

March 28, 2023

To:

Docket ID No. **EPA-HQ-OAR-2015-0072-1543**

[Reconsideration of the National Ambient Air Quality Standards for Particulate Matter](#)

<https://www.regulations.gov/document/EPA-HQ-OAR-2015-0072-1543>

U.S. Environmental Protection Agency

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From:

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Re: Comment Supporting Retention of Current PM NAAQS Based on My Prior Comments to EPA CASAC

EPA is proposing to revise the primary (health-based) annual PM_{2.5} standard from its current level of 12.0 µg/m³ to within the range of 9.0 to 10.0 µg/m³. EPA is proposing not to change the current primary and secondary 24-hour PM_{2.5} standards, primary and secondary PM₁₀ standards, and secondary (welfare-based) annual PM_{2.5} standard. My February 23, 2023 verbal comment to EPA opposing the PM_{2.5} NAAQS Reconsideration is printed below and can be viewed during minutes 3:03:40-3:08:27 of the February 23, 2023 EPA Public Comment Webcast (<https://youtube.com/live/GlfHXXeiVew>).

"I am Dr. James Enstrom. I appreciate the opportunity to give public comments. I have had a 50-year epidemiology career at UCLA and I have made significant contributions to PM_{2.5} epidemiology. I have presented verbal and written evidence at the EPA CASAC PM Panel Meetings that there is NO relationship between PM_{2.5} and total mortality in the US. My March 2017 Dose-Response reanalysis of the ACS CPS II cohort found NO relationship and challenges the validity of the 1995 Pope study that provided the primary basis for establishing the 1997 PM_{2.5} NAAQS. The 2021 analysis presented by UNC Statistics Professor Richard Smith found NO relationship below 12 µg/m³ in the Medicare cohort. These null findings and many others are not cited in the 2022 ISA or Policy Assessment. The EPA has greatly exaggerated the US evidence of PM_{2.5} deaths, particularly PM_{2.5} deaths below 12 (µg/m³).

This exaggeration is due to four major biases against null findings: investigator bias, funding bias, publication bias, and citation bias. For instance, foreign investigator bias exists in the more than 80 Medicare-based studies from the Harvard Chan School of Public Health. This School has received \$350 million from a Chinese businessman. The principal investigator is Italian biostatistician Francesca Dominici, who has trained at least 30 Chinese doctoral students to misuse of Medicare records. Dominici and her trainees refuse to respond to my evidence of their misconduct. Medicare records, which contain NO data on air pollution, have been used without the knowledge or permission of Americans in order to inappropriately claim that there are PM_{2.5} deaths below 12 µg/m³.

EPA needs to follow the 2020 recommendation of the prior CASAC and the prior EPA Administrator and leave the PM2.5 NAAQS unchanged. Furthermore, EPA needs explain that that average personal exposure to PM2.5 in the US is below the level of known human health effects. This is because Americans are mostly exposed to indoor air, not ambient outdoor air. Inside my Los Angeles office, my PM2.5 monitor reads 3 $\mu\text{g}/\text{m}^3$. Thus, a typical American inhales only about one gram of PM2.5 in a lifetime. The current average ambient level in the US of 7.7 $\mu\text{g}/\text{m}^3$ is close to the lowest level in the entire world. This level is virtually impossible to reduce because polluted air comes into the US from other countries like China, which has a level of 48 $\mu\text{g}/\text{m}^3$.

In conclusion, the PM2.5 NAAQS must remain unchanged. Finally, I ask the Panel to indicate now whether EPA will read and properly cite the null evidence by Professor Smith and me. Thank you.”

The three EPA Panel Members who listened to my comment (Darryl Weatherhead, Erin Cowder, and James Kelly) refused to indicate whether EPA will read and properly cite the null PM2.5 deaths evidence by Professor Smith and me.

In support of my verbal comment that the current PM2.5 NAAQS must be retained I present below 34 pages of comments that I have submitted since December 10, 2021 to the EPA CASAC PM Panel and the EPA CASAC Ozone Panel. I have made strong cases that ACS CPS II data and Medicare data and the traditional rules of epidemiology have been misused in order to promote the scientifically unjustified claim that PM2.5 *causes* premature deaths in the US. I provide extensive unrefuted details that the 2021 PM ISA Supplement and 2021 PM PA have deliberated exaggerated the adverse health effects of PM2.5. The 34 pages of evidence is divided into the sections shown below and my Scientific Integrity Institute weblink is included for each section.

Comment Sections:

Pages 3-4: August 29, 2022 Enstrom Public Comment to EPA CASAC Ozone Panel and YouTube Video (<http://scientificintegrityinstitute.org/Ozonepanel082922.pdf>)

Pages 5-6: June 8, 2022 Enstrom Public Comment to EPA CASAC Ozone Panel and YouTube Video
Page 7: Support from Harvey Risch, MD, PhD, for Assessment of Enstrom Criticism of PM2.5 Deaths (<http://scientificintegrityinstitute.org/Ozonepanel060822.pdf>)

Page 8: February 25, 2022 Enstrom Public Comment to EPA CASAC PM Panel (<http://scientificintegrityinstitute.org/PMpanel022522.pdf>)

December 10, 2021 Enstrom Comments to EPA CASAC PM Panel on 2021 PM ISA Supp and 2021 PM PA

Pages 9-16: November 17, 2021 and December 10, 2021 Enstrom Criticism of EPA CASAC PM Panel

Pages 17-25: June 29, 2020 Enstrom Comment to EPA to Retain Existing PM2.5 NAAQS (<http://www.scientificintegrityinstitute.org/EPAPM25JEE062920.pdf>)

Pages 26-29: November 17, 2021 Richard L. Smith Public Comment and Manuscript on NO PM2.5 Medicare Deaths below 12 $\mu\text{g}/\text{m}^3$ (<http://www.scientificintegrityinstitute.org/PMPanelRLS111721.pdf>)

Pages 30-32: September 2, 2020 Rejected Enstrom NEJM Letter to Retain Current PM2.5 NAAQS (<http://www.scientificintegrityinstitute.org/NEJMJEE091020.pdf>)

Pages 33-36: September 1, 1982 ACS CPS II Instructions for Researchers regarding Questionnaire Confidentiality state ACS “will not release addresses to any agency for any purpose, whatsoever” (<http://www.scientificintegrityinstitute.org/PMPanel121021.pdf>)