Thank you, Chairman Stewart. I want to thank all of the witnesses for being here today. I hope this discussion about the latest science regarding the health standard for ozone in the air we breathe -- how ozone affects health and our quality of life -- will set the stage for a positive outcome.

As we will hear this morning, the EPA is considering new scientific information that will inform their work on setting an ozone health standard later this year. The last time the EPA revised the ozone health standard in 2008, the advisory committee recommended a more protective standard than we currently have in place.

Now, five years later, we know more about how ozone impacts our health than ever before. According to the American Lung Association, numerous health studies show evidence of a causal link between inhaling ozone levels well below the standard, and measurable respiratory harm in children, the elderly, and people who exercise and work outdoors. Inflammation of the lungs and increased asthma attacks are just the start of the serious health problems associated with breathing ozone.

Having a clean and healthy environment can build a stronger economy in many ways. Sick workers are not productive workers. Sick children are not learning and maximizing their potential. Time spent with doctors and in hospitals is time lost from more productive pursuits. Additionally, we cannot overlook the impact that pollution can have on a thriving agriculture community. A vibrant economy can be the result of good environmental practices, not the victim of those practices.

Over the years scientific and technological advancements have dramatically improved our knowledge about how ozone is formed and where sources of ozone precursors originate. The majority of ozone in most parts of the country originates in local human activities. Emissions from power plants and from tail pipes are often the leading culprit. But ozone can also form from precursor emissions that may have originated thousands of miles away or from biogenic sources such as forest fires. Causes of ozone, especially at higher elevations and in the Intermountain West, seem to differ from those found on the East or West coasts and are often beyond the reach of our regulators.

We still do not fully understand all of these complex processes, and strong investments in scientific research would make it possible for us to identify sources, especially background conditions, with more precision. Scientific research would provide regulators with the information they would need to develop approaches to managing ozone more appropriate to local conditions. However, that kind of precision requires funding and, as Ms. Smith notes in her testimony, research funding at EPA is under pressure and neither states nor universities are in a good position fiscally to fill the gap.

EPA has the responsibility to insure that its decision to set a new ozone standard is guided by the best available science. I am cognizant of the argument that local conditions in the Intermountain West may require some new forms of flexibility by EPA in enforcing ozone standards, and I encourage EPA to work with the states to develop such flexibility. Despite that call for flexibility, the science on ozone and health is sound. The need for more science on background levels of ozone must not deter or prevent the EPA from setting an ozone standard that is fully protective of human health.
This country has proven time and time again that a cleaner environment improves worker productivity, increases agricultural yield, reduces mortality and illness, and achieves other economic and public health benefits that outweigh the costs of compliance.

As we look ahead to the EPA’s proposal to set a new ozone standard, the EPA must consider the latest scientific findings and the protection of human health. I look forward to hearing from the witnesses.