

Testimony to the House Committee on Science, Space, & Technology

Subcommittee on Investigations and Oversight & Subcommittee on Environment

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Jonathan M. Samet, a pulmonary physician and epidemiologist, is Dean of the Colorado School of Public Health and Professor in the departments of Epidemiology and Environmental & Occupational Health. Dr. Samet received a Bachelor's degree in Chemistry and Physics from Harvard College, an M.D. degree from the University of Rochester, School of Medicine and Dentistry, and a Master of Science degree in Epidemiology from the Harvard School of Public Health. His research has focused on the health risks of inhaled pollutants—particles and ozone in outdoor air and indoor pollutants including secondhand smoke and radon. He has also investigated the occurrence and causes of cancer and respiratory diseases, emphasizing the risks of active and passive smoking. He has served on and chaired numerous committees of the National Academies of Science, Engineering and Medicine and also chaired the EPA's Clean Air Scientific Advisory Committee and the FDA's Tobacco Products Scientific Advisory Committee. He chaired the working group of the International Agency for Research on Cancer that classified Radiofrequency Electromagnetic Radiation as a possible carcinogen and also chaired the Biological Effects of Ionizing Radiation (BEIR) VI Committee of the National Academies. Dr. Samet has served as editor and author for Reports of the Surgeon General on Smoking and Health since 1984, receiving the Surgeon General's Medallion in 1990 and 2006 for these contributions. He received the 2004 Prince Mahidol Award for Global Health awarded by the King of Thailand, the Edward Livingston Trudeau Medal from the American Thoracic Society/American Lung Association, the Luther L. Terry Award for Distinguished Career from the American Cancer Society, and the Fries Prize for Health. He was elected to the National Academy of Medicine in 1997 and received the Academy's David M. Rall Medal for his contributions in 2015.

Introduction

I am Jonathan M. Samet, MD, MS, currently Dean and Professor at the Colorado School of Public Health. My professional background includes training in medicine with specialization in internal medicine and subspecialization in pulmonary disease and also in epidemiology, a core public health research and practice discipline. Over my 40-year career, I have carried out a broad array of studies on the environment and health, including many directed at indoor and outdoor air pollution, some providing critical evidence related to airborne particulate matter and ozone.¹⁻⁴ I have also commented on the necessity of maintaining scientific evidence as the foundation for environmental protection.⁵ Today, I am testifying as an individual and not representing any institution or organization.

As a consequence of my research, I have been a member of numerous national and international committees concerned with the translation of scientific evidence into policy, including serving on various committees of the Environmental Protection Agency's (EPA) Science Advisory Board. With regard to the reviews carried out by the Clean Air Scientific Advisory Committee or CASAC, I was one of the Consultants to the Committee for the review of the Criteria Document and Staff Paper that led to the 1997 PM_{2.5} National Ambient Air Quality Standard (NAAQS). I chaired CASAC from 2008 through 2012 and, while in this role, I led the review carried out for the PM NAAQS. During that review, the transition to the current suite of documents related to the NAAQS review process was completed, resulting in the Integrated Science Assessment (ISA), the Risk and Exposure Assessment (REA), and the Policy Assessment (PA) (Figure 1). I provided guidance to the EPA staff concerning frameworks for assembling and evaluating evidence, drawing on my experience as editor and author for the reports of the Surgeon General on smoking and health and various committees of the National Academies of Science, Engineering and Medicine that I had chaired. Of these committees, the Congressionally-requested Committee on Research Priorities for Airborne Particulate Matter of the National Research Council is particularly relevant, as the committee was tasked to identify the most critical scientific uncertainties around PM following promulgation of the 1997 PM_{2.5} NAAQS and charged with developing a research agenda addressing these uncertainties, and to track progress in resolving these uncertainties.^{6,7}

These comments offer my views on CASAC and the NAAQS review process and on the changes to this now decade-old process that have been affected during the past two years of the current administration. These changes are reflective of a far-reaching strategy of reducing the impact of scientific evidence at the Environmental Protection Agency (EPA) that is systematic and engineered to disconnect decision-making from scientific evidence, long the basis for agency actions to protect human and environmental health.

CASAC's independent and deliberative input in the NAAQS review process

The CASAC was created under the 1977 Amendments to the Clean Air Act with the following purpose: "The Clean Air Scientific Advisory Committee (CASAC) provides independent advice to the EPA Administrator on the technical bases for EPA's National Ambient Air Quality Standards" (<https://yosemite.epa.gov/sab/sabpeople.nsf/WebCommittees/CASAC>). Additionally, "...CASAC also addresses research related to air quality, sources of air pollution, and the strategies to attain and maintain air quality standards and to prevent significant deterioration of air quality." The NAAQS are evidence-based standards. With regard to the NAAQS, the Clean Air Act states: "National primary ambient air quality standards, prescribed under subsection (a) of this section shall be ambient air quality standards the attainment and maintenance of which in the judgment of the Administrator, based on such criteria and allowing an adequate margin of safety, are requisite to protect the public health. Such

primary standards may be revised in the same manner as promulgated.” “Criteria” refers to evidence and the pollutants for which NAAQS are promulgated often referred to as “criteria pollutants” as a result. Thus, within the Clean Air Act, there is an explicit connection of the NAAQS to scientific evidence.

Since my term on CASAC ended, the EPA’s approach for assembling and interpreting evidence with review from CASAC has proved effective. The approach is well-established as is the role of CASAC (Figure 1); it provides a transparent record of the concerns raised during the review, summarized in a letter to the Administrator; and changes in response to review are documented with a rationale provided. The scope of the documents reviewed and the breadth of the scientific evidence has necessitated the augmentation of the seven Chartered CASAC members, i.e., the members specified under the Act, with additional panelists and several cycles of revision and review of each consecutive document have been needed. The practice of expanding the panel beyond the Chartered CASAC members is long-standing. The span of scientific expertise needed cannot be captured with the seven members of the Chartered CASAC.

For example, CASAC is currently reviewing the draft ISA for Particulate Matter, which totals almost 1900 pages. Its 13 chapters cover an enormous array of topics: sources, chemistry, concentrations, exposures, and dosimetry; adverse health effects, ranging from reproductive outcomes to total mortality, as assessed with toxicological and epidemiological approaches; and welfare effects. The ISA integrates this information into those findings that are relevant to potential revision of the NAAQS. To have at least one expert on each of the major topics, an expansion of the review panel beyond the seven Chartered CASAC members is mandatory. The panel for the 2009 Clean Air Scientific Advisory Committee for Particulate Matter NAAQS is provided as Table 1; it includes 23 members, 16 in addition to the Chartered members.

The sequence of the documents is consistent with usual risk assessment approaches: the Integrated Science Assessment (ISA) is concerned with hazard identification, providing an assessment of the strength of evidence for causation and a suite of adverse outcomes for consideration in the Risk/Exposure Assessment (REA), which quantitatively examines how exposure and risk would vary with various scenarios related to changing the NAAQS. The ISA’s approach to making judgments as to the causal nature of associations of a criteria pollutant with health outcomes draws on widely used approaches, embedded within various EPA guidelines and used by other entities, e.g., the Centers for Disease Control and Prevention in evaluating the evidence on smoking and health. The REA considers selected health outcomes and assesses the burden of disease attributable to PM at current levels and levels that would prevail under various scenarios associated with changes in the NAAQS. The REA is a critical step in moving from the ISA and its identification of hazard to the Policy Assessment (PA), which guides the Administrator’s decision-making.

The role of CASAC in this process is clear. It provides scientific review for all of the documents that bring the scientific evidence and policy options to the EPA Administrator. The CASAC comments are typically extensive, responding to key questions posed by EPA staff; major comments are summarized in a letter to the Administrator and the comments of individual panel members are provided. An example for the previous review of the ISA for Particulate Matter can be found at: [https://yosemite.epa.gov/sab/sabproduct.nsf/73ACCA834AB44A10852575BD0064346B/\\$File/EPA-CASAC-09-008-unsigned.pdf](https://yosemite.epa.gov/sab/sabproduct.nsf/73ACCA834AB44A10852575BD0064346B/$File/EPA-CASAC-09-008-unsigned.pdf). This process has been in place for about a decade, undergoing small refinements. Generally, there is agreement that it has proved a workable approach to the complex task of moving from myriad scientific papers to the evidence that is most critical for possible revisions to the NAAQS.

The Changing Role of CASAC and the NAAQS Review Process in the Current Administration

Sweeping changes can be identified in the role of CASAC in the NAAQS review process; these can be summarized as follows:

- Changes in the criteria for membership on EPA Scientific Advisory Board committees, which apply to CASAC. In particular, researchers funded by the EPA are now excluded.
- An accelerated schedule for the review process was adopted, potentially limiting CASAC input and evaluation of EPA responses to comments.
- In the case of the CASAC panel to review the ISA for Particulate Matter, the additional panel members beyond the seven Chartered CASAC members were dismissed, before the review began.
- The current CASAC chair introduced an idiosyncratic approach to evidence evaluation and synthesis that deviates sharply from the state-of-practice and from the Integrated Review Plan (<https://www3.epa.gov/ttn/naaqs/standards/pm/data/201612-final-integrated-review-plan.pdf>) under which the ISA had been developed. The two CASAC meetings held to date were diverted from scientific review considerations to process considerations as a result.

The net result of these changes in approach is clear: the scope and quality of the CASAC review are threatened. The seven Chartered CASAC members do not include either an epidemiologist or a statistician, both critical areas for the NAAQS review process. The need for expanded expertise has been recognized by CASAC, calling for reappointment of the dismissed panel members or a comparable set of experts in the April 11, 2019 letter from Chair Cox to Administrator Wheeler ([https://yosemite.epa.gov/sab/sabproduct.nsf/LookupWebReportsLastMonthCASAC/6CBCBBC3025E13B4852583D90047B352/\\$File/EPA-CASAC-19-002+.pdf](https://yosemite.epa.gov/sab/sabproduct.nsf/LookupWebReportsLastMonthCASAC/6CBCBBC3025E13B4852583D90047B352/$File/EPA-CASAC-19-002+.pdf)). I am concerned that the new requirements for membership on Science Advisory Board committees will be a barrier to recruitment of some knowledgeable experts. In the case of CASAC, appointment as a Chartered member has been viewed as an honor for members of the scientific and public health communities; that honor has been tarnished in the current EPA.

I have been particularly concerned by the changes introduced by the current CASAC chair around evaluation and synthesis of evidence, a critical role for the ISA and REA. I have provided public comments in that regard at both CASAC meetings on the ISA for Particulate Matter. The 2016 Integrated Review Plan describes how the sequence of documents for Particulate Matter will be developed and reviewed, along with setting out the methodologies that will be used. With the initial review, the CASAC Chair forcefully introduced different considerations related to how the evidence should be evaluated, particularly affecting the epidemiological studies that have been critical to guiding the NAAQS for Particulate Matter. As noted in my comments to CASAC, the chair's alternatives to the established approaches are untested in practice. Any major modifications to the EPA's methodologies should have a full vetting and appropriate review by the Science Advisory Board.

The CASAC Changes Reflect a Broader Pattern of Removing Science from EPA Actions

Since its founding, the EPA has been a science-based agency in formulating policies and regulations; some of the scientific evidence comes from its Office of Research and Development, some from its extramural research program—the Science to Achieve Results (STAR) Program, and some from research funded by diverse non-EPA sources. The laws underlying its authorities draw specific connections to scientific evidence. The foundational role of science in EPA actions is threatened; the example of the NAAQS and the role of CASAC is illustrative.

As its starting point (Figure 1), the NAAQS process begins with the peer-reviewed evidence. Now, the generation of new knowledge on air pollution and health is threatened by reduced funding for intramural and extramural research. The STAR Program has been drastically reduced and EPA is no longer supporting the NIEHS/EPA Children's Environmental Health and Disease Prevention Research Centers, or Children's Centers. These centers have carried out research on such topics as air pollution and asthma, and the consequences of environmental pollution for child health more generally. Also threatening the evidence that can be considered is the 2018 rule, *Strengthening Transparency in Regulatory Science*, which calls for access to data and also to the code underlying analyses. Such transparency has become state-of-practice in some fields as part of the move to assure "rigor and reproducibility." However, the logistics, processes, and funding for such data sharing have yet to be addressed. And, the Transparency Rule may preclude consideration of some pivotal epidemiological studies for which data sharing may be impracticable because of privacy and confidentiality considerations. In a rule-making context, data access could also lead to conflicting findings from the same data sets if skilled analysts seek to push results towards or away from the null.

Moving through the process in Figure 1, as mentioned above, the composition of advisory groups, like CASAC has now been altered through the policy initially advanced by former EPA Administrator Pruitt with broad implications. The policy excludes EPA funded scientists from Science Advisory Board membership while easing restrictions on membership in the EPA committees by industry scientists. A net result could be a shift in the balance of committees from having the most knowledgeable participants to including more with potential bias and conflict-of-interest, whether disclosed or undisclosed. With CASAC, as noted, the seven Chartered members cannot provide the in-depth, multidisciplinary review that is needed.

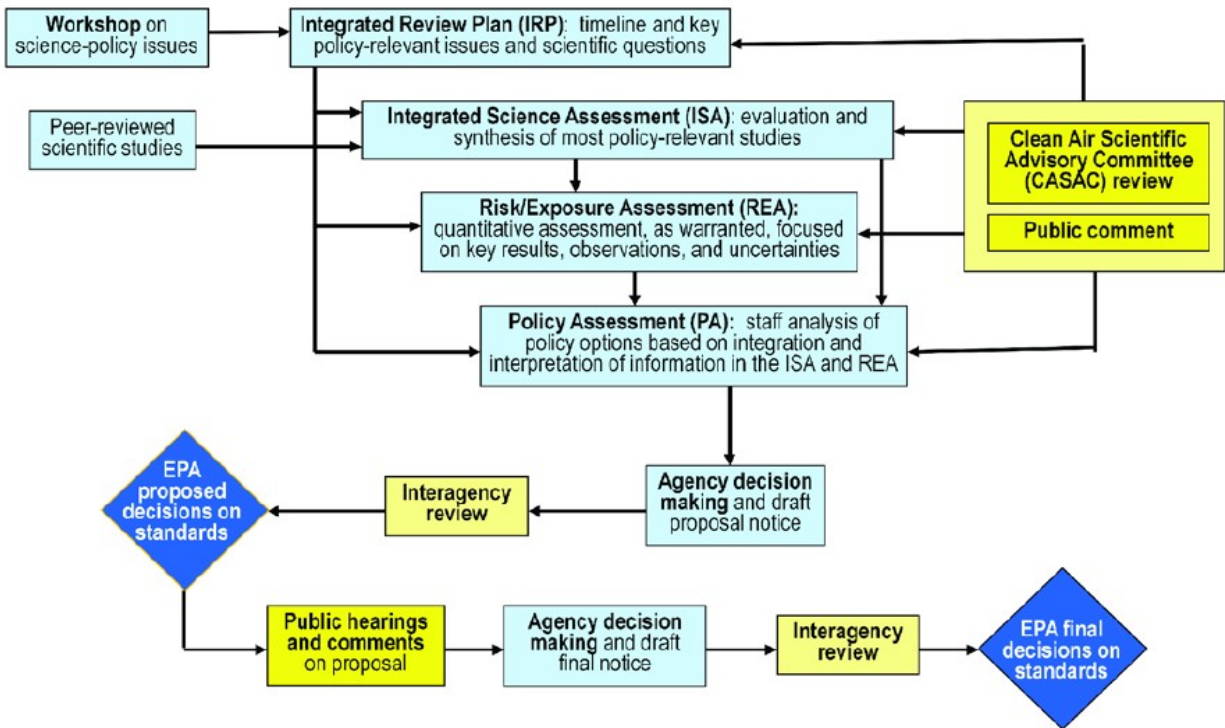
Finally, with CASAC in particular, the current chair has disrupted established processes for evidence evaluation and review by attempting to impose an untested alternative. Concern has also been raised with regard to the systematic review process being used for the Toxic Substances Control Act.⁸ The concerns related to a methodology that did not reflect the state-of-practice and that could exclude relevant studies.

Separation of decision-making from its scientific foundation leaves openings for interference at the political level. Figure 2 provides a general schema for the pathway from research to actions that are intended to protect the environment and human and ecosystem health. The NAAQS review process represents a specific example of such a process and my testimony touches on how several steps have been altered in the current administration. In the general schema (Figure 2), agency actions also reach to considerations of dose-response relationships and cost-benefit analysis.

From the outset, this administration did not grasp the cross-cutting role of science in the activities of the agencies.⁹ Beyond this general lack of understanding, the EPA became the focus of the concerted attack described in this testimony. Severing the close connection of science with the EPA's actions threatens its core mission—"the protection of human health and the environment".

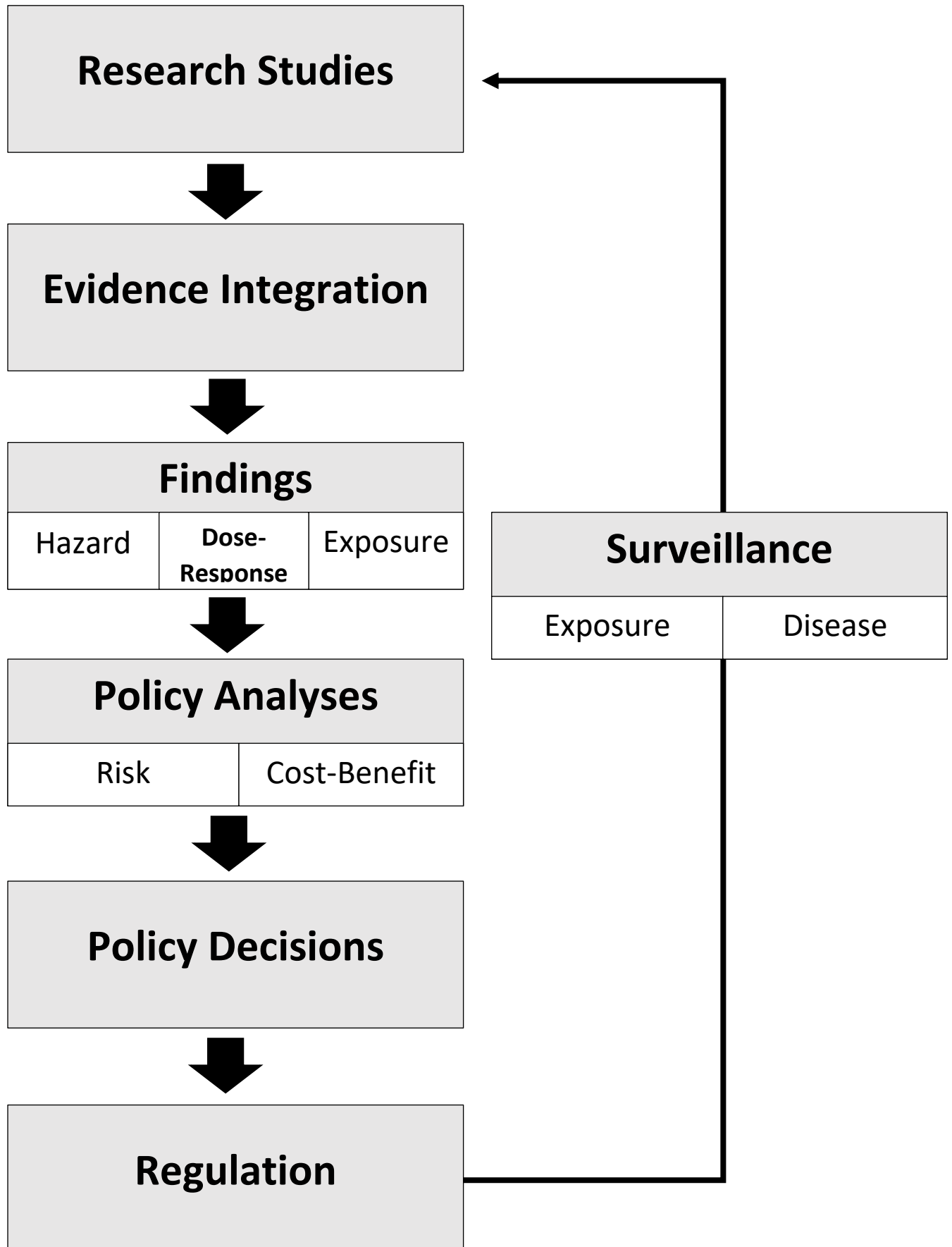
Figure 1. The NAAQS Review Process and the CASAC Role

Schematic of the key steps in review of the National Ambient Air Quality Standards



Source: U.S. EPA. Preamble to the Integrated Science Assessments (ISA). U.S. Environmental Protection Agency, Washington, DC, EPA/600/R-15/067, 2015.

Figure 2. Path from Research to Action to Protect the Environment and Human Health



Clean Air Scientific Advisory Committee for Particulate Matter NAAQS

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*Members of the statutory Clean Air Scientific Advisory Committee (CASAC) appointed by the EPA Administrator.

**As immediate past CASAC Chair, Dr. Henderson is invited to participate in CASAC advisory activities for FY 2009.

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9. Lewis M. *The Fifth Risk*. New York, NY: W. W. Norton & Company, Inc.; 2018.

Appendices:

A. COMMENTS CONCERNING EPA'S INTEGRATED SCIENCE ASSESSMENT (ISA) FOR PARTICULATE MATTER (EXTERNAL REVIEW DRAFT-OCTOBER 2018)

CASAC ISA Particulate Matter Comment by Dr. Jonathan Samet, submitted
December 11, 2018

B. COMMENTS CONCERNING EPA'S INTEGRATED SCIENCE ASSESSMENT (ISA) FOR PARTICULATE MATTER (EXTERNAL REVIEW DRAFT-OCTOBER 2018)

CASAC ISA Particulate Matter Comment by Dr. Jonathan Samet, submitted March
27, 2019

Appendix A

COMMENTS CONCERNING EPA'S INTEGRATED SCIENCE ASSESSMENT (ISA) FOR PARTICULATE MATTER (EXTERNAL REVIEW DRAFT-OCTOBER 2018)

Prepared by:

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Submitted December 11, 2018

Background

I write these comments from the professional perspective of being a pulmonary physician and epidemiological researcher who has carried out research on the health effects of indoor and outdoor air pollution for decades. My research has used the full range of epidemiological methods to assess associations of air pollution with health. As a consequence of my research background, I have been a member of numerous national and international committees concerned with the translation of scientific evidence into policy, including serving on various committees of the Environmental Protection Agency's (EPA) Science Advisory Board. With regard to Particulate Matter (PM), I was one of the Consultants to the Clean Air Scientific Advisory Committee (CASAC) for the review of the Criteria Document and Staff Paper that led to the 1997 PM_{2.5} National Ambient Air Quality Standard (NAAQS). I chaired CASAC from 2008 through 2012 and, while in this role, I led the reviews carried out for the PM NAAQS. During that review, the transition to the current suite of documents related to the NAAQS review process was completed, resulting in the Integrated Science Assessment (ISA), the Risk and Exposure Assessment (REA), and the Policy Assessment (PA). I provided guidance to the EPA staff concerning frameworks for assembling and evaluating evidence, drawing on my experience as editor and author for the reports of the Surgeon General on smoking and health and various committees of the National Academies of Science, Engineering and Medicine that I chaired. Of these committees, the Committee on Research Priorities for Airborne Particulate Matter is particularly relevant, as the committee was tasked to identify the most critical scientific uncertainties around PM following the PM_{2.5} NAAQS, to develop a research agenda addressing these uncertainties, and to track progress in resolving these uncertainties.

Since my term on CASAC ended, the EPA's approach for assembling and interpreting evidence with review from CASAC has proved effective. The approach is well-established (Figure 1); provides a transparent record of the concerns raised during the review, summarized in a letter to the Administrator; and changes in response to review are documented with a rationale provided. The scope of the documents reviewed and the breadth of the scientific evidence has necessitated the augmentation of the seven Chartered CASAC members with additional panelists and several cycles of revision and review of each consecutive document have been needed. The practice of expanding the panel beyond the Chartered CASAC members is long-standing. For example, I attach a table taken from the June 13, 1996 Closure Letter on the Staff Paper from Dr. George Wolff, CASAC Chair, to Administrator Browner ([Link to Letter](#)). This informative table lists the 21 panel members and their expertise, reflecting the broad range of disciplines required for comprehensive review of the lengthy documents assembled for reconsidering a NAAQS (Table 1). That scope cannot be captured with the seven members of the Chartered CASAC.

The sequence of the documents is consistent with usual risk assessment approaches: the ISA is concerned with hazard identification, providing an assessment of the strength of evidence for causation and a suite of outcomes for consideration in the REA. The approach to making judgments as to the causal nature of associations of PM with health outcomes draws on widely used approaches, embedded within various EPA guidelines and used by other entities, e.g., the

Centers for Disease Control and Prevention in evaluating the evidence on smoking and health. The REA considers selected health outcomes and assesses the burden of disease attributable to PM at current levels and levels that would prevail under various scenarios associated with changes in the NAAQS. The REA is a critical step in moving from the ISA and its identification of hazard to the PA, which guides the Administrator's decision-making.

This process has been in place for about a decade, undergoing small refinements. Generally, there is agreement that it has proved a workable approach to the complex task of moving from myriad scientific papers to the evidence that is most critical for possible revisions to the NAAQS. The Appendix to these comments includes a letter from seven former Chartered CASAC members, supporting the current approach and offering concern about not expanding beyond these seven individuals.

The Current ISA Review

Over two days, December 12 and 13, the charter CASAC members face the task of reviewing the draft PM ISA, numbering 1881 pages and occupying 19.4 megabytes. It was first released on October 23, allowing approximately 6 weeks for review by CASAC and the public. The CASAC has five general charge questions stemming from the "Back to Basics Process for Review of the National Ambient Air Quality Standards" and an additional eight, more specific, albeit challenging, questions. Examining the agenda, setting aside the time for administrative matters, presentations, and public comments, approximately 11 hours remain for the committee to do its work, including a writing session. The CASAC members will likely continue to refine their comments following the meeting, but this schedule for reviewing an enormous document cannot support the needed in-depth review.

With deference to the CASAC members, this mandated approach can at best result in a more superficial review and more cursory comments than achieved with the prior approach. As a first item on its agenda, CASAC should question the EPA staff on the new review approach and, specifically, how the consequences of this abbreviated process will be evaluated. Such questioning is justifiable, given how the review process has been altered and the implications of a hurried evaluation. The import of this first testing of the new review process needs to be fully understood.

The Current ISA

As noted, the current ISA is lengthy, reflecting the enormity of the literature. Quoting the ISA (P-10, line 18): "This ISA evaluates relevant scientific literature since the 2009 PM ISA...". Over that time period, the growth of the literature on PM and health alone has been substantial (Table 2). This table provides article counts from broad searches conducted on December 10, 2018 on topics relevant to this ISA. The scope of the literature available and considered is enormous with 2656 references cited in the first draft ISA.

Consider Chapter 5, *Respiratory Effects*, for example. This 340 page chapter covers a broad set of outcomes that are critically relevant to public health; the relevant literature covers particle characteristics and dosimetry, and findings from mechanistic, toxicological and epidemiological research. It covers not only PM_{2.5}, but also PM_{10-2.5} and ultrafine particles (UFP) across an array of health outcomes. There are 425 citations. The various lines of evidence are considered for each outcome and synthesized following the principles laid out in the Preface of the ISA. The ISA's findings reaffirm those of the 2009 ISA, without advancing conclusions with regard to the strength of evidence.

The CASAC review of this chapter should include panel members with expertise in lung toxicology, mechanisms of lung injury and epidemiology. Given the breadth of the outcomes considered, more focused expertise in some areas, e.g., asthma, is warranted. And, reviewers will likely need to examine some of the critical studies cited to assure that they have been correctly represented or to address study-specific concerns.

Are Refinements Needed?

Inevitably, any process for gathering, reviewing, and synthesizing evidence can be improved as experience is gained. While I have been supportive of the ISA as a format for gathering and reviewing evidence, new and more efficient approaches may be needed, particularly for PM and ozone, given the scope of the relevant literature. In the case of PM, by 2009, substantial evidence causally linked PM to a number of short-term and long-term adverse effects. These became the basis for the REA, an analysis supporting the PA and ultimately the Administrator's decision on NAAQS revision. When adverse effects of major public health concern have well documented causal links to PM, should the emerging literature be reviewed exhaustively? Could screening approaches be used to limit the number of comprehensive reviews considered in the ISA?

The REA remains a key step in developing evidence-based guidance for the Administrator. It would best be maintained as a free-standing document.

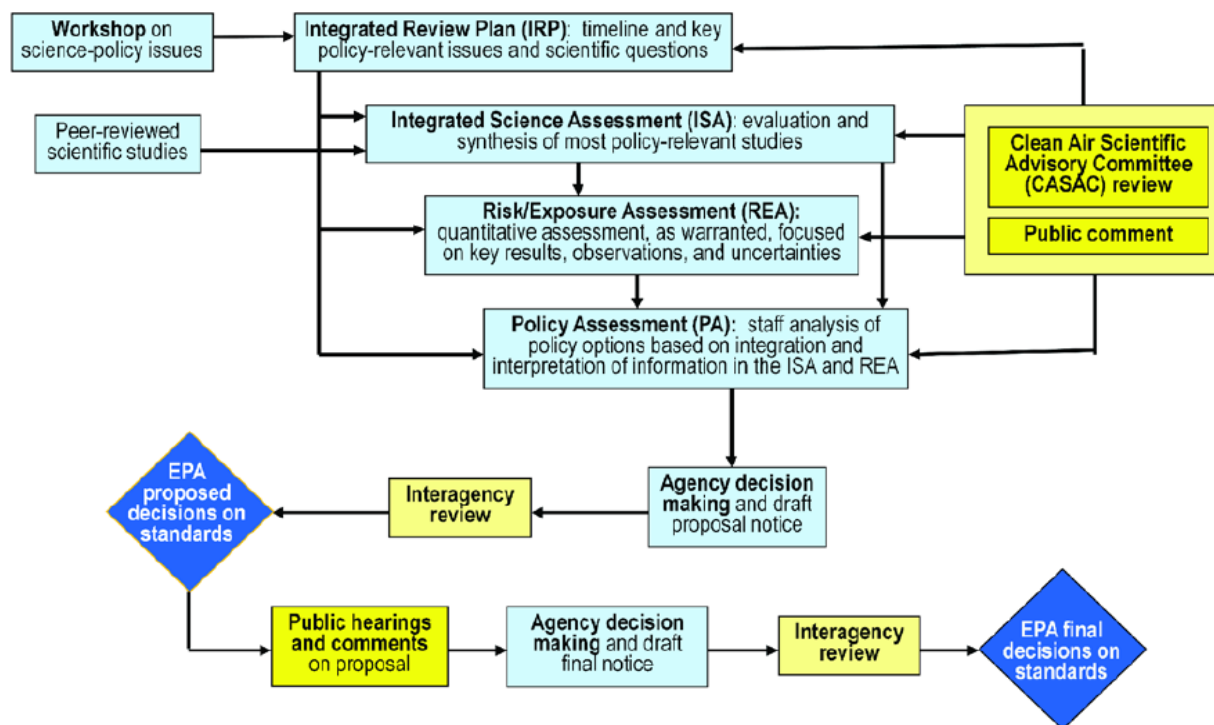
Conclusions and Recommendations

My comments concerning the formidable, if not impossible challenge, posed by review of the draft PM ISA have been echoed by others. Thus, with regard to the process for this review of the PM ISA, I recommend the following:

1. CASAC should provide its assessment of the feasibility and effectiveness of this accelerated review process, coinciding with not appointing consultant members to the PM panel. This first application of a new process should be closely scrutinized for its consequences.

2. The Science Advisory Board should undertake its own evaluation of the sweeping changes made to its review processes for the PM NAAQS and the consequences for the quality of its work.
3. The EPA staff need to continue to provide a written response to CASAC's principal comments; such documentation is critical if CASAC has only a single review meeting.
4. The size of the draft PM ISA contributes to the complexity of review, even without the changes to the review processes. The ISA was intended to be briefer and more integrative than the previous Criteria Documents. In that regard, the ISA has succeeded, but this approach to evidence gathering, evaluation, and synthesis is challenged by the enormity of the literature. Discussion is warranted as to how to scope the literature relevant to updating a NAAQS and to produce a sufficiently informative, but smaller document.

Figure 1. Schematic of the key steps in review of the National Ambient Air Quality Standards



U.S. EPA (U.S. Environmental Protection Agency). (2015). Preamble to the Integrated Science Assessments [EPA Report]. (EPA/600/R-15/067). Research Triangle Park, NC: U.S. Environmental Protection Agency, Office of Research and Development, National Center for Environmental Assessment—RTP Division. <https://cfpub.epa.gov/ncea/isa/recordisplay.cfm?deid=310244>.

Table 1. [Summary of CASAC Panel Members Recommendations \(all units \$\mu\text{g}/\text{m}^3\$ \), 1996](#)

		PM _{2.5} 24-hr	PM _{2.5} Annual	PM ₁₀ 24-hr	PM ₁₀ Annual
Current NAAQS		N/A	N/A	150	50
EPA Staff Recommendation		18 - 65	12.5 - 20	150 ¹³	40 - 50
Name	Discipline				
Ayres	M.D.	yes ²	yes ²	150	50
Hopke	Atmos. Sci.	20 - 50 ³	20 - 30	no	40 - 50 ⁴
Jacobson	Plant Biologist	yes ²	yes ²	150	50
Koutrakis	Atmos. Sci.	yes ^{2,5,6}	yes ^{2,5,6}	no	yes ⁴
Larntz	Statistician	no	25-30 ⁷	no	yes ²
Legge	Plant Biologist	≥ 75	no	150	40 - 50
Lippmann	Health Expert	20 - 50 ³	15 - 20	no	40 - 50
Mauderly	Toxicologist	50	20	150	50
McClellan	Toxicologist	no ⁸	no ⁸	150	50
Menzel	Toxicologist	no	no	150	50
Middleton	Atmos. Sci.	yes ^{2,3,12}	yes ^{2,5}	150 ^{3,13}	50
Pierson	Atmos. Sci.	yes ^{2,9}	yes ^{2,9}	yes ⁴	yes ⁴
Price	Atmos. Sci./ State Official	yes ^{3,10}	yes ¹⁰	no ^{3,4}	yes ⁴
Shy	Epidemiologist	20 - 30	15 - 20	no	50
Samet ¹	Epidemiologist	yes ^{2,11}	no	150	yes ²
Seigneur	Atmos. Sci.	yes ^{3,5}	no	150 ¹³	50
Speizer ¹	Epidemiologist	20 - 50	no	no	40 - 50
Stolwijk	Epidemiologist	75 ⁷	25-30 ⁷	150	50
Utell	M.D.	≥ 65	no	150	50
White	Atmos. Sci.	no	20	150	50
Wolff	Atmos. Sci.	≥ 75 ^{3,7}	no	150 ³	50

¹ not present at meeting; recommendations based on written comments

² declined to select a value or range

³ recommends a more robust 24-hr. form

⁴ prefers a PM standard rather than a PM standard 10-2.5 10

⁵ concerned upper range is too low based on national PM /PM ratio 2.5 10

⁶ leans towards high end of Staff recommended range

⁷ desires equivalent stringency as present PM standards 10

⁸ if EPA decides a PM NAAQS is required, the 24-hr. and annual standards 2.5 should be 75 and 25 $\mu\text{g}/\text{m}^3$, respectively with a robust form

⁹ yes, but decision not based on epidemiological studies

¹⁰ low end of EPA's proposed range is inappropriate; desires levels selected to include areas for which there is broad public and technical agreement that they have PM pollution problems 2.5

¹¹ only if EPA has confidence that reducing PM will indeed reduce the components 2.5 of particles responsible for their adverse effects

¹² concerned lower end of range is too close to background

¹³ the annual standard may be sufficient; 24-hr level recommended if 24-hour standard retained

Table 2. PubMed Literature Search Results for Report Key Terms, 2009 – present

Search Term(s)	Number of Citations
Epidemiology and particulate matter	6639
Epidemiology AND particulate matter AND respiratory effects	1461
Epidemiology AND particulate matter AND respiratory health	1231
Epidemiology AND particulate matter AND cardiovascular disease	1406

APPENDIX

Andrew Wheeler

Acting Administrator

U.S. Environmental Protection Agency

1200 Pennsylvania Avenue NW, Washington, DC 20460

RE: Proposed changes to Clean Air Scientific Advisory Committee (CASAC) review process

December 10, 2018

Acting Administrator Wheeler:

We write as past members of the Clean Air Scientific Advisory Committee (CASAC) of the Science Advisory Board of the US Environmental Protection Agency (EPA) to express concern about the announced approach for CASAC review of the National Ambient Air Quality Standards (NAAQS), which eliminates the comprehensive peer review process that evaluates evidence related to the NAAQS and replaces the process with a single seven-person panel, comprised of the Charter CASAC members. Several of those signing this letter have served as Chair of CASAC (Samet, Frey, Hopke, Diez Roux), and we have expertise in the health effects of air pollution, coming from our research and patient care activities, as well as a range of disciplines pertinent to the NAAQS review. As a primary concern, we are united in suggesting that a seven-person panel cannot review and evaluate the documents prepared by the Agency in the process for consideration of revisions to the NAAQS. We are deeply concerned that eliminating the CASAC panels will lead to superficial reviews that will not have the needed scientific depth. The Charter CASAC, simply based on its number, cannot span the scope of science considered by the EPA as it guides the Administrator in assuring that the NAAQS will protect human health with an adequate margin of safety, as mandated by the Clean Air Act. Furthermore, for the current ozone and particulate matter reviews, the EPA is proposing a rushed schedule, which will reduce transparency, opportunity for public input, and the quality of the review.

Those signing this letter are in agreement that the CASAC peer review process was not “broken”; quite to the contrary, an effective process had been established that led to high-quality and timely peer review that has directly informed NAAQS revisions. Scientific evidence has been the foundation for NAAQS revision and peer review is fundamental to the translation of scientific evidence into standards to protect the public health. The CASAC panels have typically included 14-15 members beyond the Charter CASAC to have the full range of expertise needed to cover the Integrated Science Assessment (ISA), Risk and Exposure Analysis (REA), and Policy Analysis (PA) documents. The range of topics to be covered includes atmospheric sciences, exposure sciences, toxicology, epidemiology and statistics, risk assessment, and

ecological and human welfare effects. For the most critical areas, such as epidemiology, several expert panel members have been included in the pollutant-specific review panels.

With these numbers and breadth of expertise, CASAC panels have provided comprehensive reviews that are then summarized by the CASAC Chair and approved by the Chartered CASAC before transmittal to the Administrator. CASAC has been augmented with additional expert scientists to form review panels for over three decades. The role of the Charter CASAC, and additional scientists added to complete pollutant-specific panels, is well specified in the series of documents developed by the EPA in support of NAAQS revision (see Figure 1 below from the 2013 ISA for Ozone). CASAC has recognized that the EPA documents need to be adequate for their intended purpose. In our experience, peer review by CASAC has resulted in substantial revisions by the EPA. In the past, CASAC typically provided two cycles of peer review per document, as each document was revised in response to CASAC comments.

We are deeply concerned that eliminating these levels of peer review and expertise will deprive the EPA of essential, independent scientific guidance that is needed to set NAAQS that are protective of human health. We request the opportunity to speak with the EPA's leadership on the process by which CASAC provides scientific input to the agency as the NAAQS are revised. Collectively, we have provided years of service to the agency on CASAC and its panels. We are hopeful that the tradition of assuring the best possible peer review will be maintained.

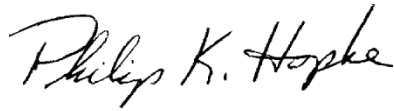
Sincerely,



Jonathan M. Samet, M.D., M.S.
Dean and Professor
Colorado School of Public Health
CASAC Chair 2008-2012



H. Christopher Frey, Ph.D.
Glenn E. Futrell Distinguished University Professor
North Carolina State University
CASAC Chair 2012-2015



Philip K. Hopke

Bayard D. Clarkson Distinguished Professor Emeritus, Clarkson University
Adjunct Professor, Department of Public Health Sciences
University of Rochester School of Medicine and Dentistry
CASAC Chair 2000-2004



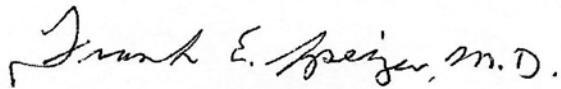
Ana V. Diez Roux, M.D. Ph.D.

Dean and Distinguished University Professor of Epidemiology, School of Public Health
Drexel University
CASAC Chair 2015-2017



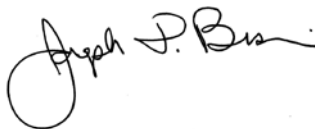
James D. Crapo, M.D.

Professor of Medicine, Department of Medicine
National Jewish Health
University of Colorado Denver



Frank Speizer, M.D.

Edward Kass Professor of Medicine
Channing Laboratory
Harvard Medical School



Joseph D. Brain, S. D. in Hyg.

Cecil K. and Philip Drinker Professor of Environmental Physiology
Harvard T.H. Chan School of Public Health

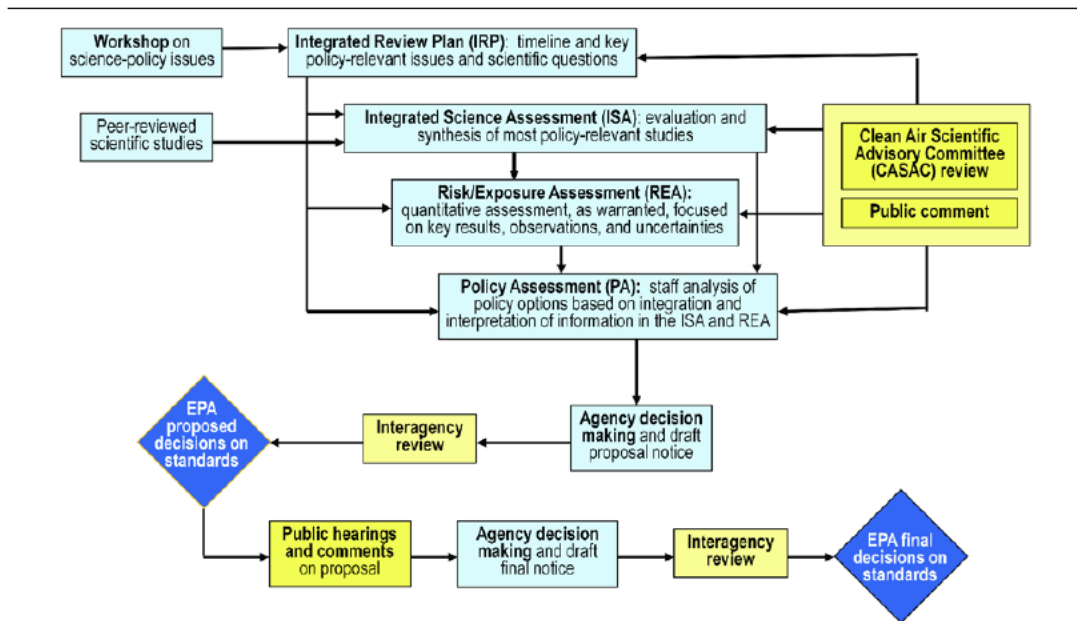


Figure 1 Illustration of the key steps in the process of the review of National Ambient Air Quality Standards.

Appendix B

COMMENTS CONCERNING EPA'S INTEGRATED SCIENCE ASSESSMENT (ISA) FOR PARTICULATE MATTER (EXTERNAL REVIEW DRAFT-OCTOBER 2018)

Prepared by:

Jonathan M. Samet, MD, MS
Dean and Professor
Colorado School of Public Health
Aurora, Colorado
Jon.Samet@ucdenver.edu

Submitted March 27, 2019

Background

Having provided comments at the December 12, 2018 meeting of the Clean Air Scientific Committee (CASAC) as it considered the first draft of *Integrated Science Assessment (ISA) for Particulate Matter (PM)*, I now offer comments on the processes used by CASAC in its review of the ISA. These earlier comments are appended. I elaborate my background at some length below because of its relevance to my comments.

I offer comments from the professional perspective of being a pulmonary physician and epidemiological researcher who has carried out research on the health effects of indoor and outdoor air pollution and other environmental agents for decades. As a consequence of that research, I have been a member of numerous national and international committees concerned with the translation of scientific evidence into policy, including serving on various committees of the Environmental Protection Agency's (EPA) Science Advisory Board. To reiterate the earlier description of my background, with regard to PM, I was one of the Consultants to the Clean Air Scientific Advisory Committee (CASAC) for the review of the Criteria Document and Staff Paper that led to the 1997 PM_{2.5} National Ambient Air Quality Standard (NAAQS). I chaired CASAC from 2008 through 2012 and, while in this role, I led the reviews carried out for the PM NAAQS. During that review, the transition to the current suite of documents related to the NAAQS review process was completed, resulting in the Integrated Science Assessment (ISA), the Risk and Exposure Assessment (REA), and the Policy Assessment (PA). I provided guidance to the EPA staff concerning frameworks for assembling and evaluating evidence.

With regard to "accountability research", I chaired the first and second workshops on the topic for the Health Effects Institute (HEI), resulting in HEI Communications 11 and 15.

I have also been involved with providing guidance to EPA concerning revisions to the Integrated Risk Information System (IRIS), including incorporation of systematic review methodologies and judgments as to the strength of evidence. This guidance has come through three committees of the National Academies of Science, Engineering, and Medicine that I have chaired.

I have also participated in other activities involving evidence integration with the purpose of drawing causal conclusions. One long-standing model for weight-of-evidence approaches has been the reports of the Surgeon General on smoking and health; beginning with the landmark 1964 report, this series of reports, now numbering 36, has reached powerful conclusions on the causation of disease by active and passive smoking. As Senior Scientific Editor for the 2004 report, I led a recalibration of the methodology for causal inference applied in these reports, an approach then successfully used in a series of subsequent reports: the 2006 report on involuntary smoking, the 2012 report on youth, and the 50th anniversary 2014 report. More recently, I chaired the Working Group that revised the Preamble for the Monographs of the International Agency for Research on Cancer (IARC). That revision led to refinements to the IARC approach for evidence integration in order to better incorporate mechanistic evidence.

Since my term on CASAC ended, the EPA's now established approach for assembling and interpreting evidence with review from CASAC has proved effective. It has proved to be practicable in its implementation; it provides a transparent record of the concerns raised during the review, summarized in a letter to the Administrator; and changes in response to review are documented with a rationale provided; and its validity has not been questioned.

The Current CASAC Review of the ISA

Here, I complement my earlier comments, addressing the shift in approach for evidence assessment and inference that has been introduced with this review of the PM ISA. This shift was signaled by CASAC Chair, Dr. Tony Cox, in instructions to CASAC provided in advance of the December 12-13 meeting. In addition to making assignments related to charge questions, the memo directed the attention of the CASAC panel to a series of methodological and technical issues concerned with data analysis and interpretation of models, as well as to aspects of causal inference. The issues were posed as questions, representing additions to the charge questions provided by the EPA. Parallel comments were provided by Dr. Cox in the compendium of individual, pre-meeting comments dated December 10, 2018.

The final review comments submitted to EPA are extensive, providing useful comments on some issues, but pervasively, questions are raised concerning process that echo the earlier submissions, including the letter from Dr. Cox to the CASAC panel, the preliminary comments, and the letter submitted by Dr. Cox to Dr. John Vandenberg dated December 17, 2018. The intent is clear: to force a revision of the processes in place for the five-year review of the NAAQS. In its comments on the draft ISA, CASAC indicates that it does not find responsiveness to the methodological concerns raised in Dr. Cox's letter to Dr. Vandenberg.

Here, I do not offer a specific critique of the points raised by CASAC around methodologies for evidence identification and review, interpretation of models, and causal inference and classification of strength of evidence. My principal points are directed at process:

- I concur that methods for utilization of evidence in decision-making processes should not be static and that CASAC could usefully provide guidance on making changes in the approach used by EPA in meeting its charge for five-year reassessments of the NAAQS. Such changes should be measured and not disruptive as the EPA carries out the challenging task of reviewing the burgeoning evidence on PM (or other pollutants) on the timeline mandated by the Clean Air Act. If new approaches are to be adopted, then modifications cannot be made so far into the development of the ISA, as in this instance.
- The comments are described as "consensus" comments. Has there been sufficient discussion among CASAC members to assure that the comments do reflect a "consensus" view?
- Throughout EPA, evidence is the starting point for policy and regulations. A variety of approaches are used in evidence translation processes; the in-place processes for

NAAQS review have been considered exemplary and changes to them have sufficiently broad implications to merit in-depth review by the Science Advisory Board.

- And, if a change in a process that has proved functional through multiple NAAQS reviews is to be made, the methodology should be transitioned to an approach that is known to work. The questions posed to Dr. Vandenberg and the comments about process raised by CASAC appear to directly reflect the writings and formulations of Dr. Cox. Several publications cited in these documents appear to be the foundation for the suggested shifts in approach. These include:
 - Cox Jr, Louis Anthony Tony, and Douglas A. Popken. "Has reducing fine particulate matter and ozone caused reduced mortality rates in the United States?" *Annals of epidemiology* 25.3 (2015): 162-173. (13 citations)
 - Cox Jr, Louis Anthony. "Do causal concentration–response functions exist? A critical review of associational and causal relations between fine particulate matter and mortality." *Critical reviews in toxicology* 47.7 (2017): 609-637. (10 citations)
 - Cox, Louis, et al. "Applying nonparametric methods to analyses of short-term fine particulate matter exposure and hospital admissions for cardiovascular diseases among older adults." *International journal of environmental research and public health* 14.9 (2017): 1051. (3 citations)
 - Cox, Louis Anthony Tony. "Effects of exposure estimation errors on estimated exposure-response relations for PM_{2.5}." *Environmental research* 164 (2018): 636-646. (0 citations)
 - Cox Jr, Louis Anthony. "Modernizing the Bradford Hill criteria for assessing causal relationships in observational data." *Critical reviews in toxicology* 48.8 (2018): 682-712. (0 citations)

I note that these papers were published from 2015 to 2018. To date, using Google Scholar, I find few citations by others, the hallmark of peer recognition and of scientific significance. These papers have had insufficient time to be considered by the scientific community in-depth. The approach and underlying methods proposed by CASAC cannot be considered the current state-of-practice.

Papers by others are cited, but publication dates are also recent. These references point to future directions around estimation of effects, but cannot be considered as redefining the state-of-practice.

- While I served as Chair of CASAC, apparently in response to stakeholder concerns, panel members were asked not to participate in discussions of their own work because of the potential for perceived or actual conflict-of-interest. Does that restriction remain in force? If so, the chair's advocacy for his own work should be considered as inappropriate.

- A close read of the CASAC comments shows abundant points of criticism, but steps 1-8, listed on pages 8 and 9 do not offer a framework that represents a sufficiently well-specified system for EPA to move forward.
- Many of the CASAC comments directed at the ISA, would be more appropriately raised when CASAC considers the draft Health Risk and Exposure Assessment (HREA). For that analysis, considerations related to model construction and assumptions, forms of concentration-response relationships and potential confounding are critical. In fact, the CASAC comments conflate the broader and holistic processes used to assess weight-of-evidence overall with the emerging techniques for estimation of “causal effects” from the data from particular studies.
- Are changes in methodology for NAAQS review within the mandate of CASAC? CASAC is an *advisory* committee and its mandate under the Clean Air Act is to provide guidance to the EPA. While there is no proscription on CASAC’s taking a more active role, the approach taken with this ISA represents a substantial departure from prior CASAC panels.
- I was surprised to find comments about prior documents and CASAC reviews (e.g., lines 16-18, page 1). First, the present CASAC was not charged with reviewing prior documents, but the latest draft ISA; and second, what is the basis for this statement? Is this statement the view of the full panel? A further example can be found in Dr. Cox’s comments on pages A-14 to A-15, which offer an opinion, without evidential analysis, on the conduct of prior reviews and even on the expertise of prior CASAC panels.
- I concur with the sensible recommendation to expand the panel with consultants as originally planned. As I have commented previously the seven members of the chartered CASAC cannot hold the breadth of expertise needed to review this 1,881 page draft. As one outcome of this meeting, CASAC should identify the additional expertise needed, including at the least an experienced environmental epidemiologist, an expert in exposure sciences, and an environmental statistician.
- As a starting point for any substantive changes to the NAAQS review methodology, CASAC should consider requesting consultation with the full SAB and move towards workshops that would provide a proper venue for in-depth discussions. The issues considered here do not lend themselves to teleconferences. Solicitation of a report from the National Academies of Science, Engineering and Medicine is an alternative to the SAB.

Bottom line: the NAAQS review is on a very tight timetable. CASAC has already been crippled by the restriction of the reviewers to the seven chartered members. Of the extensive comments provided by CASAC, many are useful, but a new draft ISA cannot be built around a still unspecified and untested framework for evidence evaluation and integration.

Clean Air Act Amendments of 1977 (42 U.S.C. § 7409(d)(2))
The Clean Air Scientific Advisory Committee

(A) The Administrator shall appoint an independent scientific review committee composed of seven members including at least one member of the National Academy of Sciences, one physician, and one person representing State air pollution control agencies.

(B) Not later than January 1, 1980, and at five-year intervals thereafter, the committee referred to in subparagraph (A) shall complete a review of the criteria published under section 7408 of this title and the national primary and secondary ambient air quality standards promulgated under this section and shall recommend to the Administrator any new national ambient air quality standards and revisions of existing criteria and standards as may be appropriate under section 7408 of this title and subsection (b) of this section.

(C) Such committee shall also (i) advise the Administrator of areas in which additional knowledge is required to appraise the adequacy and basis of existing, new, or revised national ambient air quality standards, (ii) describe the research efforts necessary to provide the required information, (iii) advise the Administrator on the relative contribution to air pollution concentrations of natural as well as anthropogenic activity, and (iv) advise the Administrator of any adverse public health, welfare, social, economic, or energy effects which may result from various strategies for attainment and maintenance of such national ambient air quality standards.

CURRICULUM VITAE
(as of July 11, 2019)
Jonathan Michael Samet

PERSONAL DATA

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and Environmental & Occupational Health
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EDUCATION AND TRAINING

A.B. 1966 Harvard College, Chemistry and Physics
M.D. 1970 University of Rochester School of Medicine and Dentistry
M.S. 1977 Harvard School of Public Health

Postdoctoral Training

1975-78 Research Fellow in Clinical Epidemiology, Channing Laboratory, Harvard Medical School, Boston, Massachusetts
1973-75 Resident in Medicine, University of New Mexico Affiliated Hospitals, Albuquerque, New Mexico
1970-71 Intern in Medicine, University of Kentucky Medical Center, Lexington, Kentucky

Licensure Formerly licensed in New Mexico, Maryland, Massachusetts

Certification Diplomate, National Board of Medical Examiners
Diplomate, American Board of Internal Medicine
Diplomate, American Board of Internal Medicine, Subspecialty of Pulmonary Medicine

PROFESSIONAL EXPERIENCE

2017- Dean and Professor, Colorado School of Public Health
2016-2017 Director, Workforce Development and KL2 Program Southern California Clinical and Translational Science Institute (SC CTSI)
2014-2017 Distinguished Professor, University of Southern California, Los Angeles, California
2010-2015 Director, Education, Career Development, and Ethics Program (ECDE), Southern California Clinical and Translational Science Institute (SC CTSI)

2008-2017 Professor and Flora L. Thornton Chair, Department of Preventive Medicine, Keck School of Medicine, University of Southern California, Los Angeles, California

2008-2017 Director, USC Institute for Global Health, University of Southern California, Los Angeles, California

2008- Adjunct Professor, Department of Epidemiology, Bloomberg School of Public Health, The Johns Hopkins University, Baltimore, Maryland

1998-08 Director, Institute for Global Tobacco Control, Bloomberg School of Public Health, The Johns Hopkins University, Baltimore, Maryland

1995-08 Co-Director, Risk Sciences and Public Policy Institute, Bloomberg School of Public Health, The Johns Hopkins University, Baltimore, Maryland

1995-08 Secondary Appointment, Oncology Center, The Johns Hopkins University, Baltimore, Maryland

1994-08 Joint Appointment, Department of Medicine, School of Medicine, The Johns Hopkins University, Baltimore, Maryland

1994-08 Professor and Chairman, Department of Epidemiology, Bloomberg School of Public Health, The Johns Hopkins University, Baltimore, Maryland

1994-00 Co-Director, The Center for Epidemiology and Policy, Bloomberg School of Public Health, The Johns Hopkins University, Baltimore, Maryland

1994-96 Adjunct Scientist, Inhalation Toxicology Research Institute

1994-97 Clinical Research Professor, Department of Medicine, University of New Mexico, Health Sciences Center, Albuquerque, New Mexico

1986-94 Professor of Family, Community, and Emergency Medicine, University of New Mexico, Albuquerque, New Mexico

1986-94 Professor of Medicine, University of New Mexico, Albuquerque, New Mexico

1986-94 Chief, Pulmonary and Critical Care Division, Department of Medicine, University of New Mexico School of Medicine, Albuquerque, New Mexico

1985-86 Associate Professor of Family, Community, and Emergency Medicine, University of New Mexico, Albuquerque, New Mexico

1985-94 Chief, Pulmonary Division, University of New Mexico Hospital, Albuquerque, New Mexico

1982-86 Associate Professor of Medicine, University of New Mexico, Albuquerque, New Mexico

1980-94 Epidemiologist, New Mexico Tumor Registry, University of New Mexico, Cancer Research and Treatment Center, Albuquerque, New Mexico

1978-82 Assistant Professor of Medicine, University of New Mexico, Albuquerque, New Mexico

1978-83 Research Associate in Medicine, Harvard Medical School, Boston, Massachusetts

1975-78 Research Fellow in Clinical Epidemiology, Channing Laboratory, Harvard Medical School, Boston, Massachusetts

1974-75 Senior Resident in Medicine, University of New Mexico Affiliated Hospitals, Albuquerque, New Mexico

- 1973-74 Assistant Resident in Medicine, University of New Mexico Affiliated Hospitals,
Albuquerque, New Mexico
- 1971-73 U.S. Army, Anesthesiologist at Gorgas Hospital, Balboa Heights, Canal Zone
- 1970-71 Intern in Medicine, University of Kentucky Medical Center, Lexington, Kentucky

PROFESSIONAL ACTIVITIES

Society Memberships

American Cancer Society

2010- Member, Cancer and the Environment Team

Society for Epidemiologic Research

1989-90 President
1988-91 Executive Committee
1988-89 President-Elect

American Thoracic Society

2007-08 Member, Task Force on Spirometry
2005-08 Program Committee, Environmental and Occupational Health Assembly
2005-06 Member, Environmental Health Policy Committee
1994-96 Program Committee, Behavioral Sciences Section
1992-95 Long Range Planning Committee, Environmental and Occupational Health Assembly
1987-88 Chairman, Workshop on Environmental Controls and Lung Disease
1987-88 Program Committee, Environmental and Occupational Health Assembly
1983-84 Chairman, Environmental and Occupational Health Assembly
Annual Meeting Committee
1981-83 Secretary, Environmental and Occupational Health Assembly
1980-85 Program Committee, Environmental and Occupational Health Assembly
1979-82 Member, Steering Committee, EPA-American Lung Association Project, Physician
Seminars on Health Effects of Air Pollution

New Mexico Thoracic Society

1984-85 President
1983-84 Vice-President
1982-83 Secretary-Treasurer

American College of Epidemiology, Fellow

2007-2010 Co-Chair, Policy Committee
2000-01 President
1999-00 President-Elect
1997-03 Member, Board of Directors

American Association for the Advancement of Science, Fellow

California Thoracic Society

International Society of Indoor Air Quality and Climate

Society for Research on Nicotine and Tobacco

University of Colorado Cancer Center

Advisory Panels

- 2019- Chair, Workshop Planning Committee on Perfluoroalkyl and Polyfluoroalkyl Substances in the Environment - A Systems Approach to Exploring Exposure and Identifying Opportunities for Leadership, National Academies of Sciences, Engineering, and Medicine
- 2018- Member, Scientific Advisory Group for the Sherlock Lung Study, National Cancer Institute
- 2018 Member, Pilot Committee, Environmental Health Matters Initiative, National Academies of Sciences, Engineering, and Medicine
- 2018 Chair, Committee to Review Advances Made to the IRIS Process, National Academies of Sciences, Engineering, and Medicine
- 2016- Chair, Standing Committee on Medical and Epidemiological Aspects of Air Pollution on US Government Employees and their Families, National Academies of Sciences, Engineering, and Medicine
- 2016- Member, Guideline Development Group, WHO Air Quality Guidelines
- 2016- Member, American Lung Association Scientific and Medical Editorial Review Panel
- 2016 Chair, Gilbert W. Beebe Symposium on 30 Years after the Chernobyl Accident: Current and Future Studies on Radiation Health Effects, National Academies of Sciences, Engineering, and Medicine
- 2015-2016 Chair, Incorporating 21st Century Science into Risk-Based Evaluations, National Research Council of the National Academies of Sciences, Engineering, and Medicine
- 2014- Member, Gulf Research Program Advisory Board, National Academies of Sciences, Engineering, and Medicine
- 2013-2014 Chair, Analysis of Cancer Risks in Populations Near Nuclear Facilities: Phase II Pilot Planning Committee, National Research Council of the National Academies of Sciences, Engineering, and Medicine
- 2013 Chair, Working Group on Ambient Air Pollution, International Agency for Research on Cancer (IARC)
- 2013- Expert member, External Advisory Board, Mayo Clinic Lung Cancer SPORE
- 2013-2014 Executive Councilor, Radiation Effects Research Foundation
- 2012-2016 Chair, National Advisory Committee, Robert Wood Johnson Foundation Health & Society Scholars
- 2012-2014 Chair, Committee to Review the IRIS Process, National Research Council of the National Academies of Sciences, Engineering, and Medicine
- 2012-2013 Chair, Health Impact Assessment Academic Advisory Committee, California Air Resources Board
- 2012-2013 Vice-Executive Councilor, Radiation Effects Research Foundation
- 2012- Member, Board of Councilors, Radiation Effects Research Foundation
- 2012 Chair, Workshop Planning Committee, Improving Science in the Administrative Process: A Workshop. Committee on Science Technology and Law, the National Academy of Science

- 2011-2016 Member, National Cancer Advisory Board
- 2011 Chair, Working Group on Non-Ionizing Radiation: Radiofrequency Electromagnetic Fields, International Agency for Research on Cancer (IARC)
- 2011-2012 Member, Board of Directors, Radiation Effects Research Foundation
- 2010-2014 Chair, Tobacco Products Scientific Advisory Committee, Food and Drug Administration
- 2010-2013 Chair, Committee to Develop a Research Strategy for Environmental Health and Safety Aspects of Engineered Nanomaterials, National Research Council of the National Academies of Sciences, Engineering, and Medicine
- 2010-2011 Chair, Committee to Review the Draft IRIS Assessment on Formaldehyde, National Research Council of the National Academies of Sciences, Engineering, and Medicine
- 2010-2012 National Advisory Committee, Robert Wood Johnson Foundation Health & Society Scholars
- 2010-2012 Chair, Interest Group on Environmental and Occupational Health and Toxicology, Institute of Medicine
- 2010-2013 Member, Scientific Advisory Committee of CanCOLD
- 2009-2010 Chair, Health Impact Assessment Academic Advisory Committee, California Air Resources Board
- 2009-2010 Member, Scientific Advisory Board for the National Heart, Lung, and Blood Institute (NHLBI) Global Health Initiative in Partnership with the UnitedHealth Chronic Disease Initiative Program
- 2009- Chair, Centre Advisory Board, MRC-HPA Centre for Environment and Health
- 2009-2010 Member, Planning Committee, Interest Group on Environmental and Occupational Health, Toxicology, Institute of Medicine
- 2008-2012 Chairman, Clean Air Scientific Advisory Committee, Science Advisory Board, U. S. Environmental Protection Agency
- 2008-2010 Co-Chair, Committee on Cancer and the Environment, American Cancer Society
- 2008-2012 Member, Science Advisory Board, U.S. Environmental Protection Agency
- 2007-2009 Member, Scientific Advisory Committee, World Trade Center Medical Programs at Mount Sinai School of Medicine
- 2007-2008 Member, Clean Air Scientific Advisory Committee, Science Advisory Board, U. S. Environmental Protection Agency
- 2006-2014 Chair, Scientific Advisory Committee, Centre for Research in Environmental Epidemiology (CREAL) Barcelona, Spain
- 2006-2007 Chairman, Committee on Evaluation of the VA's Presumptive Disability Decision-Making Process (PDDM), Institute of Medicine
- 2006-2009 Member, Executive Committee, Tyler Prize for Environmental Achievement
- 2005-2007 Member, Guideline Project Committee (GPC) 29, American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE)

- 2004-2009 Member, Global Tobacco Advisory Board, Pfizer, Inc.
- 2004-2006 Chairman, Committee on Asbestos: Selected Health Effects, Institute of Medicine
- 2004-2010 Member, Advisory Board of the Centre for Emerging Infectious Diseases, The Chinese University of Hong Kong
- 2004- Member, Advisory Committee for the University of California, San Francisco Center for Tobacco Control Research and Education
- 2003-2008 Member, Advisory Board for the Clinical Research Curriculum Award, University of Maryland School of Medicine
- 2003-2008 Member, Environmental Factors and Cancer Advisory Committee, American Cancer Society
- 2003-2009 Chairman, Board on Environmental Studies and Toxicology, National Research Council of the National Academies of Sciences, Engineering, and Medicine
- 2003-2010 Member, Science, Technology, and Law Panel, National Research Council of the National Academies of Sciences, Engineering, and Medicine
- 2003-2010 Member, Scientific Advisory Board, R. Samuel McLaughlin Centre for Population Health Risk Assessment, University of Ottawa
- 2002-2006 Member, External Scientific Advisory Board, Cancer Research and Treatment Center, University of New Mexico
- 2002-2008 Chairman, Scientific Advisory Committee, Genetics, Air Pollution and Respiratory Effects in Children and Young Adults project, University of Southern California
- 2002- Member, Scientific Advisory Committee, American Lung Association
- 2002-2003 Member, Board on Environmental Studies and Toxicology, National Research Council of the National Academies of Sciences, Engineering, and Medicine
- 2002-2003 Member, The National Children's Study Advisory Committee, National Institutes of Health
- 2001-2002 Expert Consultant, Exubera Global Development Team, Pfizer Inc.
- 2001-2007 Member, Epidemiology Review Board, E. I. duPont de Nemours and Company, Inc.
- 2001-2006 Member, Awards Assembly, General Motors Cancer Research Foundation
- 2002 Chairman, Working Group on Smoking and Involuntary Smoking, International Agency for Research on Cancer, World Health Organization
- 2002-2004 Member, Scientific Advisory Committee of the Systematic Review of Health Aspects of Air Quality in Europe Project, World Health Organization
- 2000-2001 Chairman, Peer Review Panel on the State of the Science Concerning *Pfiesteria*, Centers for Disease Control and Prevention
- 2000-2002 Member, Research Advisory Board of the Meyer Center, Johns Hopkins University School of Medicine
- 1999-2004 Chairman, External Advisory Committee, Southern California Particle Center and Supersite, UCLA

- 1999-2005 Member, Scientific Advisory Committee, Northwest Research Center for Particulate Air Pollution and Health, University of Washington
- 1999-2005 Consultant, Clean Air Scientific Advisory Committee, Science Advisory Board, U. S. Environmental Protection Agency
- 1998-2001 Member and Chairman (2001), Charles S. Mott Selection Committee of the General Motors Cancer Research Foundation
- 1998-2004 Chairman, Committee on Research Priorities for Airborne Particulate Matter, National Research Council of the National Academies of Sciences, Engineering, and Medicine
- 1998-2006 Member, Research Committee, Health Effects Institute
- 1997-2002 Member, Maryland Air Quality Control Advisory Council, Maryland Department of the Environment
- 1996-2000 Chairman, External Advisory Committee, NIEHS Center, University of Southern California
- 1996-2003 Member, Board of Directors, Radiation Effects Research Foundation
- 1996-2008 Member, National Council on Radiation Protection and Measurements
- 1995-1999 Member, Board of Scientific Counselors, National Cancer Institute
- 1995-1997 Chairman, Scientific Advisory Committee, Iowa Persian Gulf Project, University of Iowa
- 1995-1996 Consultant, Clean Air Scientific Advisory Committee, Science Advisory Board, U.S. Environmental Protection Agency
- 1994-2008 Member, Board of Overseers, American Journal of Epidemiology
- 1995-2004 Member, National Advisory Council for the National Jewish Center for Immunology & Respiratory Medicine
- 1994-1998 Chairman, Biological Effects of Ionizing Radiation (BEIR) VI Committee, National Research Council of the National Academies of Sciences, Engineering, and Medicine
- 1993-1995 Member, WIPP Subcommittee, National Advisory Council on Environmental Policy & Technology (NACEPT), U.S. Environmental Protection Agency
- 1992-1998 Member, Respiratory Advisory Board, ASTRA
- 1992-1994 Chairman, Biological Effects of Ionizing Radiation (BEIR) VI Committee, Phase I, National Research Council of the National Academies of Sciences, Engineering, and Medicine
- 1992-1998 Member, Commission on Life Sciences, National Research Council of the National Academies of Sciences, Engineering, and Medicine
- 1992-1998 Member, SSPC 62, American Society of Heating, Refrigeration, and Air-Conditioning Engineers
- 1991-1996 Task Force on Pneumoconioses, American College of Radiology
- 1991 Member, Fourth Task Force for Research Planning in Environmental Health Science, National Institute of Environmental Health Sciences
- 1991-1994 Pulmonary Disease Advisory Committee, Division of Lung Diseases, National Heart, Lung, and Blood Institute

- 1991-1997 Member, Board of Radiation Effects Research, National Research Council, National Academy of Sciences
- 1990-1994 Chairman, Research Oversight Committee, Health Effects Institute-Asbestos Research
- 1989-1991 Chairman, Panel on Dosimetric Assumptions Affecting the Application of BEIR IV Risk Estimates, National Research Council, National Academy of Sciences
- 1989-1997 Member, National Air Conservation Commission, American Lung Association
- 1989-1990 Member, Health Subcommittee, Relative Risk Reduction Project of the Science Advisory Board, U.S. Environmental Protection Agency
- 1989-1991 Member, External Advisory Committee, Northern California Cancer Center
- 1988-1994 Member, Radon Task Group, Office of Health and Environmental Research, U.S. Department of Energy
- 1987-1995 Member, Indoor Air Quality and Total Human Exposure Committee, Science Advisory Board, U.S. Environmental Protection Agency
- 1987-1990 Member, Mine Health Research Advisory Committee, Centers for Disease Control
- 1987 Member, Working Group on Man-made Mineral Fibres and Radon, International Agency for Research on Cancer, World Health Organization
- 1986-1987 Member, Oversight Panel, University of California, Davis, Review of the Occupational Health System of the Semiconductor Industry Association
- 1986-1989 Member, Task Group 9 of Scientific Committee 57, "Lung Cancer Risk", National Council on Radiation Protection and Measurements
- 1985-1987 Member, Biological Effects of Ionizing Radiation (BEIR) IV-Alpha Committee, National Research Council, National Academy of Sciences
- 1985 Member, Working Group on Tobacco Smoking, International Agency for Research on Cancer, World Health Organization
- 1984-1992 Member, Monitoring Board, CARDIA Study, National Heart, Lung, and Blood Institute
- 1984-1987 Member, National Air Conservation Commission, American Lung Association
- 1984-1986 Member, Science Advisory Board, Acid Deposition Research Program Province of Alberta, Canada

EDITORIAL ACTIVITIES

Peer-Review Activities

- 2002-2004 Chairman, Epidemiology of Cancer Study Section, National Institutes of Health
- 1986 Member, Parent Review Committee, SCOR Program, Division of Lung Diseases, National Heart, Lung, and Blood Institute
- 1984-1989 Member, U.S. Environmental Protection Agency Research Review Panel
- 1981-1984 Member, Epidemiology and Disease Control Study Section, National Institutes of Health

Editorial Board Membership

- 2017- Member, Editorial Board, Journal of the National Cancer Institute
- 2014- Associate Editor, Population Health Metrics
- 2014-2015 Section Editor, Current Environmental Health Reports
- 2013- Honorary Editor-in-Chief, World Journal of Tobacco or Health
- 2012- Member, Editorial Board, Carcinogenesis
- 2010-2014 Member, Editorial Board, BMC Public Health
- 2010- Member, Korean Society for Preventive Medicine, Journal of Preventive Medicine and Public Health
- 2008- Editorial Board Member, American Journal of Respiratory and Critical Care Medicine
- 2008-2011 Member, Editorial Board, Preventive Medicine
- 2007- Co-Editor-in-Chief, Air Quality, Atmosphere and Health
- 2005-2008 Consulting Editor, Archives of Environmental Health
- 2005-2014 Member, Board of Consulting Editors, MEDICINE
- 2004- U.S. Epidemiology Section Head, Faculty of 1000 Medicine Reports
- 2004-2007 Editorial Advisory Board, European Journal of Epidemiology
- 2003-2008 Member, International Editorial Advisory Board, Hong Kong Medical Journal
- 2002- Editorial Board, Population Health Metrics
- 2001-2007 Editor, Epidemiology
- 1994-2002 Editor, Epidemiologic Reviews
- 1992-1998 Editor, American Journal of Epidemiology
- 1991-2001 Associate Editor, Tobacco Control: An International Journal
- 1991-1992 Editor, pro tem, American Journal of Epidemiology
- 1989-1994 Associate Editor, American Review of Respiratory Disease
- 1998-2000 Editorial Board, Journal of Environmental Medicine
- 1997- Editorial Board, American Journal of Medicine
- 1997-2009, 2013- Editorial Board, American Journal of Respiratory and Critical Care Medicine
- 1996- Editorial Committee, Salud Pública de México
- 1991-2009 Associate Editor, Cancer Epidemiology, Biomarkers and Prevention

- 1988-2000 Editorial Board, Epidemiology
- 1988-1989 Editorial Board, American Review of Respiratory Disease
- 1986-1991 Associate Editor, American Journal of Epidemiology
- 1982-1988 Editorial Board, Annals of Sports Medicine

HONORS AND AWARDS

- KP Chen Memorial Lecture, College of Public Health, National Taiwan University, 2018
- NHLBI 70th Anniversary Lecture, National Heart, Lung, and Blood Institute, National Institutes of Health, 2018.
- Rankin-Skatrud Memorial Lectureship, Global Institute of Health, University of Wisconsin-Madison, 2018
- Wade Hampton Frost Lectureship, Epidemiology Section, American Public Health Association, 2017
- Charles H. Rammelkamp, Jr. Visiting Professor, MetroHealth Medical Center, Case Western Reserve University, 2017
- Doctorate Honoris Causae, Instituto Nacional de Salud Pública (INSP), Mexico 2017
- Fellow, Society for Research on Nicotine and Tobacco, 2017
- Public Health Leadership Award, CEASE Program, Morgan State University, 2016
- Fries Prize for Improving Health, CDC Foundation, 2016
- Woodson Lecture, University of Louisville, 2016
- David M. Rall Award, National Academy of Medicine, 2015
- Abraham Lilienfeld Award, American College of Epidemiology, 2015
- Luther Terry Award for Distinguished Career, American Cancer Society, 2015
- Harold and Marilyn Menkes Memorial Lecture, Johns Hopkins Bloomberg School of Public Health, 2015
- B.J. Kennedy Lecture in Medical Oncology, University of Minnesota, 2014
- Research Award, University of New Mexico School of Medicine 50th Anniversary, 2014
- Distinguished Professor, University of Southern California, 2014
- Phi Kappa Phi Honor Society 2014
- David Bates Memorial Lecture, 2013
- The Edward Livingston Trudeau Medal, American Thoracic Society/American Lung Association, 2013
- Robert Zweig Memorial Award, South Coast Air Quality Management District, 2011
- The Robert S. Gordon, Jr. Lecture in Epidemiology, National Institutes of Health, 2011
- Doll-Wynder Award, Society for Nicotine and Tobacco Research, 2011

The Alton Ochsner Award Relating Smoking and Health, 2008

The Golden Honorary Award of the "Health Promotion" Foundation, Poland, 2008

World No Tobacco Day 2007 Award, World Health Organization

Breath of Life Award, American Lung Association of Maryland, 2006

Distinguished Alumnus Award, University of Rochester School of Medicine and Dentistry, 2006

Surgeon General's Medallion, 2006

Global Smokefree Partnership Award, 2006

Public Service Award, American Thoracic Society, 2006

John Goldsmith Award for Outstanding Contributions to Environmental Epidemiology, International Society for Environmental Epidemiology, 2005

Prince Mahidol Award in Public Health, Prince Mahidol Award Foundation, 2005

Visiting Scholar Award, Division of Cancer Epidemiology and Genetics, National Cancer Institute, 2004

George Wills Comstock, M.D., Award, American Lung Association of Maryland, 2003

Dr. William Cahan Distinguished Professor Award, Flight Attendant Medical Research Institute, 2003

The 136th Cutter Lecture on Preventive Medicine, Harvard School of Public Health, 2002

Honorary Fellowship Award, American College of Chest Physicians, 2002

Joseph W. Cullen Memorial Award, American Society of Preventive Oncology, 2002

The Fourteenth Richard T. Cushing, MD Medical Lecture Program, American Lung Association of Minnesota, 2001

Alumni Award of Merit, Harvard School of Public Health, 2001

Jacob I and Irene B. Fabrikant Professor in Health, Risk, and Society, Bloomberg School of Public Health, Johns Hopkins University, 2000

Institute of Medicine, National Academy of Sciences, 1997

Fellow, American Association for the Advancement of Science, 1996

Award for Excellence in Environmental Health Research, The Lovelace Institute, 1996

Delta Omega Honorary Society in Public Health, Alpha Chapter, 1995

American Epidemiological Society, 1992

Surgeon General's Medallion, 1990

Western Association of Physicians, 1990

Annual Research Lecturer, University of New Mexico, 1990

Presidential Professor in Medicine, University of New Mexico, 1989-1994

American Society for Clinical Investigation, 1989

Alpha Omega Alpha, 1989

Ralph C. Williams, Jr., M.D., Award for Research Contributions to the Department of Medicine, University of New Mexico, 1987

Presidential Lecturer in Medicine, University of New Mexico, 1986-1988

Clinton P. Anderson Award, American Lung Association of New Mexico, 1986

Research Career Development Award, Division of Lung Diseases, NHLBI, 1981-1986

BOOKS AND MONOGRAPHS

1. Samet, JM (Consulting Scientific Editor). The Health Consequences of Smoking: Cancer and Chronic Lung Disease in the Workplace. Rockville, U. S. Department of Health and Human Services **1985**; 542 pages.
2. Samet, JM (Consulting Scientific Editor). The Health Consequences of Involuntary Smoking: A Report of the Surgeon General. Rockville, U. S. Department of Health and Human Services **1986**; 359 pages.
3. Samet, JM (Senior Scientific Editor). The Health Benefits of Smoking Cessation: A Report of the Surgeon General. Rockville, U. S. Department of Health and Human Services **1990**; 628 pages.
4. Samet JM, Spengler JD (eds). Indoor Air Pollution: A Health Perspective. Baltimore, Johns Hopkins University Press **1991**; 407 pages.
5. Samet JM, Coultas DB (eds). Smoking Cessation. Clin Chest Med **1991**; 12:631-847.
6. Samet, JM (Consulting Scientific Editor). Strategies to Control Tobacco Use in the United States. A Blueprint for Public Health Action in the 1990s. Smoking and Tobacco Control Monograph 1. Rockville, U. S. Department of Health and Human Services **1991**; 307 pages.
7. Becker TM, Wiggins CL, Elliott RA, Key CR, Samet JM (eds). Racial and Ethnic Patterns of Mortality in New Mexico. Albuquerque, University of New Mexico Press **1993**; 233 pages.
8. Samet JM (ed). The Epidemiology of Lung Cancer. New York, Marcel Dekker, Inc. **1994**; 543 pages.
9. Samet JM (Consulting Scientific Editor). Changes in Cigarette-Related Disease Risks and Their Implication for Prevention and Control. Smoking and Tobacco Control Monograph 8. Bethesda, National Institutes of Health **1997**; 565 pages.
10. Samet, JM, Muñoz A (eds). Cohort Studies. Epidemiol Rev **1998**; 20(1):1-136.
11. Holgate ST, Koren HS, Samet JM, Maynard RL (eds). Air Pollution and Health. London, Academic Press **1999**; 1065 pages.
12. Samet JM (ed). Environmental Tobacco Smoke—Exposure Assessment in the Workplace. Environ Health Perspect **1999**; 107(2):305-381.
13. Samet JM, Jaakkola MS (eds). Environmental Tobacco Smoke—Risk Assessment. Environ Health Perspect **1999**; 107(6):821-904.
14. Adkinson NF, Huss K, Samet JM (eds.) Allergies: What you need to know. Alexandria, Time Life Books **1999**; 181 pages.
15. Armenian HK, Samet JM (eds). Epidemiology in the Year 2000 and Beyond. Epidemiol Rev **2000**; 22(1):1-185.
16. Spengler JD, Samet JM, McCarthy JF (eds). Indoor Air Quality Handbook. New York, McGraw-Hill **2000**; 1488 pages.
17. Samet JM, Yoon S-Y (eds). Women and the Tobacco Epidemic. Challenges for the 21st Century. Geneva, World Health Association **2001**; 222 pages.
18. Samet JM (Senior Scientific Editor). The Health Consequences of Smoking: A Report of the Surgeon General. Rockville, MD. U.S. Department of Health and Human Services **2004**; 941 pages.

19. Samet JM (Senior Scientific Editor). The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Rockville, MD. U.S. Department of Health and Human Services **2006**; 709 pages.
20. Schottenfeld D, Fraumeni JF (eds), Samet JM, Colditz GA, Whittemore AS (assoc. eds). Cancer Epidemiology and Prevention, 3rd edition. New York, Oxford University Press **2006**; 1416 pages.
21. Samet JM, Bodurow CC (eds). Improving the presumptive disability decision-making process for veterans. Washington, D.C., National Academies Press **2008**; 440 pages.
22. Quinn TC, Samet JM (eds). Epidemiologic approaches to global health. Epidemiol Rev. **2010**; 32(1): 1-187.
23. Samet JM, Yoon SY (eds). Gender, women, and the tobacco epidemic. Geneva, World Health Organization **2010**; 268 pages.
24. Samet JM (Contributing Editor). How tobacco smoke causes disease: The biology and behavioral basis for smoking-attributable disease. A report of the Surgeon General. Rockville, U. S. Department of Health and Human Services **2010**; 704 pages.
25. Samet JM (Contributing Editor). Preventing tobacco use among youth and young adults. A report of the Surgeon General. Rockville, U. S. Department of Health and Human Services **2012**; 900 pages.
26. Straif K, Cohen A, Samet JM (eds). IARC Scientific Publication No. 161: Air Pollution and Cancer. Geneva, International Agency for Research on Cancer **2013**. e-ISBN 978-92-832-2161-6
27. Samet JM (Senior Scientific Editor). The Health Consequences of Smoking – 50 Years of Progress. A Report of the U.S. Surgeon General. Atlanta, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health **2014**; 943 pages.
28. Samet JM (Contributing Editor). E-cigarette use among youth and young adults. A report of the Surgeon General. Rockville, U.S. Department of Health and Human Services **2016**; 275 pages.

CHAPTERS

1. Samet JM, Chick TW. Exercise and the lung. In: Appenzeller O, Atkinson R (eds): Sports Medicine: Fitness. Training. Injuries. First Edition. Baltimore-Munich, Urban & Schwarzenberg, **1981**; 203-221.
2. Samet JM, Chick TW. Exercise and the lung. In: Appenzeller O, Atkinson R (eds): Sports Medicine. Fitness. Training. Injuries. Second Edition. Baltimore-Munich, Urban & Schwarzenberg, **1983**; 211-227.
3. Samet JM. Community sources of air pollution. In: Linn WS (ed): Energy, Air Pollution, and Health: Seminar Proceedings. New York, American Lung Association, **1983**; 20-39.
4. Samet JM, Lerchen ML. Proportion of lung cancer caused by occupation: a critical review. In: Gee JBL, Morgan WKC, Brooks SM (eds): Occupational Lung Disease. New York, Raven Press, **1984**; 55-67.
5. Samet JM (contributing author). Effect of cigarette smoke exposure on measures of chronic obstructive lung disease morbidity. In: The health consequences of smoking. Chronic obstructive lung disease. A report of the Surgeon General. Rockville, Maryland, U.S. Department of Health and Human Services, **1984**.
6. Samet JM (contributing author). Evaluation of chronic lung disease in the workplace. In: The health consequences of smoking: cancer and chronic lung disease in the workplace. A report of the Surgeon General. Rockville, Maryland, U.S. Department of Health and Human Services, **1985**.
7. Samet JM. Cancer in New Mexico. In: Williams JL (ed): New Mexico in Maps. Albuquerque, New Mexico, University of New Mexico Press, **1986**; 191-193.
8. Samet JM (contributing author). Health effects of environmental tobacco smoke exposure. In: The Health Consequences of Involuntary Smoking. A Report of the Surgeon General. Rockville, Maryland, U.S. Department of Health and Human Services, **1986**.
9. Coultas DB, Samet JM. Epidemiology and natural history of childhood asthma. In: Tinkelman DG (ed): Bronchial Asthma in Children: Clinical and Therapeutic Aspects. New York: Marcel Dekker, **1987**; 71-114.
10. Chick TW, Samet JM. Exercise and the lung. In: Appenzeller O (ed): Sports Medicine. Fitness. Training. Injuries. Third Edition. Baltimore-Munich, Urban & Schwarzenberg, **1988**; 239-256.
11. Samet JM. Definitions and methodology in COPD research. In: Hensley M, Saunders N (eds): Clinical Epidemiology of Chronic Obstructive Lung Disease. New York, Marcel Dekker, Inc., **1989**; 1-22.
12. Samet JM. Surrogate sources of dietary information. In: Willett W (ed): Nutritional Epidemiology. New York, Oxford University Press, **1989**; 133-142.
13. Samet JM, Goodwin JS. Patterns of cancer care for non-Hispanic whites, Hispanics, and American Indians in New Mexico: A population-based study. In: Yancik R, Yates JW (eds): Cancer in the Elderly: Approaches to Early Detection and Treatment. New York, Springer Publishing Company, Inc, **1989**; 108-126.
14. Coultas DB, Samet JM. Cigarette smoking. In: Hensley M, Saunders N (eds): Clinical Epidemiology of Chronic Obstructive Lung Disease. New York, Marcel Dekker, Inc., **1989**; 109-138.
15. Samet JM (contributing author). Advances in knowledge of the health consequences of smoking. In: Reducing the health consequences of smoking. 25 years of progress. A Report of the Surgeon General. Rockville, Maryland, U.S. Department of Health and Human Services, **1989**.

16. Lambert WE, Samet JM. The role of combustion products in building-associated illness. In: Cone JE, Hodgson MJ (eds): *Problem Buildings: Building-Associated Illness and the Sick Building Syndrome*. Philadelphia, Hanley & Belfus, Inc., **1989**; 723-733.
17. Samet JM, Coultas DB. Epidemiology of lung cancer. In: Witek TJ Jr, Schachter EN (eds): *Problems in Respiratory Care. Current Issues in Respiratory Public Health*: I. J.B. Lippincott Company, **1990**; 62-79.
18. Utell MJ, Samet JM. Environmentally mediated disorders of the respiratory tract. *Med Clin N Am*, **1990**; 74:291-306.
19. Samet JM (contributing author). Assessing smoking cessation and its health consequences. In: *The health benefits of smoking cessation. A Report of the Surgeon General*. Rockville, U.S. Department of Health and Human Services, **1990**.
20. Samet JM. The relationship of smoking to COPD. In: Cherniack NS (ed): *Chronic obstructive pulmonary disease*, Philadelphia, W.B. Saunders Company, **1991**; 249-258.
21. Samet JM, Marbury MC. Building-related illness. In: Weeks JL, Levy BS, Wagner GR (eds): *Preventing Occupational Disease and Injury*, **1991**; 171-180.
22. Mauderly JL, Samet JM. General environment. In: Crystal RG, West JB (eds): *The Lung: Scientific Foundations*. New York, Raven Press, **1991**; 1947-1960.
23. Samet JM, Cain WS, Leaderer BP. Environmental tobacco smoke. In: Samet JM, Spengler JD (eds): *Indoor Air Pollution: A Health Perspective*. Baltimore, Johns Hopkins University Press, **1991**; 131-169.
24. Samet JM. Radon. In: Samet JM, Spengler JD (eds): *Indoor Air Pollution: A Health Perspective*. Baltimore, Johns Hopkins University Press, **1991**; 323-347.
25. Samet JM. Nitrogen dioxide. In: Samet JM, Spengler JD (eds): *Indoor Air Pollution: A Health Perspective*. Baltimore, Johns Hopkins University Press, **1991**; 170-186.
26. Spengler JD, Samet JM. A perspective on indoor and outdoor air pollution. In: Samet JM, Spengler JD (eds): *Indoor Air Pollution: A Health Perspective*. Baltimore, Johns Hopkins University Press, **1991**; 1-29.
27. Samet JM, Spengler JD. Indoor air pollution. In: Rom WN (ed): *Environmental and Occupational Medicine*. Boston, Little, Brown 1992; 1243-1254. Also reprinted with permission in *J Occup Health Safety (Australia and New Zealand)*, **1991**; 7:101-116.
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29. Coultas DB, Samet JM. Respiratory disease prevention. In: Last JM, Wallace RB. *Maxcy-Rosenau-Last Public Health & Preventive Medicine*. Norwalk, Connecticut, Appleton & Lange, **1991**; 885-895.
30. Samet JM. Diseases of uranium miners and other underground miners exposed to radon. In: Rom WN (ed): *Environmental and Occupational Medicine*. Boston, Little, Brown 1991; 1085-1091. Also reprinted with permission in Wilkinson GS (ed): *The Nuclear Energy Industry, Occupational Medicine: State of the Art Reviews*. Philadelphia, Hanley & Belfus, Inc., **1991**; 6:629-639.
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34. Utell MJ, Samet JM. A clinical perspective on respiratory toxicology. In: Lippmann M (ed): Environmental Toxicants. Human exposures and their health effects. New York, Van Nostrand Reinhold. **1992**; 662-681.
35. Goodwin JS, Samet JM. Factors affecting the diagnosis and treatment of older patients with cancer. In: Balducci L, Lyman GH, Ershler WB (eds): Geriatric Oncology. Philadelphia, J.B. Lippincott Company, **1992**; 42-50.
36. Coultas DB, Samet JM. Occupational lung cancer. Clin Chest Med **1992**; 13:341-354.
37. Coultas DB, Samet JM. Epidemiology and natural history of childhood asthma. In: Tinkelman DG, Naspitz CK: Childhood Asthma. Pathophysiology and Treatment (Second Edition). New York, Marcel Dekker, Inc., **1992**; 71-114.
38. Samet JM, Spengler JD. Indoor air pollution. In: Rom WN (ed): Environmental and Occupational Medicine: Boston, Little, Brown, **1992**; 1243-1254.
39. Samet JM. Epidemiology and the pediatric pulmonologist. In: Hilman BC (ed.). Pediatric Respiratory Disease: Diagnosis and treatment Philadelphia, W.B. Saunders Company, **1993**; 46-52.
40. Samet JM. The epidemiologic approach to investigating indoor and outdoor air pollution. In: Gardner DE, Crapo JD, McClellan RO. Toxicology of the Lung. Second Edition. **1993**; 311-334.
41. Samet JM, Spengler JD. Prevention of respiratory diseases from indoor and outdoor air pollution. In: Hirsch A, Goldberg M, Martin J-P, Masse R (eds): Prevention of Respiratory Diseases. New York, Marcel Dekker, Inc., **1993**; 277-303.
42. Samet JM, Utell MJ. Air pollution. In: Bone RC (ed): Pulmonary and Critical Care Medicine. St. Louis, Mosby-Year Book **1993**; 1-15.
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44. Espey DK, Samet JM, Wiggins CL, Becker TM. All-cause mortality. In: Becker TM, Wiggins CL, Elliott RS, Key CR, Samet JM (eds.): Racial and ethnic patterns of mortality in New Mexico. Albuquerque, University of New Mexico Press, **1993**; 12-22.
45. Wiggins CL, Becker TM, Key CR, Samet JM. Cancer mortality. In: Becker TM, Wiggins CL, Elliott RS, Key CR, Samet JM (eds.): Racial and ethnic patterns of mortality in New Mexico. Albuquerque, University of New Mexico Press, **1993**; 23-49.
46. Carter JS, Wiggins CL, Becker TM, Key CR, Samet JM. Diabetes mortality. In: Becker TM, Wiggins CL, Elliott RS, Key CR, Samet JM (eds.): Racial and ethnic patterns of mortality in New Mexico. Albuquerque, University of New Mexico Press, **1993**; 50-64.
47. Becker TM, Wiggins CL, Key CR, Samet JM. Infectious diseases mortality. In: Becker TM, Wiggins CL, Elliott RS, Key CR, Samet JM (eds.): Racial and ethnic patterns of mortality in New Mexico. Albuquerque, University of New Mexico Press, **1993**; 65-82. Reprinted with permission from: Am J Public Health 1990; 80:320-323.
48. Becker TM, Wiggins C, Key CR, Samet JM. Ischemic heart disease mortality. In: Becker TM, Wiggins CL, Elliott RS, Key CR, Samet JM (eds.): Racial and ethnic patterns of mortality in New Mexico. Albuquerque, University of New Mexico Press, **1993**; 83-93. Reprinted with permission from Circulation 1988; 78:302-309.

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51. Sewell CM, Becker TM, Wiggins CL, Key CR, Samet JM. Injury mortality. In: Becker TM, Wiggins CL, Elliott RS, Key CR, Samet JM (eds.): Racial and ethnic patterns of mortality in New Mexico. Albuquerque, University of New Mexico Press, **1993**; 118-131. Reprinted with permission from West J Med 1989; 150:708-713.
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56. Darby SC, Samet JM. Radon. In: Samet JM (ed): The Epidemiology of Lung Cancer. New York, Marcel Dekker, Inc., **1994**; 219-244.
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64. Utell MJ, Samet JM. Air pollution in the outdoor environment. In: Brooks SM, Gochfeld M, Jackson AJ, Herzstein J, Schenker MB (eds). Environmental Medicine. St. Louis, Mosby-Year Book, Inc., **1995**; 462-469.

65. Lambert WE, Samet JM. Indoor air pollution. In: Harber P, Schenker MB, Balmes JR (eds). Occupational and Environmental Respiratory Disease. St. Louis, Mosby-Year Book, Inc., **1996**; 784-807.
66. Samet JM, Shaikh RA. Asbestos in buildings, Pt. II. In: Harber P, Schenker MB, Balmes JR (eds). Occupational and Environmental Respiratory Disease. St. Louis, Mosby-Year Book, Inc., **1996**; 321-329.
67. Samet JM. Radon and lung cancer revisited. In: Gammage RB, Berven BA (eds). Indoor Air and Human Health. Lewis Publishers **1996**; 325-339.
68. Samet JM. Occupational pulmonary disorders. In: Bennett JC, Plum F (eds). Cecil Textbook of Medicine. Philadelphia, WB Saunders Company, **1996**; 399-403.
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