

Good afternoon. My name is Marguerite (Peggy) Pennoyer and I have been a practicing allergist/immunologist for over 30 years, currently with a private practice in Scarborough, Maine. I am also the Vice Chair of the American Lung Association in Maine Leadership Board and also a member of the Lung Association's regional northeast board.

I am here today to express the American Lung Association in Maine's strong opposition to the Maine Department of Environmental Protection's proposal to modify ozone control strategies in the state. My focus is not on data points on a spreadsheet but what is in the best interest of the health of Maine people. These recommended changes are short-sighted and could endanger the health of thousands of Maine residents and visitors. The 1990 revision of the Clean Air Act led by Senator George Mitchell which created the Ozone Transport Region continues to be one of the most beneficial aspects of the entire law for Maine due to our downwind location from major sources of pollution. Maine continues to be a beneficiary of this provision.

Our position is based on the evidence that Maine's air is not as healthy as it should and could be. In fact in some areas of the state the ozone air pollution levels are nearly as high as possible without triggering EPA non-attainment status under the current 70 parts per billion ozone standard. We don't believe that Maine people want to live in the dirtiest air allowable by federal law.

Ozone is one of the least well controlled pollutants in our air and one of the most dangerous being chemically reactive with our own tissues and a threat to heart and lung health – I tell my patients to think of it as a toxic sunburn on the lungs. Health impacts include shortness of breath, asthma attacks, increases in respiratory infections, an increase in those with lung disease seeking emergency medical care, and premature death. Even low levels of ozone may be deadly. A large study of 48 U.S. cities looked at the association between ozone and mortality during the summer months. Ozone concentrations by city in the summer months ranged from 16 percent to 80 percent lower than the U.S. Environmental Protection Agency (EPA) currently considers safe. (Nonetheless) Researchers found that ozone at those lower levels was associated with deaths from cardiovascular disease, strokes, and respiratory causes.<sup>1</sup>

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1. <sup>1</sup>Zanobetti A, Schwartz J. Mortality displacement in the association of ozone with mortality: an analysis of 48 cities in the United States. *Am J Respir Crit Care Med.* 2008; 177:184-189; Katsouyanni K, Samet JM, Anderson HR, Atkinson R, Le Tertre A, et al. *Air pollution and health: A European and North American approach (APHENA)*. Boston, MA: Health Effects Institute, 2009; Samoli E, Zanobetti A, Schwartz J, Atkinson R, Le Tertre A, et al. The temporal pattern of mortality responses to ambient ozone in the APHEA project. *J Epidemiol Community Health.* 2009; 63: 960-966; Stafoggia M, et al, 2010.

As doctors, we go to great lengths to help our patients; however, we are frustrated that we cannot protect our patients from the harmful effects of ozone. I hate telling my teenage asthmatic patients that they shouldn't exercise with their sports team on high ozone days. And I hate that these days are becoming more frequent in Maine. I try to work with my asthma patients to help them live as normal a life as possible despite their illness. This past Spring I saw one of my asthmatic patient's in my office when he should have been out practicing Lacrosse with his team. He told me his practice had been cancelled because of high ozone levels. My patient was used to being benched on the side lines because of his asthma on bad air quality days; however, he wasn't used to having his entire team as company when he was sidelined. Unhealthy ozone levels are affecting the healthy as well as my patients with lung disease.

Inhalers and prescription medications are all I have to fight asthma and respiratory diseases – however, policy makers have tools such as the Ozone Transport Region and the Clean Air Act to protect Mainers.

Already this season, through June 30<sup>th</sup> data available on Maine DEP's website, the state has had 19 days when DEP has issued an Air Quality alert limited health notice for days when ozone was to exceed 55 ppb and one day when readings at four locations in downeast and mid-coast Maine exceeded the 70 ppb standard. And this does not include readings from the lengthy heat wave that Maine experienced in early July when several health alerts were issued.

This proposal requesting EPA approval for changes is based on the premise that we can relax provisions in the Clean Air Act that have been working for decades because progress has been made in cleaning up the air. While it certainly is correct that we have made improvements, we are not in a position to declare victory. It is especially alarming to make changes here in Maine at a time when the Trump Administration and many in Congress are trying to roll back the policies that have led to this improvement.

In Maine we have some of the highest asthma rates in the country and over 430,000 Mainers are living with lung disease --- that is nearly 1/3 of our state population. We owe it to these individuals to ensure that we are doing all we can as a state and a region to protect air quality and ensure that the air we breathe does not cause or worsen lung disease. Air pollution does not respect state boundaries, and indeed as the tailpipe of the nation we get an overwhelming amount of pollution from downwind states. We must do all we can as a state and a region to ensure we have the cleanest, healthiest air possible. For those reasons, we do not believe that the proposal by the Maine Department of Environmental Protection is in the best interests of the health of Maine people and the many visitors who come to our state during the peak of "ozone season" each year.