From: "Jane Hall" < jhall@fullerton.edu>

To: "James E. Enstrom" <jenstrom@ucla.edu>

Subject: Re: Important Request Regarding Lois Henry Blog

Date: Wed, 21 Jan 2009 17:56:05 -0800

Ah, the wonders of electronic communication. I did not post these comments on the blog to which you refer. Note, however, that the only reference in it to your work relates solely to the age cohort question. Almost none of the posting relates in any way to your work.

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Date: Wed, 21 Jan 2009 17:04:22 -0800 To: "Jane Hall" <jhall@fullerton.edu>

From: "James E. Enstrom" < jenstrom@ucla.edu>

Subject: Important Request Regarding Lois Henry Blog

January 21, 2009

Jane V. Hall, Ph.D.
Professor of Economics
Institute of Economic and Environmental Studies
California State University, Fullerton
jhall@fullerton.edu

Dear Dr. Hall:

I am writing because the comments below appear on the Lois Henry Blog "noholdsbarred" (http://people.bakersfield.com/home/Blog/noholdsbarred/39845#comments). If you actually made these reckless and inaccurate comments, I respectfully request that you refrain from making any further comments of this nature if they involve me or my research. As a non-epidemiologist who has never published an epidemiologic study on the relationship between PM2.5 and mortality, you should be very careful about your comments on this subject. Both the "Medicare and Enstrom studies" are large, detailed, and peer-reviewed studies done by highly qualified epidemiologists. Although these studies are limited to elderly adults, they provide important evidence that there is no current relationship between PM2.5 and mortality in California. In addition, evidence from four other sources, involving adults of all ages, indicates no current relationship between PM2.5 and mortality in California. All of this evidence is described in my December 10, 2008 public comments regarding the CARB Statewide Truck and Bus Regulations

(http://www.arb.ca.gov/lists/truckbus08/897-

<u>carb_enstrom_comments_on_statewide_truck_regulations_121008.pdf</u>}</u>). I strongly recommend that you carefully examine this evidence, none of which is cited in your November 13, 2008 report

(http://business.fullerton.edu/centers/iees/reports/Benefits_of_Meeting_Clean_Air_Standards_11_1_08.pdf). Then, I recommend that you revise your report appropriately and submit it for peer-reviewed publication in a scientific journal, such as, *Environmental Health Perspectives*.

Thank you very much for your consideration.

Sincerely yours,

James E. Enstrom, Ph.D., M.P.H. Jonsson Comprehensive Cancer Cancer University of California, Los Angeles http://www.cancer.ucla.edu/ jenstrom@ucla.edu http://people.bakersfield.com/home/Blog/noholdsbarred/39845#comments posted by airqualityguy on Jan 20, 2009 at 01:50 PM

Here is a response to Lois from Jane Hall who authored the Fullerton Study that Lois says is a bunch of hooey.

Well, this blog reflects what can only be called faith-based science - based on belief (however arrived at) and not science or empirical evidence. It is a classic case of finding what you look for, rather than looking for what is real. Decades of science have really laid to rest the question of whether or not air pollution increases the risk of death for some people and therefore contributes to early death - it clearly does. This reminds me of the tobacco "debate," wherein the nay-sayers became shriller as the evidence mounted and any doubts that tobacco smoke was a health hazard .became deminimus. Similarly, repeated peer-review processes have arrived at statistical life methods and values as the appropriate way to assess the value of reducing risk to life. Even the best efforts of OMB over the past eight years have failed to change that.

More specifically, the Medicare and Enstrom studies both focus on the elderly. Their risk of death is already so high compared to the general population that any small risk added by air pollution is lost in the statistical analysis. Consequently, it is not appropriate to use those studies to assess risk of existing pollution levels to the general population. (And reference to them is a typical means to confuse the issue and obfuscate the actual risk.)

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