

# WHITE HOUSE ENVIRONMENTAL JUSTICE ADVISORY COUNCIL

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June 27, 2023

The Honorable Ms. Brenda Mallory, Chair  
The Council on Environmental Quality  
Executive Office of the President  
Washington, DC 20500

Dear Chair Mallory:

Fifty-three years after the passage of the Clean Air Act (CAA), airborne fine particulate matter (PM<sub>2.5</sub>) and ozone pollution are still major public health menaces in the United States, affecting a broad cross-section of Americans in every corner of the country.

Moreover, PM<sub>2.5</sub> and ozone impacts fall disproportionately on people of color communities and low-income communities, i.e., environmental justice (EJ) communities, representing an acute disparity between communities with direct consequences.<sup>1,2</sup> We and our fellow members of the White House Environmental Justice Advisory Council (WHEJAC) know this, not just from the many scientific studies that show the deadly and debilitating effects of these pollutants on hundreds of thousands of Americans each year, but also from our direct knowledge of and experience with the devastating impacts across the diverse array of EJ communities that we represent.

We thank the Biden-Harris Administration for the commitment it has made to reconsideration of the National Ambient Air Quality Standards (NAAQS) for both of these pollutants, and we urge expedient action to implement strong standards in line with the science and the Administration's prioritization of EJ as expressed in the president's *Executive Order Revitalizing Our Nation's Commitment to Environmental Justice*. Updates to these NAAQS to address the horrible toll of air pollution and its disproportionate impacts are long overdue. Moreover, the inadequacy of the standards themselves is compounded by the inadequate monitoring and enforcement endemic in many of our communities.

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<sup>1</sup> United States Environmental Protection Agency. Regulatory Impact Analysis for the Proposed Reconsideration of the National Ambient Air Quality Standards for Particulate Matter. December 2022. Accessed May 8, 2023 at [https://www.epa.gov/system/files/documents/2023-01/naaqs-pm\\_ria\\_proposed\\_2022-12.pdf](https://www.epa.gov/system/files/documents/2023-01/naaqs-pm_ria_proposed_2022-12.pdf)

<sup>2</sup> American Lung Association. American Lung Association State of the Air, 2023, pg. 37. <https://www.lung.org/getmedia/338b0c3c-6bf8-480f-9e6e-b93868c6c476/SOTA-2023.pdf?ext=.pdf>. (Accessed May 8, 2023). When comparing people at risk from ozone in Grade A counties v. Grade F counties, we find a disproportionate number of people in poverty and people of color in the most highly exposed counties.

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We strongly recommend action that is sufficiently bold to address the gross inequities in how different communities are impacted by these pollutants. Equally important, the Administration must act on a timeline that does not delay alleviating the deadly burden that communities face.

PM<sub>2.5</sub> is an especially deadly air pollutant with profound and inadequately addressed implications for public health and EJ. Multiple peer-reviewed studies demonstrate the severity of its impacts. For example, a 2023 report by Industrial Economics estimated deaths caused by PM<sub>2.5</sub> in adults over 65 in excess of 100,000 annually.<sup>3</sup> A 2022 paper estimated that, in addition to death, PM<sub>2.5</sub> causes approximately 100,000 non-fatal heart attacks and approximately 900,000 asthma attacks.<sup>4</sup> In addition, PM<sub>2.5</sub> has major implications for maternal health and birth outcomes.<sup>5,6</sup> The great disparity of impacts across racial and socioeconomic differences is evident in the Industrial Economics report, which shows PM<sub>2.5</sub>-attributed mortality for Black Americans being more than triple the rate for white Americans—670 per 100,000 versus 210 per 100,000, respectively.<sup>7</sup> *Crucially, lowering the annual NAAQS to 8 µg/m<sup>3</sup> would—as discussed below—decrease, though not eliminate, these stark disparities.*<sup>8</sup>

Ozone causes breathing difficulties, is a major trigger of asthma attacks, and is also likely to cause children to develop asthma.<sup>9</sup> Disproportionately impacting low-income communities and people of color, asthma is a leading cause of lost school and work days.<sup>10,11</sup> Notably, ozone is formed through reactions between precursor pollutants from emissions sources including fossil fuel combustion and processing sources that are disproportionately associated with low-income communities and communities of color — and these precursors are themselves harmful and in some cases carcinogenic. Unhealthy levels of ozone are extremely pervasive, so expedient and effective action will help to alleviate tremendous harm and disparities.<sup>12</sup>

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<sup>3</sup> Industrial Economics, Inc. Analysis of PM<sub>2.5</sub>-Related Health Burdens Under Current and Alternative NAAQS. March 2023. Accessed May 8, 2023 at [Analysis of PM2.5-Related Health Burdens Under Current and Alternative NAAQS \(globalcleanair.org\)](https://globalcleanair.org/).

<sup>4</sup> Richard Revesz. ‘Air Pollution and Environmental Justice.’ *Ecology Law Quarterly* vol. 49:187. 2022. [https://its.law.nyu.edu/faculty/profiles/representativeFiles/49.1\\_Revesz.Air%20Pollution%20and%20Environmental%20Justice\\_C\\_F294085-E4E8-9939-D6F9A686D040D482.pdf](https://its.law.nyu.edu/faculty/profiles/representativeFiles/49.1_Revesz.Air%20Pollution%20and%20Environmental%20Justice_C_F294085-E4E8-9939-D6F9A686D040D482.pdf).

<sup>5</sup> Skye Wheeler and Kelly Davis. ‘It’s time to combine the fights for climate change and reproductive justice.’ *The Hill*. May 2023. <https://thehill.com/opinion/healthcare/3990263-its-time-to-combine-the-fights-for-climate-change-and-reproductive-justice/#:~:text=Breathing%20in%20polluted%20air%20makes%20it%20more%20likely,both%20immediate%20health%20problems%20and%20life-long,%20chronic%20conditions>. (Accessed May 8, 2023).

<sup>6</sup> Hui Chen, et al. ‘Particulate Matter, an Intrauterine Toxin Affecting Foetal Development and Beyond.’ *Antioxidants (Basel)*. May 2021. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8148178/>. (Accessed May 8, 2023).

<sup>7</sup> Industrial Economics, Inc. Analysis of PM<sub>2.5</sub>-Related Health Burdens Under Current and Alternative NAAQS. March 2023. Accessed May 8, 2023 at [Analysis of PM2.5-Related Health Burdens Under Current and Alternative NAAQS \(globalcleanair.org\)](https://globalcleanair.org/).

<sup>8</sup> United States Environmental Protection Agency. Regulatory Impact Analysis for the Proposed Reconsideration of the National Ambient Air Quality Standards for Particulate Matter. December 2022. Accessed May 8, 2023 at [https://www.epa.gov/system/files/documents/2023-01/naaqs-pm\\_ria\\_proposed\\_2022-12.pdf](https://www.epa.gov/system/files/documents/2023-01/naaqs-pm_ria_proposed_2022-12.pdf).

<sup>9</sup> United States Environmental Protection Agency. Integrated Science Assessment for Ozone and Related Photochemical Oxidants. April 2020. Accessed May 8, 2023 at [https://cfpub.epa.gov/si/si\\_public\\_file\\_download.cfm?p\\_download\\_id=540022&Lab=NCEA](https://cfpub.epa.gov/si/si_public_file_download.cfm?p_download_id=540022&Lab=NCEA). For impacts on children, cite to EPA’s second draft Policy Assessment from 2023.

<sup>10</sup> Centers for Disease Control and Prevention, ‘Most Recent National Asthma Data,’ Centers for Disease Control and Prevention Asthma, 2022. [Most Recent National Asthma Data | CDC](https://www.cdc.gov/asthma/data-research/most-recent-national-asthma-data/), (Accessed May 8, 2023).

<sup>11</sup> Centers for Disease Control and Prevention, ‘2019 Healthcare Use Data,’ Centers for Disease Control and Prevention Asthma, 2023. [Asthma-Related Health Care Use Data 2019 | CDC](https://www.cdc.gov/asthma/data-research/asthma-related-health-care-use-data-2019/), (Accessed May 8, 2023).

<sup>12</sup> American Lung Association, ‘Ozone Pollution Trends,’ American Lung Association State of the Air, 2023. <https://www.lung.org/research/sota/key-findings/ozone-pollution>, (Accessed May 8, 2023).

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## **Recommendations:**

We urge the Administration to address the severe impacts and disparities experienced in our communities and described in this letter. Specifically, we advise that:

- The PM<sub>2.5</sub> annual primary standard should be lowered from 12.0 to 8.0 µg/m<sup>3</sup> for all communities. EPA's proposal to lower this standard to 9.0 to 10.0 µg/m<sup>3</sup> is inadequate to address the severity of the public health impacts and disparities in impact discussed above. However, if for whatever reasons, EPA does not lower the standard for all communities, the Agency should at least lower the standard for communities of color and communities with low income, i.e., EJ communities. If EPA takes this approach, the Agency should consult EJScreen and the Climate and Economic Justice Screening Tool (CEJST) in identifying these communities. Additionally, EPA should further investigate the reasons for the strikingly disparate impacts of PM<sub>2.5</sub> exposure between Black and Latino communities.
- The primary 24-hour PM<sub>2.5</sub> standard should be lowered from 35.0 to 25.0 µg/m<sup>3</sup> for all communities. EPA's proposal to leave this standard unchanged is inadequate because it fails to sufficiently protect the public health of communities. However, if for whatever reasons, EPA does not lower the standard for all communities, the Agency should at least lower the standard for communities of color and communities with low income, i.e., EJ communities.
- EPA should monitor both near and at a distance from sources of PM<sub>2.5</sub> in communities of color and communities with low income to better characterize PM<sub>2.5</sub> concentrations in these areas.
- EPA should finalize the particulate matter NAAQS no later than the current target of October 2023.
- EPA should set the primary ozone standard at the low end of the range recommended in the forthcoming review by EPA's Clean Air Scientific Advisory Committee to be protective of at-risk populations and communities that continue to be disproportionately impacted.
- EPA should finalize the new ozone NAAQS no later than Spring 2024 to ensure maximum durability of the regulation given potential political vulnerabilities.
- EPA should formally recognize that there are areas throughout the US in a perpetual cycle of nonattainment and that this cycle presents civil rights violations. In light of this recognition, EPA must deploy all the tools available to it with a goal of meeting all of the clean air standards across the US. In the case of nonattainment, EPA must exercise oversight over the jurisdiction to ensure that it is fully carrying out its responsibilities under the CAA to take specific steps to swiftly improve air quality. EPA must also impose prescriptive measures including denial of federal funding and the denial of permits for projects that undermine air quality improvements. EPA should prioritize areas that have been in perpetual nonattainment (e.g., Houston, TX), ultimately aiming to reach attainment in all areas. Moreover, EPA should conduct rigorous air quality monitoring in confirmed and potential nonattainment areas and ensure that communities where air quality fails to meet the NAAQS are aware of the status of their air quality.

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We realize that recommending that stricter PM<sub>2.5</sub> standards should be applied in EJ communities, even if EPA decides the stricter standard should not be applied to all communities, is probably a novel suggestion. We feel our recommendation regarding the annual standard is justified by EPA's acknowledgement that PM<sub>2.5</sub>-related racial and income disparities exist in our nation and would be reduced by tightening the annual standard.<sup>13</sup> Our recommendation is justified with respect to the primary 24-hour standard because, as indicated in EPA's proposed rule narrative, the concentration-response relationship between PM<sub>2.5</sub> concentrations and health impacts for this standard is linear.<sup>14</sup> This means that a decrease in the concentration of PM<sub>2.5</sub> is followed by a decrease in the number of related deaths. Therefore, lowering the primary 24-hour standard will save lives, and lowering it to 25.0 µg/m<sup>3</sup> would save more lives than if it is set at a value above 25.0 µg/m<sup>3</sup>.

Thank you for your consideration of WHEJAC's recommendations. Because of the immense potential to alleviate harm, suffering, and injustice through strengthening these NAAQS in line with the science, we urge the Administration to place very high priority on strong and expeditious action. Such action can be a legally durable component of the Administration's EJ legacy that delivers on the promise of the Clean Air Act (i.e., clean, safe air in every community and part of the country) for the countless American communities where weak NAAQS have deadly and debilitating consequences.

Sincerely,



Richard Moore, WHEJAC Co-chair



Peggy M. Shepard, WHEJAC Co-chair

cc: Members of the WHEJAC  
Michael S. Regan, EPA Administrator  
Dr. Jalonne L. White-Newsome, Senior Director for Environmental Justice, CEQ  
Corey Solow, Senior Advisor to the Chair, CEQ  
Ryan Hathaway, Director, White House Environmental Justice Interagency Council  
Audrie Washington, Designated Federal Officer

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<sup>13</sup> United States Environmental Protection Agency. Regulatory Impact Analysis for the Proposed Reconsideration of the National Ambient Air Quality Standards for Particulate Matter. December 2022. Accessed May 8, 2023 at [https://www.epa.gov/system/files/documents/2023-01/naaqs-pm\\_ria\\_proposed\\_2022-12.pdf](https://www.epa.gov/system/files/documents/2023-01/naaqs-pm_ria_proposed_2022-12.pdf).

<sup>14</sup> Reconsideration of the National Ambient Air Quality Standards for Particulate Matter. 88 FR 5558 (proposed January 27, 2023, to be codified at 40 CFR 50, 40 CFR 53, 40 CFR 58). There is evidence of a linear no-threshold relationship between long-term PM<sub>2.5</sub> exposure and all-cause and cause-specific mortality. While the evidence remains consistent in indicating a no-threshold relationship, there is uncertainty about the shape of the curve under 8 µg/m<sup>3</sup>. For short-term PM<sub>2.5</sub> exposure and mortality, there is evidence of a linear no-threshold relationship with uncertainty about the shape of the curve under 5 µg/m<sup>3</sup>.