 70 parts per billion standard should not be finalized because this standard is not adequately protective.

ELPC urges EPA to finalize a more protective ozone standard. EPA's mission under the Clean Air Act in setting the NAAQS is to set a standard that is requisite to protect the public health with an adequate margin of safety. This standard must accurately reflect the latest scientific knowledge useful in indicating the kind and extent of all identifiable effects on public health or welfare.

In setting the standard, EPA must take into account sensitive populations and it must not consider economic cost. This is EPA's statutory mission.

Compared to the review cycle that led to the most recent 2015 ozone NAAQS, this review cycle was truncated in several ways and EPA should not be streamlining the process at the cost of falling short of its statutory mission. This review happened on an incredibly accelerated timeline which resulted in the policy assessment being drafted simultaneously with the Integrated Science Assessment even though the conclusions from the ISA are supposed to inform the policy assessment.

EPA did not let the Clean Air Scientific Advisory Committee or CASAC review the second draft of ISA or PA after CASAC had identified issues in the first draft. And EPA was not originally going to convene an outside expert panel on ozone to advise CASAC.

Only after CASAC asked to reinstate this panel did EPA allow them to have limited interaction in the form of written responses to questions rather than an interactive discussion process as had happened in the last review cycle.

Given this compressed review timeline, it is crucially important that EPA's choice of level for the NAAQS reflects a considered view of the science. But there are some indications that it does not.

EPA walks back conclusions from the last review that ozone is likely causal of cardiovascular and mortality effects. Seeing the evidence is now only suggested of but not petitioned to incur a causal relationship. When it was making to survive causal determination, EPA excluded epidemiological studies that did not include U.S. airshed or airshed similar to those found in the U.S. The CASAC had advised that this study should be included for the purpose of determining causal relationship.

EPA's determination that the 70 parts per billion standard is protective enough discounts the controlled exposure study examined in the last round of review that showed that healthy people experienced respiratory impacts at ozone concentration as low as 60 parts per billion. This has led the CASAC in the prior round of review to suggest that, A, 70 parts per billion standard may not be adequately protective.

EPA's selection of the 70 parts per bill standard in this review also ignores epidemiological studies from cities in Canada where the air quality meets the current standard that concluded that ozone ..

Kelley Raymond: One minute.

Ann Jaworski: That ozone exposure is correlated with increased risk of emergency department visits for childhood asthma and for lower respiratory diseases.

Given that there is a growing body of evidence that 70 parts per billion is not adequately protective, EPA should not maintain the current standard.

ELPC urges EPA to adopt the standard at 60 parts per billion or lower. Additionally, EPA should not continue to review the important public health standard of the NAAQS through such a flawed process and compressed timeline as was used in this review.

Thank you for your time today.

Kelley Raymond: Thank you. I'll pause for any clarifying questions from the panel. OK.
Operator, would you please unmute the line of Gretchen Goldman.

Operator: Thank you. The line is open.

Gretchen Goldman: Thank you for the opportunity to comment. My name is Gretchen Goldman, G-R-E-T-C-H-E-N G-O-L-D-M-A-N. I am the research director in the Center for Science and Democracy at the Union of Concerned Scientists. On behalf of more than half a million scientists and supporters, we advocate for the use of science for a healthy planet and a safer world.

The EPA's draft rule on ozone NAAQS is fundamentally flawed. This rule is developed through an illegitimate process and failed to receive the needed scientific review.

First, the process was doomed from the start. The EPA failed to conduct an ozone NAAQS review that would have led to a science-based proposal. This administration failed to convene an ozone review panel, removed independent scientists from CASAC, eliminated draft for scientific documents, cut out public comment opportunities, combining overview of science and policy assessment draft and recklessly expedited the entire process.

Additionally, CASAC was illegitimately formed as the U.S. District Court for the Southern District of New York recently shut down an EPA policy that banned recipients of EPA grants from serving on advisory committees, including CASAC.

Given these process changes, this draft rule was not – has not received the level of scientific review and public input that's warranted for a rule that affects more than third of the U.S. population. Under the NAAQS, the EPA must set ozone standards at levels that protect public health and welfare with an adequate margin of safety, including sensitive subpopulations.

Given the lack of robust science advice under this review, whether the standards proposed in the rule protective of public health can be called into question especially in light of the recommendations of prior CASAC.

In 2014, then CASAC recommended a primary ground-level ozone standard of 60 to 70 parts per billion. However, its letter to the administrator also stated that although 70 part per billion was included in this recommended range, such a standard would not provide an adequate margin of safety noting that the 70 parts per billion standard – at a 70 parts per billion standard, there is substantial scientific evidence that adverse effects, including decrease in lung function, increase in respiratory symptoms and increase in airway inflammation.

In that current ozone policy assessment, EPA staff have affirmed that health effects evidence continues to be strongest for respiratory effects yet we have failed to see a robust review and discussion of this growing body of evidence of health effects of ozone below 70 parts per billion and in particular, its impact on sensitive groups such as children and asthmatics.

One member of the current CASAC, Dr. Mark Frampton, noted explicitly the current ozone NAAQS level at 70 parts per billion does not provide an adequate margin of safety for children with asthma. Yet these concerns did not receive the necessary discussion of the science and the joint comments of CASAC nor by the administrator in the draft rule.

To ensure science-based and health protective standards especially for those most at risk, discussion of the strength of the evidence of harm to at-risk groups at levels at and below the current standards should have been priority one for Administrator Wheeler and CASAC but it wasn't.

The EPA administrators' decision on ozone will be consequential for public health. Some 124 million Americans live in areas with ozone levels that exceed the current standards with serious public health consequences for many, including those with lung diseases such as asthma as well as children and the elderly.

The public deserves a decision based on the best available science advice for regulation with such far-reaching health impacts. Thank you.

Kelley Raymond: Thank you. I'll pause there in case there are any questions from our panelists. OK. Operator, if you would please unmute the line of Anne Mellinger-Birdsong.

Operator: Thank you. The line is open.

Anne Mellinger-Birdsong: Hi. My name is Anne Mellinger-Birdsong, A-N-N-E M-E-L-L-I-N-G-E-R-B-I-R-D-S-O-N-G. I'm a pediatrician with a subspecialty in environmental public health and speaking on behalf of Mothers and Others for Clean Air, a nonprofit that does education and advocacy for clean air policies.

Let me state up front, Mothers and Others for Clean Air opposes this proposal to leave the ozone standard unchanged because the current standard does not adequately protect health. Leaving the ozone standard at 70 parts per billion will cause more deaths, more illness and will cause millions of children to miss school and millions of adults to miss work because they're sick.

Ozone is a powerful oxidizing agent. It causes epithelial damage, pulmonary inflammation and structural damage to the lungs. It causes even worse health problems for people with inflammatory lung conditions such as asthma or COPD.

Asthma is the number one chronic disease in children. According to CDC data, about five million children in the U.S. have asthma and they miss about 14 million days of school each year. The standard will cause them to spend more of their lives sick and missing school.

Missing so much school can have lifelong ramifications on school performance, grade retention, acceptance to college and even their final career and income. In addition, because about 14 percent of black children have asthma compared to about 7 percent of white children, this standard will have disproportionate impact on black children.

As a pediatrician, I find it disturbing to hear an agency that is charged with protecting health states that the current standard is adequate when it so clearly harms millions of children. During the last review of ozone in 2015, multiple medical groups, including the American Medical Association, the American Academy of Pediatrics and the American Thoracic Society, recommended an ozone standard of 60 parts per billion.

This was because data clearly showed that 60 parts per billion was needed to protect public health and the data is stronger now. I will review some of the newer data.

In 2017, Di and colleagues studied all 60 million Medicare beneficiaries. For every 10 parts per billion increase in ozone, they found a 1 percent increase of death even among people living where the average ozone was less than 50 parts per billion. They showed increased risk of death for ozone at levels far below 60 parts per billion and a disproportionate number of deaths in black people.

In 2018, Strosnider and colleagues studied respiratory emergency visits in counties across the U.S. For children 18 years or younger, for each increase in ozone of 20 parts per billion, they found a 2 percent to 4 percent increase in emergency visits for acute respiratory infections, asthma and pneumonia.

For adults 19 to 64 years old, they found a 47 percent increase in the same illnesses as well as COPD. And for adult 65 years or older, they found a 2 percent to 5 percent increase in emergency visits for acute respiratory infection, COPD and pneumonia.

In 2019, Wang and colleagues studied ozone and its effect on emphysema and lung function and 7,000 adults in the multiethnic study about pleural sclerosis. They found that people who lived in higher ozone areas had a greater

progression of emphysema and a greater loss of lung volume. The study found that living with a 3 parts per billion increase in long-term ozone worsened emphysema equivalent to smoking a pack a day of cigarettes.

To summarize, Mothers and Others for Clean Air opposes this current proposed standard that does not protect health. Scientific study shows that ozone with that current level causes death, illness and damage to the lungs.

Breathing 3 parts per billion more of long-term ozone is like smoking a pack a day of cigarettes. Is it really protective ...

Kelley Raymond: One minute.

Anne Mellinger-Birdsong: ...of health to have people breathing air that is the equivalent of smoking cigarettes? Why is EPA using its legal processes and mechanisms to propose a standard that does not protect health and in a manner that disproportionately harms black people and especially black children? Thank you

Kelley Raymond: Thank you. I'd like to pause in case there are any clarifying questions in the panel.

Heather Simon: Thank you, Dr. Mellinger-Birdsong. I just – again, if there's any of the studies that you referenced, if you wouldn't mind submitting those to the docket, that would be helpful.

Anne Mellinger-Birdsong: Sure. I'll just upload them on the docket if that's the best way.

Heather Simon: Yes. Kelley, can you respond to the best way to ...

Anne Mellinger-Birdsong: I could email – there is an email that's listed on the docket.

Kelley Raymond: Yes. The email or a comment upload to regulations.gov is the best way to get it to us.

Anne Mellinger-Birdsong: All right. Thank you.

Kelley Raymond: Thank you. Operator, could we now unmute the line of Patrice Tomcik?

Operator: Thank you. The line is open.

Patrice Tomcik: Thank you for the opportunity to comment today. My name is Patrice Tomcik and I'm the project manager of State Campaigns for Moms Clean Air Force, a community of over one million – hello?

Kelley Raymond: Patrice, before you start, if you could just spell your name for the transcriber, please.

Patrice Tomcik: Yes.. Patrice, P-A-T-R-I-C-E, last name Tomcik, T-O-M-C-I-K.

Kelley Raymond: Thank you. Five minutes.

Patrice Tomcik: My name is Patrice Tomcik and I am the project manager of State Campaigns for Moms Clean Air Force, a community of over 1 million moms and dad nationwide united to protect our children's health from air pollution and climate change.

I live in North Pittsburgh, Pennsylvania with my husband and two young children. I'm dismayed that the EPA has proposed to ignore the signs showing the current ozone pollution standards are too weak to properly protect public health. I urge you to strengthen this standard to protect families whose health is put at risk from breathing harmful ground-level ozone pollution.

I know firsthand about polluting industries because my children's school district has multiple unconventional natural gas wells often called fracking with the closest one about half a mile away from my children's school. I'm concerned about what harmful air pollutants my children may be exposed to from the well pad when they attend school or play outdoor sports.

Nationally, the oil and gas industry dumps more than nine million tons of methane volatile organic compounds and nitrogen oxides into our air each year that can travel hundreds of miles downwind contributing to ground-level ozone and affecting children in many states. This poses a real threat to children who suffer from asthma across the country.,

Nationwide, there are more than 750,000 summertime asthma attacks in children under the age of 18 and 500,000 days of missed school due to the smog resulting directly from oil and gas pollution each year. Many of these asthma attacks and missed school days occur far from oil and gas operations in urban centers.

As parents, we can't control the air our children breathe. So, we depend on Administrator Wheeler and the EPA to do their jobs and implement the most comprehensive and meaningful air pollution standards that fully protect children's health.

Children are especially impacted by pollution due to the fact that they breathe more air per unit of body weight than adults and therefore can receive higher doses of pollution. Children exercise more and spend more time outside than adult, which means that they can breathe more outdoor air pollution.

Both of my children play outdoor sports year-round. Additionally, children's lungs and brains are still developing until early adulthood. So, toxic air pollution and ozone exposures can have deleterious effects that can last a lifetime.

Another group that is vulnerable to ozone are elderly. My father who is 74 years old lives one and a half miles downwind from the coal-fired Cheswick generating station. This is also the location of my elementary school where I grew up.

This power plant is located just outside of Pittsburgh, Pennsylvania in Allegheny County. Allegheny County repeatedly earns a failing grade for ozone by the American Lung Association.

As I drive to visit my father, I see plumes from the stacks of the Cheswick plants flowed over the river towards the playground I played on as a child just a block away from my father's house. I missed a lot of school due to chronic bronchitis as a child and now as an adult has respiratory problems.

My father has lived most of his adult life in the house and now has diabetes, COPD, and heart disease with a heart attack that required quintuple bypass surgery. Two months ago, he was put on portable oxygen.

Scientists have known for decades that ground-level ozone can cause asthma attacks and increase the risk of lung infection. Evidence is increasing that these health effects are happening even at levels below the current NAAQS standard.

Strengthening the standards for ozone based on science can improve public health by reducing asthma attacks, respiratory disease, heart disease, premature mortality and long-term damage to lung. As COVID rewrites our present and future, moms won't accept continuing on the same polluting path we had before.

The cause of inaction ...

Kelley Raymond: One minute.

Patrice Tomcik: The cause of inaction has already put our family's health at risk. This is the time for us to strengthen our pollution protection and clean up America's air. I urge you to lower the ozone pollution standards in order to protect public health. Thank you.

Kelley Raymond: Thank you. I'll pause in case there are any clarifying questions from our panel. OK. Operator, would you please unmute the line of Kevin Sunday?

Kevin Sunday: Hi, good morning. My name is ...

Operator: Thank you.

Kevin Sunday: Hi, good morning. My name is Kevin Sunday, K-E-V-I-N S-U-N-D-A-Y. I'm the director of government affairs for the Pennsylvania Chamber of Business and Industry, the largest broad-based business advocacy organization in the Commonwealth of Pennsylvania. We represent nearly 10,000-member companies of all sizes in commercial industrial sectors.

Our mission is to advocate for job creation and lead Pennsylvania the greater prosperity for our residents and our vision is to create Pennsylvania where employers are attracted to invest and grow.

Our diverse board of directors establishes our policy on energy and environmental matters and we put laws and regulations that are based on both sound client and a careful assessment of environmental objectives, risks, alternative costs and impacts. And with regard to air, we advocate a regulatory policy that's reasonable and technologically and economically feasible.

And with those principles in mind, I am pleased to speak today to affirm the Pennsylvania Chamber support for EPA retaining the current national ambient air quality standards for ozone. As we look to recover from the pandemic, it's vital that our economy have regulatory certainty particularly if we're going to accommodate or restoring of manufacturing to this country and ensure the resiliency of our supply chain through medical equipment industry, pharmaceuticals and other critical sectors.

Further, the current standards are shown to be working. Pennsylvania is making considerable progress with respect to ozone. According to preliminary PA Department of Environmental Protection analysis, in just one year from 2018 to 2019, the number of monitoring points with design value showing nonattainment fell in half for the 2015 standard from eight monitoring points before.

We are in a statewide compliance with the 2008 standard with the exception of one monitoring point along I-95 outside Philadelphia. All these monitoring points that are showing nonattainment are along the I-95 (quarter points to no resources) as a contributing factor.

Now, to take a longer view of history, over the past 25 years, Pennsylvania had reduced points for submission of ozone precursors by an immense amount. NAAQS submission had fallen 65 percent annually and be (reduced) by 36 percent.

Even still, as EPA is well aware, Pennsylvania (inaudible), meaning as more and more of our counties come into attainment, new and expanded manufacturing and other large industrial sources must always be permitted as if the county is in nonattainment with the most restrictive controls being acquired.

This is a challenge that it means that even at the current standard, there's a very strict and protective air quality program in place. It is also with the fact that the current regulatory design pushes operations out of nonattainment counties resulting in a compliance challenge for those that remain with fewer and fewer emission reduction credits available.

It's also a multiyear proposition for a county to come out of attainment. Once placed in, it takes notable years of monitoring, data showing attainment and then years of back and forth trained EPA and (DE) on QA/QC in set revisions.

Lowering the standard now would set Pennsylvania back unnecessarily. By being placed in the nonattainment severely impacts a long-term economic competitiveness of that reason as economic analysis has shown. While EPA is not required to consider these types of cost impacts and inaction, they're not precluded from doing so.

And given that Pennsylvania is making considerable progress in reducing emissions and that we are in the midst of a deep recession, on behalf of the broader business community in Pennsylvania, we support retention of the current ozone NAAQS and urge finalization of this rulemaking as soon as possible.

Thank you for your time and hearing our comments this morning. We will supplement those (with post) into the record and we appreciate EPA moving as fast as possible to meet the statutorily imposed deadline of a five-year review of the NAAQS. Thank you.

Kelley Raymond: Thank you. I'll pause in case there are any clarifying questions. OK.
Operator, can we please open the line next for Sara Prem.

Operator: Thank you. Sara, your line is open.

Sara Prem: Good morning. My name is Sara Prem, S-A-R-A P-R-E-M. I live in Overland Park, Kansas and thank you for this opportunity to testify today.

Later this morning, I will receive the first of two injections of a study vaccine for SARS COV2. I volunteered to participate in this vaccine trial because I want to be part of the effort to protect people from highly contagious virus which causes a devastating and potentially fatal lung disease. I'm hopeful that this trial will be successful and at the end of the 25-month study period, we will have a way to defeat the virus.

The threat to lung health from COVID-119 is just one of the many that Americans are facing right now. Harmful pollutants like ozone are wreaking havoc on the lung health of the country. I'm here to urge the EPA to recommend more protective national ambient air quality standards for ozone pollution to protect those living with lung diseases such as asthma, lung cancer and chronic obstructive pulmonary disease.

Long-term exposure to air pollution like ozone can increase an individual's risk of developing respiratory infection and worsen symptoms of lung disease. Overland Park, Kansas where I live is part of the greater Kansas City metropolitan area and people here are breathing generally more unhealthy air this year than we were last year driven by warmer temperatures brought by climate change, which makes ozone more likely to form and harder to clean up.

The American Lung Association's 2020 state of the air report ranks the Kansas City metropolitan area 48th most polluted in the U.S. for ozone pollution. Our metro moved up in the ranking from 67th most polluted metro in the U.S. since the last state of the air report.

For us and more than 137 million Americans who live in counties with harmful levels of ozone pollution, the problem is getting worse. Someone in every family in America is vulnerable to ozone pollution whether due to asthma, COPD or many other respiratory conditions, including COVID-19. Even low levels of ozone pollution can trigger immediate and dangerous

health impacts such as shortness of breath, asthma attacks or pulmonary inflation.

Long-term exposure over eight hours increases the risk of pulmonary challenges and even premature death. We know that the risk of hospital admissions of children with asthma increases with chronic exposure to ozone for example.

The core purpose of the EPA standards under the Clean Air Act is to protect public health with an adequate margin of safety. The current standard, which could remain under the proposal, is 70 parts per billion. Yet, EPA's Clean Air Scientific Advisory Committee concluded that a standard is 70 parts per billion can lead to inflammation of the airways and a decrease in overall lung function.

I urge you to follow the science and set stronger national ambient air quality standards for ozone pollution no higher than 60 parts per billion as recommended by the American Lung Association.

As I stated in the beginning, I will receive the first of two vaccines for SARS CVO2 today. I'm doing everything in my power to protect the health of my family and friends and neighbors from all deadly lung disease. I urge the EPA to do this in your power and to set a more productive – protective standard for ozone pollution, a standard that will save lives.

Thank you for your time.

Kelley Raymond: Thank you. I'm going to pause in case there are any clarifying questions. OK. Operator, if you would please next unmute the line of Christopher Frey.

Operator: And the line is open. Thank you.

Christopher Frey: Hello, this is Chris Frey.

Kelley Raymond: You could spell your name for the transcriber and then you'll have five minutes.

Christopher Frey: OK. Thank you. Yes. My name is Chris Frey, C-H-R-I-S, last name F-R-E-Y. I am a past chair of the CASAC and shared the CASAC ozone review panel from 2012 to 2014. EPA Administrators Pruitt and Wheeler imposed changes to the NAAQS review process that were arbitrary, capricious and harmful to its integrity, quality and credibility.

Members of the prior CASAC ozone review panel identified and evaluated these changes in detailed letters to CASAC. The current CASAC lack breath, depth and diversity of expertise, experience and perspectives.

For example, the current CASAC lacks expertise in epidemiology exposure assessment, impacts on plants and climate impacts. Furthermore, CASAC lack diversity of expertise in key areas such as controlled human studies for which there was only one expert.

CASAC included only two research scientists. In a 2015 Wall Street Journal op-ed, Dr. Cox who chaired CASAC in his review stated that it is, quote, "cynical," unquote, to use, quote, "asthma patients to promote a pro-regulation political agenda," end quote. Thus, Dr. Cox has the appearance of lack of impartiality.

CASAC members were appointed under a Pruitt policy that has been vacated by a federal court. Leading research scientists, some of whom were recipients of EPA's scientific grants, were kicked off in favor of persons with views friendly to the political goals of the current administration. All seven members of CASAC were replaced in one year. New members were appointed primarily based on geographic location and government affiliation rather than scientific expertise.

Several documents were redacted from the review process, including second draft of science and policy assessments and multiple risk and exposure assessment documents. This undermined the ability of the review to be thorough and accurate and reduced opportunity for public comment.

There should have been closure on the Integrated Science Assessment before release of the first draft of the policy assessment. CASAC was deprived of an

ozone review panel. For four decades, CASAC was augmented with review panels averaging 15 additional experts.

Mr. Wheeler issued a decision not to form an ozone review panel three months after nominations were solicited for such a panel. He speciously claimed that this was done to, quote, "streamline the process." These panels worked with CASAC on the same schedule as CASAC. It did not slow the process. I know because I served on 10 such panels.

The later formation of an ad hoc pool of consultants, several of whom are part of a small network of consultants for the same regulated industries, do not provide CASAC with the needed ozone expertise. The pool is not allowed to deliberate with CASAC. The pool is only allowed to answer written questions from CASAC members, not the EPA charge questions, and responses were cherry picked by CASAC.

CASAC applied to risk seeking requirement for burden of proof based on neuroscientific certainty. However, such risk attitude is not consistent with the Clean Air Act. These deficiencies are reflected in EPA's proposed rule.

Controlled human studies are typically the key foundation of the evidence-based approach of the policy assessments. Yet, such studies cannot be done on many at-risk populations, including severely asthmatic subjects for ethical reasons. Thus, there is absence of direct evidence for many at-risk groups.

This does not mean, however, that CASAC may ignore such groups. CASAC does acknowledge in its consensus statements that asthma has important features beyond airflow limitation that key features of asthma pathophysiology can be affected by exposure to ozone and that the evidence and risk-based approaches are based almost exclusively on heavy – healthy adults.

Kelley Raymond: One minute.

Christopher Frey: Why did CASAC conclude that the current primary standard is adequate when the direct scientific evidence does not address at-risk populations? CASAC

failed to advise the administrator that levels lower than the current standard would provide additional margin of safety.

In the last review, there were multiple experts for effects on plants but there were none in this review. Furthermore, there were no CASAC experts regarding the effect of ozone on radiative forcing related to climate change.

In 2019, the U.S. Court of Appeals remanded the secondary standard to EPA for further explanation. This CASAC lacks credibility to provide input on this matter.

The court should not defer to this CASAC as a valid source of expert advice. EPA should start over with a credible review process and a properly constituted CASAC. Thank you.

Kelley Raymond: Thank you. I'll pause in case there are any clarifying questions. OK. Operator, would you please unmute the line of Diana Van Vleet?

Operator: Thank you. The line is open.

Diana Van Vleet: Hi. Thank you so much. My name is Diana Van Vleet, D-I-A-N-A V-A-N V-L-E-E-T and I am the national director of Outreach and Engagement for the American Lung Association and Healthy Air Campaign. Thank you for the opportunity to speak with you today on this very important matter.

Science tells us that ozone pollution is extremely harmful to health and can even be deadly. Science also tells us that the current limit on ozone pollution is not strong enough to adequately protect public health. So, when given the opportunity to further reduce ozone pollution and save lives by strengthening the standard, why would EPA choose inaction?

The core purpose of the national ambient air quality standards under the Clean Air Act is to protect public health with an adequate margin of safety. EPA's proposal to maintain the current too weak standards violates the stated purpose.

The American people deserve and are legally entitled to air that won't make them sick. We need EPA to act in the interest of American health, to use your authority and reduce deadly pollution and to carry out your duty instead of deciding that current levels of air pollution are good enough.

As a runner and biker, I have to be aware of ozone pollution levels and avoid exercising outside if levels are high especially during summer ozone season. Exercising outside on days with elevated ozone levels is very dangerous even for healthy adults since you are breathing in more polluted air.

Ozone aggressively attacks lung tissue by chemically reacting with it and acts like a sunburn on the lungs. According to the American Lung Association state of the air report, which analyzes EPA's air quality data, Washington, D.C. where I live received an F grade for ozone pollution. This is unacceptable.

Unfortunately, D.C. isn't alone. State of the air 2020 also found that far more people live in counties with unhealthy ozone pollution than shown in the previous three reports. Increased heat was partly to blame for this as hotter temperatures lead to increased ozone pollution formation.

The years covered by the 2020 state of the air report, 2016, 2017 and 2018 were three of the five hottest years on record. The state of the air is based on the current ozone standard that is too weak. A tighter standard will provide the public better information about ozone at lower levels where health is harmed.

I live in D.C. for seven years and I worry about how my exposure to ozone pollution may impact my health long term. Researchers have found a higher risk of death from respiratory diseases associated with increases in ozone. New research has also shown an increased risk of death from ozone pollution where other pollutants are also present.

The current ozone standard which should be maintained under this proposal – which would be maintained under this proposal is 70 parts per billion. In 2014, EPA's Clean Air Scientific Advisory Committee concluded that a

standard of 70 ppb can lead to inflammation of the airways and decrease in overall lung function.

A 2017 article in the Journal of American Medical Association found strong evidence of increased mortality from ozone pollution. The sun risk is occurring even at low levels below the current standard.

I support the recommendation of the American Lung Association to strengthen the standard to no higher than 60 parts per billion. I urge you to strengthen the ozone standard. A more protective standard will save lives. Thank you for your time.

Kelley Raymond: Thank you. I'll pause in case there are any clarifying questions. OK. We've gotten a bit ahead schedule. And so, we're going to take a short break now in order to make sure that we get a little bit closer to when people had schedules.

We're going to take a break from now – until 10 minutes now, returning at 10:20. Thank you everybody for bearing with us and we'll get started again in 10 minutes.

Operator: And ladies and gentlemen, you are listening to the public hearing on proposed review of the ozone national ambient air quality standards. We're currently in a break. We'll be back shortly. Pleased continue to standby.

Ladies and gentlemen, you are listening to the public hearing on proposed review of the ozone national ambient air quality standards. Currently, we are in a short break. We'll be back in about five minutes. Thank you for your patience. Remain on the line.

Ladies and gentlemen, you're listening to the public hearing on proposed review of the ozone national ambient air quality standards. We are in a recess right. In about three more minutes we'll return. Thank you for your patience. Please remain on the line.

Ladies and gentlemen, thank you for standing by to the public hearing on proposed review of the ozone national ambient air quality standards. We'll resume momentarily. Thank you for your patience.

Kelley Raymond: Thank you, everyone, for your patience. This is Kelley Raymond, Senior Policy Adviser for the EPA's Office of Air and Radiation. We've been in a short break, but thank you for bearing us.

We'd like to get back on our schedule with our 1020 speakers. Operator, would you please open the line for Dorothy Brandt?

Operator: Thank you. The line is open.

Dorothy Brandt: Hello?

Kelley Raymond: Dorothy, as a quick reminder, we're going to need you to spell your name for the transcriber and then you'll have five minutes.

Dorothy Brandt: OK. I'm Dorothy Brandt. D-O-R-O-T-H-Y. Brandt, B-R-A-N-D-T. And I want to thank you very much for listening to my testimony today.

I'm a retired catholic school principal and a volunteer with Moms Clean Air Force. Moms Clean Air Force is an organization more than 1 million parents across America for taking action against air pollution and climate change.

The current national ambient air quality standards for ozone are not adequately protecting us from serious health harms.

I call on the EPA to strengthen these standards. One of my daughters has asthma and I insist our government protect her health and the health of all Americans. No one should struggle to breathe due to preventable pollution.

My own life experiences have shown me the need for environment regulation to protect our health. I grew up in Los Angeles. I'm going to tell you that story about its worse air quality.

In Los Angeles, my family resided there from 1945 – I've resided with them from 1945 to 1969 and during this time, my family lived in east Los Angeles, (poor) area in Compton, also a poor area and in the mid-1950s, moved to the beach area where we could all breathe much better.

Until (we made) the move to the beach, my nose ran constantly with what we now know are allergies to smog. At five, I could still take the Red Car, an early metro system in Los Angeles with my family to travel across town as having no car made travel difficult.

Even with fewer cars than in Los Angeles, we still had terrible smog from industries and trucks. We had a trash burning incinerator in our backyard and Los Angeles bring trash on the beach so that beach became known as Tin Can Beach with mounds of filthy block cans strewn across what used to be a pristine, beautiful beach.

As I grew up, we had to shop in downtown Los Angeles as there were no malls and we had to endure the vile smog in the basin to give our school (closed). In the mid-1960s, as the college student, I had to drive to downtown to use the municipal library and sunglasses were mandatory to see to drive through disgusting smog, smog which made it difficult to see to drive safely.

My allergies were much worse even though smog prevention attachments were required by this time. We would be stopped and pulled off the road to randomly be checked for smog control devices. And as a struggling student, I had an old car and I received a ticket on the freeway for a smoking vehicle at one time.

As a teacher in the late 1960s, I had students whose families had to relocate the to the ocean area in order for their children to breathe well. Suddenly, I began to have more asthmatic students to watch out for in the classroom.

In 1969 – in 1969, my husband and I moved to Seattle Washington where, for the first time in my life at age 24, my allergies were gone.

I tell you my story so you'll understand my personal experience and that of many others people living with pollution. We have to National Ambient Air Quality Standards and other environmental health protections because so many people have had similar experiences and have begged and fought to be protected from pollution. Do not forget this task.

If we do, it may be our future. Indeed, smog pollution is getting worse in America. And the proposed ozone standards are too weak and ignore science.

I urge you to strengthen these standards to protect the thousands of Americans who could be harmed by breathing smog levels below the current standards. As a mom, a grandmother, a teacher and a principal I highly recommend that the ozone standards be strengthened to ensure that our most precious national treasure, our children are given the best air and water can give them. As adults ...

Kelley Raymond: One minute.

Dorothy Brandt: ... ad parents – as adults and parents, this is our responsibility. Our country's future depends on it and as a Roman Catholic, my sense of morality dictates it. I urge Trump's EPA leadership to fight, to protect, the life and health of each American child.

Thank you very much for listening to my testimony. I deeply appreciate the time that you've afforded me and I know that you listen to my sad story. And please help prevent this from happening again. Thank you very much.

Kelley Raymond: Thank you.

I'll pause in case there are any clarifying questions from the panel.

OK. Operator, if you would next open the line for Heather Kaper.

Operator: Thank you. Line is open.

Heather Kaper: Hi. Good morning. My name is Heather Kaper. It's H-E-A-T-H-E-R and the last name is Kaper, K-A-P-E-R. I would like to thank the EPA staff for listening to my testimony today.

My name is Heather Kaper. I am a member of the Moms Clean Air Force. I am a mother of two young boys, ages 11 and eight. My family and I reside in Ann Arbor, Michigan. I am also a pediatric nurse who works at Mott Children's Hospital in Ann Arbor, Michigan.

I am blessed to have two healthy children of my own. However, each day I go to work at Mott, I care for children less fortunate who suffer from significant respiratory issues such as asthma and cystic fibrosis. I fight for clean air because of my experience caring for these children.

The EPA's proposal to keep the current inadequate ozone standards is unacceptable. The science clearly shows that a stronger limit is needed to protect public health. I call on the EPA to follow the science and set stronger national ambient air quality standards for ozone pollution. A more protective standard will (be wise).

Often called smog, ozone pollution is harmful to breathe and detrimental to my patients with cystic fibrosis and asthma. Here in Michigan, I regularly work with children hospitalized for severe asthma. Asthma is a the most common chronic disease of childhood.

The children I work with have severe cases of the disease and it shaped every aspect of their lives and the decisions that their families make on a daily basis. My asthma patients are scared and they regularly tell me they feel like they are drowning.

As a nurse and as a mom, I want to do everything I can to ease their suffering. That's why I fight for clean air and for climate action.

Currently, we are in the midst of a global respiratory pandemic. America is facing a major health and economic impact of the national public health emergency that has (stilled) not only our hospitals but also closed our businesses in our school – our schools.

Ozone pollution increases respiratory infection and asthma attack which in turn makes this patient population more vulnerable to COVID-19. And I can attest from working in the frontlines and caring for these patients with COVID-19, it is a horrific monster that will target anyone.

If we have the power – if we have the power to control and improve American's (health), then how can we not start by simply improving the ozone

standards. Ozone pollution is a known killer. In the past two years, (inaudible) has gotten even more convincing.

The current proposal jeopardizes the health of my children, those with underlying health conditions in my community. I urge you to strengthen the ozone pollution standards in order to protect our public health.

Again, I thank you for the opportunity to testify.

Kelley Raymond: Thank you. I'll pause in case there's any clarifying questions.

OK. I understand that an individual from our listener line has asked to be able to speak and we have time. So, I'd like to pause and have us open the line now for Kelly Crawford.

Operator: Thank you. Your line is open now.

Kelley Raymond: Kelly, we're going to need you to say and spell your name for the transcriber and then you'll have five minutes. Kelly, Can you hear us?

Kelly Crawford: Yes. Can you hear me?

Kelley Raymond: Yes. Thank you.

Kelly Crawford: My name is Kelly Crawford. K-E-L-L-Y-, Crawford, C-R-A-W-F-O-R-D.

Kelley Raymond: OK. So, you have five minutes.

Kelly Crawford Thank you. Good morning. My name is Kelly Crawford. I'm the Associate Director of the Air Quality Division at the District of Columbia Department of Energy and Environment, DOEE.

DOEE is the leading authority on energy and environmental issues affecting the district of Columbia. In relation to air, it is the lead agency in ensuring health and welfare-based air quality standards are at hand and maintained. The district – the DOEE comprises more than 350 dedicated engineers, biologists, inspectors, environmental specialists, analyst, administrators, public outreach specialist, and support staff who are working to protect and

restore the environment, conserve natural resources, mitigate pollution and climate change, increase access to the renewable energy and secure a sustainable future for over 700,000 residents who call the district home.

I'm speaking today out of concern for the (lawfully) inadequate review process the U.S. EPA use in setting ozone National Ambient Air Quality Standards which they also include sufficient scientific expertise to inform the administrator in making this proposed decision.

While we work – while the work over the last 50 years of air-quality regulation has contributed to tremendous reductions in pollution overall in the United States, the same communities that bore the greatest burden of harm decades ago continue to face the greatest public health threats associated with long-term exposure to air pollution today.

The NAAQS in its current form is essentially a one-sized fit all universal approach that lack specificity and treats all communities and (suspects) the same.

This approach produces unequal impact and reinforces an equitable outcomes even when implemented with the best of intentions. Using EPA's own BenMAP tool, the district evaluated the reduced (totality) that would have occurred in the 2017 to 2019, had a region experience ozone level (sustaining) even a 65 part per billion ozone NAAQS.

Had that been the case, there would have been fewer deaths due to short-term exposure to ozone and deaths that came at an economic cost of \$264 million to the district. Previously, the Clean Air Science Advisory Committee Case Act revised – received expertise from the CASAC ozone review panel composed of CASAC members outside public health researchers and experts on air-quality welfare impact from setting the NAAQS.

The latest NAAQS review process was performed without such an expert panel to ensure scientific review and provide insufficient time for adequate review by the public.

DOEE is concerned that the vast amount of research on the impacts of air quality that have occurred since the 2015 NAAQS process was completed, was not adequately considered when EPA made the determination to retain the current ozone NAAQS.

Therefore, this standard's ability to protect public health was not sufficiently evaluated. Evidence is emerging the adverse cardiovascular effects can occur at ozone levels lower than those known to affect respiratory health and levels lower than current air quality standards over the long term.

The integrated scientific assessment did not appear to evaluate this emerging research despite of growing body of evidence of long-term exposures impact on hearth health. These adverse impact – these adverse effects would disproportionately affect vulnerable community given that black residents in the districts experience three times as many deaths per capita from cardiovascular disease from 2016 to 2018 as their white counterpart. It is vital for the protection of vulnerable population that the impact of long-term exposure of ozone on the cardiovascular system be properly evaluated and studied.

An updated ISA in which experts evaluate this growing body of work is necessary. The evaluation of ozone in the regards to the health base standards must do more to address the impacts on certain (inaudible) populations.

In particular, communities of color. Data from the Center of Disease Control and Prevention shows that nationally. Black and Native American people has statistically higher asthma rates than their counterparts in other races.

In the district, children who live in predominantly black communities have 20 to 25 times the number of asthma related emergency department visits compared to their counterparts in majority white communities. Although persistent, these health inequities are neither natural nor inevitable.

Given the relationship between ozone and asthma exacerbation and heart disease, it is critical that the health-based ozone NAAQS be set by employing an outcomes-focused equity lens that is intentional in its protection of historically (marginal) communities. Especially while ...

Kelley Raymond: One minute.

Kelly Crawford: ... air quality related health effects. A particular evaluation of the impact of ozone on these communities is necessary to set the ozone NAAQS to a level that adequately protects a historically disadvantaged and highly impacted communities.

Unfortunately, this evaluation has not occurred. The District of Columbia calls on the EPA to withdraw this proposed action and provide a fuller scientific evaluation that meets the agency's statutory requirement to promulgate a standard that is adequately protective of public welfare including those individuals who bear a disproportionate burden of the air pollution.

Thank you for the opportunity to testify.

Kelley Raymond: Thank you.

Ms. Crawford, I was wondering, do you have a report or any documentation of the DOEE BenMAP simulations?

Kelly Crawford: Yes. We'll – we can submit it with the written comments.

Kelley Raymond: All right. Great. Thank you.

Thank you. Operator, we're going to go back to the scheduled list. Would you please open the line for Aparna Bole.

Operator: Thank you. The line is open.

Aparna Bole: Good morning. My name is Dr. Aparna Bole. First name is A-P-A-R-N-A, Bole, B-O-L-E.

I appreciate the opportunity to testify today on behalf of the American Academy of Pediatrics, a nonprofit professional organization of 67,000 pediatricians dedicated to the health and well-being of all children. I'm a pediatrician in Cleveland, Ohio, and I serve as the chair of the AAP Council on Environmental Health.

I'm here today to express our opposition to EPA's proposal to maintain the current inadequate ozone standard. The proposal to maintain ozone standard of 70 parts per billion is not adequately protective of public health or the health of my patients. Ample scientific evidence supports a standard no higher than 60 parts per billion.

As pediatricians, we can prescribe inhalers and treat asthma attacks. But unfortunately, we cannot reduce the risk that ozone pollution poses to our young patients. Ozone pollution disproportionately impacts children who are not just little adults and his unique health and developmental needs make them more susceptible to pollutants.

Children's lungs and other organ systems are still developing and they have a higher respiratory rate and breathes more air than adults relative to their body size. They also spend more time outdoors which is important for promoting their health through physical activity.

High levels of ozone in the air can lead to decreased lung function, coughing, burning and shortness of breath as well as inflammation and swelling of the airways. Even at lower levels, ozone pollution can trigger immediate and long-term health impact.

Studies link lower birth weight and decreased lung function in newborns to ozone levels and their community. For children with asthma, exposure to ozone pollution may cause dangerous exacerbations that can cause trips to the emergency room or intensive care unit stays for treatment.

On high ozone days, many of these children are forced to stay home missing out on school, sports and playing outside. Current and historical inequities mean that African-American and Hispanic children face greater exposure to and negative effects of air pollution contributing to striking health disparities.

I see this personally in my practice in Cleveland where over one in five children has asthma. It's one of the most common reason for kids to seek medical care and a condition I treat every day in my practice.

During the COVID-19 pandemic, I've been fielding questions from many anxious parents of kids with asthma. Not too long ago, I was talking with a patient who I'll call (Jordan), at sixth grade with severe asthma we were discussing how Jordan can safely get out and play as he's been cooped up indoors and separated from his friends and familiar routines during this difficult time.

We've talked about how getting outside can be helpful for his physical and mental health. However, I also had to remind Jordan and his family to check the air quality index this summer before deciding to go out and play. On high ozone days, Jordan is at risk for asthma exacerbation that he knows is scary and potentially dangerous. Sadly, Jordan commented to me, I can tell when the air isn't good as soon as I go outside because my chest feels tight and I have to stop playing.

It's clear to pediatricians the current ozone limits do not sufficiently protect children from the harmful, lifelong consequences of ozone pollution. It is unacceptable to maintain the current standard when we know it will not adequately protect public health.

The AAP urges the EPA to revise this proposal and adopt a stronger ozone standard that is no higher than 60 parts per billion.

Thank you.

Kelley Raymond: Thank you.

I'll pause in case there's any clarifying questions? OK. Operator, would you please open the line for Julie Goodman?

Operator: Thank you. It's open.

Julie Goodman: Thank you for the opportunity to speak today. My name is Julie Goodman, J-U-L-I-E G-O-O-D-M-A-N.

I am an epidemiologist and board-certified toxicologist at Gradient, a risk sciences consulting firm. I am refined consulting firm. I am speaking on

behalf of Gradient, but my time spent preparing this comments and attending this meeting has been funded by the American Petroleum Institute.

Overall, there have been many improvements in the science evaluation in the ozone integrated science assessment on which the proposed action is partially based. However, there are still some limitations with the literature search and study selection process, the evaluation of study quality and biological possibility, the evidence summaries and the causality determination process.

This has resulted in conclusions that were biased towards causality. With respect to two respiratory effects, the ISA concluded that there is a causal relationship with short-term ozone exposure. Both the ISA and the proposed action cited decades of research from controlled human exposure studies as the strongest evidence for this outcome.

These studies are also critical in U.S. EPA's evaluation of the adequacy of the current ozone primary standard. However, a review of these studies and the epidemiology and animal evidence doesn't support respiratory effects of short-term ozone exposure below the current standard.

Regarding long-term ozone exposure and respiratory effects, the ISA concluded that the association was likely causal. However, the epidemiology study cited as key evidence suffer from the same limitations and short-term ozone epidemiology studies.

Rodent and (inaudible) monkey studies that evaluated respiratory effects of long-term exposure primarily reported effects of concentrations ranging from 500 to 2,000 parts per billion. These are not informative with respect to ambient exposures below the current standard. Thus, the evidence for long-term ozone exposure and respiratory effects does not support a likely causal determination.

In terms of metabolic effects, EPA also concluded that there is a likely causal relationship with short-term ozone exposure and an evidence suggestive of a causal relationship with long-term ozone exposure and metabolic effects.

The ISA acknowledged there is limited evidence from epidemiology and controlled human exposure studies but indicated animal toxicity studies provide – for best evidence of the impact of short-term ozone exposure and metabolic effects.

While key animal toxicity studies may support the effects of short-term ozone on glucose impairment, 500 to 1,000 parts per billion, the evidence for other metabolic endpoints is not consistent and most study only evaluated ozone exposure concentrations that are far higher than the current ozone standard.

Animal toxicity and human epidemiology studies are also limited regarding long-term exposure. Overall, the evidence presented is inadequate to classify causation at ambient concentrations. CASAC concluded that the evidence does not support likely causal conclusions for short or long-term exposures.

Now, with respect to other endpoints, as indicated in the ISA, evidence for short-term ozone exposure and cardiovascular effects and total mortality certainly does not support a likely causal relationship. However, it is also not suggestive of a causal relationship.

Rather, it is inadequate – adequate to address causality, if not suggestive of a lack of association. In addition, evidence for other endpoints does not support causal or likely causal associations.

Like the evidence for short-term ozone exposure and cardiovascular effects in total mortality, this evidence falls short of suggestive.

In terms of sensitive populations, the proposed action states people with asthma, children, outdoor workers and older adults are at increased risk for adverse respiratory effects from ozone. Children and outdoor workers are thought to be at increase (vastitude) of the time spent outdoors with higher exertion rates.

However, our review of the evidence for older adults indicates that it is not support a higher risk in this population. Finally, and most importantly, in my opinion, in its exposure and risk assessment, the proposed action evaluates

benchmarks of 60, 70, and 80 parts per billion in the most sensitive population, children with asthma, who are breathing at an elevated rate.

This analysis only differed from that in the prior review cycle and that it used updated data and exposure estimates.

Kelley Raymond: One minute.

Julie Goodman: And the new results indicated that fewer children are likely to be impacted than in the number that were estimated to be impacted in the last next review cycle. These lower estimated exposures and risks, at the same design values in this more recent review cycle, support the available evidence from controlled human exposure, epidemiology, and toxicity studies and support the administrative conclusion that the current primary ozone NAAQS is adequate to protect public health.

Thank you.

Kelley Raymond: Thank you.

I'll pause to see if there are any clarifying questions from our panel? OK.

Operator, if you would next open the line for Shannon Baker-Branstetter.

Operator: Thank you. Line is open.

Shannon Baker-Branstetter: Good morning. I'm Shannon Baker-Branstetter, Deputy Director of Policy at Green For all.

Green For All is a program ...

Kelley Raymond: Shannon? Shannon?

Shannon Baker-Branstetter: Yes?

Kelley Raymond: We're going to need you to stop and spell your name for our transcriber. And then you'll have five minutes.

Shannon Baker-Branstetter: My first name is Shannon, S-H-A-N-N-O-N. Last name, capital B-A-K-E-R, hyphen, capital B-R-A-N-S-T-E-T-T-E-R.

Kelley Raymond: Thank you. you have five minutes.

Shannon Baker-Branstetter: Green for All is a program of the Dream Corps. We work at the intersection of the environmental, economic, and racial justice movement to advance solutions to poverty and pollution toward a world that is Green For All, not green for some.

Thank you for the opportunity to participate in this hearing. The current levels of domestic human caused air pollution are killing over 100,000 Americans each year and disproportionately killing people of color. Just three months ago, we testified against EPA's unacceptable proposal to maintain the status quo on the standard for particulate pollution. And today, we again urged the EPA to heed the science and prioritize American's health and adopt stronger standard for ozone.

Green For All supports the recommendation of the American Lung Association to strengthen the standard to no higher than 60 parts per billion. A more stringent standard for ozone will protect the people exposed to this harmful pollutants, save lives, and increase economic opportunity and productivity by reducing lost work and school days due to pollution caused illness.

Air pollution, including ozone, reduces life expectancy and causes respiratory and heart conditions that limit people's ability to work, exercise, and go to school and the burden of air pollution disproportionately harm communities of color.

A recent study showed that neighborhood subject to redlining by banks and the government decades ago now experience extreme heat, 5-12 degrees hotter than other neighborhoods in the same city. This means that largely black and brown residents who live in these neighborhoods are at higher risk of harmful ozone pollution which is exacerbated by heat.

The ozone standard must be strong enough to protect the neighborhood hit the hardest by climate change, extreme heat, and other compounding factors like combine pollutant burden. A stronger ozone standard would save lives and protect the health of children, seniors, other medically vulnerable population, especially in communities impacted by cumulative exposure.

The American Lung Association's most recent State of the Air report found that of the 20 million people living in counties with failing grades for ozone and particulate matter pollution, 14 million are people of color. We don't have to live this way and burden communities with poor health. We have solutions to decrease pollution and save lives.

Similar to the particulate matter standard, strengthening the ozone standard would incentivize the cleantech innovation and boost efforts to invest in renewable energy and cleaner transportation, jumpstarting our economic recovery and ushering in a green economy (inaudible) out of poverty.

We can only build prosperity and a healthy economy for all Americans by adopting pollution standards that are strong enough to protect the health of the most vulnerable and to encourage innovation and deployment of clean energy solution. We can and must do better than before so we can all breathe easier. Thank you.

Kelley Raymond: Thank you.

I'll pause to see if there are any clarifying questions operator in the panel?

OK. Operator, if you would next open the line of Jonathan Levenshus.

Operator: Thank you. Line is open.

Jonathan Levenshus: Hello. My name is Jonathan Levenshus. J-O-N-A-T-H-A-N L-E, V as in Victor, E, N as in Nancy, S as in Sam, H-U, S as in Sam.

I am the Director of Federal Campaigns for the Sierra Club's Beyond Coal Campaign. And the Sierra Club will be submitting written comments into the docket before the comment deadline.

This morning I want to speak in opposition to the EPA's proposal that maintains the outdated standard for ground-level ozone or smog pollution at 70 parts per billion. The EPA should withdraw this proposal and issue in its place a more protective air quality standard of no higher than 60 parts per billion which will limit harmful smog pollution and result in thousands of lives being saved every year.

While I appreciate the opportunity to comment on this proposal, I strongly oppose the EPA's decision to proceed with today's hearing during a national public health emergency. But issuing the status quo proposal, the EPA is failing to take seriously the impact it will have on millions of Americans affected by harmful air pollution and that are experiencing the respiratory virus pandemic.

It's unconscionable that EPA is not tightening the smog pollution standards especially as the growing evidence suggests that communities experiencing poor air quality are most at risk of death from COVID19. Yet even before COVID-19 spread to the United States, the data clearly showed the existing smog pollution standard was not doing enough to protect the public health.

According to the American Lung Association, inhaling smog pollution is like getting a sunburn on your lungs and often result in immediate breathing trouble, wheezing and coughing. Even low levels of smog pollution can trigger immediate dangerous health impacts, asthma attacks, increased risk of respiratory infection, susceptibility of – to pulmonary inflammation and increased need for people with lung diseases like COPD, to receive medical treatment and to go to the hospital.

Long-term exposure to smog can also increase the risk of respiratory challenges and even premature death. But it seems the EPA's leadership ignored these undisputed health impacts and then chose – and chose instead to keep the existing week standard in place.

Ordinarily, EPA assembles a panel of expert scientists to help review the recent research and recommend appropriate limits. This time, the EPA disbanded expert panel and restricted the review of scientific studies. EPA

also rush to complete its review of an unreasonably tight timeline that did not allow for sufficient consideration of the scientific evidence, a process that typically take years to complete was done in a matter of months, bypassing an opportunity to better protect the public from smog pollution.

This means coal plants, factories, oil and gas operations, and tailpipes can continue to foul our air at unsafe levels. And the areas with smog pollution will not have to take immediate steps to improve the air quality by changing the way they generate power, manufactured goods, or even move around if they hope to have healthy air.

When I'm not working to protect our air and water from pollution to the Sierra Club, I'm the president of the youth soccer club in Indianapolis. Before the pandemic, our club had over 500 kids playing on about 40 teams throughout the year around the city. Sadly, Indianapolis' smog pollution has worsened and the metro area is now ranked 44th that ranked – the 44th most polluted city in the nation according to the 2020 State of the Air report released by the ALA.

Because Indianapolis continues to experience significantly more unhealthy days of high smog, we have to warn our coaches and parents each season about our local air quality especially in the summer months when smog levels can spike. What I've come to learn over the several seasons is that a kid on just about every team is vulnerable to air pollution, from our club's youngest kids to our teens and even young adults. If they have a chronic lung disease such as asthma, they are more vulnerable to the risk of smog pollution and could end up in the doctor's office, the hospital, or even the emergency room.

Kids playing soccer and their coaches and their parent shouldn't have to worry about smog pollution, the kids should be focused on enjoying the game. Now more than ever, it's critical to keep environmental rules in place that protect the public from the adverse health impacts of air pollution.

It's also critical that we follow the advice of our scientists and public health experts that has included this current smog pollution standard needs to be updated and strengthened.

Kelley Raymond: One minute.

Jonathan Levenshus: If we can do more – if we can do more to improve the lives of children, older adults and those with asthma and other lung diseases, we should. If we can do more to save lives from air pollution, we must. And for smog pollution, we can.

Please withdraw this dangerous proposal. Replace it with a more protective standard set at no higher than 60 ppb to protect her kids, families, and communities. Thank you.

Kelley Raymond: Thank you. I'll pause in case there are any clarifying questions from our panel? OK.

Our next preregistered speaker is Catherine Flowers. Operator, could you please open her line?

Operator: Yes, ma'am. The line is open.

Kelley Raymond: Catherine, please make sure to say and spell your name first and then you'll have five minutes.

Catherine Flowers: Thank you. My name is Catherine, C-A-T-H-E-R-I-N-E, Flowers, F-L-O-W-E-R-S. and I'm in Houston, Texas. (Shall I) proceed?

Kelley Raymond: Yes. You have five minutes.

Catherine Flowers: I'm sorry. Thank you for taking the time to listen to my prepared testimony. I want to open my remark by acknowledging those on the frontlines of the fight against COVID as well and those suffering directly and indirectly from this deadly respiratory disease. I pray you and your families are safe.

Again, my name is Catherine Garcia Flowers. I am the mother of three college students and aunt to a dozen nieces and nephews. I'm a climate reality leader and the Texas Field Organizer for the Moms Clean Air Force.

We have more than 60,000 members across the state. Mom's Clean Air Force is a nationwide community of more than 1 million members who work to fight climate change, air pollution, and to protect the health and future of our children. I'm here to testify in opposition to EPA's inadequate ozone standard.

The science clearly shows that a stronger limit is needed to protect public health. I call on the EPA to follow the science and set stronger National Ambient Air Quality Standard for ozone pollution.

This is actually my third time this year testifying before the EPA. I can think of the issues where my advocacy could be better served. Did you know in Houston, we still have hundreds of families recovering from Harvey? I know because there isn't a week that I don't get a call from a family in need.

I served as the executive director of the disaster relief organization that served more than 100,000 family. Prior to the stay-at-home orders caused by the pandemic, more than 5,000 children went to bed hungry in Houston according to the food bank.

In general, there are four main purposes of government to establish laws, maintain order, and provide security, protect citizens from the external threat, and promote the general welfare by providing public service. Houston has enough to worry about besides being the ninth nationally worst ozone pollution. This is happening on your watch.

On August 22nd, (it made) six days in a row of harmful ozone pollution especially for our most vulnerable community. EPA, we need you to do better. Do better because even in low levels of ozone pollution, it could trigger immediate dangerous health impact.

Ozone has shown to contribute to asthma attacks, increased risk of respiratory infections, increased need for people with lung disease to receive medical treatments and go to the hospital, long-term exposure to ozone can increase the risk of respiratory challenges and even premature death.

Examining the records from a long-term national database, (researchers) found a higher risk of death from respiratory diseases associated with

increased ozone. Studies link lower birth weight and decreased lung function in newborns to ozone levels in their community.

This research provide increasing evidence that ozone harms newborn. Research have found a higher risk of death from respiratory diseases associated with increases in ozone. New research has also shown an increased risk of death from ozone (pollution) when other pollutants are also present.

Although ozone is an equal opportunity offender, we know that environmental injustices disproportionately plays black and brown – disproportionately play health burdens on black and brown residents. EPA's callous disregard for life in the name of the regulation is racism in action.

No one tells you that the hardest part of motherhood is when your children grow up. My children who are now young adults have watched me labor in the work. Together, we have watched EPA rollback regulation and cause more harm than protection.

I'm afraid to talk about the future with my youngest son who has called me from the bike trail because he feels like his lungs are melting because he didn't realize there was an ozone warning.

In closing ...

Kelley Raymond: One minute.

Catherine Flowers: We are all a witness to how devastating the impact of every crisis, every rollback, every inaction has had on our nation. We know that air pollution directly contributes the host of undesirable deadly outcomes.

MLK said, injustice anywhere is a threat to justice everywhere. We are (part) in an escapable network of mutuality of destiny. Whatever affects one, directly affects all.

Two, administrators of EPA, on behalf of our more than 60,000 members in Texas, I strongly urge the EPA to do its job and protect us, not the polluters.

We are asking for justice in every breath. Strengthen the National Ambient Air Quality Standards for ozone pollution.

Thank you.

Kelley Raymond: Thank you.

I'll pause if there are any questions from our panelist? OK.

I would like to double check if there are any on our listener line who would like to make a statement. I'll hand it over to the operator.

Operator: Thank you. If you would like to offer testimony today, please press "star" and "1" to get in the queue. Again, if you would like to offer a testimony today, please press "star" then "1".

Kelley Raymond: Are there any additional speakers?

Operator: And I'm not showing any at this time.

Kelley Raymond: OK. With that, we're coming up against the time for the next session. So, I just want to thank everyone of our speakers who've taken the time to share their comments with us so far this morning at this time. We're going to be changing to a new team of panelists. Please give us a moment to bring this new people on board.

Dr. Sasser, are you there?

Erika Sasser: Yes, I am. Can you hear me?

Kelley Raymond: Yes. Thank you. I'm handing off to you.

Erika Sasser: Great. Thank you, Kelley.

Good morning, everyone. I want to welcome you back to the public hearing for the proposed National Ambient Air Quality Standards for ozone. I am Erika Sasser. I am the Director of the Health and Environmental Impacts Division in EPA's Office of Air Quality Planning and Standards.

And I'd like to take a moment this morning, first, to thank you for being with us and then to introduce to you the other new panelists who will be joining us for the next two hours. We have Dr. Mary Hudson and Dr. Barron Henderson. So, the three of us will be your panel for the next couple of hours and we look forward to hearing continued public comments on this proposed decision.

So, to begin with, I would like to invite both Barron and Mary to say a word about their role in the review. And so you know who you are listening to on the panel.

Mary, are you on?

Yes, I am. Can you hear me?

Erika Sasser: Yes, we can.

Mary Hudson: OK. So, I am Mary Hudson. I am in the Health and Environmental Impacts Division and I work in the Ambient Standards Group and I have been working on developing the ozone NAAQS proposal and I've been at the EPA for about a year.

Erika Sasser: Great. Thank you, Mary.

And, Barron, are you on?

Barron Henderson: Yes. This is Barron Henderson, I'm a physical scientist in the office of Air Quality Policy (inaudible). And I'm a scientist who works on modeling hemisphere to global (transported) air pollution and I worked on the policy (inaudible).

Erika Sasser: Great. Thank you both for being with us this morning.

And I'd like to now continue the session. Operator, our next registered speaker was Columba Sainz. Is Ms. Sainz on the line at this time?

Operator: Unfortunately, not at this time.

Erika Sasser: OK. Well, we'll proceed down the list and come back if we need to. I believe our two speakers then are Liz Mueller and Kevin Stewart.

And just as a reminder, each speaker have five minutes to make their testimony. We do have a court reporter making a transcript of the hearing. So, all of these comments will be entered into the public docket for this rulemaking.

And Mary Hudson is going to serve as the timekeeper for the next session. So, you will hear Mary if you a one minute warning after four of your five minutes are elapsed.

So, with that, let me invite Liz Mueller to speak if she's on the line.

Operator: Liz, your line is open.

Erika Sasser: And if you could please begin by spelling – stating and spelling your name for the record, please.

Liz Mueller: Absolutely.

Good afternoon. My name is Liz Mueller, L-I-Z, M as in Mark, U-E-L-L-E-R and I am the national director of advocacy for the American Lung Association's healthy air campaign.

Thank you for the opportunity to speak on this incredibly important topic regarding air pollution and hard it has on public health. I expect that you'll here today and tomorrow from many individuals, mothers, health professionals, and others who find the proposal to maintain the current ozone pollution standards completely unacceptable.

During the last review of the National Ambient Air Quality Standards for ozone, public health experts urge for a much more protective standard because of the dangerous impact ozone pollution has on respiratory, cardiovascular and developmental health. And the research since then has only grown.

The lungs of the country are being threatened, so the American Lung Association is asking for APE to do the job mandated by the Clean Air Act

and strengthen the standard to no higher than 60 parts per billion, so that the nation's health can be adequately protected.

I had no doubt that you will hear the list of dangerous health impact of ocean solution multiple times over the course of the next day and a half because the link between ozone pollution and health harms are clear and well documented.

Whenever oil refineries create gasoline or cars running on that gasoline, go for a drive, volatile organic compounds are emitted or VOCs. When those VOCs interact with heat, those pollutants react to form ground-level ozone.

Breathing in ozone pollution often referred to as smog can contribute to wheezing and shortness of breath and an increased risk of asthma attack and respiratory infections.

Failing to protect public health from harmful pollutant is unacceptable on any given day, but particularly so during the time when the country continues to face the additional threat of a respiratory disease that has already taken over 1,080 lives.

On top of COVID-19, our country is facing many additional crisis, turning the most vulnerable populations who were also at risk from ozone pollution. Wildfires had displaced thousands on the West Coast and enforcing kids to stay inside so as to not be exposed to some of the worst air quality they've seen in their lives.

Hurricanes have significant damaged communities in the (Gulf Coast) and systemic racism has taken the lives and livelihood of too many black and brown Americans raises practices such as redlining, confining black Americans to neighborhoods that receive little infrastructure support. And now, decades, later, were seen that those neighborhoods experience more high heat days and consequently a greater likelihood for high ozone days and areas where white Americans were encouraged (inaudible).

Oil and gas operations that operate near tribal regions increasing their risks of exposure to DOCs while massive methane emissions contribute to warmer temperatures leading more susceptible to ozone population.

The American Lung Association's annual State of the Air report found that 74 million people of color live in areas with dangerous levels of air pollution. From urban areas to Indian reservation, black, brown, indigenous Americans are living with multiple threats to their health and counting on them.

COVID-19 has disproportionately impacted communities of color. A lack of support and resources across multiple social institutions hinders their ability to fight or get out from underneath polluting industries, leaving them to breathe in harmful pollutants like ozone that increase their risk for further health harms.

All of these adds to barriers preventing a healthy, safe, and successful life. I am speaking to you today, not only as a public health advocate but as a woman who strives to real life of compassion for all individuals, refusing to take action to strengthen a pollution standard, an action that would safe lives is immoral.

I say all of these to hopefully compel EPA to recognize the humanity of those suffering and to, in turn, take action, listen to the science, and carry out the duty of the EPA. Protect human health by protecting the environment.

Other participants of this hearing will undoubtedly share the science ...

Mary Hudson: One minute.

Liz Mueller: ... because scientists and public health experts are very clear. But what must break through all of the facts and numbers is that people are hurting and not strengthening standards that are meant to protect them from some of that hurt is irresponsible.

Thank you for giving me and others the time to speak and I urge EPA to set the National Ambient Air Quality Standard for ozone pollution at no higher than 60 parts per billion.

Thank you.

Erika Sasser: Thank you, Ms. Mueller. We appreciate your testimony very much. Do any of the other panelists have any questions at this time? OK. Thank you again very much.

And now, we will move to Kevin Stewart. Kevin, are you on the line? And if so, you can begin by stating and spelling your name for the record.

Kevin Stewart: Good morning. I am Kevin Stewart. S-T-E-W-A-R-T. I thank the hearing panel for your work today. I serve as director of environmental health and advocacy and advocacy in public policy with the American Lung Association. And today, I am speaking for the American Lung Association in Pennsylvania.

We are dedicated to the mission of saving lives by preventing lung disease and promoting lung health. And I represent not only the 2 million people in the Commonwealth who suffer from chronic lung disease, but also the more than 10 million others who desire to breathe clean air and so protect their good health.

After fine particle pollution, ozone is our nation's next most dangerous air pollutant causing asthma attacks, increased respiratory infections, and with links to adverse health outcomes ranging from harmed newborns to reproductive, cardiovascular, and mortality affects.

In addition to days lost from work or school, exposure to ozone results in thousands of hospitalizations and emergency department visits. Simply, ozone pollution worsens and causes disease in real people.

Populations at increased risk from ozone pollution include infants, children, and teens and the elderly persons with chronic lung and heart disease as well as persons of color and those living in poverty. And while we estimate that more than half of the entire population is described by at least one of these categories, every one of these millions is a real person, not a nameless statistic.

The American Lung Association has been on record for years, and certainly, since I previously testified on the ozone pollution standard 10 years ago, that

the limits in the current standards are inadequate to protect public health, let alone constitute the margin of safety the law requires.

To quote from the agency's own integrated science assessment, "ISA published just this past April, the strongest evidence comes from controlled human exposure studies demonstrating ozone induced decreases in lung function and inflammation in healthy, exercising, adults in concentrations as low as 60 parts per billion after 6.6 hours of exposure," end quote.

And the ISA goes on to cite dozens of studies showing statistically significant associations of ozone exposure at levels well below 60 ppb with serious consequences such as emergency department visits and hospitalizations. And it is for such reasons that the American Lung Association supports strengthening the health-based standard for ozone to at most 60 ppb for the eight-hour daily maximum.

Not only did our recent State of the Air report find that 6.2 million Pennsylvanians live in counties are in the F grades for ozone, under the current weak 70 part per billion, but also according to the Pennsylvania Department of Environmental Protection, preliminary 2019 design values for ozone show that more than 10 million Pennsylvanians, four-fifths of the Commonwealth's population, live in counties exceeding the 60 part per billion value.

When we consider the number of Pennsylvanians among groups of higher risk from ozone living in counties where the 60 part per billion level is exceeded, this describes some 2 million infants, children and teens, of whom about 10 percent have asthma. Also, at higher risk are 1.8 million seniors, 1.4 million adults with chronic lung disease, 1.2 million living in poverty, and (2.8) million Pennsylvanians of color, nearly all 92 percent of those living in the entire state.

In Pennsylvania, we see the externalized costs of ozone all the time reflected on our medical bills and insurance premiums and the cost of goods and services and then the economy of those higher costs affect the ability of employers to create jobs. And therefore, the American Lung Association in

Pennsylvania urges the administration to issue strong, final standards for ozone pollution to comply with the law.

We appeal to EPA Administrator Wheeler to do the following, adopted ...

Mary Hudson: One minute.

Kevin Stewart: ... adopted eight-hour daily maximum ozone standard to no less stringent than 60 ppb. Reject any averaging of readings among monitors because this fails to ensure protection for all exposed populations. Before finalizing the standard, conduct and publish an analysis of the nationwide benefits to health and the reduced mortality that would be foregone if these stronger ozone standards are not adopted.

Our recommendation to EPA is simple, follow the science and set standards that tell the truth and put us on the path to clean air for everyone. Carry out your public trust to protect the public health. Thank you.

Erika Sasser: Thank you, Mr. Stewart.

Are there any questions for Mr. Stewart at this time? OK. Well, hearing none, I want to thank you again for being with us this morning to give your testimony.

Kevin Stewart: Welcome. Thank you.

Erika Sasser: OK. Our next two speakers, I will mention you both and we'll give with you – your testimony in order. Renee Millard-Chacon and Leah Barbor.

As a reminder, you will have five minutes to give your testimony and you will given a warning ...

Hello?

Erika Sasser: Yes, is this Renee?

Renee Millard-Chacon: Yes. (Inaudible) right now. So, I apologize. Never a dull moment.

Erika Sasser: Yes. Could you begin, please, by stating and spelling your name for the record?

Renee Millard-Chacon: Yes. It's Renee Millard-Chacon. R-E-N-E-E M-I-L-L-A-R-D, hyphen, C-H-A-C-O-N.

Great. Thank you very much. You will have five minutes for your testimony and Mary will give you a warning at the one-minute point. You may begin when you're ready.

Erika Sasser: Thank you, ma'am.

Renee Millard-Chacon: (Inaudible), buenos dias, and good morning. I start off by asking do you truly know what extractive industries and predatory capitalism has done to my land of Commerce City, Colorado? And with further lack of protections to EPA regulations for air quality and solution from oil and gas will do to indigenous black and people of color during this pandemic if there is no action to protect our most sacred element (inaudible) giving itself, the air?

I live on the land of the (inaudible) Arapahoe, Cheyenne, Jicarilla, Apache, Navajo, and Comanche people. We have the worst air quality with several counties in Colorado scoring an F grade for air quality in both Harvard studies and the American Lung Association. We've survived genocide both physical and in the American (identity).

Now, the surviving generations, both urban and rural of the thousands of the indigenous descendants of 48 tribes that still travel through Denver have to survive the degradation of the quality of our air, water, and land. We do hold more (inaudible).

This is environmental racism at its core and the moral panic, I have no choice but to carry and bring attention to for the sake of our future generations here.

My name is Renee. I'm a mixed indigenous woman with ancestors from Southern Colorado and New Mexico. I'm a Chicana activist, Youth Program

Coordinator at Spirit of the Sun in Denver, Founder and Cultural Educator at Womxn from the Mountains, but most importantly, I'm the mother of two precious sons.

I am determined to be a good ancestor for them and social justice and climate justice for the rest of my life. After eight years in the U.S. Navy with my husband, we now reside in Commerce City Colorado and I'm not going anywhere. This has become known for the (inaudible) pollution of Suncor and other extractive industries choking indigenous and black people of color with (inaudible) of mixed pollutants to fracking sites, a (inaudible) yards of home, schools, and families, including my home we just bought and schools (I teach at) in the area.

Learned from the women before me and as an indigenous woman, we have the resilient perspective of survivorship from fully realizing predatory targeting to exploit resources (of people). We survived this for centuries, we know what predators look like.

Extractive industries and the type of predatory economy they contribute to along roadways, truck stops, and man camps have also contributed to sex trafficking, human smuggling, and the worst known epidemic of missing and murdered indigenous women, children men and people with no state or federal protections in the Colorado area are (national yet).

Exploitation of people, resources, and (man) have left the Colorado indigenous, black, and immigrant communities as the most dehumanized and severely impacted by the health effects both before and now during our Earth modern pandemic of COVID-19 marginalized and impoverished indigenous and black communities experience this degradation as nausea, nosebleeds, headaches, asthma – anemia, I've had my entire life – childhood leukemia, and baby born at (inaudible) including my own children.

The particulate pollution also makes this suffering from those effects from whom are susceptible to die from COVID-19 including many in my community. Without powerful, federal (detections) communities surrounding the (inspecting) wells and oil and gas sites are left powerless but no

accountability from the industries creating the pollution and the governments allowing the degradation for political contributions (inaudible) upon.

When you rob others the ability to thrive on quality sacred land, your controlling people's lives and the right to life-giving. No government has the moral right to take by suffocating, condemning, and degrading our community's environmental sovereignty.

(Indicating research pool) released this year, 72 percent of urban Colorado communities and 68 percent of suburban Colorado communities are incredibly concerned that toxic pollutants in Colorado's air and water are going to affect them and their families and it will worsen in the next year. Sixty-six percent responded that new air quality water loss would positively affect our health while doing no harm to our economy and jobs.

And most of all, 72 percent of Colorado voters support a law that expands emissions monitoring and emergency notification for controlled emissions of hazardous air pollution with 67 percent of Colorado voters ...

Mary Hudson: One minute.

Renee Millard-Chacon: ... also supporting a law that will (increase) – thank you – Colorado's maximum daily (fine) for air and water quality violations.

It's time to protect people. Your time to be good ancestors is now by strengthening EPA federal protections for our quality of life, not just of our quality of air.

Stop protecting or even allowing predatory polluters. Start protecting our people and our future generations. Correct the corruption to our health of the nation from extractive industry. No economy should become so deadly to any community especially the indigenous black and people of color communities. We will no longer stand (inaudible). Thank you and have a good day.

Erika Sasser: Thank you very much for that testimony. are there any questions for Ms. Millard-Chacon? OK. Thank you very much for your testimony and we appreciate you being with us this morning.

And next. Our next speaker is Leah Barbor. Is Leah Barbor on the line?

Leah Barbor: Good morning. Leah's here.

Erika Sasser: Great. If you will please begin by stating and spelling your name for the record and then you will have five minutes for your testimony. You may begin when you're ready.

Leah Barbor: I'm ready. Thank you.

Hello, again. My name is Leah Barbor. It's L-E-A-H B-A-R-B-O-R. And I'm the West Virginia Field Organizer for Moms Clean Air Force. I would like to begin today by expressing gratitude for the opportunity to have my voice heard on this very important issue, an issue that directly affects the health and resilience of my family and that of all families who are exposed.

I am mother raising two children, ages two and four, in Upshur County, West Virginia. And as parents, there's only so much we can do every day to ensure our children are well protected as it is my belief that our duty as their guardian is to honor their health, we can make choices around what types of food we consume, what products we choose to invite into our homes, and by encouraging them to take good care of themselves by being active, getting outside, and enjoying the environment we hold so dear here in the mountain state of West Virginia.

This are their rights just as in every breath is an inherent right as a living being who directly depends on oxygen in order to biologically function. With oil and gas wells right throughout the state, West Virginia is very much of the health risk caused by the oil gas industry air pollution in addition to the climate exacerbating pollutant methane, it is well known that oil and gas (goes to) spew out toxic chemicals and other small forming pollutants.

According to the Clean Air Task Force fact sheet, 262,000 on West Virginia live within a half mile of active oil and gas operations. Children are especially vulnerable to air pollution exposure and over 890 schools in West Virginia are located within a half mile of oil and gas operations as well.

Nearly 10,000 West Virginia children per year will suffer asthma attacks due to ozone from this industry. The reality we are forced to cope with every day that individuals in most of the state are directly affected by this form of pollution.

In spite of having an alarmingly narrow window of time to weigh in, I strongly encourage EPA to consider the current science and data around smog and how it affects the health and take action to protect our children by strengthening the national standards for these dangerous pollutants. This is really important to me because my children's lungs are still developing and what they are breathing now will most certainly affect their ability to fight off and remain resilient to respiratory diseases like the novel coronavirus in the future.

Again, I appreciate your time and consideration on this most pressing issue. And I also remain hopeful that I might be able to relay and highlight a positive result to our membership here in West Virginia. Thank you.

Erika Sasser: Thank you, Ms. Barbor. Are there any questions for the – for this speaker at this time from the panel? Well, thank you very much again. We appreciate you being with us this morning.

Our next two speakers are Bernard Goldstein and Noora Kanfash. So, we'll begin with Bernard Goldstein. If you are on the line, you will have five minutes for your testimony and Mary will remind you when you have one minute remaining.

Bernard Goldstein: Thank you. I'm on the line. I am Bernard Goldstein. B-E-R-N-A-R-D G-O-L-D-S-T-E-I-N. I am a physician and the retired dean of the University of Pittsburgh Graduate School of Public Health.

I chaired CASAC under Administrator Gorsuch and then served as President Reagan's appointee as EPA Assistant Administrator for Research and Development under Administrator Gorsuch and then served as Pres. Reagan's appointee is EPA's Assistant Administrator for Research and Development under Administrators Ruckelshaus and Thomas.

My research on ozone began in 1966. I'm an elected member of the National Academy of Medicine and American Society for Clinical Investigation.

I will limit my remarks to the appalling failure of EPA to consider the devastating attacks by COVID-19 as part of the margin of safety required for the ozone standard. In teaching, I often use the Clean Air Act NAAQS process as an exemplar of a (law) that shouts out the message of protecting public health.

But that is the message that this EPA leadership apparently wants to hear. EPA has severely truncated and distorted its standard scientific consensus processes to setting a NAAQS standard. To do so, it has used a specious reason that there is a need to get the NAAQS standard back on a five-year schedule. But half of the other NAAQS pollutants that are similarly regulated are even longer out of date with no EPA activity.

It is (bluntly created) that the real reason to push the ozone on particulate standards out the door with Mr. Wheeler's imprint before any potential change in administration. Unfortunately for the world and for Mr. Wheeler's timetable, COVID-19 has given us a hurdle that he can only overcome by willfully ignoring its existence.

I say this because to achieve its public health goals, the Clean Air Act requires that the administrator include an adequate margin of safety. As we all know, COVID-19 savagely attacks the lung and the heart which is also the target of ozone, the effects of COVID-19 are magnified in the elderly and those with pre-existing heart and lung disease, the same for ozone.

It does not require a medical degree to recognize that COVID-19 is highly likely to be more damaging to those whose heart and lungs are being attacked or have been damaged by ozone and vice versa. But Mr. Wheeler has discounted this possibility by saying the press that those studies reporting such a relationship are inconclusive because of uncertainties related to death certificates.

Yes, such uncertainties exist. But scientific uncertainty is not a legitimate excuse to ignore COVID-19 when considering the required adequate margin of safety. In fact, the (this data) rationale for the margin of safety is, and I'm quoting directly from the EPA's Federal Registry Notice, "to address uncertainties associated with inconclusive scientific and technical information," and quote again, "to provide a reasonable degree of protection against hazards that research has not yet identified," end quote.

In case that wasn't clear enough, the administrators further direct that to set the margin of safety, quote, "even if the risk is not precisely identified as to nature or degree," end quote. Also requires to consider the size of the population at risk to ozone which because the COVID-19, damaging the lungs and the heart is very likely to be growing rapidly and the nature and severity of the effect which is obvious.

But the only mention of COVID-19 in the EPA's 88-page proposed standard is as the reason for closing the EPA docket library. Yet EPA's clearly aware of COVID-19, having used it as an excuse to scale back oversight of polluting industries. Obviously, we cannot yet be precise about how many more Americans will die or be harmed because of the interaction between these air pollutant and this virus.

But let me repeat, precision is not needed for including COVID-19 in the required consideration of an adequate margin of safety. It is shameful to let political considerations get in the way of public health to refuse to even consider this very likely significant interaction ...

Mary Hudson: One minute.

Bernard Goldstein: ... affecting literally millions of Americans. During the next five years, before the ozone standard would be considered, we have no certainty that the dark shadow of COVID-19 will disappear.

Mr. Wheeler, you must fully consider COVID-19 relation to both the ozone and the particulate standards. You could do it by appointing an appropriate expert panel (inaudible) from CASAC, but however you do it, you must act. Don't just stand there fiddling.

When the history of this pandemic is written, don't have your legacy beside it as a prime example of ignoring public health to play politics. Thank you.

Erika Sasser: Thank you for your testimony, Dr. Goldstein. Is there any question from the panel at this time?

Barron Henderson: No, thank you.

Erika Sasser: All right. Well, thank you very much again. We appreciate you being with us this morning.

And our next speaker. Checking the time. We're running just a few minutes ahead of schedule. Is Noora Kanfash available at this time?

Noora Kanfash: Yes, I am here. Can you hear me?

Erika Sasser: Yes, we can. Thank you. And if you'll begin by stating and spelling your name for the record, please?

Noora Kanfash: Wonderful. Hi, my name is Noora Kanfash. N-O-O-R-A, last name, Kanfash, K-A-N-F-A-S-H. And I serve as State Public Policy Associate with the National WIC Association. We appreciate the opportunity to provide oral testimony on the proposal to retain the ozone National Ambient Air Quality Standards.

The National WIC Association is a nonprofit education arm and advocacy voice of the special supplemental nutrition program for women, infants and children to nearly 7 million mothers and young children served by WIC in a 12,000 service provider agencies that are on the frontlines of WIC's public health nutrition services for the nation's nutritionally at risk, mothers, babies, and young children.

WIC serves half of all babies born in the United States. The Environmental Protection Agency's proposal to retain the current ozone standards will not only adversely affect air quality but will negatively impact our nation's pregnant and breastfeeding mothers, babies, and young children.

WIC families are already facing economic instability, nutritional and health risks, and food insecurity and the current ozone standards will only contribute to poor health outcomes.

Children are especially vulnerable to the harmful effects of ozone pollution. Low-income children, including many children participating in WIC are more likely to be admitted to the hospital due to asthma, triggered by prolonged ozone exposure.

Black children are two times as likely to be hospitalized for asthma and four times as likely to die from asthma as compared to white children. Maintaining the current ozone standards only exacerbate these existing socioeconomic and racial and ethnic health disparities.

Studies have found that pregnant women who experienced prolonged ozone exposure throughout their pregnancy term are more likely to have pre-term babies as well as have newborns of lower birth weights as compared to those who did not have prolonged exposure.

According to the CDC, infants of low birth weight may be at an increased risk for both short and long-term health issues, including but not limited to increased risk of developing infections, becoming sick in the first week of life, delayed motor skills and social development, as well as learning disability.

The CDC recognizes exposure to air pollution as an environmental risk factor for low birth weight. Air pollution disproportionately affects many communities in our nation. Research has found that communities of color, in particular Black communities, even when controlled for income face increased risk of premature death from air pollution as compared to their white counterparts.

This could be attributed to the history of (inaudible) housing policies that geographically segregated communities and pushed Black and Brown communities into areas of higher ozone exposure and higher exposure to other contaminants as well.

It is imperative that the EPA consider this scientific and research findings and it's decision on the outcome of a national ambient air quality standards. The process of the EPA use to abide by its proposal to maintain the current standard was deeply flawed. This process should be left a thorough science space review and (inaudible) of trusted recognized scientific experts.

The National WIC Association unequivocally supports the recommendation of the American Lung Association to strengthen the standard to no higher than 60 parts per billion. We strongly urge the EPA to develop stronger national ambient air quality standard for ozone pollution.

You must do this for the sake of our nation's mothers, babies, and young children, indeed, all our residents. Strongest standards now reduce healthcare consequences in the future, save lives, and save federal state and local resources. You must make the right choice for the health, safety, and (sake) of our families. Please set the National Ambient Air Quality Standards for ozone pollution to no higher than 60 parts per billion. Thank you.

Erika Sasser: Thank you very much, Ms. Kanfash, for your testimony this morning. Are there any questions at this time? OK. Well, thank you again for being with us.

And I would like to just briefly remind listeners that this is the public hearing for EPA's proposed decision on National Ambient Air Quality Standards for ozone. I am Dr. Erica Sasser, I am the Director of the Health and Environment Impacts Division in EPA's Office of Air Quality Planning and Standards and I have two fellow panelists with me today, Dr. Mary Hudson and Dr. Barron Henderson.

So, I believe our next several speakers are available. So, we're going to proceed with first, Vanessa Lynch. And following Ms. Lynch, Dr. Laura Anderko.

So, is Vanessa Lynch available at this time?

Vanessa Lynch: I'm here.

Erika Sasser: Great. If you could please begin by stating and spelling your name for the record and then you will have five minutes for your testimony.

Vanessa Lynch: Thank you. My name is Vanessa, V-A-N-E-S-S-A, Lynch, L-Y-N-C-H.

Thank you for the opportunity to testify today. My name is Vanessa Lynch and I'm the Pennsylvania Field Organizer for Moms Clean Air Force, a community of over 1 million moms and dads nationwide that over 100,000 members in Pennsylvania united against air pollution to protect our children's health.

The Environmental Protection Agency should protect our family by strengthening national standards for ozone pollution. I live in a suburb of Pittsburgh, Pennsylvania, with my husband and two children. I've witnessed firsthand the impacts of the oil and gas industry on my community.

A well pad with eight gas wells and six more approved for the future has been (fracked) in a medium density residential area of my local township. And it's just not well pads in our Pennsylvania communities. It's compressor stations, gathering pipelines, larger transmission pipelines, pigging operations, and cryogenic (plants).

Methane is the primary component of natural gas and methane along with volatile organic compounds or VOCs are leaked throughout natural gas extraction, transmission and processing. When methane or VOCs combine with nitrogen oxide in the presence of heat and sunlight, it forms ground level ozone or smog.

A recent analysis finds methane in Pennsylvania has leaked 16 times more than what is reported by the oil and gas industry, an enormous 1.1 million tonnes per year. In addition, VOC emissions are 21 times higher than what is reported by the oil and gas industry, 63,500 tonnes per year.

To the 1.5 million Pennsylvanians living within a half mile of oil and gas operations, the current EPA ozone pollution standards are tragically inadequate to protect public health. I urge you to strengthen these standards to

protect Pennsylvanians whose health is put at risk by breathing ozone resulting from the oil and gas industries pollution.

I implore you to follow the extensive scientific evidence that exist detailing the serious health impacts of ozone on families. Asthma attacks, lower birth weight, and decreased lung function in infants and premature death to name a few.

Recently, Administrator Andrew Wheeler used my hometown of Pittsburgh, Pennsylvania, as the backdrop for his announcement of the rollback of protective EPA methane regulations. This political move puts in stark clarity the agency's complete loss of mission, denial of science, and failure of leadership.

Pennsylvania is the second largest producer of natural gas in the nation and significant producer of methane and VOC air pollution. It is not surprising then that Allegheny County where Pittsburgh is located consistently earn the failing grade for ozone pollution by the American Lung Association State of the Air report.

Families like mine who live with oil and gas operations crisscrossing a residential neighborhood next to home, schools, daycare centers, assisted living facilities, and parks, no safeguards to protect our families cannot be optional.

This is why I'm thankful that Governor Wolf is filling the void of federal leadership and moving forward with state level methane and VOC protections from the oil and gas industry. This will help to decrease ozone pollution from oil and gas industry, but there's still many other polluting industrial sources in Pennsylvania like the power sector which is why we need strong EPA ozone standards.

(Powerful) energy companies across America are willing to go to extraordinary lengths to extend their markets and build their business at times (inaudible) attacking individual citizens in small communities who attempt to speak out and protect themselves, pouring millions of dollars into local political campaigns to garner support ...

Mary Hudson: One minute.

Vanessa Lynch: ... and influence election. And in some extreme cases, conducting illegal activities such as the bribery incidence in Ohio to support their interest.

The Environmental Protection Agency's job is to protect the health of people across our country and the environment, not corporate polluters. Americans depend on our government to safeguard our health from air pollution and climate change.

With over 95 rollbacks in environment protections over the last three and a half years, the Trump administration has blatantly disregarded the mission of the EPA. My children deserve better and so do yours.

Administrator Wheeler needs to do his job and follow the science by strengthening national standards for ozone pollution. Thank you.

Erika Sasser: Thank you, Ms. Lynch, for your testimony this morning. Do we have any questions from the panel?

Barron Henderson: No questions from the (inaudible).

Erika Sasser: All right. OK. Well, thank you very much, Ms. Lynch. We appreciate you taking the time to offer testimony this morning.

And now, I'd like to call Dr. Laura Anderko.

Laura Anderko: Can you hear me?

Erika Sasser: Yes, we can.

Laura Anderkook: (Inaudible).

Erika Sasser: If you could please begin by stating and spelling your name for the record and then you have five minutes for your testimony.

Laura Anderko: All right. Thank you. Laura, L-A-U-R-A. Anderko, A-N-D-E-R-K-O. Good morning. My name is Dr. Laura Anderko from Georgetown University

School of Nursing and Health Study. I appreciate the opportunity to provide comments about EPA's proposed decision to retain the current ozone standard.

My comments reflect over 40 years as a public health nurse working to protect the health of all people, especially those who are most vulnerable such as children. My doctorate is in public health. I've conducted research exploring children's health impacts associated with air pollution.

At Georgetown University, I'm also Director of the Mid-Atlantic Center for Children's Health and the Environment with its goals of educating and consulting on environmental issues impacting children's health. In 2013, I received the Champions of Change Award for the White House for my work in climate change and public health.

So my comments today really underscore what I've heard others say this morning is that EPA's proposal to keep the current inadequate ozone standard is unacceptable. And that it violates core purpose of these standards under the Clean Air Act which is to protect the public's health with an adequate margin of safety.

I ask the EPA to follow the science and set stronger National Ambient Air Quality Standards for ozone pollution and I, too, support the recommendation of the American Lung Association to strengthen the standard to no higher than 60 parts per billion. We all know that a more protective standard will save lives.

We know that from that science, which shows that a clearly shows a stronger limit is needed particularly for children. The science shows that even with low-levels of ozone, it can trigger immediate dangerous impacts on health such as asthma attacks, increased susceptibility either respiratory infection, shortness of breath, and wheezing.

Not only can this lead to increased healthcare cost, for children this often leads to school absenteeism and a lifetime of chronic health issues. Asthma, for example, is a chronic condition and leads to a – and is a leading cause of school absenteeism, accounting for more than 13.8 million missed school days each year. On average, one of every 10 school age children have asthma.

Chronic school absenteeism is a national problem. Six and a half million children are at risk of falling behind academically and this absenteeism is linked to serious long-term health, employment, and financial consequences well into adulthood.

In addition, to short term impacts from ozone, researchers have also found that long-term exposure to ozone, longer than eight hours can lead to an increased risk of death. Ozone levels have also been associated with lower birth weight and decreased lung function in newborn and the potential for neurodevelopmental issues that can lead to brain damage, that can obviously last a lifetime.

The risk of hospital admissions of children with asthma increases with chronic exposure to ozone especially for children living in low income families. The current standard which would be retained under this proposal 70 parts per billion is not protective. We know this from a report in 2014 from EPA's Clean Air Scientific Advisory Committee that concluded that a standard of 70 parts per billion can lead to inflammation of the airways and a decrease in overall lung function.

A standards set at no higher than 60 parts per billion would be more protective for health and saving more lives. On behalf of our children's health and our future, it is critical that a lower, more protective ozone standard be enacted. I'm calling the EPA to follow the science and set stronger national ambient air quality standards for our ozone pollution. Thank you.

Erika Sasser: Thank you, Dr. Anderko. We appreciate you being with us and offering your testimony this morning. I'm going to pause for just a minute to see if the panel has any questions for Dr. Anderko.

OK. Well, thank you very much. We appreciate your testimony.

Laura Anderko: Thank you.

Erika Sasser: All right. And now, we'll move on to our next two speakers. I believe they're already with us. We are running a little bit ahead of schedule. But Kindra

Weid and Hilda Swirsky will be our next two speakers. Is Kindra Weid on the line?

Kindra Weid: Yes, I'm here.

Erika Sasser: OK. And if you could please begin by stating and spelling your name for the record.

Kindra Weid: Sure. Hello, my name is Kindra Weid, it's K-I-N-D-R-A, last name is W-E-I-D. Thank you, panelists, for hearing my testimony today. Can you hear me OK?

Barron Henderson: Yes.

Erika Sasser: Yes, we can. Thanks.

Kindra Weid: OK. Thank you. I am a registered nurse. I'm also the coalition coordinator with MI Air MI Health in Michigan. We are a coalition of healthcare professionals, mostly nurses, committed to ensuring healthy air for all Michiganders. We do this by assessing the negative health effects of poor air quality and advocating for the development, implementation and enforcement of policies to address these issues recognizing that clean air contributes to public health for all. We believe a healthy air cleaner future is possible.

According to current standards set by this very agency, nearly half of Michigan residents live in an unacceptable smog level. To date, 10 counties are already designated as a nonattainment status for the current national ambient air quality standards for eight-hour ozone and yet, the proposal before us is to maintain the current standard at 70 parts per billion.

I live and I take care of patients in one of these nonattainment counties and as a critical care nurse, I can attest to the harmful health impacts experienced by patients on poor air quality days. We've already discussed this that ozone irritates and inflames the airway and patients suffering from chronic lung conditions such as asthma and COPD are at greater risk for an acute exacerbation of their chronic condition requiring emergency treatment,

hospitalization or even intubation to preserve their breathing on poor air quality days.

Air action days in Michigan alert sensitive population, those people with pre-existing lung disease, older adults and children, to be cautious and avoid extended exposure to outdoor air. This year to date, there have been 10 such air action days in counties on the western coast of Michigan and nine (such) days in Southeast Michigan.

The American Thoracic Society supports stricter guidelines than those adopted by the U.S. EPA for ozone and for fine particulate matter. With regard to ozone, the ATS recommends the standard of 60 parts per billion in comparison. If this lower standard for ozone was met for this year for 2020, in the U.S., approximately 3,880 lives would be saved, over 10,000 instances of serious illness would be avoided and 11.6 million missed school and work days would be eliminated.

And for Michigan for this very same year for 2020, a lower standard 60 parts per billion would result in approximately 132 lives saved, 300 instances of serious illness avoided and well over 300,000 missed school and work days eliminated.

It is very easy to get lost in numbers and statistics these days. So, please remember that these numbers are people. They are our friends, our family members, our children, our students, our neighbors and our patients. They have a face, a name, families and dreams of their own and they deserve to breathe clean air.

The data is clear, a standard set at no higher than 60 parts per billion would be more protective and save more lives. Given this information and the stated mission of the EPA, how is it that we are even considering a proposal to keep the standard at 70 parts per billion. The science leaves no room for argument. Public health and the environment must come first.

At MI Air MI Health, we believe that your ZIP code should not be a determinant of your health and the trajectory of your life course. Unfortunately for many, that is the case.

A disproportionate number of black Americans, indigenous people and people of color experienced higher risks of harm, including premature death from exposure to air pollution. For example, of the 20 million people living in counties with failing grade for ozone and particulate matter pollution across the United States, 14 million are people of color.

The EPA's proposal to keep the current inadequate standard is simply unacceptable. The science clearly shows that a stronger limit is needed to protect our most vulnerable population.

I am here today calling on the EPA to uphold its mission to protect public health. I am calling on EPA to follow the science and to set stronger national ambient air quality standards for ozone pollution, not to maintain harmful weaker one.

According to the EPA (inaudible) website, our mission is to protect human health and the environment. Follow the science, protect public health, protect the environment. Thank you.

Erika Sasser: Thank you, Ms. Weid, for your testimony this morning. Are there any questions for Ms. Weid from the panel?

Barron Henderson: No questions from me. Thank you very much.

Erika Sasser: OK. All right. Well, thank you very much again for your testimony this morning.

And now, Hilda Swirsky, is Hilda on the line?

Hilda Swirsky: Yes. Thank you. My name is Hilda Swirsky, H-I-L-D-A S-W-I-R-S-K-Y and I'm a registered nurse who was a former regional air pollution expert and educator for the College of Family physicians of Canada on the Air Quality Health Index.

I thank you for this opportunity to present today my recommendation that at this time of worldwide climate change and COVID-19 we strengthen our

response to the impacts of ozone levels on human health by strengthening national standard.

After the EPA reviewed the evidence in 2015, they strengthened the official limit on ozone. Since then, more recent and current research provides the evidence that ozone can cause serious harm even at much lower levels. In 2017, researchers in a nationwide study found that both short-term and long-term exposure to air pollution such as ozone increases the risk of cardiovascular and respiratory disease and that older adults face a higher risk of premature death even one level of ozone pollution remains a (one digit) low of the current standard.

Since 1991, both the governments of Canada and the U.S. recognized that by cooperating and coordinating actions on the air quality is an effective way to address the transboundary flow of air pollutants such as ozone and thereby helping both countries achieve their air quality goals. Ozone whether originating in Canada or the U.S. does cross our international border.

Both countries also recognize that new research and scientific evidence is ongoing to provide the responsive foundation shaping our actions to respond to this serious health effect on human health of air pollution, including ozone levels. In 2020, the Canadian government, although they have set their standard for ozone level at 62 parts per billion, jurisdiction is highly impacted by transboundary air pollution from the U.S. may not achieve this standard and may not be possible.

We already know that exposure and sensitivity to ozone levels is not consistent but fluctuating according to diverse populations, geographic locations, time of day, season's temperatures and that there are more vulnerable and susceptible populations. The most vulnerable identified groups to ozone are outdoor workers when levels are high. Vulnerable groups such as newborn children, teens, older adults and people with existing lung diseases such as asthma and chronic obstructive pulmonary disease.

Examining the records from a long-term national database and some large studies conducted in cities across the U.S., researchers have found a higher

risk and strong evidence of death in respiratory diseases are associated with the increases in ozone and that the risk of premature death increased with higher levels of ozone.

In the summer months in many areas of the U.S., there is already enough ozone produced to cause immediate health problem. New York researchers looking at hospital records for children's asthma found that in younger children and children from low-income families were more likely than other children need hospital admissions even during the same time period.

California researchers analyzing data from their long-term South California Children's Health Study found that some children with certain genes were more likely to develop asthma as adolescent in response to the variations in ozone levels in their community.

Studies (linked for lower) birth weight and decreased lung function in newborns to ozone levels in their community ...

Mary Hudson: One minute.

Hilda Swirsky: ... increasing evidence that ozone may harm newborns.

More vulnerable older adults and highly susceptible groups are more affected by the combined exposure and effects of ozone extreme heat and COVID-19 exposure. (Inaudible) in 2019 identified significant associations between lung exposure to ozone and elevated risk of acute respiratory distress among older adults in the U.S.

The impacts of short-term exposure to ozone on even healthy adults was demonstrated in the Galveston lifeguard study. In addition to the harmful effects of particular matter, lifeguards have greater obstruction of their airways at the end of the day when ozone levels were high.

Therefore, I recommend that we strengthen ozone levels and save money that would have been spent on healthcare and save lives from premature ozone level death. Thank you.

Erika Sasser: Thank you very much for your testimony, Ms. Swirsky. Does the panel have any questions about the information the speaker presented this morning?

Mary Hudson: Yes. This is Mary Hudson. Thank you for your testimony, Ms. Swirsky. Could you please include some of the studies that you referenced in your testimony in the docket when you submit to the docket?

Hilda Swirsky: OK. I will. Thank you.

Mary Hudson: Thank you.

Hilda Swirsky: I will. OK.

Erika Sasser: OK. Thank you very much. All right. At this time, I would like to invite our – we have two speakers who are registered for – within the next half an hour who are already on the line. I would like to invite them both to speak.

I see Roy Gamse and Stanley, I apologize in advance, I'm not sure if I'm going to say this last name correctly, Njuguna. If those two speakers are ready and available to speak, we would invite you to proceed beginning with Roy Gamse.

Roy Gamse: Hello?

Erika Sasser: Yes. Hello.

Roy Gamse: I'm Roy Gamse, R-O-Y G-A-M-S-E. I worked for U.S. EPA's from 1972 to 1982 as deputy assistant administrator. I was responsible for overseeing the regulation development process at EPA in the Carter and Reagan administration (inaudible) disturbed by the process used recently for review of ambient air quality standards under the Clean Air Act.

EPA's had an admirable process utilizing science expertise in developing environmental standards. For over 30 years, EPA consistently augmented the charter CASAC with expert review panels to evaluate research from each national ambient air quality standards since the smaller CASAC doesn't have the requisite expertise.

The review process has been robust with serious consideration of EPA staff submissions, ample time and opportunity for public view and comment. That process provides a strong foundation for many years.

But the ozone NAAQS review deviated substantially from standard process. After announcing the expert panel be appointed, the administrator never did so. Instead, the review was done by CASAC member without needed expertise. No epidemiologist and no diversity of experience in toxicology and controlled human studies.

To accelerate the process, EPA had the ISA and policy assessment done simultaneously whereas the development of the policy assessment should depend on the results of CASAC's review of the ISA. Preparing them together eliminates the CASAC's ability to give EPA the best of advice on the ozone standard.

Limited as they were, CASAC recommended making no change in the current ozone air quality standards. Should the public believe that EPA's protecting their health when the rigorous bipartisan process used for over 30 years was abandoned?

For more detail, please see North Carolina State Professor Christopher Frey December 5, 2019 comments to CASAC as well as CASAC member Dr. Mark Frampton's critical comments on the flaws of this accelerated process. They should be included in the record.

Why the administration racing through the process rather than following the agency's standard procedures? Good guess is they want to quickly finalize ozone NAAQS rule as well as other rules so decisions cannot be made by the next administration or overruled by the next Congress.

It's the only reason I can imagine for EPA shortcuts and hurried decisions. Doing it in a hurry to keep the next administration and the next Congress from doing it right. In this context, it truly makes ways.

What should EPA do? Stop the rest of the judgment, slow down, form a panel of real experts on ozone health effects, provide on the required ISA and PA

documents in the right sequence and follow their advice just the same as the last administration did and the one before that and the one before that. Do that for every air quality regulation in the future as in the past.

One more observation, onto watch the beat-the-clock (inaudible) to what is going on here in view of the other unprecedented actions EPA is taking. EPA has now developed in rural America called the science transparency rule which purports to improve EPA decision-making by requiring regulations can only be based on research studies for which the public can access data models for their own review.

It's called the censoring science rule by most public interest groups because they know as do EPA's career employees that due to personal privacy promises, the subjects of (health effects) research studies, as well as Canadian EEU restrictions, many of the best studies uses the basis for health regulations couldn't be used under the so called science transparency rule.

EPA appears to be adopting a rule that would tie the hands of future administrations to keep them from using the best sciences the basis of regulations.

Similarly EPA is racing to finalize the regulations specifying what cost benefit analysis must be done for view of significant (Clean Air Act) regulation. That's unnecessary since (O&B) set guidance for economic analysis for 17 years, and EPA has a 430-page set of guidelines ahead of due such analysis.

Why would EPA write a self-regulation and cost benefit analysis for Clean Air Act rules? I wonder if EPA has fully complied with its new Clean Air Act cost benefit analysis proposal for this Ozone Rule that is racing to finalize.

To show how crazy it is, those opposed to a new EPA primary air quality standard can sue to delay or block the rule because EPA hadn't in their opinion met the requirements of its new cost benefit rule even though the Clean Air Act does not allow cost to be considered in setting air quality standards. That proposal seems to be simply means to slow down and block future administrations from issuing Clean Air Act Rule.

So the big picture here is that with one hand, EPA is cutting corners and racing to finalize regulations to get them promulgated in time to avoid possible review and repair by the next administration in congress, in the other hand, EPA appears to be trying to hamper future administrations with self-regulations on cost benefit analysis and then what research can be used likely resulting in unnecessary delays and litigation, rushing haphazardly itself while acting to slow down or block future administrations.

I implore EPA to stop racing to beat the clock and yet creating landmines to block future regulations. Go back and develop the Ozone and other air quality standards the right way as they've been done by previous administrations for decades. Thank you.

Erika Sasser: Thank you, Mr. Gamse. We appreciate your testimony. Thank you for being with us this morning. Any questions at this time for Mr. Gamse?

OK, well, thank you again.

We will move on now to Stanley Njuguna. And again, I apologize in advance if I have mispronounced your name or the name of any other speakers. I will endeavor to correct it as we go forward.

So if you could please begin by stating and spelling your name for the record, that would be very helpful.

Stanley Njuguna: Good morning. Hello. My name is Stanley Njuguna. Stanley is spelled S-T-A-N-L-E-Y. Njuguna is spelled N-J-U-G-U-N-A. I appreciate the opportunity to provide my comment on the proposed rule.

I'm the national organizer for Green for All which is an organization that seeks to find the solutions that would bring the benefits of a green economy to the communities that are hardest hit.

As I participate in this hearing as a young black man in America, it is not lost on me that just my blackness complicates my right to breathe free. I enter this hearing as a human being born just in time for the devastating effects of our climate crisis and environmental degradation, one of which according to the

IPCC will be a dramatic increase in yearly stagnation events that concentrate ozone pollution.

I enter this hearing as the son of a mother who puts herself at risk every day. She works on the frontline of this pandemic of respiratory illness, which has currently claimed the lives of more than 180,000 Americans.

I enter this hearing as someone who grew up in the heart of Coal Country in the Rust Belt of the United States, where asthma is already rampant and the color of my skin coupled with the size of my parents' paychecks takes me statistically to more likely to both breathe and suffer the adverse effects of air pollution.

When I reflected upon the remarks I wish to make to this agency today at this moment in history when so many are being taken by wildfires, when I consider the millions of Americans all over this country who look like me and have similar backgrounds, I found it impossible to overstate the significance of the terms on which we breathe.

I find the suspension of rigorous standard procedure in the development of this rule deeply disappointing.

My argument today is simple. The current level of ground level ozone is a threat to public health. It's killing and impairing Americans along the lines of (breathes), and it's been our collective best interest to tighten the standards no more than 60 parts per billion.

I implore this agency to heed to the signs and set stronger NAAQS for ozone pollution because the people you govern deserve cleaner air.

In 2014, the EPA's own clean air scientific advisory committee which the Trump administration discontinued in 2018 found out an ozone standard of 70 parts per billion, which is the current standard, inflamed airways, and can lead to a decrease in overall lung function.

An acknowledgement of the breadth of research emphasized by the body at the time, former administrator Gina McCarthy claimed that there were

substantial scientific evidence supporting a tighter standard of 60 parts per billion.

In their 2020 State of the Air reports, the American Lung Association found that nearly half of the country is living in county that has a failing grade for ozone. Furthermore, the Journal of the American Medical Association concluded in 2017 that there's strong evidence of increased mortality from ozone at the current level.

Last year, research published in the National Academy of Sciences found that air pollution is responsible for 100,000 deaths in the United States annually. This is absolutely unacceptable.

Systemic racism, a pervasive problem in this country, is a pervasive problem in this country that makes no exceptions here. Not even the air we breathe is exempt from it.

Last year, a study was published in the same journal at the National Academy of Sciences, found that the black communities bear the burden of 56 percent and 63 percent more pollution respectively than they caused by their consumption, whereas white communities breathe 17 percent less air pollution than they produce by consumption.

The American Lung Association State of the Air report found that out of the 20 million people living in counties with both failing grades for ozone and PM 2.5, 70 percent are people of color.

And again, I would like to remind the panel that air pollution is the largest environmental risk, health risk factor that exists in our country. These realities translate into disparate health outcomes across the board including cardiovascular disease and premature death.

What is the justification for communities of color having to breathe and live with more poison and toxicity than they are even responsible for? I ask the panel to consider what is the right to the pursuit of happiness when the air you need even the human is killing you.

We must have the country seek solutions that decrease pollution, poverty, and save lives. Due to the sensitivity of human reaction to ozone and PM 2.5, a stronger standard of even 60 points per – 60 parts per billion would provide triple benefits to public health, economic growth and quality of life, incentivizing the already cost-competitive technologies of clean energy and electrified transportation.

A healthy human being can survive a little over a month without food, three days without water, and just three to five minutes without oxygen. Air is our most fundamental need as living beings. Our experience of everything from happiness, justice, liberty, loss, triumph, and life itself begins and ends with a breath. Honor it and please revise and strengthen the National Ambient Air Quality Standard. Thank you.

Erika Sasser: Thank you very much, Mr. Njuguna. We appreciate your testimony. And you mentioned a number of interesting statistics in your testimony. If you will make sure to include those statistics in any associated studies in your comments when you submit them to the docket, that would be very helpful.

Stanley Njuguna: Absolutely.

Erika Sasser: Are there any – yes, thank you. Are there any other questions at this time from the panel?

OK. Well, thank you very much again. We appreciate your time.

And as a reminder to folks this is the EPA's hearing on the proposed decision on the National Ambient Air Quality Standards for Ozone. If you're with us or just joining us this morning, we appreciate that. It's just past noon Eastern Time. We have had several folks join us that I am going to call now in order, beginning with Columba Sainz and next William or Brett Perkison. If you are on the line, beginning with Columba Sainz, please state and spell your name for the record, and you will have five minutes for your testimony.

Columba Sainz: Thank you very much. This is Columba Sainz, C-O-L-U-M-B-A, S-A-I-N-Z.

Hello everyone. My name is Columba Sainz. I am the (sole) organizer with Moms Clean Air Force and EcoMadres with the Latino Community here in Arizona.

I am proud to say that here in Arizona, we have more than 18,000 members who are speaking up for our right to have clean air and healthy climate. We are educating ourselves about how air quality impacts the health of our lives. We are (citing) pollution and air quality together.

My (hombres) in Phoenix (they wish) had 117 (high smog) days last year. I have three children ages one, three, and five. I got married six years ago, and I have already moved six times. The sixth time that my family moved, I hope we can put down root to staying in our new home.

The neighborhood seemed perfect, just two blocks from the edge of downtown. The house was a five minute commute to my husband's work, right in front of a park, and next to a child care center.

By babies will spend two to three hours at the park. I knew it was good for them to explore outside and away from TV.

After two months in the new home, my eldest daughter, (Columba), started wheezing in the middle of the night. I panicked. My husband rushed to pick her up, and I hurried to her doctor's office first thing in the morning.

At the doctor's office, they wanted to give my daughter an inhaler full of asthma medicine. I asked why. I learned that our neighborhood had a particular high level of air pollution, and that plain site was actually harming my daughter's health. My family had to move again to less convenient location for the sake of my family's health.

What happens to families who cannot afford to move away from polluted areas? In Arizona, 20 percent of children live in poverty. And many parents struggle with unsecure employment. What happens when they don't have insurance? When you cannot afford (copays) or even your medicine? We are counting on the EPA to (strengthen) our (relations) and enforcement so that no child struggles to breathe due to pollution.

In Phoenix, we desperately need more protection from smog pollution. My city (earned an F) from ozone pollution according to the American Lung Association. We are also struggling with particle pollution, wildfire smoke and climate change.

Pollution harms our health and it is making us susceptible to complications of coronavirus.

Over 14 million people of color of – 11 percent of Americans of color live in counties that receive failing grades on all three measures of air quality used by the American Lung Association. Only 3 percent of why Americans live on counties with such poor air quality.

As I continue to educate myself, I am learning that ground level ozone pollution is just another burden on the Latino Community. My community struggles with under – unemployment, lack of insurance, health disparities, and racism.

Why won't the EPA (strengthen the NAAQS) to protect us? I do not see that this proposal is in line with the EPA's mission to protect human health and the environment.

(As I'm a running) cofounder of Moms Clean Air Force, we need justice in every breath. Please (strengthen the rules) to better protect our most vulnerable community and our children's health. Thank you.

Erika Sasser: Thank you, Miss Sainz. We appreciate you being here with us and offering that testimony. Are there any questions at this time from the panel?

OK, well thank you again very much for your time, and for your willingness to offer your testimony in this public hearing.

I have been informed that Mr. Perkison has dropped the line, so we will move on to the next two speakers, beginning with Melissa Nootz and followed by Cari Kimball. So if we have Melissa Nootz on the line, could you please state

and spell your name for the record, and then you will have five minutes for your testimony.

Melissa Nootz: Thank you. My name is Melissa Nootz, M-E-L-I-S-S-A, N-O-O-T-Z. Can you hear me?

Erika Sasser: Yes, we can. Please go ahead. You have five minutes for your testimony.

Melissa Nootz: Thank you. My name is Melissa Nootz and I'm a Montana Field Organizer from Moms Clean Air Force. Thanks for this opportunity to testify today.

I'm speaking to you today from Livingston, Montana. I want to take a moment to acknowledge the indigenous people whose traditional lands they call home including the Blackfeet, Crow, (Santou), and others.

As a mother, I support common sense decisions to safeguard human health in the environment. As a former research biologist, I support evidence-based decisions. And as a current elected city commissioner, I support the democracy where the government listens to its citizens and uses their feedback along with science to create protective policy.

I'm glad that as a country, we have the Environmental Protection Agency, an independent executive agency with a core mission to protect human health and the environment.

Unfortunately, under the current administration, this agency doesn't appear independent. We're seeing a consistent track record of the EPA doing the minimum or less when using both peer reviewed science and citizen input to inform their decisions, and then agency choosing to protect (polluter) profits over human health and the environment.

I'm testifying today because EPA administrator Andrew Wheeler refuses to strengthen the current National Ambient Air Quality Standards for dangerous smog pollutions, even though scientific evidence shows the current standards are not adequately protecting us from asthma, respiratory infections, and increased risk of death from respiratory diseases.

According to the ALA 2020 State of the Air Report, in all of Montana, the worst grade for high ozone is in Powder River County. It's important to remember that Montana is one of the least densely populated states with fewer than seven people per square mile. Powder River County has only 0.6 people per square mile. So it's shocking that Powder River County has ozone grade of C. This is an important reminder that rural communities also suffer from air pollution.

Two ingredients that make ozone include nitrogen oxides and volatile organic compounds. They can come from cars, trucks, power plants, oil and gas operations, factories, and also wildfires, which are steeply on the rise across the west and around the world because of climate disruption.

Climate disruption is one significant contributing factor, and another example of a topic that this administration has refused to do anything to improve.

About 100 miles to the northwest of Powder River County is Colstrip, Montana, a town with about 2,200 people known for coal mining and coal fired power plants.

To the south and into Wyoming lies the Powder River Basin, the largest (pool) of coal mine in the United States. Oil and gas extraction is common throughout the west including parts of Montana and across Wyoming.

In between these two predominant and large scale resource extraction regions are rural communities including the Crow Reservation, and the Northern Cheyenne Reservation. But remember that the U.S. Department of Health and Human Services have established Native American Children are 60 percent more likely to have asthma than white children of European decent.

Our country has a long established history of racist policies, including sacrifice zones, that is country was knowingly and willingly permanently destroying land and people in the name of extractive resources.

Also remember, our country has a long history of racist housing policies leading to extraordinary health and safety disparities. Between the

communities where white people versus black, brown, indigenous, and people of color, live, work, and play.

The ALA reports established that ozone pollutions getting worse. It's no surprise given our country's history of oppression and discriminatory policies that elevated ozone levels are more dangerous to black, brown, indigenous, and other communities of color where these communities are experiencing high rates of premature deaths and other health problems from being exposed to this toxic pollution.

EPA, your mission literally is to protect human health and the environment. It shouldn't matter if our environment is a densely populated big city, or a rural community out west. And it shouldn't matter who our ancestors are. EPA protections are for all Americans, not just white citizens.

I'm urging you to strengthen ozone standards in order to protect the health of all people. Thank you.

Erika Sasser: Thank you very much, Miss Nootz, for your testimony. Are there questions from the panel for Miss Nootz?

Barron Henderson: No, thank you.

Erika Sasser: All right, thank you very much. We appreciate you joining us this morning.

And as a reminder to all of those who are listening or waiting to give testimony, this is the public hearing on EPA's proposed decision for the National Ambient Air Quality Standards for ozone. And each speaker is speaker is given five minutes. You will be given a one minute warning after four minutes have elapsed.

We ask each of you to begin by stating and spelling your name for the record. We do have a court reporter making a transcript of today's hearing.

Let me also remind folks who the panel is who's listening to this portion of the hearing. I am Erika Sasser, the Director of the Health and Environmental Impacts Division. And I am joined by Barron Henderson, and by Mary

Hutson. And all three of us play a role in the regulatory portion of the National Ambient Air Quality Standards process.

So let me invite our next two speakers, our – Cari Kimball, and then Mary Schultz, or Mary Emily Schultz. Is Cari Kimball on the line?

Cari Kimball: I am.

Erika Sasser: Great. If you would begin by stating and spelling your name for the record, and then you may proceed with your testimony.

Cari Kimball: Great. My name is Cari Kimball, C-A-R-I, last name is K-I-M-B-A-L-L. Thank you for having me on the call today. I am calling in from Helena, Montana. And I too am a member of Moms Clean Air Force.

And I'd also like to open with a land acknowledgement to express my gratitude for this incredible place that I call home, and to the people with the deep ancestral connections here.

Calling in from the past and present home land of the tribal communities that form the Blackfoot Confederacy, or the Siksikaitsitapi, the Confederated Salish and Kootenai Tribes, and the Apsaalooke and others.

And it's important for us to keep these people and this place in mind when we're considering issues of environmental concerns.

One of the reasons that my husband and I decided to raise our daughter here in Montana was because of the amazing natural setting that this place provides, and for the proximity that it would give us to our parents, (previous) grandparents.

It's important to me that our daughter who's now two, would grow up surrounded by beauty, and also incredibly important to me that the environment she's in provides healthy air and water. And I feel so fortunate that our home here in Helena does offer with a clean air most of the time, and that the air here is not likely to contribute to her developing asthma, or some

other compromised lung health condition. And I know that other parents all across our nation would do anything to protect their kids.

And if they were to discover that their child developed asthma, which is a lifelong condition, partially because of high ozone levels in the air they breathe, that they would just be absolutely devastated.

I'll also add that my mom suffers from both emphysema and COPD, conditions that arose because she was brought up in a culture where smoking was not outside the norm, that was actually a very socially encouraged thing that everyone was doing. My mom often talks about how mad she was at herself for smoking for so many years.

But to be fair to her, she took up the habit when the tobacco industries were intentionally muddying the political waters in our national discourse by undermining the science about the dangers of smoking. And I just – I can't stress how important it is to me that we learn the lessons of yesteryear.

Back in the day, corporate profits were put before the health and lives of Americans, and we have to learn from that. And I really ask the EPA to also learn from that history and to again put the health of our families before corporate profits and to emphasize the scientific evidence that (smog hurts) our lungs.

It's wild to me that during the pandemic that compromises respiratory health, this administration is considering (rural) changes that would increase rates of COPD and asthma. The proposed ozone pollution standards are too weak already and ignore science. I urge you to strengthen these standards, to protect the thousands of Americans who are harmed by breathing dangerous smog, especially for those of us who don't have the same privilege I've had to move their family and raise their children in a place with cleaner air.

This summer, the last several days, forest fires producing smoke in Oregon and California. That smoke has been pushed up into Montana. And so we're getting a taste of what the future with climate change in Montana will look like. It's going to mean more wildfire, more smoke, and we need stricter regulations, not weaker ones to protect our health.

Yes, at the end of the day, the decisions that the EPA is making has a big day to day impact on our lung health, on the rates of asthma and lung disease. I'm beyond fortunate that my daughter breathes clean air most of the time, and I know that parents across the country feel the same way when they have the option of offering their children cleaner air and healthier lungs. We should be doing more, not less to put the health of our children and elders before corporate profits.

So I please just urge you to strengthen the rules to protect our air and our health. Thank you.

Erika Sasser: Thank you, Miss Kimball.

Are there any questions for the speaker from the panel this morning?

Barron Henderson: No. Thank you for your testimony.

Erika Sasser: OK. Thank you very much. We appreciate you taking the time to be with us.

And now, Mary Emily Schultz. Is Miss Schultz on the line?

Mary Emily Schultz: I am. I'm right here.

Erika Sasser: Great. If you would begin, please, by stating and spelling your name for the record.

Mary Emily Schultz: My name is Mary, M-A-R-Y, Emily, – E-M-I-L-Y, and Schultz, – S-C-H-U-L-T-Z.

And I want to say I appreciate the opportunity to testify today. I thank you three review panel members for taking this time. And I thank the EPA staff for taking my comments into serious considerations.

I'm a 57-year resident of Houston, Texas. I'm a member of Sierra Club, of Natural Resources Defense Council, and also I've been participating with the Moms Clean Air Force.

EPA's proposal to maintain the 2015 ozone Ambient Air Quality Standard, instead of requiring a higher standard, that is fewer parts per billion of ozone, is said to be based on "current scientific information". That scientific information is said to support that the current ozone standard protects public health with an adequate margin of safety.

However, the American Lung Association's most recent annual State of the Air report which uses air pollution data compiled by the EPA demonstrates how ozone pollution is getting worse.

But my purpose here is not to debate scientific evidence. You've already spent time looking at reports, and you certainly have access to more scientific sources than we're used when making the proposal not to increase ozone standards.

I simply want to ask you to give full weighted attention to the real ozone world we are living in today. My city, Houston, and all of Harris County where it resides, has received an F rating from the American Lung Association for ozone pollution for the past three annual reports. That last report also states that 150 million in the United States live in counties that receive an F ozone – and F rating on ozone pollution in 2020. More than 4.5 million of those people were in my county.

We are the oil and chemical refinery capital of the United States, and growing so fast that you can hardly find a freeway at any time that is not under construction. As you know, the compounds that create ozone are produced by carbon-based transportation, factories, refineries, oil and gas operations.

So, do you see my point? The population of Houston, of the United States, of the whole world is growing faster than ever before. More residential density, more ozone.

Another important factor that others who have been giving testimony mentioned is that the chemical precursors to ozone also are produced by fire. We all witness the holocaust in Australia last year. We are now watching California go up in flames even bigger than it did last year. The global warming in process now will continue.

Finally and most importantly, I am a mother and a grandmother. Thankfully, neither my daughter, nor her children have respiratory illnesses as yet. But as a retired social worker, I have seen families in pollution hotspots grieve and stress when they lose members to asthma and lung cancer in this hotspot city of Houston, Texas.

When my daughter was in elementary school, her school counselor, single and in her 50s, died suddenly one night of an asthma attack. Our church choir director age 32 died suddenly of an asthma attack two years ago before he could reach out for help. His death devastated our parish.

When the likely – thank you – the likelihood and severity of asthma is increased by exposure to ozone pollution, 150 million Americans live in an F rated ozone environment, which means they live a high number of days breathing air out of danger point of ozone. The population is growing, creating more exhaust. The planet is warming. Also, we are in a pandemic of respiratory illness. We need an ozone ambient air standard that protects us better than the 2015 standard.

Thank you for your attention.

Erika Sasser: Thank you very much, Miss Schultz. We appreciate your testimony this morning.

Are there any questions for Miss Schultz from the panel?

OK, hearing none, thank you again for being with us during this lunch hour. We appreciate you taking the time to offer your testimony.

As a reminder, this is the hearing on EPA's proposed decision on the National Ambient Air Quality Standards for ozone. And we are very grateful for all of those of you who have joined us this morning to offer your testimony.

Our next speaker is Camilla Catherine Feibelman. Is Miss Feibelman on the line?

Camilla Catherine Feibelman: Yes, I am. Can you hear me?

Erika Sasser: Yes, we can. Thank you very much. If you would begin please by stating and spelling your name for the record, and then you will have five minutes for your testimony.

Camilla Catherine Feibelman: Wonderful. Thank you so much.

My name is Camilla Feibelman, spelled C-A-M-I-L-L-A, the last name is F as in Frank, E-I-B as in boy, E-L-M-A-N.

And shall I continue?

Erika Sasser: Yes, please. Go ahead when you're ready.

Camilla Catherine Feibelman: Great, OK. Well, my name is Camilla Feibelman again. I am the Director of the Rio Grande Chapter of the Sierra Club. And I represent over 35,000 members and supporters throughout the State of New Mexico, and West Texas.

And I am participating today to say that the EPA's proposal to keep the current inadequate ozone standards is totally unacceptable. The science clearly shows that a stronger limit is needed to protect the public health. So I am calling on the EPA to follow science and set a stronger National Ambient Air Quality Standard for ozone pollution.

My reasons for that are broad. The State of New Mexico has multiple counties that in the American Lung Association State of the Air Report get F grades on ozone including my own county that of Bernalillo where I'm raising my four year old and eight year old children.

The science clearly shows that ground level ozone is a serious threat to their respiratory health, and also shows that with an increase in the standard that health outcomes for children of my own children's age can be improved.

But New Mexico has also seen a very strange sort of rural ozone appearance in our oil and gas producing counties, you've got four counties, maybe five within 95 percent of exceeding the federal ozone standards. And that is because in the State of New Mexico, our methane and ozone are utterly

unregulated. And now with the EPA's rollback of the methane rules just a couple of weeks ago, any of the co-benefits that might have come from regulating methane for ozone are gone.

That to me is extremely disappointing. It makes me feel like the agency that should be protecting our environment is instead protecting industry. So how do you explain that to an eight year old who is learning about global warming, learning about environmental health? Shall I tell her that you value the profits of corporations more than her health? Especially when the technology is there to make these fixes.

So I think overall and in New Mexico, this is particularly important that not only is there an impact for all communities, but we have study showing that black Americans and indigenous people and people of color experience higher risk of harm including premature death from the exposure to air pollution.

In New Mexico, this is a particularly I should say relevant situation given that especially on Navajo Nation, and in some of our other tribal communities, we have seen serious outbreaks from COVID, and that we know that preexisting conditions, some of those related to respiratory health are part of what can make the situation worse for people.

So overall, what we're asking is that you really follow the processes that you've followed in the past. The EPA used to arrive at its proposal to keep ...

Erika Sasser: One minute.

Camilla Catherine Feibelman: ... standard in a way that was based on science. And this current proposal really has been rushed. Normally there's a panel of expert scientists that help review the research and recommend the appropriate levels of ozone. And so we really want to see you follow the American Lung Association's recommendation to strengthen the standard to 60 parts per billion.

And I think that equates not only to a better quality of life, but think about the lost days of work for parents who suffer from respiratory disease and lost days at school for children who are experiencing the same.

So please, let's get back focused on science and the ethics of protecting human health, and work with industry to be truly good neighbors. Thank you so much.

Erika Sasser: Thank you very much, Miss Feibelman for your testimony this morning. Do we have any questions at this time?

Barron Henderson: No questions from me.

Erika Sasser: OK, thank you very much. We appreciate you taking the time to be with us.

And at this time – yes, thank you. At this time, we are joined by Congresswoman Kathy Castor. And I would like to confirm that the Congresswoman is on the line and able to speak?

Kathy Castor: Yes, I am. Good afternoon.

Erika Sasser: Good afternoon. Thank you for joining us. If you would please begin your testimony by stating and spelling your name for the record, and then you will have five minutes for your testimony. You may begin when you're ready.

Kathy Castor: Thank you very much. I'm U.S. Representative Kathy Castor. It's Kathy with the K. Last name is Castor, C-A-S-T-O-R of Florida. And I Chair the House Select Committee on the Climate Crisis. I'm here to stand up for the Florida families and families across America who deserve to breathe clean air, and to be protected under the Clean Air Act, particularly in this case from dangerous ozone.

Ozone is dangerous as a byproduct of vehicle exhaust, power plants, and other pollutants combined with heat and sunlight. It wreaks havoc on our respiratory systems.

As EPA points out on its website, ground level ozone pollution is harmful to the health of all Americans, especially children, older Americans, and people with preexisting lung conditions.

Ozone aggressively attacks lung tissue by chemically reacting with it, and can make it harder to breathe, lead to coughing, inflamed airways, and sore throat.

And it can weaken the lung making breathing conditions like asthma and bronchitis even worse.

And it's even more dangerous for folks who work outside, for farm workers, for any workers who spend long stretches of time outdoors. And for these workers, weaker protections will lead to respiratory challenges and even death.

Now is not the time to release more pollutions into the air we breathe. And the overwhelming amount of scientific data and reports such as those from the American Lung Association, and the Clean Air Taskforce support a stronger standard for ozone.

In June, the House Select Committee on the Climate Crisis released our 500 plus page majority staff report after a year of broad outreach and study. The report includes a number of recommendations to reduce fugitive methane emissions from oil and natural gas production. Because eliminating methane pollution and other volatile organic compounds will reduce the chance of ozone forming in areas near and downwind of oil production.

And now we find ourselves in the middle of a pandemic, one where the air we breathe and healthy respiratory systems are vital. Yet EPA proposes to weaken or to go backwards from where the science tells us we need to go. And this unfortunately would be another one of President Trump and his administration's harmful attacks on the air we breathe. Since he took office, President Trump has continuously rolled back important clean air protections, the kinds of safeguards that keep our lungs healthy, and ensure access to clean air.

And instead of building on those protections especially in the midst of a pandemic, President Trump has taken the opposite route. He's made it easier for oil and gas – the oil and gas industry to release methane into our atmosphere. He's made it easier for power plants to release toxic mercury pollutions. And he's rolled back safeguards meant to reduce carbon pollution from cars and trucks.

Time after time, this president has put our public health at risk, and today's proposal is no different. By refusing to strengthen our nation's ozone standard, the president is turning his back on American families and siding with polluters once again.

But the science is clear. Instead, President Trump should be trying to strengthen clean air protections, especially as we continue to battle COVID-19 that ravages the lungs. It's heart wrenching that more than 180,000 Americans have died of COVID over the past few months.

And that's just the fraction of the more than 5.5 million Americans who have contracted the virus. Many who have been hospitalized are seriously ill for days or weeks at a time. And we know that air pollution is making the coronavirus worse, which is why the EPA must do more to protect our air quality.

Keeping the current ozone standard will fail to protect families in Florida and across the nation. The current standard has already made the dangerous air we breathe in communities across country including my home district.

In Florida, it's made it worse. According to the American Lung Association, the Tampa Bay area gets an F rating when it comes to ozone particles in the air we breathe. That's why I strongly oppose EPA's proposal to keep the status quo when the science clearly shows that we need stronger protection. So I call on the EPA to follow the science and to actually set stronger standards for ozone pollution.

And as Chair of the House Select Committee on the Climate Crisis, I've had a front row seat to this administration's complete disregard for science. I've consistently been appalled by this president's disdain towards the experts, and towards the folks who are showing us the way forward.

Science must be at the heart of our policy making. We need science more than ever as we might off a pandemic and do what we must to protect the public health. So I urge you today, unite behind the science, protect the air we breathe and strengthen these standards. Thank you very much.

Erika Sasser: Thank you, Representative Castor. We appreciate your testimony and taking the time to be with us this afternoon.

I would like to invite my fellow panelists to ask any questions they may have at this time.

Mary Hutson: I don't have any. Thank you.

Barron Henderson: (Inaudible).

Erika Sasser: OK. I don't think we have any questions. We again appreciate you being with us this afternoon, Representative Castor.

Kathy Castor: Thank you so much.

Erika Sasser: OK. We have two additional speakers who I believe are on the line. First, Dona Wininsky, followed by Claire Gervais.

Is Miss Wininsky available this time?

Dona Wininsky: I am. Thank you. And you can hear me?

Erika Sasser: Yes, we can. Thank you very much. If you will please begin by stating and spelling your name for the record.

Dona Wininsky: Hi. My name is Dona Wininsky, D-O-N-A, Wininsky is W-I-N-I-N-S-K-Y. And I want to say good morning. It's still morning here in Wisconsin. And thank you for allowing me to testify.

I – again, I am Dona Wininsky. I live in Milwaukee, Wisconsin. Before I moved here, I grew up in Sheboygan, Wisconsin. Milwaukee and Sheboygan both lie directly on the shore of Lake Michigan and have been plagued with high ozone levels for decades, my entire life in fact. I'd like to share two stories about how that ozone has impacted my family.

12 years ago when my son was 16, he suffered a spontaneous pneumothorax, or collapsed lung. No one knows what caused it, only that it's more prevalent

in tall, young, slender – or tall, slender, young men. The condition required partial removal of the upper lobes of both lungs.

While the surgery was successful and he recovered within a week, I will never forget a comment his surgeon made immediately after the surgery. He told me that even at 16 years old, (Michael's) lungs were showing the negative impacts of air pollution. 16 years old and he could already see the toll air pollution was taking on his fragile lungs, the same lungs that need to last him for another 60 or so years of life.

I also mentioned earlier that I grew up in Sheboygan, which is on the very east side, only blocks away from the lake during the '60s and '70s before moving to Milwaukee in 1981. Sheboygan was and still is the most polluted Wisconsin county for ozone. Experts agree that much of it is transported from south of the state border. But regardless of its source, Sheboygan residents suffer disproportionately. Pollution is pollution, and the effects – and the health effects are the same regardless of who or what caused it.

I can't remember a time during my adult life when I didn't have a chronic cough. I've never smoked so I attribute it to air pollution. Many of those episodes have escalated into severe bouts with bronchitis causing coughing so intense that I would be up for hours at night, unable to sleep, and requiring multiple rounds of increasingly strong antibiotics to finally beat the infections.

I once had to miss an important work conference because the coughing the night before, I was supposed to leave for it, was so bad that my doctor told me to go to the emergency department instead.

Last week, I had a chest scan where it was discovered that I have five nodules of varying size and consistency on my lungs. My doctor told me that they could be the result of past infections or something more serious. Tomorrow, I will see her and we will discuss next steps.

Again, I repeat that I've never smoked and I have little to no risk factors other than a lifetime of exposure to ozone pollution.

Air pollution is a real threat to the health of millions of people. My son and I are living proof of that. While we may have made progress since the passage of the Clean Air Act, the federal standard still does not adequately protect public health that's causing too many lives each year, not to mention the preventable healthcare cost we all share.

I can't help but wonder how many hundreds of thousands of dollars have been paid to doctors and hospitals over the years to treat just my family for the lung conditions that we've suffered as a result of air pollution.

I encourage you and strongly request that you take the advice of your own scientific advisors and set the ozone standard at 60 parts per billion. Thank you.

Erika Sasser: Thank you for your testimony, Miss Wininsky. And we certainly wish you well in your return visit to the doctor. Thank you for sharing that personal story with us.

Are there any questions at this time from the panel?

OK, well again thank you very much for your testimony. We appreciate you taking time out of your schedule to be with us.

And now I would like to invite Claire Gervais. If Claire is on the line, can you please let us know that you can hear us? Great.

Claire Gervais: Yes.

Erika Sasser: And we can hear you. So if you will begin by stating and spelling your name for the record, then you will have five minutes for your testimony.

Claire Gervais: Thank you for the opportunity to testify. My name is Claire Gervais. I'm a family physician. The spelling of my name is C-L-A-I-R-E, last name G-E-R-V-A-I-S.

And not only am I a physician, but an environmental health advocate representing Wisconsin Health Professionals for Climate Action and Wisconsin Environmental Health Network.

I'm opposed to keeping the current National Ambient Air Quality Standards for ozone, and I would like to see greater restrictions on ozone levels, as well as enforcement of the standard.

As you know, with ground ozone levels, or ground ozone is the main ingredient in smog, and it's at its peak during summer months when a mixture of the hot sunny weather and pollutants from car exhaust, power plants, and industrial factories react resulting in high levels of harmful ozone in the air we breathe.

As you're also aware, ground level ozone causes or yes, aggravates the same respiratory diseases as smoking such as asthma, bronchitis, and emphysema. Kids, the elderly, and those with breathing difficulties are especially vulnerable to these health concerns.

It's been shown in a number of studies that ozone has a linear exposure response curve with no threshold or a threshold with very low concentrations. Therefore, there's no safe ozone level, which has been shown by a number of studies including a study from the Netherlands which concluded that if an ozone threshold exists, it does so at very low levels.

Furthermore, in a recent 2017 nationwide study, researchers provided further evidence that older adults faced a higher risk of premature death even when levels of ozone pollution remain well below the current national standards.

Researchers analyzed daily warm season ozone concentrations and found that the exposure response curves revealed a similar pattern as previous research indicating that air pollution, that's ozone and small particles, in association with an increase in daily – was associated with the increase in daily mortality rates even at levels well below the current standard of ozone of 70 parts per million.

Our health is directly linked to the air and pollution we breathe. Without clean air, the health of our kids and communities suffer, causing poor health and increased medical expenses.

Your own EPA estimates that asthma costs the U.S. over \$56 billion annually from medical bills, lost work days, and school days. When our air is cleaned up, our communities prosper. Even small changes making big differences.

Your EPA estimates that the changes would prevent around 390,000 asthma attacks in U.S. children annually and health benefits would lead to savings of as much as \$8 billion a year. Yet when it came time to apply those protections to Wisconsin communities, EPA exempted large areas along Lake Michigan where those protections matter most.

These exemptions will allow new polluters to add high levels of ozone-causing pollutants to our air, so that even with the current standard of 70 parts per billion, the EPA is failing to protect the health of Wisconsin residents, children and communities.

Ozone pollution has been a persistent problem particularly for Southeast Wisconsin and along Lake Michigan as you've heard. Since the Wisconsin DNR started tracking ozone advisories in 2007, over 83 percent of the ozone advisories in Wisconsin have occurred in the eight counties bordering Lake Michigan, from the (Darpoint Peninsula), to Illinois border, including Milwaukee County.

For many years, the American Lung Association has given those eight counties an F rating for high ozone pollution levels based on air quality monitoring between 2015 and the present. Furthermore, Sheboygan and the Milwaukee (Resin) Waukesha area ranked among the nation's 25 most polluted metropolitan areas for ozone in the American Lung Association's 2020 State of the Air Report.

Our kids should be free to play outside without the risk of polluted air causing irreparable harm to their health. The elderly should be free from effects of ozone limiting their ability to be outside and active in their community.

Those with asthma should be free from concerns of a high ozone levels causing an asthma attack that could send them to the ER.

In short, everyone in Wisconsin and the nation deserves to breathe clean air. Tightening the ozone standards to the lowest threshold and enforcing that standard will bring us closer to that goal. Thanks again.

Erika Sasser: Thank you very much, Dr. Gervais for your testimony this afternoon, or at least it's almost noon there in Wisconsin. We appreciate you taking the time out of your schedules to be with us.

And I would like to ask if any of my fellow panelists have any questions at this time.

Mary Hutson: Yes, Dr. Gervais, thank you for your testimony. You stated several studies including a threshold study and study in older adults. Now, if you would include those references in your testimony to the docket, that would be great.

Claire Gervais: OK, thank you.

Erika Sasser: OK, thank you very much. We appreciate your time this afternoon.

And at this time, I would – I don't believe we have any more registered speakers on the line. If we have inadvertently skipped a registered speaker or if you did not register but would like to offer testimony, the operator will now give instructions with regard to how to proceed to queue up to offer your testimony.

Operator: Thank you. And if you would like to offer a testimony today, please press "star," "1" to get in the queue.

Again ladies and gentlemen if you would like to offer a testimony, you will need to press "star," "1" on your telephone keypad.

I'm showing no questions at this time.

Erika Sasser: OK, thank you very much, (Carmen).

At this time then, we will close this session of the public hearing for ozone. This has been the first session in a two-day long hearing on EPA's proposed decision on the National Ambient Air Quality Standards for ozone.

My name is Erika Sasser and I am the Director of the Health and Environmental Impacts Division in EPA's Office of Air and Radiation.

I have been sharing this portion of today's hearing. We will continue the hearing beginning at 3:00 pm Eastern Time this afternoon. And again, we have more sessions tomorrow. So if you wish to offer testimony and have not had an opportunity to do that, we encourage you to join one of those sessions.

I want to thank my fellow panelists, Dr. Mary Hutson, and Dr. Barron Henderson for their time, and also to thank everyone who offer testimony today regarding the proposed rule review of the Ozone National Ambient Air Quality Standards.

Remember that you may also continue to submit comments on this proposal through October 1st, 2020. So we encourage you to do that if you are so inclined.

This hearing session is now adjourned. Thank you all.

Operator: Thank you ladies and gentlemen. You may now disconnect.

END