

# Editorial Note on Benefits of Air Pollution Control

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## Editorial

The US Congress is currently engaged in a debate regarding restriction of Environmental Protection Agency (EPA) authority under the Clean Air Act. The discussion has been focused on the cost to business to comply with the Clean Air Act and the potential negative effect on employment. As health care professionals, we believe it is necessary to review some of the facts since the Clean Air Act was initiated and the role of the Clean Air Act in the future.

In the past year, the House of Representatives has passed a number of bills that would stop, delay, or weaken the EPA rules issued under the authority of the Clean Air Act. The House has passed legislation that would prevent or delay clean up of emissions from cement kilns, coarse particulate matter pollution, industrial boilers, mercury and toxic pollutants from power plants, and pollution from power plants that blow across state borders to neighboring downwind states. Additionally, the House has passed legislation that would subject all future EPA/Clean Air Act rules to a cost/benefit assessment that is heavily tilted in favor of the regulated industry.

Why is the House engaged in this attack on the Clean Air Act? Opponents of the EPA have portrayed the agency as a prime example of government overreach and a bureaucratic agency run amok. Opponents of the EPA say the rules are "job-destroying regulations" that create regulatory uncertainty and hurt the overall US economy. Supporters of the EPA counter that complying with the Clean Air Act rules will create new jobs, largely in sectors that install and maintain pollution control equipment. What is missing from the discussion are the health effects of air pollution and the potential health gains that can be made by reducing air pollution. We believe that an analysis of available health and economic data show that air pollution standards have significant net benefits for our society at large [1-5].

There is compelling evidence that air pollution has severe adverse health effects, particularly for respiratory health. Several studies have demonstrated a strong relationship between short-term exposures to ozone and asthma exacerbations. Strickland compared air pollution data with more than 90,000 emergency department visits in Atlanta and found that ozone and primary pollutants from traffic sources, even at relatively low ambient concentrations,

were associated with increased emergency department visits for pediatric asthmatic patients. The Strickland study builds on an extensive body of literature documenting the relationship between air pollution and asthma emergency department visits and hospitalizations. Ambient air pollutants independently contribute to the burden of emergency department visits for asthma both in children and adults.

Improvements in air quality have direct positive effects on health. Friedman showed that improvements in air quality in preparation for the 1996 Atlanta Olympics lead to significantly lower rates of childhood asthma events, including reduced emergency department visits and hospitalizations. demonstrated that children in southern California who moved to communities with higher air pollution levels had lower lung function growth rates than children who moved to areas with lower air pollution levels. O'Conner have demonstrated that short-term increases in air pollution levels, less than current EPA standards, result in adverse respiratory effects, including mortality, in inner-city children with asthma.

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