

1 effort to try and bring those communities together in a way that both
2 informs and educates each other and also results in, I think, a much
3 better effort overall.

4 I want to thank EPA for having had the foresight to try to
5 put this effort together and thinking about this, because I think they
6 understood and have understood for some time the need to try and do
7 this in a thoughtful and creative way, and we are looking forward to
8 the day.

9 I am going to briefly ask people to go around. I am not
10 asking for full resumes, but briefly introduce who you are, where you
11 are from, and I think, in a sentence, sort of...one sentence, say what
12 you bring in terms of experience and background to this, and then we
13 will go through the agenda.

14 I will note that, in your package, there is, on the second
15 page of your packet, there is a version of the agenda that is
16 formatted appropriately for those who have gotten, as I did, my E-
17 mail version which has sort of little tips and takes here and there,
18 and we are going to try and go through a lot today in a fairly short
19 period of time, but before we go any further, why don't we just start?

20 I will say I am Dan Greenbaum, president of Health
21 Effects Institute. We are an organization that funds a substantial
22 amount of research on particulate matter, and we are funded jointly
23 by USEPA and by the industry.

24 **MR. ALBRITTON:** I am Dan Albritton with
25 NOAA's Aeronomy Laboratory in Boulder, Colorado. We look at
26 chemistry and dynamics of atmospheric processes that relate to
27 several issues, ranging from stratospheric ozone to surface ozone
28 and particulate matter and fine matter, and I am co-chair, with Dan

1 Greenbaum, of this group.

2 **MR. SAMET:** I am Jon Samet from the Johns
3 Hopkins Department of Epidemiology. I am an epidemiologist and
4 pulmonary physician. Worked on air pollution for a long time, and
5 have chaired a group in that regard.

6 **MR. KOUTRAKIS:** I am Petros Koutrakis,
7 professor at Harvard University, and my interests are in
8 measurements and PM exposure assessment.

9 **MR. LIOY:** I am Paul Lioy, deputy director of
10 Environmental and Occupational Health Sciences Institute of New
11 Jersey. I have been involved with air pollution for many years. We
12 work on multi-media of exposure, and I was also part of the group
13 chaired by Jon Samet.

14 **MR. SCHLESINGER:** Rich Schlesinger at the
15 Department of Environmental Medicine at NYU Medical School. I am
16 a respiratory toxicologist. I have some of Dan's money and glad to
17 be part of the group.

18 **MS. HERING:** Susanne Hering out at Aerosol
19 Dynamics which is just a small company in Berkeley, and we develop
20 measurement methods for airborne particles, for fine airborne
21 particles, most recently, looking at continuous measurement
22 methods.

23 **MR. MEAGHER:** I am Jim Meagher. I am with
24 NOAA in the Aeronomy Lab in Boulder as well, and my primary
25 working capacity is in oxidative chemistry and some work with
26 aerosols as well.

27 **MR. CASS:** My name is Glen Cass. I am a
28 professor on the environmental engineering faculty at the California

1 Institute of Technology. Our principal interests are in the design of
2 air pollution abatement strategies for large regional air pollution
3 problems. This also involves air quality modeling of various
4 atmospheric pollutant concentrations and determining the source of
5 those rates. We've begun to take those analyses.

6 **MR. FELDMAN:** I am Howard Feldman with
7 the American...I am the research program coordinator for air
8 research with the American Petroleum Institute. API is interested
9 both in the health and the air quality parts. I personally am doing PM
10 research since the 1980s.

11 **MR. DEMERJIAN:** I am Ken Demerjian, and
12 despite what this says, good Armenian names always end in i-a-n. I
13 am a professor in the department of Earth and Atmospheric Science,
14 and I am also director of the Atmospheric Science Research Center.
15 The majority of my interests have been in the oxidizing capacity of
16 the atmosphere. We do a lot of baseline trace gas monitoring of a
17 variety of species that are helpful to understand those processes,
18 and we will be moving into the particulate arena in the near future.

19 **MR. COOK:** My name is Jeff Cook. I am with
20 the California Air Resources Board. I am a branch chief in the
21 Monitoring and Laboratory Division, and we have been doing network
22 PM_{10} and $PM_{2.5}$ for about 15 years or so, including speciation. We are
23 implementers of the Federal regs.

24 **MR. CADLE:** My name is Steven Cadle with
25 General Motors Research and Development Center. As you might
26 guess, I am interested in vehicle emissions impact and control of
27 both sources and atmospheric impact.

28 **MR. MAUDERLY:** I am Joe Mauderly with the

1 Lovelace Respiratory Research Institute in Albuquerque which is
2 involved in health studies, health risk, health outcome kinds of
3 studies. I have a physiology/toxicology background. I am a chair of
4 the Clean Air Scientific Advisory Committee, and I am a member of
5 the Orange Book Committee. So, mostly what I do is get on airplanes
6 and go argue about air pollution.

7 **MR. ANLAUF:** My name is Kurt Anlauf with
8 the Atmospheric Environment Service. That is part of Environment
9 Canada in the Toronto area, and my experience is in oxidant
10 chemistry research in atmospheric chemical processes and
11 meteorological processes.

12 **MR. SAXENA:** Pradeep Saxena with EPRI,
13 Palo Alto, California. I conduct research on physical science
14 aspects of air pollution.

15 **MR. NEAS:** Lucas Neas. I am an
16 epidemiologist, Harvard University. I am moving down here to EPA
17 on June 19th, not June 1st.

18 **MR. COSTA:** I am Dan Costa. I work here in
19 Research Triangle Park. I am the chief of the Pulmonary Toxicology
20 Branch, and myself and people in my group have been working
21 particularly on the aerosol issue regarding the PM matter in the last
22 few years.

23 **MR. VANDENBERG:** I am John Vandenberg.
24 I am the assistant director of the National Health and Environmental
25 Effects Research Laboratory here at EPA. I am primarily responsible
26 for much of the strategic planning that we do on particulate matter
27 research.

28 **MR. BACHMANN:** I am John Bachmann with

1 the Office of Air Quality Planning and Standards. I have been
2 involved in the review and research related to particulate matter
3 standards since the '70s. I am an acolyte to the burning bush report.

4 **MR. SCHEFFE:** I am Rich Scheffe. I am also
5 with the Office of Air Quality Planning and Standards. I am the group
6 leader for the monitoring and quality assurance group which,
7 effectively, is responsible for a lot of the rationale and oversight to
8 the nation's regulatory monitoring networks.

9 **MR. WIENER:** I am Russ Wiener, and I am
10 chief of the Atmospheric Methods and Monitoring Branch, and I am an
11 aerosol technologist by training. I have been involved with a lot of
12 EPA's aerosol program, especially the SRM for the last two years.

13 **MR. ZWEIDINGER:** Roy Zweidinger with
14 ORD, NASA's pollutant research lab. In the last year or so, I have
15 been working trying to coordinate the PM research activities within
16 NERL and spending a lot of time working with our research
17 monitoring platforms and coordinating research on some epi studies
18 with the NERL group.

19 **MS. SHELDON:** I am Linda Sheldon. I am
20 with ORD. I am in charge of all our human exposure measurement
21 studies, including our PM studies.

22 **MR. WILSON:** I am William Wilson. EPA
23 hired me in 1971 when they decided they wanted to have an aerosol
24 research program, and it has really grown. Today, I am representing
25 the National Center for Environmental Assessment. We write the
26 criteria documents, and I had a role in the particulate matter criteria
27 document and the PM research needs document.

28 **MR. GREENBAUM:** We have benefitted in the

1 planning for this meeting from all the people around the table and
2 also input from others, and I thought it'd be good just briefly for the
3 people who are also here just so everyone knows who is in the room
4 and who is participating to also identify themselves. Kevin, do you
5 want to start?

6 **MR. DREHER:** Kevin Dreher. I am principal
7 investigator in Dan Costi's group. Been working with Dan for the last
8 five or six years, looking at health effects.

9 **MR. VICKERY:** I am Jim Vickery, the
10 assistant laboratory director for the National Exposure Laboratory. I
11 work with Russ and Roy and Linda, and I thought just keep the EPA
12 numbers what they've done, and I would recede into the background
13 and let them do the things they do well.

14 **MR. FUERST:** My name is Bob Fuerst. I am
15 with the National Exposure Research Laboratory. I am the project
16 officer for the logistics of this meeting and the July meeting and also
17 the professional services contractor that helped to bring a lot of
18 people here.

19 **MR. SOLOMON:** Paul Solomon, ORD. I have
20 a lot of experience in PM.

21 **MS. BENSON:** I am Fran Benson, and I am
22 the person that has talked with most of you for your assistance in
23 conducting and getting together the meeting. If we can be of any
24 service to you today, just let me know. I will be more than happy to
25 try to help you. Whether it is to change flight reservations or
26 anything, I will be glad to try to help.

27 **MR. KUSAK:** I am Jack Kusak. I am the
28 deputy director of the National Center for Environmental Research

1 and Quality Assurance in EPA. We are the organization that gives
2 the grants for PM research and other research, and we think the PM
3 Center's announcement will be out around noon today.

4 **MR. CLINE:** I am John Cline. I also work for
5 the Exposure Laboratory. I was hired in 1971 to offset any good work
6 that William Wilson was doing. He's the contracting officer, but I
7 now work as sort of an advisor to the NERL people on extramural
8 procedures.

9 **MR. SMITH:** I am Dean Smith. I am here
10 representing EPA's Risk Management Laboratory. I am an analytical
11 chemist by trade. My primary interest is in source characterization
12 and source identification.

13 **MR. GREENBAUM:** Thank you. We have a
14 few organizational details of the day and want to go over those
15 quickly before we get into the bulk of the meeting, and go to Dan
16 Albritton who will go over the meeting itself and the framework of
17 what we are trying to accomplish, but Russ Wiener who has been
18 organizing this has a few words.

19 **MR. WIENER:** Thank you, Dan. I just wanted
20 to say a couple of words, because I was asked to help organize this
21 for EPA and to get NARSTO's involvement.

22 I want to make sure that everybody recognizes that,
23 essentially, the purpose of this meeting is to look at the broad
24 implications of PM research and monitoring. EPA, of course, has
25 particular needs, but we are primarily addressing those here. We
26 want you to consider just the overall scope of needs that the whole
27 community might wish to build in a research and monitoring strategy.

28 One of the things that...we are all aware that we have

1 been concerned with the potential of conflict of interest and other
2 problems that EPA has in conducting meetings. For that reason, we
3 have arranged a variety of procedures around these meetings to try
4 and allay those types of problems, and I have John Cline here to help
5 if you have any questions and you want to talk with him at any point.

6 Those are just some administrative words that I wanted to
7 mention to all of you before we started. Thank you.

8 **MR. GREENBAUM:** I think we should mention
9 one other thing which is that, in part, as part of that effort, this
10 proceeding is being recorded, not because we expect to see this
11 show up on the front page of the New York Times next week, because
12 I doubt that the New York Times would want to print anything we say
13 here today. But in the event that there...as this whole program
14 moved forward, in case there were any questions about what
15 happened here or what didn't happen here, people just wanted to
16 make sure that we had that.

17 I think the key here is what we are trying to do is bring
18 together people's ideas and give the kind of guidance to this system
19 that will be necessary in the broad brush for how we go forward to
20 accomplish what needs to be accomplished with monitoring, but to do
21 it in a way that we will be maximizing the benefits of a variety of
22 topics we're going to talk about today.

23 As Russ alluded to, we are not here to write or specify or do
24 the details of what the procurements are going to be and those kinds
25 of things, and I don't think we wanted to be here to do that anyway,
26 nor should we be here to do that kind. I think we will be able to sort
27 of walk that very thin line.

28 So, with that, I am going to turn it over to Dan.

1 **MR. ALBRITTON:** I thought it would be
2 useful, perhaps, to start off with a brief calibration point. We are a
3 diverse group, and I have two short overheads that will give us,
4 perhaps, the context for our discussions during the rest of the day.

5 Seeing the position of the overhead, I not only promise to
6 be brief, but I also promise to block at least everybody's view at one
7 time.

8 This is my version of our context. We are basically here,
9 because many of you have participated in noting that the abundances
10 of fine particles are correlated with health problems. This, during
11 the '90s, became clearer and clearer, and as a result of your work
12 and your colleagues' work, those entrusted with the protection of the
13 public health, as you well know, issued a set of PM_{2.5} standards last
14 year and then outlined a sequence that involves updating the
15 understanding periodically but, secondly, beginning rather rapidly, a
16 regulatory monitoring program whose data would be needed, in fact,
17 to characterize areas in which this health problem would be most
18 severe and also put on the books the requirements, late in the next
19 decade, for actions to be laid out and then, in the following decade,
20 to test to see whether the process is being circular in the sense that
21 there are improvements in the atmosphere.

22 Paralleling this, of course, for your health research,
23 those of us involved in understanding the atmosphere have, over this
24 period, examined what emissions contribute to fine particles, what
25 chemical transformations occur that lead to them, what are the direct
26 emissions of fine particles, what are the dynamics that relate to
27 them, and try to offer, in fact, people like yourselves on the health
28 research side, information that we hoped was useful in teasing out

1 these correlations.

2 So, this is a cartoon version, I think, of why we are here,
3 but also included in that is the next step which is really the reason
4 why we are here, and my version of the next step could be sketched
5 out like this. We are here. Your health studies are behind us and
6 initiated the attention of decision makers, utilizing an atmospheric
7 basis of information.

8 But what is more important are the things here noted in
9 green, namely, having noted these correlations with health and mass
10 and PM_{10} , what, basically, are the causal elements of those
11 particulate matter exposures that are inducing the health problems?
12 Secondly and very importantly, what are the biological processes that
13 they induce that lead to the deteriorated health?

14 And, thirdly and equally important in terms of taking
15 actions is trying to define, literally, what are the breathing zone
16 exposures that are involved, and, fourthly, what, in fact, of the whole
17 population, which are the ones deemed most susceptible and, hence,
18 providing very critical advice into the decision making process?

19 And from an atmospheric perspective, our work is equally
20 cut out for us. If, in fact, there are going to be further and more
21 detailed studies defining causal mechanisms in the health process
22 and defining populations at risk, there is going to have to be a much
23 sharper picture of the PM distributions across North America, what
24 are not only abundancies but what are the details of the species and
25 sizes that would help provide the data base for those hypotheses on
26 the health side.

27 Secondly, in addition to how they are distributed, are we
28 smart enough to know what causes those distributions? In particular,

1 are we smart enough to know what the source attributions are that
2 relate to the specific and yet-to-be-determined health-related
3 characteristics of those aerosols? And, pushing it further, can we
4 assist this group in time by specifying if we were to change source I,
5 what exposure J would respond to that? Because that is, in fact, the
6 linkages on actions here.

7 Then, finally and, I think, very importantly, this is a multi-
8 decadal sketch. Are the trends, after actions, better, or, strangely,
9 could they be worse? In a sense, an accountability phase of this
10 process that says we on the atmospheric side and you on the health
11 side understood it well enough that we are on the track toward
12 addressing the problem.

13 I think, in this cartoon, one might pull out four points that
14 I think are going to underlie all that we and our colleagues do, and
15 what is so intriguing...and Dan Greenbaum mentioned that...is that
16 we have the opportunity here to, basically, I think, do this right, and
17 that is start off with the health research and the atmospheric
18 research in step and co-planning how we would provide each other
19 the questions or the information. It is recognizing at the outset that
20 this is a joint problem. Noting in the policy time table that those
21 charged with protecting the health do, indeed, have some short-term
22 information needs. Things will be considered and thought about in
23 the 2002 time frame, and a near-term goal for us, although we know
24 that is a very short time from a research standpoint, a near-term goal
25 for us is how can we improve the information base that would be
26 considered in this review, and then, realizing also, though, and
27 interacting with policy, hopefully, in a fruitful way to explain that this
28 is a long-term problem, much more complex, perhaps, than the ozone

1 issue, and we know it is a multi-decadal problem.

2 How, from the research perspective, can we lay our plans
3 now that will provide, perhaps, information that will be desperately
4 needed 15 years from now while, at the same time, getting some
5 short-term things?

6 I also believe that all of us have down in the last turn of
7 our DNA the feeling that a problem this complex is going to surprise
8 us at least once and probably surprise us many times, and the
9 question is, are we flexible enough in the research, is policy flexible
10 enough in receiving advice, to be able to accommodate surprises as
11 a blessing and not a curse? I think that and all of these are our
12 general charges.

13 What I would like to do now is just to end this wrap-up
14 with asking where, in this whole sequence, does observations come
15 into the fore? And I will do that, again, by peeling the onion a little
16 bit in the following way, and this will introduce the two next speakers.

17 Narrowing it to the research context of what we are doing,
18 we all know from our past experience that we are part and only part
19 of input that must be admixed by those who protect the public, taking
20 science as one element of input for those decisions. Our role in this
21 on the health and atmospheric side has several categories. I have
22 mentioned some.

23 I have highlighted here two where I think the health and
24 the atmospheric share a great deal of interest together, namely, what
25 is the exposure and to which population and to breathing zone can be
26 aided by atmospheric observations? Conversely and equally
27 importantly, as we lay out a measurement program across North
28 America, where those are done and how they are done link very much

1 to helping characterize that exposure.

2 So, here are topics that cover the whole field of the
3 science that must be a part of the input to this policy.

4 I draw this little sketch, because I think it sets up what
5 we will hear next which is how the National Academy has, at the
6 request of Congress, taken a look at this list of items and come up
7 with an initial plan and thoughts about how to approach such a
8 complex issue, and we will benefit from Jonathan's summary on that
9 point.

10 Now, focusing really down to our work at hand, and that
11 is, what are current plans of EPA and other agencies and the private
12 sector, universities from a research perspective, what are the current
13 plans and prospects about this part of the problem that this group
14 shares together? And I have sketched out here a very, very brief
15 summary of what Rich Scheffe and John Bachmann very nicely laid
16 out in your handout which is a summary of the current EPA plans for
17 the hierarchy of observational networks related to PM.

18 And as many of you know, well underway is a large set of
19 reference sites which are very heavily compliance oriented. Among
20 that are a couple of hundred special purpose sites that may be
21 looking at spatial distributions or other aspects of this, the
22 representativeness of a particular reference site.

23 A smaller but important set are visibility or haze oriented sites
24 where, under this network, the emphasis is on a size/mass, because
25 the current cut on the policy is toward annual or 24-hour averages of
26 size and mass. However, another group of observational network
27 sites are for chemical speciation where, in addition to total amount,
28 there are elemental analyses that try to characterize how those

1 particles are made up, what elements are in them, and also a smaller
2 set co-located with many of these that examine processes in higher
3 time resolution to look inside of some of the broader studies here.

4 Last week...and the timing is very, very beneficial for us
5 here...last week, a focus group of experts looked at the
6 characteristics, the desirable characteristics of the chemical
7 speciation, and we will hear on the second item on the agenda from
8 Petros as to what insight that group can bring to us from that
9 standpoint.

10 Now, toward the lower end of this list is, of course, our
11 primary reason for being here, and that is in this spectrum of sites,
12 the plan would be, from both a Federal and a private sector
13 perspective, was to have somewhere here anywhere from five to
14 seven...and those are rough estimates...of specialized sites that
15 could offer a useful dimension to these more regular or routine sites
16 to get at many of the hypotheses for both the health and the
17 atmospheric side that is related to this. So, this brings us, then, to
18 our task at hand. How, in this context, can we work toward defining a
19 set of intensive sites that may have very different characteristics,
20 depending on the part of the country, and how can we interact
21 fruitfully in that sense with the chemical speciation sites?

22 So, this, roughly, is our task at hand, having gone
23 through the larger picture down to what our job is here and at our
24 workshop. And let me just close by pointing out our aim for the rest
25 of the day.

26 As I mentioned, there are two very valuable perspectives
27 to today's discussions, both the broader set of research issues with
28 the PM health issue as a whole, the chemical speciation expert group

1 that examined that problem in detail. What we hope to do after their
2 summaries is I will try to lay out what Dan and I had put down as the
3 information that we received from you on this last round, some of the
4 highlights and how the thinking may be changing from that, and then,
5 with that draft plan in mind, the idea here would be to move through
6 the various objectives and get more detail and other input into this,
7 aiming toward the end of the day to look ahead to how we could
8 approach the July workshop where we seek an even broader input.

9 So, this is the broad picture of what we are doing here,
10 and let me indicate just an element of the time table, and that is,
11 today, work on improving the draft concept paper that you had seen a
12 zero thought or version of and, secondly, in July, involve a broader
13 input and shareholder community in our process, aiming to, after the
14 July workshop, to conclude with a picture of approaching those high
15 intensive research sites in the context of the PM information needs.

16 Lastly, let me mention it is the hope of several of us that
17 this idea of having the health and the atmospheric communities co-
18 plan activities that we are hoping that this activity is only a start at
19 that, and in July, as we bring in the broader community into that joint
20 effort, is to try in some fashion to continue that iteration into tackling
21 the research aspects of the PM health issue.

22 So, that is a very broad look and perhaps, Dan, we could
23 take a comment or two on that before hearing from the Academy
24 summary and the speciation summary.

25 **MR. GREENBAUM:** Questions or comments
26 on what Dan has summarized here?

27 **MR. ALBRITTON:** It is a nutshell version of
28 what you know in more detail as experts.

1 **MR. GREENBAUM:** I think Dan has done an
2 excellent job on sort of laying out, because I think all of us are here,
3 in part, because we are not unfamiliar with these questions and
4 topics, but I think it is important to focus on them and also to
5 remember that what we are trying to do here is not resolve every one
6 of these questions but move a step further today in laying out the
7 meeting in July as being a place where we can get a broader
8 consensus.

9 Yes?

10 **MR. COOK:** One question, Dan, on the
11 earlier part on the time line. You had mentioned that...I think I heard
12 this correctly...that some of the output from this group may be ready
13 in time for the first review of the PM max. Is that a realistic time
14 schedule for...

15 **MR. ALBRITTON:** I would actually hope
16 maybe for a little more, though, and that is a specific output from
17 this group would be to try to write up in a concept paper or plan how
18 we would recommend that high intensity research grade sites could
19 help resolve this.

20 Now, can those sites be implemented and have some
21 observational or theoretical or process data by the 2002? The
22 answer is probably yes and no, and the yes part of it is that I think
23 some plans are already underway for some types of sites of this ilk,
24 and, hopefully, our work here would enrich those plans.

25 Now, whether you could start a complex measurement site from
26 scratch in a year or so and have insight that has been vetted by the
27 community in time for the 2002, it would be a push. So, I think we
28 will see some contribution but not as much as we will certainly see

1 on the next round or sequence there.

2 **MR. GREENBAUM:** Yeah, I think it is...when
3 you also back away from 2002 to a realistic schedule of when science
4 can be considered in the criteria document and others, it is a real
5 push to get substantial amounts in from these supersite kinds of
6 ideas.

7 On the other hand, number one, I think there is some
8 transitional benefit of this discussion to what things that are
9 underway, but, also, we really have to be more tasked, you know, as
10 trying to design something that is going to be sustainable over the
11 long term, because I think these questions are going to continue to
12 come back.

13 First of all, the reviews of the standard happen on a
14 regular basis. Secondly, really, the kind of designs and monitoring
15 we are talking about, although they are focused on PM, if we do this
16 right, are going to give us an opportunity to look more broadly at air
17 pollution over the long term instead of these just constant five-year
18 cycle response, you know, after the fact to whatever issue we are on.

19 I don't think our primary goal here is to sort of say what
20 can we do in the next year and a half or two years? It is something to
21 think about obviously, but we have a very important task here today.

22 **MR. LIOY:** I was looking at the supersites
23 maybe a little differently. Beyond the next revision or the next
24 discussion will be the state emission plan and development, and I
25 would think that one of the critical things that supersites would do
26 and the advance volume site would do would provide useful data for
27 developing what I would call coherent and maybe logical
28 implementation plans for the SIPs, rather than just basing it on mass

1 and supposition and guesses.

2 I would like to see that maybe one of the aspects of this whole
3 process would be to see how soon these supersites can be used to
4 help us guide the SIP planners as well as ourselves in terms of
5 understanding health and exposure issues.

6 **MR. GREENBAUM:** Well, of course, when I
7 was a commissioner in Massachusetts, we never guessed. We always
8 knew all the time.

9 **SPEAKER:** Same in New Jersey.

10 **MR. GREENBAUM:** Right, but...

11 **MR. ALBRITTON:** I think you are exactly
12 right.

13 **MR. GREENBAUM:** You are absolutely right,
14 and there is a whole series of those kind of contributions ranging
15 from sort of standard setting decision making to risk management
16 plans and State implementation plans to...and I think it is a very
17 important part of what plan we will talk about later today...to
18 evaluation of the management strategy, both from an atmospheric
19 point of view and also from the health point of view, and that is why I
20 talked about being subject to being sustainable, because those are
21 decisions that are going to be made over a couple decades, not just
22 between now and 2002.

23 Thanks. We will turn to Jon who is going to lead us
24 through the wilderness.

25 **MR. SAMET:** Well, I probably don't need a
26 half-hour under two assumptions, one, that many of you have read
27 this, and the second is that I refuse to answer any questions about
28 what the Academy press release on particulate monitoring means.

1 Forget it. That is off the table.

2 As already noted, there are many members of the
3 committee sitting around the table, including Joe who is right in my
4 way and...

5 The report is the first of four, and I think the report is
6 interesting because, for one, this report probably set the Academy's
7 record for actually getting a peer review report accomplished and out
8 the door in...when the Academy signed the contract, the requirement
9 was actually that a report be submitted to Congress within four
10 months of the contract date that was peer reviewed, and it would
11 address short-term research priorities.

12 We actually had our first committee meeting in approximately
13 two months, in January, about two months before the deadline, the
14 second one a month later, and then accomplished the work of
15 developing the report over that time. In part, by probably doing more
16 than we might have in terms of just addressing the short-term issue,
17 we probably, I think perhaps tantalized some readers by going into
18 issues in not quite the depth that one would want, but on the other
19 hand, I think what the Academy committee did was not to fall into the
20 trap of saying here is short-term priorities later to be followed by
21 long-term priorities. They are really, I think, totally intertwined.

22 And I think what we said is we need a research plan, and I
23 think this really follows up on Dan's remarks, and I think that is why
24 this meeting and discussion is so important, because any plan for
25 long-term monitoring should have in mind how the information coming
26 out can be used to look at health consequences. And I think that
27 would fit very much with the sort of strategy that the committee put
28 forth.

1 Many of us had already participated in research planning
2 activities, whether that was the EPA's process itself, a CASAC review
3 of the, I guess, the 1996 plan, the 1997 workshop. So, this was not
4 necessarily new territory for us, but we were given a chance to think
5 through the issue again.

6 So, I assume everybody is familiar with the report. It
7 says, number one on it, our second report is actually due out towards
8 the end of this year, and that is supposed to be focusing on the long
9 term, and, again, I think most people sitting around the table know
10 that the committee will be meeting here June 22nd and 23rd to learn
11 more about the research in place at EPA, and that is really our first
12 committee meeting since we have been in recovery mode for several
13 months in putting out the first report.

14 I will just say, parenthetically, I don't think the committee
15 wants to be like itself anymore in terms of setting records for getting
16 reports out the door. This is an extraordinary effort.

17 Now, in developing our research approach, we really
18 didn't do anything more extraordinary than to sort of go back to
19 basics to get organized. And in this kind of straightforward paradigm
20 that we are all familiar with, we tried to get organized with thinking
21 about where research should focus and where the uncertainties lay.

22 The committee put together a listing of uncertainties
23 within this model that it saw as key, and then it tried to assign
24 priorities to try to look at research needs and then assign priorities
25 to research needs to address the key uncertainties, and there were
26 criteria that were used by the committee, the policy maker's need,
27 validity of the information, the feasibility of timing of doing the
28 research, and the costs. And for each of our research

1 recommendations, we tried to go through those four criteria.

2 So, we were organized and systematic and organized
3 around this.

4 Now, we recognized that the way the committee was
5 constructed initially...and we will be adding members, but our focus
6 was what we called over here towards the right rather than towards
7 the left side in terms of looking at sources and source receptor
8 modeling, and this is an area that we intend to go back to.

9 But, in part, we felt that, for the moment, we needed to
10 gain a better understanding about what aspects of particles may be
11 determining toxicity before we could begin to think about source-
12 receptor relationships. So, our emphasis was sort of over on this end
13 of the paradigm in this first report.

14 We had listed out...and these are just a couple of things
15 straight out of the report...what we thought were some of the key
16 scientific uncertainties. Essentially, at the time that the decision
17 was made to have a $PM_{2.5}$ standard from, you know, a very simplistic
18 standpoint, what the epidemiological data were showing were
19 associations between indicators of PM mass concentration, whether
20 that was TSP or PM_{10} primarily and then precious little data on $PM_{2.5}$
21 and either mortality or morbidity and then even less data indicating
22 what aspects of the PM might be linked to the adverse health
23 consequences.

24 So, what we then designed was a research program that
25 we felt would provide more insights concerning what aspects of
26 particles are critical, and some of the uncertainties that we felt were
27 there in trying to understand what we learned from the
28 epidemiological studies are shown here. Again, this is out of

1 the...from the report.

2 There was a great deal of emphasis placed in discussing
3 the epidemiological literature on the relationship between
4 concentration measurements made, particularly, for compliance
5 purposes and human exposure, and there had been relatively little
6 work, particularly, involving those individuals who we think are
7 susceptible to understand those relationships. And, in particular,
8 there had been even less work trying to understand temporal
9 associations between concentrations measured at outdoor sites and
10 variation on a time basis in personal exposure.

11 So, there were a number of uncertainties that were
12 identified in relationship to the use of a concentration measure as an
13 indicator of exposure. Then, this can become even more detailed as
14 one moves from thinking about PM to thinking about specific
15 components of PM or the chemistry of particles. So, there was very
16 little data...and this was during the review of the epidemiological
17 data through the criteria document and the staff paper discussions
18 and the materials presented to CASAC. This became one of the sort
19 of the touchstones that everyone kept turning to, what do we really
20 know about human exposure.

21 So, our research agenda places early emphasis here.
22 And the problem is actually the measurement error problem
23 here...some of us have had lengthy discussions about this...is not an
24 easy one. This is not a source apportionment problem. It is
25 something different.

26 We also focused in on exposure-dose relationships, and,
27 again, we have a variety of lung models in understanding exposure-
28 dose relationships for the normal lung but very little for the lungs of

1 the people we think are susceptible to particulate matter, persons
2 with lung disease, asthma, chronic obstructive pulmonary disease
3 who we know have different deposition patterns in the lungs for
4 particles from persons with healthy lungs, persons with heart
5 disease, older persons, and infants. So, this is, again, another area
6 of uncertainty.

7 Then, the relationship between dose and response, and
8 here, there are many needs in terms of trying to understand what we
9 have observed epidemiologically, exacerbation of heart and lung
10 disease, actual increases in mortality from heart and lung diseases
11 and total mortality and trying to understand what are the underlying
12 mechanisms, whether they are induction of inflammation in the lung
13 and systemically, how host defenses may be adversely affected by
14 particulate matter, and then the possibility of neurally mediated
15 effects of, for example, leading to cardiac problems. So, there is a
16 great deal of work toxicologically to be done here.

17 Now, what this resulted in was the famous ten research
18 recommendations. I know that Jim Reese's goal was actually to have
19 a stone tablet on the front of the work with the ten commandments
20 and the burning bush, but, apparently, we were only able to have, I
21 guess, as John called it, the burning bush report. Maybe the next
22 one will have the commandments on it.

23 **MR. BACHMANN:** It is all the same list.

24 **MR. SAMET:** Yeah, it is all the same list.

25 **MR. VANDENBERG:** We could go further and
26 have twenty.

27 **MR. SAMET:** Now, this illegible chart I have
28 now been shown many times by people and say I know you can't read

1 this, but...but what this is is the committee's research agenda. And
2 what we did is we called this a portfolio. Okay? We got a little
3 carried away with this, but we thought it was kind of cute. You are
4 going to address, you diversify, and you look at things over time.

5 What we did in laying out this research program was to
6 say, first of all, these are all equal elements. So, it is not a question
7 of, you know, which one of these is most important. We really felt
8 that if we wanted to, you know, in the end...and Dan laid out the fact
9 that we really have...we have to have a long time line here. We have
10 to develop a research program that is ongoing, sustained, not kind of
11 this one or two-year burst of energy and let things go, and we are not
12 going to be able to answer any of the long-term questions unless we
13 take a long-term perspective, and I think we need long-term
14 monitoring and support in the programs. So, there is something like
15 a 13-year time line or 12-year time line for the research program.

16 The ten categories, the research recommendations were
17 grouped back to our paradigm. So, source and concentration to
18 exposure, exposure, dose, and response subdivided, and then some
19 additional issues related to analysis and measurement, and
20 measurement error specifically.

21 The emphasis varies over time in the research agenda.
22 These numbers represent millions of dollars per year, and, again,
23 these are sort of the committee's best estimates of the dollars
24 needed, and you may ask questions about whether it is all new money
25 versus old money and such. Don't ask.

26 So, the emphasis early on...there is an early emphasis
27 here in terms of exposure, really directed at some of these questions
28 of what are the exposures of susceptible, potentially susceptible

1 individuals to particulate matter, how do those exposures vary over
2 time, and how much of the temporal variation is driven by out...is
3 related to outdoor concentration. And, in fact, some of this kind of
4 work was included in the recent submissions to the Health Effects
5 Institute.

6 There is some emphasis but then an expanding emphasis
7 later on on source-receptor modeling here. You might notice that
8 there is a number 2, outdoor versus human exposure early on on the
9 exposure side and then number 2 is exposure to toxic PM components
10 sort of kicking in later.

11 What this reflects is, right now, I think if you turned to
12 the health community and said what is it about particles that makes
13 them bad for people, or what is it about a measurement made of
14 ambient PM_{2.5} or PM₁₀ that is the actual thing that is bad that
15 damages the lungs and affects the heart, you would get a variety of
16 conjectures from the epidemiologic and toxicologic and clinical
17 community, but I think they would be hypotheses, and some of them
18 could be reasonably advanced, but this is the work that needs to be
19 done, really, over the next five or so years to identify what those
20 toxic elements might be.

21 So, there is sort of a cycling here and an iteration, maybe
22 the time line's not exactly right, but it is somewhere in here that we
23 will need to come back once we have a better understanding of PM
24 toxicity and look at human exposures to those components or aspects
25 of particles that we think are relevant to disease.

26 So, there is a substantial emphasis early on on toxicologic and
27 clinical studies. By clinical studies, I mean human exposure studies
28 to try and understand what those toxic elements may be.

1 You may notice that, in fact, any major component of
2 epidemiologic research is somewhat delayed, in spite of the
3 committee being chaired by an epidemiologist. We really felt that we
4 needed to gain an understanding from the toxicologic work of what
5 aspects of particles need to be looked at before the write-up of the
6 epidemiological studies could be designed, and we think, in fact, we
7 need to sit back and strategize about how this should be done.

8 We felt that, with some intense work, the exposure-dose
9 issues could be addressed and we would have a better understanding
10 of exposure-dose relationships for people with diseased lungs.

11 So, there is, here, the toxicologic component directed at
12 particles, then issues directed at how particulate matter and other
13 pollutants may act together, work on susceptible populations, and,
14 again, early on, the work on toxicity mechanisms, getting down
15 perhaps to more fundamental levels, and then dealing with the initial
16 work on the measurement error and data analysis. So, this is how
17 the program sort of plays itself out, and, again, for those of you who
18 have read the report, we present these as elements of an integrated
19 program.

20 I think from the point of view of how this type of strategy
21 interacts with the monitoring, really, I think to do the epidemiological
22 studies properly and to think about new strategies that are cost
23 efficient and sort of statistically efficient, it would be very useful to
24 be able to place epidemiological studies in the context of areas
25 where exposures have been characterized as ongoing commitment to
26 monitoring and perhaps already some substrata's been laid for doing
27 epidemiological studies and looking at the relationship between what
28 is being measured at monitoring sites and human exposures in the

1 populations.

2 So, I think that to conduct epidemiological studies at this
3 kind of price tag, it would really need to be nested in areas where
4 ongoing exposure assessment of high quality is being maintained.
5 So, there would need to be a commitment.

6 Perhaps the initial work could provide some guidance in
7 terms of siting epidemiological studies. I guess what, how many
8 sites were mentioned? Was it five? So, maybe you could have six
9 and call it the Six Cities study.

10 In any case, I think there is good opportunity for...there
11 are very important opportunities for interaction, and I don't think we
12 can sort of design studies, again, like the Six Cities study where both
13 the epidemiological work and the exposure assessment are, you
14 know, funded primarily. I think we have to build off the monitoring
15 sites. The committee members might want to chime in. Anybody
16 want to add anything?

17 **MR. GREENBAUM:** Questions for Jon?

18 **MR. VANDENBERG:** Jon, I just got a brief
19 comment, I think, is that, as Dan Albritton showed, there is a sort of
20 sliding scale from 850 plus a couple of hundred compliance
21 determination sites down to the 300 chemical speciation, and then
22 the 5 to 7, whatever the number is. From your point of view as an
23 epidemiologist, what is your sort of range of interest when you move
24 up that towards the payment ones? Do you have any particular
25 interest in those, or does your interest fall off quickly when you move
26 past the supersites through the chemical speciation?

27 **MR. SAMET:** I mean, maybe, maybe not. I
28 mean, this is a tough problem for observational studies which is...you

1 know, I mean, in a sense, I...I mean, what we have done with the
2 particulate matter thing, it is still a complex mixture problem
3 renamed. I mean, what we are really trying to do is understand what
4 aspects of particles may be affecting health, and that could be, you
5 know...I mean, we have seen all kinds of things, size distribution,
6 number of counts, acidity, metal content. There is a big array.

7 So, I think if we could have efficient strategies that, in
8 fact, took advantage of the multiplicity of sites, you know, maybe
9 doing the kinds of things we are doing with HEI funding, I think there
10 could be a broad epidemiologic use of those data. Okay? Because
11 the heterogeneity would allow us to begin to answer questions about
12 what aspects of particles might be important. Those would be
13 ecological studies.

14 Going down to the other end at the very focused sites,
15 there we would have to, I think, design much more targeted studies,
16 testing hypotheses that would perhaps, you know, build off the
17 toxicology and what else is coming out of the epidemiology and use
18 the more detailed data. We probably would be approaching things at
19 the individual level.

20 So, I think it could all work together. So, I don't think we
21 should lose interest, necessarily, at any level. Probably at all
22 levels, what would be helpful would be to try and have some
23 understanding of how well we think we are estimating population
24 exposure, and some of that will be coming out of, you know, the HEI
25 work, any work that follows up on the Academy's recommendations,
26 but I think that becomes more and more critical as you go down to
27 more detailed monitoring.

28 **MR. NEAS:** In the epidemiology community,

1 aside from yourself and the members of the Academy, there seems to
2 be a turning away from epidemiology in the short term. I am
3 wondering how then you will...the exposure assessment people really
4 know that they are on the right track of a toxic agent without some
5 short-term epidemiology that is temporally correlated with the
6 exposure assessment. If you don't have some health assessments
7 going on as you do this in the next two years.

8 **MR. SAMET:** But, see, the...

9 **MR. NEAS:** With the toxicology, do we really
10 go to town on the toxicologists to offer up the magic bullet?

11 **MR. SAMET:** Depends on which toxicologist
12 you ask, but...no, I think if one...the short-term, you know, the initial
13 monitoring recommend...the initial exposure work recommended in
14 the Academy report is more oriented at PM than at sort of the toxic
15 component piece, and, you know, because I think, in part, we are not,
16 you know, ready from either the epidemiological side or the
17 toxicologic side to have enough target hypotheses. I mean, we could
18 probably lay out right now four or five reasonable ones. I think it
19 would be premature to rush into major epidemiological studies.

20 You and I might have a disagreement about how and when
21 epidemiological evidence, observational evidence, is going to help us
22 sort out the component question. I just don't think we are ready to
23 do it yet. I think this is a tough question to answer using
24 observational data, and until we have some better ideas about what it
25 is we need to monitor in doing human health studies, we are not
26 going to be able to sort out the question.

27 **MR. NEAS:** No, I am in agreement with that.
28 I just think it is premature to assume that while we are hesitant, that

1 they should be allowed to go ahead, that they are on the right track
2 without...

3 **MR. SAMET:** Well, you probably know more
4 toxicologists than I do.

5 **MR. MAUDERLY:** I have a comment on that.
6 I think, first of all, what Jon is expressing is that we do have some
7 laboratory work underway that seems to be pointing some directions,
8 but I think more important than that is to sort of set our personal
9 discipline aside and look at the picture. And the table that Jon
10 showed, the one in the orange book, doesn't say there should be no
11 epidemiology any more than the report said there should be no
12 monitoring.

13 Now, both things have sort of been taken a bit out of
14 context. I mean, there was funding for epidemiology in the first year
15 of that table. So, I think what the committee was trying to do, rather
16 than turn switches on and off, was to portray...a portfolio, I think, is
17 a useful word...of sort of varying emphasis that would be staged to
18 make the best total progress. I think we all need to keep that in
19 mind.

20 I think that, you know, looking at these different issues
21 and saying, well, the committee said we shouldn't do this or we
22 shouldn't do that, that is not really what the committee's intent was.

23 **MR. LIOY:** I think this, put another light on
24 Joe's point of view from the exposure vantage point is that before we
25 want to apply more detailed analyses to epidemiologic studies, we
26 need to know, basically, what targets to focus on, because I think the
27 exposure perspective will be drawing upon the results of
28 toxicological studies as your silver bullets.

1 In the meantime, the issue that the epidemiologists have
2 raised in the first set of studies was that there is a sensitive
3 subgroup of the population that are associated...that have associated
4 exposures to particles that will lead to dire health consequences. At
5 this point, the exposure community can go out and look at these
6 sensitive populations to ensure that they are being exposed to
7 outdoor air, and all this works in conjunction with more epidemiologic
8 studies.

9 This is not an either/or, as Joe said. It is a combined
10 effort to become more focused and gear up and deal with things in a
11 way that we find the right targets.

12 **MR. DEMERJIAN:** I would just comment.
13 Paul, wouldn't you agree that if that were the primary thrust that you
14 could design a program of special study to look at that problem,
15 define it for a particular set of areas that are representative of the
16 kinds of source distributions that occur in the atmosphere, and then
17 you could pass that data along and walk away from the problem if you
18 didn't have the requirement to have to manage this problem down the
19 road?

20 **MR. LIOY:** Right. Well, you have to manage
21 the problem, in other words you have to deal with the total
22 conceptual design.

23 **MR. DEMERJIAN:** I see two paths of activity
24 here that we need to address, that which is going to help elucidate
25 and push forward the question of effects impacts and that which is
26 needed to give guidance and, presumably, make progress in how we
27 mitigate the problem.

28 **MR. LIOY:** I agree. That is why I said before

1 that supersites have a number of presumably site specific problems.

2 **MR. GREENBAUM:** I think people understand
3 that. There was also, I mean, on that chart Jon put up, there was
4 work in both epidemiology and in the sort of whole monitoring and
5 source-receptor relationship area for an immediate need for
6 investments in developing the tools and developing some of the
7 things that are necessary but recognizing that as our toxicologic and
8 other understanding improves, we are going to want to invest larger
9 amounts of money in those areas, full-scale sort of receptor
10 modeling and full-scale epidemiology studies and other things. So, I
11 think there was an understanding of that.

12 The challenge, biggest challenge is to see that there will
13 be sustained investments over the periods of time to actually see that
14 all happen beyond three and five years. But we're working on those
15 things.

16 **MS. HERING:** I think, you know, as we look
17 at monitoring that is going to support epidemiological or health
18 effects studies, I think yes, we don't yet know what the culprits are or
19 who the culprits are in particles, but I think we know what are the
20 major characteristics of particles, and I think we need to look at
21 designing measurement programs that, at least at some sites, are
22 going to address all, you know, the major things that we can identify.

23 I mean, we are talking about now going forth with
24 speciation measurements that we will hear about here momentarily,
25 but that is not, you know, the only thing that you need to be
26 concerned about. Remember, there is a lot of health hypotheses
27 which have to do with particle number, particle size distributions.
28 There has been no mention of measuring these other than perhaps at

1 the supersites. And, also, the time variation in particle
2 concentrations even if it is only the time variation in the total. I think
3 that we need to look at what are the overall things that characterize
4 particles, or I don't think we are at the point of bringing simultaneous
5 size and composition, but we are at the point of being able to give
6 you physical parameters as well as chemical parameters on the
7 aerosol, and we need not forget that.

8 **MR. GREENBAUM:** Susanne, I am going to
9 ask you to hold that thought for a minute. When we get to objective 1
10 which is determining health effects of exposure, we are going to get
11 into that hopefully in more detail in a moment. Did you want to...

12 **MR. SAMET:** Well, the only comment I was
13 going to make, and this is, in part, what Susanne said, just from the
14 point of view of observational evidence, let's say there are five things
15 that we are worried about with particles- mass, size, acidity, some
16 index of metal content, and something else, whatever it is you are
17 worried about, organic acid fall-out, something, whatever you want.

18 So, if we wanted to approach and, in an observational
19 sense, try to understand what it is about five things that affect
20 health, that is not easy, and that is not easy in a toxicologic context
21 either, because you begin to have a pretty big measure of
22 possibilities. And I think we have done...part of the reason why we
23 really think that we need to be as, you know, targeted as possible
24 when we come down to, you know, observational studies is so that we
25 can measure best what we think we need to measure and design
26 measurements accordingly.

27 **MR. GREENBAUM:** Okay. Well, now we can
28 move on to Petros.

1 **MR. KOUTRAKIS:** After the meeting in
2 Seattle, someone came and asked me, well, next week, you have to
3 give a talk, and this sort of prepared me because I found out I had to
4 give a summary by today, so I did not get a divorce this weekend, but
5 if this is going to happen, I am sure I am going to have a divorce by
6 the time it's all over.

7 Anyway, I tried to highlight some of the main points of our
8 meeting in Seattle. As you know, in response to a request from the
9 scientific community, EPA was able in a very short period of time to
10 put together to plan a speciation network. Basically, the main
11 objectives of the speciation network is to collect compositional data
12 so EPA and the States they can develop control strategies and be
13 able to evaluate these control strategies.

14 So, basically, there are two primary objectives, and, also,
15 there are two supporting objectives which is to the extent we are
16 going to spend money and collect all these nice data, can we use
17 them for health effects studies, for exposure assessment studies, for
18 data supportive of epidemiological and toxicological studies? Also,
19 can we use these data to enrich our data set on visibility?

20 So, although the main drive of this network is not going to
21 affect the visibility, we would like to develop a network without
22 jeopardizing, of course, the network that is going to be able to
23 provide some information to the health and the physical science
24 community.

25 We, EPA, has proposed to put together a large network,
26 50 sites, that would be the trend sites. These sites would be used to
27 establish year-to-year concentrations for different species and see,
28 you know, how well the different control strategies are doing and

1 also 250 sites which would be more sporadic. These would be in the
2 fixed places surrounded with more or less the same technologies,
3 with the same protocols, whereas the spatial sites would be more
4 flexible. The States could be creative, and these sites would be
5 implemented or used to develop SIPs for the States.

6 The EPA has done a lot of work. They have run around.
7 They have talked to the States. They have learned a lot from the
8 States, because these are the users of the data that they run, the
9 network that they will use the data. They have established a working
10 group. Also, they went to DRI and asked them to do a kind of criteria
11 document for speciation. They took that criteria document, and they
12 translated it to a guidance document. They asked the
13 experts...experts, I use that for emphasis of course, but the experts.
14 The group includes Bob Stevens, Joe Landau, Laura Gontero, Jack
15 Cooper, and who is the...

16 **SPEAKER:** Tom Cahill.

17 **MR. KOUTRAKIS:** Tom Cahill. Thank you
18 very much. And they asked us to review this document and get
19 together in Seattle at the last minute and think about it.

20 Now, we realized that...and we acknowledge the fact that
21 this network, it is a little bit different than the other networks EPA
22 has implemented in the past. It is more flexible, which is good, I
23 think.

24 It allows the States to design their studies to the extent
25 they can address specific questions, and, also, it is flexible
26 longitudinally, because if we have health effects studies after three
27 or four years or three years, and they tell us we need to measure
28 dysprosium, if that is the thing that kills the people, the speciation

1 network would be able to adjust and include these measurements. Or
2 if there is new evidence that we don't know how to measure
3 aluminum, we can go back and adjust and change the sampling or
4 analytical method. And I think that is very important as compared to
5 the compliance network, the 1500 sites where we have to be very
6 careful about changing things, because they are with the National Air
7 Quality Study.

8 Also, the network is going to be cost effective. As new
9 technologies emerge, as analytical or sampling techniques, the
10 States will adjust to reduce costs. Also, the protocols, although it is
11 going to be guidance from EPA how to analyze things and how to do
12 stuff, the States can use different protocols based upon the human
13 resources they have, based upon the type of analytical agreement
14 they have and the money they have.

15 So, I think the characteristics of this network is flexibility
16 and cost effectiveness which the panel felt was appropriate for this
17 network.

18 Now, because a lot of thinking is already done, the panel
19 really did not feel to go and micromanage, you know, what EPA and
20 the States will do, but we felt that we wanted, instead of saying what
21 can be done, we decided what questions we want to answer, because
22 you can really go crazy. You have a big budget, and you have a big
23 crowd, and you can put thousands of monitors, and John Bachmann
24 likes colored pictures with, you know, a special variability of
25 concentrations, and you can go crazy and raise millions of
26 constituents, the physical, chemical, morphological properties,
27 biological properties. You can do, and you can go also crazy with
28 that.

1 And the question is, do we want, as a scientific
2 community or as States, the EPA to spend our time for the next ten
3 years and do that? And the answer, of course, is no. So, instead of
4 saying what can be done, what kind of technologies we have out there
5 and what we can do, we said what kind of questions do we want to
6 answer. And this was the philosophy throughout the review, and I will
7 try to tell you, you know, about some of them. Of course, we have to
8 highlight everything and cut it out.

9 So, the first question we need to address is, what kind of
10 information do we need in order to be able to do trends analysis?
11 Okay? And the panel felt that if you use every six-day
12 measurements, you might not be able to do trends analyses.

13 And I think EPA has to go back and the people from
14 OAQPS to take some data and analyze them and be able to see what
15 kind of data, you know, we need. Here is an example. Unfortunately,
16 I almost missed my flight. I was trying to find some data from
17 sulfate or fine particulates, but I was able to find only hydrogen ion
18 which is a more difficult pollutant.

19 What we had done in this paper is we took data...we took
20 a GME...I am sorry, for six months from May to...oh, this is four
21 months, and we took daily measurements, and we created different
22 data sets. We created one data set that was every day. We create
23 two different data sets which correspond to every other day. We
24 created three data sets that they go every third day, fourth day, fifth
25 day, sixth day, and seventh day.

26 Now, we know the every day measurements. We took the
27 distribution. We calculated the mean, and now we calculate the two
28 means for the every other day, three means for every third day, four

1 means for every fourth day, and so forth.

2 We found that if you do every other day, the absolute
3 difference between those two distributions for the real distribution,
4 the every day distribution, it was about 2 percent. So, if you take
5 every other day measurements, probably you will have an estimation
6 of the average over that period of time which will be between zero
7 and one and a half.

8 If you take every three days, you have three distributions.
9 One was off by 10 percent, the other by 12 percent, and the other by
10 3 percent. And, of course, if you take every seven days, you can
11 have one which is off by 40 percent, and you can have one which is
12 off by 5 or 6 percent.

13 Now, this is the worst case scenario. We don't have the
14 full year, and H+ is kind of funny, because it is very episodic, but I
15 think it probably, for the different species, we don't have details, we
16 don't have all that much data in front of us, but I think this needs to
17 be done before we go out and set up, you know, monitoring that is
18 going to give us a yearly average. Because let's say that we have a
19 trend of 5 percent over 10 years. You don't expect that much. I
20 mean, 5 or 10 percent, we'd be happy, and we are off by this.

21 So, this is some data analysis that needs to be done, but
22 the panel felt that probably the frequency of the measurements might
23 not be enough, and also, we felt that if you do source apportionment
24 studies, people who are in this business and they believe source
25 apportionment...I will tell you more about it later...if you have 52
26 measurements...okay...and you lost some of them, you have a data
27 set which is very limited. So, you will not be able to do a good
28 application if you have poor data points for each site.

1 Another thing is that...and I think that everybody
2 acknowledges...I palled around with epidemiologists, and, by affinity,
3 I know a little bit of epidemiology. If you collect every six days, you
4 might not be able to use those data for longitudinal studies where
5 you do times series analysis. Is that a correct statement? Can you
6 use every seven day data, every six day data?

7 **SPEAKER:** Well, you can, but you need to
8 multiply the time you...

9 **SPEAKER:** You need ten years of it.

10 **SPEAKER:** It is just a power problem.

11 **SPEAKER:** Right.

12 **SPEAKER:** But you need many more years of
13 data.

14 **SPEAKER:** Many more years, yeah.

15 **SPEAKER:** If you have every six days, you
16 need six times the length of the...

17 **MR. KOUTRAKIS:** Okay, but the panel did
18 not have any epidemiologists, but we felt that probably this, it is
19 better to have more frequent measurements as compared to less.
20 So, basically, how we resolve these issues. Basically, you can do
21 two things. You can stick with the every six days, and you take into
22 consideration what the consequences will be. You can use the same
23 sample and instead of going one day, you can do seven days
24 measurement. That uses a low rate and use the same sample. If you
25 collect seven days, there is some technical issue that is important
26 here to be addressed.

27 You can use continuous monitors. We don't feel that we
28 will tell EPA what to do. We, throughout the review, we felt that we

1 should raise the issues and let EPA and the States to consider the
2 human resources they have, the monies they have, the questions they
3 want to answer to make those decisions.

4 Some people, at the end of the discussion, they said, well, don't we
5 have to ask. If you go out and do 50 sites every day, you will destroy
6 our spatial, you know, network. We do 250 sites. And I felt sorry for
7 them, but being in the plane for six hours, I thought about some
8 things here, and I said do...the same question, do we really want to
9 have a map of the United States that we have concentrations
10 everywhere and we do peaking and we do modeling, or do we want to
11 use these spatial studies to answer specific questions? And if the
12 question is we want to have mapping of all United States, okay, we
13 need about 3000 sites, and let's put 3000 sites. But I think the
14 question is we want to understand the contribution of specific types
15 of sources so we can develop some control technologies, in that
16 case, we can have a focus on different studies rather than just doing
17 spatial studies.

18 And in order to address this question, we have to go and think
19 about very simple things that...most of the physical scientists are not
20 here, but I will just bring them up...that fine particles are mostly
21 secondary. 80 percent of the particles, in some cases, can be of
22 secondary origin.

23 The distribution on a regional and semi-regional scale of
24 distribution of particles is very similar. In other words, if you go to
25 New York...it is a bad example, because there is so much happening
26 in the buildings there, but if you can go into Philadelphia or
27 Washington, and you could set up sites throughout the city. You will
28 find they are within noise. And you could go up during the summer,

1 you would find there is a difference.

2 They are highly correlated. When Washington goes up,
3 Boston goes up. So, can we use these similarities on a regional
4 scale in such a way that we can really have cost effective spatial
5 studies...spatial networks?

6 Of course, this is not true if you go to the West and you
7 have a wood burning community, you have a valley, you have some
8 specific source of meteorological problem there, but there you can
9 do more intensive studies.

10 The other is so, basically, if we really analyze what we
11 know so far from the limited data we have here, we feel that we
12 should really do spatial viability or these exercises and focus on
13 population. We don't want to go where people do not exist...we want
14 to go where people exist, to know their exposure, to know the
15 epidemiology.

16 We should focus on source type. The question is for this
17 level is that do you really want to compare power plant A versus
18 power plant B, Volkswagen versus Mercedes, or do you want to
19 address the type of sources and try like, you know, coal power plants
20 in coal, or car, or wood burning, and if that is the answer which I
21 think it should be the answer, you really have to focus on source type
22 rather than just going and chasing hot spots.

23 I think the States, they really have to, they spent a lot of
24 time here, and they have learned a little bit from the ozone that
25 we're...this is not CO, this is not NO, we are not chasing bus
26 terminals, and we are not chasing, you know, a wood stove. What
27 you do, you deal with types of sources, and you really have to have
28 limited sites but which provide you a lot of information as compared

1 to many sites that you cannot really learn that much.

2 The same...how am I doing with time, Dan?

3 **MR. GREENBAUM:** About five or so.

4 **MR. KOUTRAKIS:** Okay. The same thing
5 with the data, the target analytes. Again, you can do many analytes,
6 but the question is how you are going to use the data.

7 Here, we put three uses of the data which really help us
8 to focus what kind of analytes we are going to use. They wanted to
9 measure major components of fine particles, and also, you want to
10 do mass closure for quality control purposes. Also, qualitative
11 source apportionment.

12 So, in other words, if you have 10 ug/m³, you want to
13 know what is the measure performance, if you did a good job with the
14 speciation when you compare the speciation data versus the FIM
15 data, and, finally, you don't want to do power plant A versus power
16 plant B, because the methods and the tools, the statistical tools we
17 have, the analytical tools we have right now, we probably in a few
18 years will be okay, but right now, we cannot address those questions.

19 So, the source apportionment, it will be qualitative. It
20 will tell us we have sulfates 30 percent, we have nitrates 40 percent
21 and organic carbon versus elemental carbon. Fortunately, in a few
22 years, we will have better techniques that will tell us more, but right
23 now, we don't have techniques that really can help us to do this here.
24 Maybe some scientists can do that, but then again, it might be
25 difficult.

26 We also gave the flexibility...I mean, the guidance gives
27 the flexibility to the States to do any kinds of...I am sorry. In order
28 to achieve this, they will do elements for soil attribution and some

1 source tracing; ions, sulfate, nitrate and ammonium; and elemental
2 and organic carbon using computer technology and those computer
3 methods available right now. I don't have time to go into that.

4 But there is also, depending upon the type of source you
5 have within a State, like, for instance, in California, I think the
6 fluoride is very important. The East Coast does not think so, and
7 vice versa. Hydrogen is very important for the East Coast but might
8 not be important for California, and to analyze this is very expensive
9 and very tedious.

10 So, there is flexibility for the States based upon their
11 needs, based upon their technologies. They can use microscopic
12 methods, do a single particle analysis, can do organic carbon
13 speciation, particle size distribution, or use continuous methods. But
14 these are optional analytes that will depend on the source in a State
15 as compared to force the States to go out and do this.

16 The third big issue here was sampling techniques. EPA
17 already has contracted similar cultures that they can produce
18 variables that can be used for speciation. The States feel that they
19 proved something has been there for a long time, and they wanted to
20 have this be considered as one of the three options. So, we will have
21 four options. The panel feels that if some modifications are done to
22 improve sampler, it could be also one of the candidates.

23 Also, there was a lot of discussion here, because the
24 panel strongly felt that the speciation monitors, they have to have the
25 same size characteristics and ion characteristics as the FRM. It does
26 not have to be the same, but if you would talk about mass closure
27 and comparing speciation, species versus mass, you really have to
28 be able to collect the same mass in the filter.

1 Also, we thought that in order to validate these methods,
2 we have to use some reference methods. For the mass, it is the
3 FRM. For the ions, it is the existing and well-tested parameters that
4 EPA has, and for the carbon, again, we use the FRM with a filter and
5 dose measurement.

6 The sampler selection, we have that, unfortunately, time
7 is a problem, but the panel felt that the time that EPA proposed that
8 you would go out and just use them and do something fast and do
9 comparisons was not good. We feel that if we need to postpone or
10 delay five or six months, we have to do that. We feel that the ORD
11 involvement is pivotal to this effort. We think that these samples,
12 they have to be tested in laboratory in the field by ORD, and based
13 on that, we did not want to make a decision what sampler to be used,
14 but we made a proposal for what kind of criteria you use in order to
15 select the sampler.

16 We felt that the value of the network will depend on the
17 quality of the data, and we don't want, a few years from now, to
18 argue about the quality of the data. So, it is better up front to be
19 able to apply some performance criteria and make your selection.

20 Finally, it is the last...I am not going to go through this,
21 but one point I want to make sure is that there is a relationship
22 between the speciation network and the supersites for two specific
23 reasons.

24 First of all, the supersites, since they are going to have a
25 lot of resources, they will do a lot of measurements of size and
26 morphology and chemical composition. We want to use the
27 supersites as sites to test the performance of the speciation
28 monitors, and it would kill two birds with one stone, and I think that

1 would be important. So, the supersite platforms will be used to
2 evaluate these methods.

3 Also, in order to do a source-receptor relationship
4 modeling, we need to have the support of sites around your
5 supersite, and we feel that, you know, the speciation network will
6 provide that spatial variability around the supersites, and we
7 really...so, the supersites will benefit from the speciation network,
8 and the speciation network will benefit from the supersites.

9 So, basically, this is a highlight of the two days'
10 discussion. I will be happy to answer any questions you have.

11 **MR. VANDENBERG:** You said at the very end
12 there that the sites, two to three years may be enough. What do you
13 mean by that?

14 **MR. KOUTRAKIS:** No, no, no. This is for this
15 afternoon's discussion.

16 **MR. VANDENBERG:** Oh, okay.

17 **MR. KOUTRAKIS:** I decided to use one
18 transparency for two talks. Are there any questions?

19 **MR. SAXENA:** In this document, I think,
20 looking at this, was there any discussion, I mean, you know, was
21 basically improve new methods for counting, but did the panel feel
22 that was adequate, or...

23 **MR. KOUTRAKIS:** The panel felt that we
24 don't know how to measure carbon, but, also, we felt that we don't
25 know even what is out there right now, there is no guarantee that we
26 are going to do good measurements. So, we felt we go with what we
27 do now in the group. The only difference, we use only one coarse,
28 because we don't believe that these extractions are correct. If in six

1 months or eight months we know that there is this method that works,
2 we would incorporate that, and if in two years we find out that
3 something else is better, we would use that, but the panel felt that if
4 we look at the problem with the carbon, just stick with the group so in
5 case we have something which compares with the data, we can look
6 at that.

7 **MR. GREENBAUM:** Other questions?

8 **MR. SCHEFFE:** Let me just throw something
9 out. Obviously, we are in a little bit of a bind with the sampler
10 selection, and we want to...we want to have, basically, for the trend
11 sites, pretty similar sampling technology around, and then the panel
12 went even a little further, saying that the sampling technology, you
13 ought to be able to relate that as well as possible to the FRM.

14 And it was kind of interesting, because I was actually
15 trying to push that we didn't have to be that concerned about what
16 the FRM was measuring, that we have gone out on a limb with an FRM
17 to pick up an indicator, and with the speciation network, our truest
18 intentions are to capture what is really out there in truth, but with the
19 recognition that you have to tie these back to SIPs, and you run into
20 that kind of dilemma.

21 But one of the implications of...and Petros did an
22 excellent job of really summarizing what went on in that meeting, but
23 one of the implications there, though, is, you know, the extent of the
24 testing program for the different samplers that are there, and,
25 Petros, you might want to give us a little bit of your sense in terms of
26 what this testing program would be, and I have John Bachmann here
27 saying oh, my goodness, we are behind for two or three years, and I
28 don't think that was really the sense of the panel by any means.

1 **MR. KOUTRAKIS:** No, no, we offer some
2 alternatives. We said that your first sites, they can be the first sites,
3 or the trend group can be your field sites for testing. So, we are very
4 sympathetic with what you want to do, but also, we felt that, really,
5 you can imagine if the monitor you select reads 50 percent of the
6 mass as compared to the FRM. I mean, that would be a disaster. We
7 cannot do source attribution.

8 So, I think ORD has to be involved. They did an excellent
9 job with FRM. They spent two or three months. In two or three
10 months, they did the field tests and, actually, in that panel, they
11 asked a mass spec expert to help me to draft some criteria how we
12 can do that study. So, we recognize the constraints here, but, also,
13 we cannot just close our eyes and say, well, let's use whatever.

14 Yes, Rich?

15 **MR. SCHEFFE:** One other aspect I want to
16 comment that is sort of a big output of that meeting. Another way of
17 looking at...you know, we had a one out of six day suggestion for a
18 sampling schedule for these trend sites, and I think, collectively, the
19 panel felt that you don't want to risk quality data for more locations
20 in space, and I think we were really coming from that aspect, and I
21 think the push there was very much to have as much daily, as much
22 continuous information as possible.

23 And we had also talked about using continuous methods,
24 perhaps, to supplement the filter-based methods. I think we are all
25 concerned about doing filter-based methods on an every day basis.

26 So, is it fair to say that that fell within that, that when we
27 are talking about going to either every other day sampling or daily
28 sampling, we are also talking about complementing, perhaps, some

1 of the filter-based methods with continuous methods to fill in some of
2 those gaps?

3 **MR. KOUTRAKIS:** As I mentioned at the
4 beginning, we really...we would like to talk about the issues and let
5 EPA deal with the States to solve these issues rather than just tell
6 them what to do, and we tried to stick with that, basically, but yeah,
7 the obvious, the obvious way to address this issue is to use
8 continuous monitoring.

9 Any other questions?

10 (No response.)

11 **MR. KOUTRAKIS:** Thank you.

12 **MR. GREENBAUM:** Thank you. I think that
13 last point, actually, raises something I meant to suggest in my
14 introduction, which is one other I think important sort of almost
15 unstated output of a process like the one we are going through, in my
16 view, needs to be some mechanism for fostering enhanced
17 partnerships between the various research communities, EPA, and
18 the States, and add and the State with emphasis.

19 Jeff is here, and we only have one State perspective, but
20 I think, in the end, how these individual sites or things get put
21 together or how we work are only going to be successful when we
22 have active State engagement and active partnerships developed
23 among a variety of different people, including the States and the
24 research community. So, we will look forward to sort of making sure
25 there are plenty of State people at our July workshop.

26 I am going to actually suggest, sort of take a quick poll.
27 This would be...we have you locked in this room all day
28 without...there is a break for lunch, although I believe we are

1 actually having lunch brought in now, but I was going to suggest that
2 perhaps we should see if people would like to have a brief break now
3 before we go on and then...I am seeing some nods around. Why don't
4 we aim at a ten-minute break? The restrooms are just down the hall
5 that way, and then we will try to convene back here no later than ten
6 minutes.

7 (**WHEREUPON**, a brief recess was taken.)

8 **MR. GREENBAUM:** All right. Two things I
9 wanted mechanically before we go on. First of all, this isn't
10 mechanical, but I neglected to thank EPRI earlier. I guess they
11 provided some drinks, and then are going to provide lunch as well.
12 So, thank you for that.

13 And secondly, I have been informed that there is a...there
14 will be, at lunch time, at least one other phone readily available or
15 can be made available if they have to make phone calls. We can do
16 that.

17 But with that, we will try to get down to the sort of task in
18 front of us, having been appropriately introduced.

19 **MR. ALBRITTON:** What we wanted to do here
20 was to very briefly summarize the nice input we got from many on the
21 draft that went out prior to this, and we got both nice general
22 perspective from the variety of perspectives in this group. We also
23 had some very, very informed and specific information about types of
24 measurements, locations of sites, and all of those will fold into it.

25 All of you should have two things. You should have
26 gotten the updated draft which did reflect the comments that were
27 sent in, and, secondly, at your chair this morning is a copy of all of
28 the detailed comments that came in from the various members of the

1 steering committee. So, that puts the updating process documented
2 for you, and what I wanted to do here was actually now begin to focus
3 our discussions on the specific points that had come in that zeroed in
4 on the draft of our concept paper as well as the nice set of
5 comments.

6 A rough outline of the structure of the document and the
7 concept paper that we are aiming toward, as you remember from the
8 morning, the picture would be based on comments here, we will
9 produce another updating of that and get...we will come back to you
10 to look over, as it goes out to the attendees at the July workshop.
11 So, this would be something specific that everyone will have in hand
12 at the July workshop so that we could immediately move to talking
13 about specific things.

14 Later in the agenda today, we will get to the structure and
15 agenda of that July workshop, but before we do, I wanted to walk
16 through the main points within the concept paper, and after a brief
17 statement of the issue which we are gradually improving with your
18 comments, what is being presented to you now as the objectives of
19 the special purpose research sites, the supersites, that there be four
20 objectives considered as the rationale for having those sites.

21 The first one of them and perhaps a real crucial one, the
22 thing that I think provides the most near-term information from what I
23 have heard this morning about clarifying hypotheses as to the cause
24 of the health problems, is to view the supersites as key to the
25 determination of the exposure that is very relevant to health effects.
26 The high resolution measurements, the wide variety of chemical to
27 physical variables that can be made, the more input we can get from
28 the health community as to what those measurements, locations

1 ought to be, that is a key guideline for what those setting up the
2 supersites will take in mind.

3 So, first objective is that they ought to, as much as
4 possible, clarify the various aspects that can be underlying what the
5 health problems are.

6 Secondly, of course, from an implementation, a
7 regulatory implementation standpoint, the clarity with which one can
8 link source and receptors have a key aspect of implementation over
9 the years. So, a second aspect of the supersites is to try to do the
10 kinds of measurements in the kinds of places...and we heard
11 comments like regionality as opposed to hot spots. This source-
12 receptor clarification is an implementing objective of the supersites.

13 This is very much a characterizing objective to help test
14 trends, the epidemiology studies, the other. This is very much of an
15 implementing objective.

16 Then, third, a point that many made in their comments,
17 this is a long-term problem. A long-term aspect that occurs in any
18 environmental issue is the accountability phase, namely, is it
19 improving? Is it improving for the reasons we thought? Is it
20 improving in the most crucial places?

21 Over the long term, the supersites could help with
22 evaluating our understanding of the issue and, indeed, the
23 effectiveness of some decisions that lie ahead by seeing the
24 environmental responses.

25 Fourthly, and this was brought forward by several
26 suggestions and has been mentioned again this morning, is that
27 these sites offer the flexibility of evaluating and testing various new
28 types of measurements and monitoring efforts there. So, we have

1 added to the draft set of three objectives here, we have added this
2 cross-cutting objective to say that here is the place for the
3 intercomparisons, here is a place for the evaluations, here is a place
4 to be near a chemical speciation site or near a mass site to cross
5 compare and learn in a very specific way.

6 So, one, near-term characterization, as the Academy
7 report pointed out, data that can help identify the toxicological, the
8 epidemiological aspects of this; secondly, in the implementation
9 phase of doing something about the issue of source-receptor
10 relations; and then, a thing that is often in many issues not thought
11 of up front is to be prepared to evaluate the effectiveness of
12 strategies; and then, fourthly, to have the flexibility at these sites to
13 actually enrich all three of those preceding ones.

14 What we had asked for and got numerous suggestions in
15 detail is that for each of these, from the perspective of you, what are
16 the key science questions that relate to determining exposure and
17 dose to help understand responses, what is actually to be measured
18 that would best help each of these, where would one have some high
19 priority emphases, and, as already noted this morning, are we
20 thinking one to two-year hypothesis testing, or are we thinking of a
21 longer-scale set of measurements?

22 And we got very good input to these, and the draft you
23 have reflects those. So, this represents our status of thinking at the
24 moment, but very importantly for the objectives of the research sites,
25 there were a number of general characteristics pointed out by the
26 group that made comments.

27 The first question is the sociology of monitoring. I think
28 my atmospheric colleagues would probably agree with me that, a

1 decade or so ago, we thought this was actually...that is, routine
2 monitoring was what we named it...routine monitoring, and I think
3 now in the atmospheric community, we realize this is probably one of
4 the hardest aspects of our research.

5 Cutting edge measurements day after day, week after
6 week, year after year, and building in an analysis of those so that
7 output and changes can be made in time is probably much harder
8 than theory. It is much harder than process studies, and I think we
9 have gained a healthy respect for the difficulty of doing that.

10 And that was for atmospheric chemical constituents, and now,
11 we are thinking of particles that have multiple dimensions and
12 numerous subscripts. I think as we characterize these monitoring
13 sites, to have a reasonable set of expectations and some founding
14 objective will be very, very important. Otherwise, we start big, and
15 we end quickly.

16 Secondly, a thing that was common in many of the
17 comments was, of course, the co-location aspect, and that occurred
18 in two ways, not just the obvious co-location of the hierarchy of sites
19 that I outlined earlier but co-location with health studies, and that, I
20 think, is the thing that this collective group is uniquely equipped to
21 do, and I will come back to some suggested mechanisms of doing
22 that in a moment.

23 So, co-location from an atmospheric physical standpoint
24 but co-location that can provide the needed input to health-related
25 studies.

26 Clearly, and it was already alluded to in the chemical
27 speciation sites, the protocols here will almost not be protocols, and
28 that is it will be a rapidly evolving set of looking at various

1 phenomena.

2 Perhaps one of the hallmarks of these sites would be
3 rigorous and tested intercomparison between methods and then
4 publishing those in stand-alone research. Also, given that there
5 could be a sequence of measurements at these sites, it will be very
6 important, as many have commented, to outline a limited sequence of
7 policy-related objectives, namely, how good does the standard
8 reference method compare to method A, method B, and method C,
9 which are much more labor intensive and more research intensive? A
10 very little manageable nugget of an objective to be done at one of
11 these sites.

12 Then, lastly and most importantly, because I think in the
13 past, at least on the atmospheric side, we have actually failed at this
14 fairly miserably, and that is taking data is not the end result, gaining
15 insight and understanding is the end result. So, to build in up front
16 into the funding mechanisms, indeed, a systematic data appraisal,
17 analysis, and publication scheme associated with this endeavor is a
18 chance to crack the paradigm of what we have struggled with in the
19 past.

20 Then, two last items that would represent perfecting. It
21 was deemed useful that, in going into the July meeting, if we
22 had...and you have an example of a format in your handouts...if we
23 can inventory among ourselves, not just EPA, not just government
24 agencies, not...but also States and private sector what is out there in
25 thinking or what is out there already in a plan to put a site at X and
26 Y, if we had data sheets on these...and you have an example that Jim
27 Meagher prepared...if we can bring those even in rough form to the
28 July meeting, it is a data source that would help think of step one,

1 step two, and step three.

2 It also occurred to several of us that if we can, similarly,
3 provide a nutshell inventory of the major health-related studies, now
4 we are beginning to have a layout that can show where the overlaps
5 are planned, where the overlaps don't exist that maybe should. So,
6 building on what John Vandenberg had started and others in terms of
7 an inventory of health-related activities, I could see these two
8 appendices to our effort ending up as a very, very valuable data
9 source for planning.

10 So, this is the status of where we think we are with the
11 comments and help that we have gotten from this group, and it would
12 be at this point where we would welcome any comments or
13 suggestions or input from this group, have we captured the major
14 parameters here, have we got the shape of this right, before going
15 into, after this summary, going into it objective by objective and
16 getting details from you on how to improve each of those.

17 So, I will open it up to that type of question and comment.

18 **MS. HERING:** I just...I really like what you
19 have done, and just one comment. I see that the research monitoring
20 sites could feed into the speciation sites that we heard about earlier,
21 especially with the talk about, well, we would really like
22 measurements every single day, but we really can't afford to do
23 them, what do we do to supplement those other days.

24 Initially, you know, measurements are often in the
25 research phase and can turn into more monitoring type methods
26 which then could go over to maybe some of the speciation sites. So,
27 I think there is some synergism there.

28 **MR. ANLAUF:** What you have described is

1 pretty well a U.S. program but not to be neglected, and I don't know
2 if it should be specifically stated...maybe it is implied...that there
3 has to be an international aspect. Consider, for example...I speak
4 for Canada...to consider the border a seamless way, because the air
5 doesn't know a border. So, whether the flow is northward or whether
6 it is southward, there is a large section of Canada which sort of
7 extends into the U.S., and the flow is across that so that all sorts of
8 effects, health effects due to particles, time-wise if you were to
9 study, say, Michigan, well, Ontario is in between. You are missing a
10 location fully. Somehow, we would like to see that rolled into that.

11 **MR. ALBRITTON:** Absolutely. I am glad you
12 brought that up, because that is a...I mean, this is a comp...we want
13 this to be a complementary picture. And, secondly, in terms of these
14 two inventories, perhaps we can get your help on getting the insight
15 of what already is being planned by Canadians so we can work it into
16 this overall picture. It should be a complementary result.

17 **MR. ANLAUF:** My second thought is sort of in
18 addition to that, and that is by rolling it into whatever is going in
19 Canada, whatever data is produced there...and they have a big
20 history of epidemiology...I can't say the word...the health studies in
21 that area in Ontario, Toronto in particular, whatever we do, it should
22 be in concert with the U.S. so that there isn't, ten years down the
23 road, some data incompatibility and then we ask ourselves why didn't
24 we do it the same way ten years ago.

25 **MR. ALBRITTON:** Yes, if we struggled a bit,
26 as we did, about the discontinuity in ozone across the border, we are
27 going to really stumble on this if we don't get up front work like you
28 are describing. So, I am hoping we can get foreign suggestions for

1 the July workshop, that we bring in not only the Canadian health
2 aspect part, but also include some other countries' experience.

3 So, indeed, the role of NARSTO in this is to make this...to
4 try to continually raise the point that this is a continental
5 phenomenon.

6 **MR. FELDMAN:** Dan, my question is with
7 respect to the characteristic of reasonable expectations and the
8 objectives that are very lofty objectives and how those mesh, and
9 maybe it is a question of time, but, I mean, they are very tough things
10 to do. They are things that we don't know where the answer is going
11 to come from to the objectives above.

12 So, what would be a reasonable expectation? Is it that it
13 is something that takes a certain amount of time, or is it something
14 that we are going to try to do this but we may not do it? I am not
15 quite sure how that...how those two mesh.

16 **MR. ALBRITTON:** Yes, these are lofty, but
17 they have subscripts which you can say...let me pose one. Let me
18 hypothesize that, with effort and cash, the community could put in
19 place three time-of-flight chemical speciation of individual particles
20 apparatus. Suppose we could put in place three. I know we could do
21 two. We might do three.

22 From a health perspective, where would you like those
23 three to be? I give you the suite of elemental analysis of an
24 untouched particle. That would be one of the little items under this
25 objective that would be a practical place to intersect the health and
26 the atmospheric communities. So, there is an example idea.

27 You could then list others of that type, very practical
28 questions, and I know of one that is going to be put somewhere. How

1 can you do it to get the best health payoff?

2 You can do subdivisions of each of those, and I would
3 think that, over time, you then can see the sequence of
4 understanding that would come from the subdivisions of each one of
5 those.

6 Jon?

7 **MR. SAMET:** I just have a comment about
8 your objective number 1. I think it needs to be opened up a little bit.
9 You say determination of exposure relevant to health effects, but we
10 are talking about a concentration monitoring network, and, in fact, if
11 I were to make an appeal at this point, it would be to say that when a
12 network is set up or whatever is set up in these sites, we should know
13 what the relationship between concentration as measured and
14 exposure to people is.

15 So, you have telescoped there, and I think, in fact, I
16 would say determination of concentrations with known
17 subcharacterization of the relationship between those concentrations
18 and exposures of people, because, otherwise, we can't get to health
19 effects.

20 **MR. ALBRITTON:** Yes, you can help us put
21 the people words into that.

22 **MR. SAMET:** That is right.

23 **MR. MAUDERLY:** Not a criticism of the four
24 items that you have there, because they are written such that you can
25 include almost anything under them, but just a perspective, and it is
26 a very frustrating one to all of us health types, and that is that, you
27 know, we are chasing particles. We are talking about a PM
28 monitoring strategy, and I think we have to remember what we know.

1 We are interested in health, presumably, and what got us here is an
2 association between health and mass, and we don't want to lose that
3 perspective.

4 Now, I don't find that satisfying, because we know that
5 not all particles are alike, and we can feel very clever in reiterating
6 that. Some are bound to be worse than others, and, you know, but
7 what got us here was this correlation between health and mass in
8 widely diverse places, and the belief is that we can understand that
9 better if we understand more about the particles in the air, but I
10 exhort us to keep in mind that the real question is not just that. The
11 real question is, what is it that seems to be well correlated with
12 particle mass that is also well correlated with health? What is it? It
13 may be the particles, and it may not.

14 **MR. ALBRITTON:** The co-pollutants.

15 **MR. MAUDERLY:** The co-pollutants.

16 **MR. ALBRITTON:** Absolutely.

17 **MR. MAUDERLY:** Absolutely, and the fact
18 that this signal was all the more convincing because it appeared
19 similarly in very diverse places.

20 **MR. ALBRITTON:** When you know the
21 makeup of particles are actually dramatically different.

22 **MR. MAUDERLY:** Which tells us that co-
23 pollutants are important, probably, and it also tells us that when we
24 site these places, they ought to be sited for perhaps the greatest
25 diversity.

26 **MS. HERING:** I would say that if you look at
27 how compositions across the country may be similar, the organic
28 fraction is what you are going to be looking at, the organic

1 carbonaceous fraction. That is the part that is...I mean, the sulfates
2 and nitrates are quite different across the country. The
3 carbonaceous fraction is probably not that different.

4 **MR. ALBRITTON:** So, it is something that
5 clearly should be emphasized in terms of understanding that
6 difference. Jeff?

7 **MR. COOK:** In regards to number 3, I would
8 like to see as much as possible if it could be directly related to air
9 management. I am wondering about the idea of how long these
10 supersites would be in place. If we are talking about trends, we are
11 obviously going to be talking about five-plus years before we can get
12 any kind of a trend, and is that a reasonable expectation for us to be
13 looking at?

14 Then, secondly, if we are looking at four to seven sites,
15 trends are going to be limited to those areas, and, well, you are lucky
16 if you are in that area, unlucky if you are not.

17 **MR. ALBRITTON:** Let me make a comment by
18 case study or answer by example. And your question is a very good
19 one. How do supersites relate to number 3? Quite clearly,
20 evaluation is a long-term exercise. I can think of one case, and it
21 relates to your point as well.

22 With the efforts of many, there will be a lot of mass sites,
23 compliance sites which will be measuring the item that is current with
24 U.S. law which basically is, as you pointed out, mass, a mass-based
25 measurement. Suppose in the next five years, we get an answer to
26 Joe's question, and that is we find something, first of all, there is an
27 element in that mass that the toxicology shows is a really bad actor.
28 That is a very policy-relevant point.

1 Secondly, there is a co-pollutant that seems to really
2 exacerbate the effect of that element, and, therefore, it is really a
3 two-issue problem. It is maybe one that crosses two regulations.

4 And suppose, thirdly...and I think these are
5 plausible...suppose, thirdly, we don't really know how to monitor well
6 the individual element that is discovered to be the cause of the
7 problem.

8 I would argue that the supersites can contribute to
9 solving that question very, very well, and that is they may have
10 helped discover what the elements are, but, secondly, they then
11 would allow development of techniques that could be honed for a
12 regular monitoring of that element, and, thirdly, by identifying the co-
13 pollutant, they have then prescribed how the next generation of
14 compliance monitoring is going to have to be done. Then they shut
15 down and pass that to a regulatory entity.

16 I would argue that that little hypothetical discovery chain
17 is a decade, and that is a supersite advantage.

18 **MR. GREENBAUM:** And I might also...I think
19 there are two other aspects. One is that in thinking about siting
20 these, it seems like a lot of thought needs to go into relative, as best
21 we can at this point, sort of identifying a representative...and I will
22 leave that to be defined...set of sites which even if you weren't
23 continuously operating those over 20 years, which is really what you
24 are going to need for evaluation in some ways, in all aspects, you
25 would sense that, over time, you might maintain some things at that
26 site, you might amplify some things, you might change some things,
27 but you would be creating a track record of information at that site
28 that then gives you...that series of sites that gives you a power over

1 time to come back to those sites and do other work.

2 The second thing goes back to the point that Petros made
3 about the routine speciation...the trends speciation sites and their
4 relationship to FRM. I think one key element here is a tension for us
5 between regularizing everything so that, in fact, you can say at a
6 speciation site or at some of these supersites there are comparables.

7 So, you can sort of say whether this site is
8 representa...whether the FRMs in some area around these sites are
9 somehow an indicator of what is going on in the air in those sites.
10 You need to have some consistency, some ability to compare those
11 very carefully.

12 On the other hand, you want flexibility at these sites so
13 you can try new technologies and other pieces, and that is probably a
14 major tension, but I would think we would want to make sure we have
15 as much opportunity for that kind of comparison as possible.

16 **MR. NEAS:** From the epidemiology
17 community, what we are hoping this...what we need...let's go back to
18 Jon Samet's five agents, and we will include...where is Joe...co-
19 pollutants as the fifth. So, you have four particle aspects and then
20 the co-pollutants.

21 The problem is that they are all correlated over time.
22 Even where you have no real particle acidity such as in urban areas,
23 it is still highly correlated with total particle mass, fine particle
24 mass. What we need are areas where these correlations, even if for
25 only certain seasons, are lower than ones that we have seen in our
26 routine monitoring.

27 **MR. ALBRITTON:** If you want to talk analogy.

28 **MR. NEAS:** But we need to be able to identify

1 locations where particular sources are absent or where the
2 correlation has been broken.

3 **MR. ALBRITTON:** Let's go into that in more
4 detail as we turn to that standard as it applies to monitoring. Yes?

5 **MR. KOUTRAKIS:** I think you did a beautiful
6 job in outlining the problems there and give us some guidance how
7 we can proceed, but I think I would like to step back a little bit and
8 make a few points.

9 The first point is that I would like to, between the 1 and
10 4, to open the space and answer, you know, advanced questions.
11 Who is going to do the data, and what kind of specific analysis are we
12 going to do? Because, again, this is everything under the sun.

13 I personally think that this money would be spent in a better
14 way if I see one study, an epidemiological study, that comes and has
15 a hypothesis, it has a group of epidemiologists and monitoring people
16 that they would test the specific hypothesis. And is part of that
17 hypothesis going to be a solid monitoring network? A hypothesis can
18 be part of the geographical...you know, it can be geographical, it can
19 relate to specific species or populations.

20 Otherwise, statistically, we are going, we are doing...it is
21 a fishing expedition. If you have ten monitors and each of them gives
22 you six times the spec, then you have 6000 parameters. I guarantee
23 that, in the end, you will find a correlation between mortality and one
24 of these parameters, and this does not mean that there is an
25 association.

26 So, that is one...and, number two, I would like to see a
27 NARSTO time campaign, that they take their pains, they have a
28 specific hypothesis. We do the same. We have a paradigm for

1 ozone, and we answer a specific hypothesis.

2 I am afraid that we are going too fast right now. I think
3 the philosophy of this whole approach, it has to be checked.

4 We might want to spend the money to do specific studies
5 rather than just go around and say here, guys, we have this big
6 machines, study machines that will measure everything under the
7 sun, why don't you take some of the methods we use and come here
8 and do your studies. That sort of way we can design this case.

9 I would say here there is a question which I think is very
10 important, and EPA or some scientific committee can spell this out.
11 We are going to find a relationship between this type of sources and
12 these receptors. Also, here is a beautiful example. And have a
13 solicitation and bring the people from...and have an interdisciplinary
14 group.

15 Right out here, you say you really make
16 epidemiology...lots of people have as a second job epidemiology,
17 really. I mean, everybody will take those data. They do know what
18 we do. They do know...and they would just take it.

19 We really want to create a work fair for epidemiologists
20 and monitoring people, where they are partners. We already do that
21 in the compliance network. We did that with the speciation network.
22 And the question is, as the scientific community, as the leadership in
23 this country, do we really want to engage ourselves?

24 So, I would propose for the panel...this is beautiful. I
25 mean, if I were to write, I would do the same. Just take one step
26 beyond and say, we know, Bachmann, we have \$20 million. Do we
27 want to spend the money this way, or do we want, as a country, to do
28 something? And that is the question I think we should address before

1 we go further with this.

2 **MR. ALBRITTON:** Thank you for that
3 comment, because it takes you into the details, the meat of what is
4 here. I would be delighted if, in our coming up discussion of here,
5 we can get some suggestion hypotheses that limit the thinking of
6 what the first step should be, take them to the July workshop, and
7 see how they hold up, and from there, they are catalogued, and they
8 are written out. That is a way that appeals to me very much and
9 particularly from the supersite perspective. It is the testable
10 hypothesis subset first priority items that we need to formulate some
11 draft ideas from this group.

12 So, as Dan Greenbaum takes us through this, good
13 examples of those that would help us think about how to form some
14 hypotheses under each of these, take them into the July workshop is
15 exactly what we want to do.

16 **MR. SAMET:** Can I try to rephrase what I
17 think I heard Petros saying? I think he said in one model that you are
18 not designing supersites; you are designing a population-based
19 study. Okay? And that study is going to be designed to test our best
20 views of what specific hypotheses need to be tested on particles right
21 now. Maybe they relate to some four or five things. There is
22 probably some number that a reasonable group would do.

23 And what would be designed would not be supersites to
24 be followed by something later but an integrated research program
25 which I think is what Petros was talking about.

26 There is probably another step in here where you say
27 these are the best guesses about the four or five or ten things that
28 we think hypotheses need to be tested about, and you go build the

1 population laboratory for future epidemiological research by picking
2 the supersites so that someone can come along and design
3 epidemiological studies to be based in those locations.

4 And the third thing which I think probably none of us
5 want, which I think Petros was warning us against, is picking some
6 sites and going to measure a lot of things and thinking that
7 something will come out of it, which I think is your third model.

8 **MR. ALBRITTON:** It is too complex.

9 **MR. SAMET:** Yes.

10 **MR. ALBRITTON:** And there are too many
11 dimensions to that.

12 **MR. SAMET:** There are too many dimensions,
13 and that is probably not the way to go, but I guess going back into my
14 three, then, the question is, are we after number 1 or number 2, or do
15 we know?

16 **MR. ALBRITTON:** I believe that, here, we are
17 after...I think we are after your number 1.

18 **MR. KOUTRAKIS:** No, no, your number 1 has
19 nothing to do with these numbers.

20 **MR. SAMET:** That is right. No, my number 1
21 study design, not your number 1 but my number 1 which is...my
22 number 1 was the integrative design of an observational study versus
23 my number 2 which was building the population laboratories for
24 future epidemiological studies. So, I think those are the two
25 alternatives.

26 Number 3 was just going out finding places and making a
27 lot of measurements.

28 **SPEAKER:** Yeah, look see. It is a look see.

1 **MR. SAMET:** It can be done. So, I think that
2 was...our talking pushed that off the map.

3 **MR. ALBRITTON:** Let's bring those questions
4 up as Dan goes through, say, this one in more detail, because this
5 one should be guided by the views that both of you have brought up
6 there.

7 **MR. KOUTRAKIS:** Well, let's ask like Jim,
8 because he is here with Ken. I mean, they have a lot of experience.
9 For your number 1, I think the whole thing, it will not take them much
10 time to convince the health and exposure people that this is not the
11 approach to go, but Jim and others, they have been involved and your
12 staff with NARSTO. Can you comment on this? I am sorry, can you
13 comment on this? I mean, I am asking you, do you think that you will
14 be able to ask the question and design a study around that question
15 that is going to take one or two supersites plus the spatial, plus, you
16 know, emission data and try to, in an integrated, comprehensive way,
17 to answer the question as compared to tell you, well, we want to put
18 one site in Philadelphia because we feel like doing that and you try
19 to build a study around it?

20 I mean, maybe your opinion...we would like to know the
21 number 2 people here, what is your feeling about this problem?
22 Sorry to put you on the spot, but you are probably the person to ask.

23 **MR. VICKERY:** I read that inherent in this
24 outline that is prepared in the white paper is the very approach that
25 John Samet just described which is the let's look at the hypotheses
26 that get back to Joe Mauderly's point of the associations we had
27 between that and the health endpoints. We need to test that question
28 of what can we examine that will be able to further enlighten what is

1 the specific constituent or co-pollutant or other issue that somehow
2 causes this finding of ours.

3 So, we design the test. We design the hypotheses, the
4 questions, and they will be questions of health, toxicology,
5 population, co-pollutant, meteorology, all these things. So, out of
6 that will fall some set of measurables, and those measurables can be
7 addressed through some combination...I think is what we are after
8 here...of supersite speciation sites, mass-based, broad-based
9 networks over some period of time.

10 And we ought to design that first and then see what part
11 of that is best answered by a supersite-like structure of five or seven
12 sites at some locations. But I think it is meant to be a much broader
13 approach in your design here.

14 **MR. KOUTRAKIS:** First, I will give you an
15 example. In the summer...and I will shut up for those already I
16 spoke to...but I would make...in the summer, for instance, you might
17 decide that you need five supersites- north..., Northeast, who are
18 part of the study, instead of having one here. So, that is...I wanted
19 this design, because of its ability to do the health studies and a
20 source-receptor modeling studies. Are we putting ourselves in a bind
21 here that we don't have flexibility enough to ask process questions?

22 **MR. VICKERY:** Well, I think you would have
23 ultimate flexibility in the...

24 **MR. ALBRITTON:** Yeah, I think so. Let me
25 also, before passing it back to Dan, let me comment. Perhaps as we
26 look at the next objective here, at least I am aware of initial thinking
27 of exactly what you described from a southeastern U.S. perspective
28 involving Nashville, involving Atlanta, involving a site in that region

1 that could be called, quote, an initial supersite, an epidemiological
2 study in the same area. It is an infant package of what you just
3 described, and it may well be that as we go through objective 1 here,
4 maybe Jim Meagher or others involved in thinking about that can
5 elucidate this package concept that I think you described, and that is
6 ranging from the...from airborne measurements, what are the
7 hypotheses being tested, how does it tie into the epidemiological
8 study that is, say, occurring in the Atlanta area. That is an appealing
9 little package to me, and I am sure there are other examples that
10 others have in mind there, too.

11 **MR. GREENBAUM:** I actually don't think
12 there...we may get caught up in terminology here, but I don't think
13 there is that much difference in what we are trying to do or suggest.
14 I am not...all of you, obviously, should have received if you didn't
15 electronically, and if you didn't get it electronically, it probably is in
16 the back, the concept paper that laid out a first cut at these four
17 objectives, and in that language, there are...we are going to go
18 through each of those now and try and talk about them.

19 I think it is a little tricky, because there is this
20 assumption built in here that we are going to have five to seven
21 supersites, and that is what we are going to be focusing on, and what
22 I was hearing there is that we should be thinking about this more
23 broad-based discussion on how we design a series of types of
24 studies, hypothesis-driven studies, that can get us better
25 information. And falling out of those designs should be these types
26 of sites and how we make use of supersites and how we make use of
27 other things as well.

28 I am going to put up on a chart what is in that document,

1 and if you don't have copies, as I said, there are copies on the table,
2 but I am going to suggest, actually, that we...I am going to go
3 through them quickly.

4 These are the science questions that were listed in the
5 document. I think what we are going to find...I am going to suggest
6 we go through this fairly quickly and go to the fourth rather than first.
7 But, basically, what was in there is a series of questions, and I am
8 taking in here the...Jon's comment that somewhat this title, health
9 relevant exposure is not quite accurate, because, in fact, what we
10 are really talking about in any sort of sites is monitoring sort of an
11 indicator of exposure or, really, a concentration indicator of one sort
12 or another or a series of concentration indicators.

13 We had said beforehand that this enterprise was not, in
14 and of itself, going to deal with the issues of the relationship of
15 those indicators to personal exposure, but the questions that are in
16 the document that you should have received and what we want to do
17 here today is try and go through these and see if they need to be
18 turned around, moved around, changed in some ways.

19 This is the set of science questions. There is also the
20 question of, coming out of this, what is to be measured, who is to
21 measure it, where to do measurements, for what period of time. A
22 series of questions. Things that we have already been talking about
23 here.

24 The chemical composition, the physical characteristics of
25 fine and coarse aerosols, time variation of those and how well do
26 these measurements represent population exposures, particle
27 concentration and composition variation in space, the spatial
28 variation question which we have talked about, which obviously,

1 these are not all the questions, by any means, that the supersites are
2 going to answer by themselves.

3 And there is a fourth which I think is important, in some
4 ways, to this last discussion, and it maybe needs to be phrased in a
5 slightly different way than it is phrased here, the key parameters that
6 need to be measured in order to differentiate among the various
7 hypotheses. I think what we really need to do is turn that around a
8 little bit and ask from a health point of view and also, I suspect, from
9 the...well, in this case, from the health point of view, what are the
10 hypotheses that we feel merit being tested and what kinds of
11 information or data, what kinds of designs are we going to need to try
12 and test those and, falling out of that, what kinds of data.

13 I am not sure that Jon's two options are necessarily
14 incompatible. We may end up at the same place. I think in neither of
15 them do you end up with the assumption that we are just going to put
16 a bunch of monitors out there and measure a lot of stuff, but, rather,
17 what you are going to end up with is a set of studies designed that
18 need certain types of data in order to test certain hypotheses.

19 The concept here was that some of that data might come
20 from sites in which we are concentrating our efforts on more
21 sophisticated ability to monitor what is in the air, but some of that
22 data would also come from the rest of the site network. So, given
23 that, let me stop here and just ask the question.

24 These are the science questions. There are also lots of
25 questions about how we do this, where we do it, what we are trying to
26 do, but let me stop and just say, what are people's reactions to this?
27 Are there things that are missing here? Am I right in saying that
28 somehow this fourth one should be redesigned and re-thought about

1 and maybe made the first one in the question making...how do people
2 react to this?

3 The concept here is to take a revised document, and we
4 will ask people to make comments into the starting point of the
5 session that we have in July. Reactions?

6 **MR. ANLAUF:** I would agree that the
7 hypotheses, to me, might be a little...it should come first, because
8 when I read through these four science-type questions, I keep asking,
9 well, why are we doing this and why are we doing that. What is the
10 point?

11 It is interesting, but with regard to health, what is the
12 relationship? Why is it important to do? So, the hypothesis should
13 always be up front, and from that, you have your different questions.

14 **MR. GREENBAUM:** Okay, yes?

15 **MS. HERING:** I would like to hear from
16 people who have done the health studies what they think might be
17 likely culprits. I would like to hear...because I really don't know, but
18 is it the metal particles? Is it metal particles below a 0.1 um? Is it
19 just non-soluble fine particles? Is it the time variation that...you
20 know, within the day? I mean, these are...

21 **MR. GREENBAUM:** Joe Mauderly had the
22 answer to those questions.

23 **MR. MAUDERLY:** Oh, yeah, I just thought I
24 would answer it and get us out of here early. No, I mean the problem
25 is that we can't answer that very well, and that is why I raised the
26 issue I did before. I think you have to start at first principles and
27 develop those hypotheses, and you raised a good one.

28 Because the way I would frame it is not what do we know

1 toxicologically about different toxicants, because we know a lot. We
2 know metals can be toxic. I mean, we can propose that all these
3 effects are due to metals, and we can, you know, we can do
4 wonderful things with the metals. Sure enough, they are toxic. And
5 so will organics be. And so will other things be. You can poison
6 cells with acids, and you can do these wonderful things.

7 But you have to start back, I think, since we get mired
8 down in this morass of knowledge just like we can with the knowledge
9 of what can we measure in the air, I think you have to start by saying,
10 look, what do we know. And, really, all we know is that health
11 outcomes are associated with the measurements we have made in a
12 way that convinces us that something is wrong and we have to do
13 something about it, and it results in meetings like this.

14 So, what is it that can be associated with those
15 measurements that produce this fury that might be causative? You
16 mentioned one, organics. Well, if the hypothesis is that despite
17 these diverse sites where these health effects information come from
18 that one of the constants that varies with particle mass is organics,
19 then you have an organic hypothesis, not because, you know, Costa
20 or Mauderly or Schlesinger or somebody published a paper in 1902
21 that said organics can poison cells, but because that fits what we
22 know, and it is worth looking at, and it also has some toxicological
23 and medical foundation.

24 So, that is what I was urging, to kind of turn the question
25 around and start there. You posed organics. You can also pose
26 other things. Then, the question would become, can we pick sites
27 where there are markedly different organic contents in the particles
28 and test that, or can we not? And maybe we can't.

1 So, all I guess I was trying to get at was sort of a mind
2 set to start developing the hypothesis, because if you want to talk
3 magic bullets, everybody has got their pet magic bullet, and they can
4 demonstrate it. And there is no end to it, and they are everywhere,
5 you know. So, does that make any sense to you, what I am saying?

6 **MR. GREENBAUM:** Yes. Yes, and it is part
7 of the challenge. Some of you know that Bill Farland and I received
8 a letter several months ago asking if the health community could
9 name the three or five things that needed to be measured and then
10 would get to measure it, and that is a legitimate question to ask. It is
11 not dissimilar from what you were just asking, but it is also, as Joe
12 has, I think, well stated, not a simple one to answer.

13 **MR. DEMERJIAN:** Maybe it would be better
14 to ask a different question. If we gave you the quality information in
15 the next two years from now, speciated information, what will you do
16 with that data?

17 **MR. MAUDERLY:** Well, that is a fair
18 question, if you were looking at me. If what you would do is set up a
19 system where you would measure a thousand things instead of three,
20 just to hypothesize, and then you feed that to the health research
21 community, we would all scramble around, you know, trying to write
22 grants on those thousand things. But, again, I am not sure that that
23 is what we want to do, you know.

24 I think we can tell you, and it has been reiterated this
25 morning, there are a half-dozen or so kinds of constituents of
26 particles that we are concerned about and we are working on, and we
27 don't know which ones might be most important, but we can give you
28 that list of a small number. But in selecting the sites, one would

1 select the sites, then...one would sort of have to develop a hierarchy
2 of those hypotheses and then try to develop sites that would allow
3 you to test it, not just measure it everywhere or in great detail, but
4 test the hypothesis, and that is going to be very difficult.

5 **MR. DEMERJIAN:** That corresponding six or
6 dozen or so compounds that you have on your hit list, are those
7 things that you are looking at clinically, you are looking at in the
8 laboratory, you are looking at...how are you developing more...

9 **MR. MAUDERLY:** They are being looked at in
10 many ways.

11 **MR. GREENBAUM:** Many of them have been
12 looked at in other settings before, but they are coming back, as Joe
13 said, and being looked at in a more refined fashion specific to this in
14 both laboratory animals and human...beginning to be in human
15 studies and in epidemiology in sort of more targeted epidemiology,
16 not these larger time series studies but more targeted panel studies
17 or something like that.

18 Jon?

19 **MR. SAMET:** Three points. Back to Susanne
20 for a minute and Joe, I actually think that those five or six
21 hypotheses should get listed explicitly in the document...

22 **SPEAKER:** Yes.

23 **MR. SAMET:** ...and say what the health
24 community actually thinks the hypotheses are so we don't all keep
25 guessing and say, well, we have ten hypotheses now. I think they
26 should actually be listed with some specificity, because we do have
27 best guesses. We have to start with those, and that is whether that is
28 doing epi or tox.

1 **SPEAKER:** Right.

2 **MR. SAMET:** So, those should get listed out.
3 So, that is the first point. We really should do that.

4 Second is I know that people who measure can measure a
5 lot of things, but I am sure there is a lot of redundant information in
6 those in terms of both human exposure patterns and then source
7 signatures or characteristics. So, while you can probably measure a
8 lot of things and it might be useful to do that for a while in a few
9 spots, probably, after a while, you can say, well, really, there are
10 redundant patterns here. We really only need to measure X, Y, or Z.

11 Then, the third point really is that one reason to think
12 about not only the biologic hypotheses we might advance but what
13 can tell us about sources in relationship to those characteristics in
14 terms of thinking about using the information some day for controls.
15 So, that, I think, overlay, that piece about the source should get
16 overlaid on what we measure or health characteristics so that in
17 terms of health effects, ultimately, we can link that. So, I think we
18 should keep that in mind.

19 **MR. GREENBAUM:** Howard has been trying
20 to...

21 **MR. FELDMAN:** I had a question...maybe you
22 want to go back to it...really, on number 3 here which is talking about
23 the spatial extent, and I guess, to a certain extent, we may want to
24 think about...I feel like it may be our responsibility to think about how
25 many monitors you need of what type. We have heard about the 250
26 monitors, we have heard about the 50 monitors, and now we are
27 talking about the 5 monitors.

28 And to me, the question is now we are talking about

1 where to put them, and maybe there is an underlying justification you
2 need for are five monitors enough. What do you lose? You know,
3 why five? I mean, besides money. But is there some rationale that
4 five is...we heard before Petros mention maybe you want to do
5 special study areas and maybe you want five monitors in one region,
6 and now, how does that relate to other things?

7 So, to me, it seems like a very important thing is, can we
8 characterize space with just five monitors?

9 **MR. NEAS:** I know that I don't have a
10 location, but I thought by monitoring location to these sites you
11 meant more than a single monitoring location, something more like
12 Petros' five urban areas study where you went into an urban area
13 and, you know, threw sites around that urban area that you could
14 categorize the entire urban area. I thought we were going about
15 these supersites in that vein.

16 **MR. GREENBAUM:** A rather particular...

17 **MR. NEAS:** I am talking about one...on top of
18 one building, there will be one...

19 **SPEAKER:** Has that been explained?

20 **MR. NEAS:** Oh, well, I don't...

21 **SPEAKER:** I don't think that has been
22 decided yet.

23 **MS. HERING:** I think that is not decided.

24 **MR. GREENBAUM:** Everybody can come up
25 with ideas on what they think a supersite is. I don't think that is so
26 clear. It may well be that one concept here is of a site where you
27 have got a very high level of resolution, of detail, with the
28 assumption being that you are going to be doing a whole series of

1 special studies around that site at other locations in a region to get
2 at some of these questions of population distribution, population
3 exposures, the influence of geographic detail on dispersion of the
4 pollutants across a metropolitan area.

5 I don't think we...the simple concept of we are going to
6 have one platform, and it is going to collect all the data that is useful
7 to us, I don't think anybody in this room would accept that that is
8 likely to be the case in any location. On the other hand, a very
9 sophisticated site may be at the core of a larger effort to try and get
10 at that.

11 Jim, did you want to say something?

12 **MR. MEAGHER:** The policy makers, one of
13 the things we are talking about in the policy review is basically trying
14 to bound the problem in some way, and maybe we can ask the
15 question a little differently, and that is, are there things we can
16 eliminate and things that we don't have to monitor and know about
17 that would allow us to refine the emission set in some useful way.

18 **MR. GREENBAUM:** And that is a good
19 question. I would be interested to hear what people from the health
20 community would say. I think one of the challenges we have right
21 now is that there are enough hypotheses and enough ideas out there
22 that sort of suggest there are some things that we can say for sure is
23 important.

24 **MR. MEAGHER:** Or even with a high
25 probability, we don't think they are unlikely.

26 **MR. GREENBAUM:** Right. I suspect, in the
27 iteration process, we will be able to do that. I am not sure that, early
28 on, we will be.

1 **MR. SCHLESINGER:** Dan, did you say there
2 are things we can say for sure aren't doing it or are doing it?

3 **MR. GREENBAUM:** Aren't, are not.

4 **MR. SCHLESINGER:** Are not. Like what?

5 **MR. GREENBAUM:** No, I am saying I didn't
6 think there were. I am sorry. There were too many...

7 **MR. SCHLESINGER:** It is dangerous to
8 eliminate anything now, because...

9 **MR. GREENBAUM:** That is exactly right. I
10 was prompting you to say that.

11 **MR. SCHLESINGER:** The ultrafine is where
12 the thing of...and now, maybe not. Maybe the coarse was not doing
13 anything, and now there are some studies suggesting that it is. So, I
14 don't think you can eliminate anything right now.

15 **MR. GREENBAUM:** Right.

16 **MR. SCHLESINGER:** Is that the answer you
17 wanted?

18 **MR. GREENBAUM:** Well, Jim was sort of
19 hoping that that wasn't the answer you would get, but I suspect
20 that...I also think there is a danger at this stage, because it is such a
21 formative stage on the health side, of prematurely going down a path
22 and saying this is the answer and missing the real...

23 **MR. SCHLESINGER:** I have a question. As a
24 lowly health person amongst all these monitoring people, I am
25 getting slightly confused about the purpose of what we are doing
26 here.

27 **MR. GREENBAUM:** We can have
28 competitions for who feels more lowly or less lowly.

1 **MR. SCHLESINGER:** Well, right here, it is
2 us. In the next building, it will be them, but anyway, it seems...what I
3 initially thought was that the purpose of the discussion was to, at
4 least on the health part, to try to, I guess, guide the development of
5 these research monitoring sites to answer these questions, those five
6 to seven sites. Is that correct?

7 **MR. GREENBAUM:** Yes.

8 **MR. SCHLESINGER:** But in Petros' overview
9 of speciation network, he mentioned that they would like to use those
10 data also to support health effects studies. So, what is...

11 **MR. KOUTRAKIS:** It's going to be very
12 powerful, by the way. The speciation can be even more powerful.

13 **MR. SCHLESINGER:** Right, so I don't
14 understand what the difference why there are...I can see the
15 implementation sites or the compliance monitoring sites which would
16 just be looking at specific things, but I am having a problem trying to
17 see what the difference is between the speciation network and this
18 network and why there is a difference and why can't speciation
19 network be used to answer all these questions in more sites.

20 **MR. GREENBAUM:** Well, let me ask a
21 practical question, then. The speciation network, as I heard what
22 Petros put up there, isn't going to give you an awful lot about metals
23 concentrations, for example.

24 **MR. KOUTRAKIS:** No, it is going to give you
25 metals and carbon and organic carbon, inorganic carbon, soil, ions,
26 everything.

27 **MR. GREENBAUM:** But specific metals?

28 **MR. KOUTRAKIS:** Everything. Let me ask

1 the question. Are you prepared to get 50 sites in the composition, or
2 do you want to get every 5 minutes for 5 sites?

3 **MR. SAMET:** It depends on the health data. I
4 mean, so if we are looking at long-term mortality, we probably want
5 morph sizing for how to characterize long-term exposure. If we are
6 worried about responses of asthmatics, we may want more time
7 resolved.

8 **MR. SAXENA:** You have two paradigms. One
9 is where Jon is right about. You can only maybe use five or ten
10 parameters for regressions in epi studies. It is 24-hour time
11 resolution and what is being done at speciation monitors, I think, is
12 more than what probably an epi can use. Is that adequate for PM
13 sites?

14 If you want to go into this kind of a figure, which I
15 welcome, and it is then more overlap with the atmospheric process
16 community, but then, are you prepared to handle the amount of
17 information that will come out of this study, trace metals at two-
18 minute resolution? It is a lot of information. How is the health
19 community going to do that?

20 So, in fact, I guess I am asking the same question that
21 Rick asked, will the information from the speciation monitoring
22 network be sufficient? If not, then, you know, I think this is a good
23 thing to do. We are going in the right direction, but we should be
24 thinking about how you execute it.

25 **MR. SCHLESINGER:** How fixed is the
26 speciation network? Everything seems to be fixed. How fixed is the
27 speciation network in terms of the six day or one day?

28 **MR. ALBRITTON:** You are here to guide us

1 on that. That is basically what is going to...we are open.

2 **MR. SCHLESINGER:** Because it seems to
3 me...I may be getting off, but it seems to me that to try to pick 5 sites
4 is sort of a nightmare when you have 300 sites on the other one, and
5 maybe some combination of the research monitoring speciation sites
6 would be better in more places than just guessing at where to put
7 these 5 sites to answer Dan's question of what should we measure.

8 And even when Joe, trying to find a site that is high
9 organic type, that is low organic, a site that is high organic with no
10 ozone or low in organics with ozone, well, we would never be able to
11 do this. That is where my confusion is in this whole thing. One thing
12 is how fixed...you answered it, I guess, how fixed are these three
13 tiers of monitoring relationships in looking at this question.

14 **MR. GREENBAUM:** One thing that directed
15 us here in bringing the health community into this discussion is that
16 until this set of speciation monitors and ideas came forward, what the
17 community has had available to it in terms of monitoring data to plug
18 into epidemiologic studies has been the air admittedly, and has
19 scrambled periodically to try and find sulfate data or to find some
20 other pieces but has not had any, you know, systematic collection of
21 data other than PM_{10} , ozone, et cetera that was readily adaptable, for
22 example, to a time series analysis.

23 I think, in part, one of the questions that is here is that
24 the surfeit of data...and this is what Pradeep was saying...that will
25 show up with these speciation sites is almost too much in some ways
26 but, in some ways, may serve a lot of...I mean, it will already bring
27 the health epidemiology another step forward in being able to do
28 some things that haven't been able to be done, presuming there is

1 enough data in that city and enough time resolutions to try and do
2 that.

3 But it is an interesting challenge, because then the
4 supersites, I think there is this technical question which those in the
5 health community may be less familiar with is what you do above and
6 beyond that at the supersite that is going to be particularly helpful to
7 you that you don't already get from this.

8 **MR. CASS:** I think that one of the problems
9 we have here, there are so many degrees of freedom within each one
10 of these four points that we are going to be discussing that if we
11 don't decide to get really specific and focus relatively quickly, we are
12 going to be having very general discussions all the way into July, and
13 nothing will get decided.

14 Some of the things that I can see poking up above the
15 crowd from the discussion we have had so far is I think we could
16 probably achieve consensus on the notion that we should be
17 designing studies and not setting out sites. In other words, we ought
18 to be designing research and not just putting out hardware.

19 Then, the next thing is that, what kind of research? Well,
20 we want to be able to conduct some health effects-related studies
21 using these assets, and we want to be able to undertake source
22 apportionment modeling, emission control planning, and tracking of
23 whole programs.

24 And if we then go back to the health effects side of things
25 and say, fine, you know, what are the most probable candidate
26 hypotheses that bear on differences in pollutant physical
27 characteristics and chemical composition that somebody, at least,
28 would like to test within one of these studies that could be organized

1 before the sites are set out? If we could get a half a dozen of those
2 hypotheses...it may not be all of the hypotheses, but at least there
3 would be some...down on the board, then the people who are familiar
4 with measurement techniques could say yes, this is the kind of
5 hardware that would be suited to testing those...gathering the data
6 that can be used in a data analysis to test those hypotheses.

7 Now, my belief is that when you start designing studies
8 instead of setting out hardware, you would find that your studies will
9 end up being organized around a collection of monitoring sites, not
10 one site. The collection of sites might include a supersite and four
11 or five of the speciation monitors and one or two background sites.
12 In other words, your study would probably involve information at
13 several different levels feeding into the analysis.

14 Likewise, if we said based on our experience with setting
15 out studies to understand source control questions, what kind of
16 studies are these? We have had quite a lot of experience with that.
17 Things like the Southern California Air Quality study which
18 essentially was a platform for gathering data to be used in model
19 evaluation studies looks an awful lot like one or two of your
20 supersites and five to ten of your speciation monitors and a couple of
21 your background sites.

22 Oh, okay, well, that package works. What is different
23 about your current situation than the kinds of field studies that have
24 been conducted in the past? Well, it turns out that you are going to
25 be having an air quality standard where you are going to be in most
26 locations binding on the annual average, an annual average air
27 quality standard.

28 And in the past, most of the field studies of the kind that I

1 just described using that collection of hardware have been aimed at
2 testing or providing data to be used in testing episodic models. So,
3 now, driven by a standard that is going to bind on the annual
4 average, we may wish to be setting out a package of hardware used
5 for gathering data that can be used to test models that are supposed
6 to be useful in a process driven by compliance with an annual
7 average air quality standard.

8 Now, you can get your teeth into figuring out what kind of
9 hardware that is. Okay? Once you know what kind of models you
10 want to test. And some of those models these days involve issues
11 relating to particle size, size distributions, the size distribution of
12 the chemical processes, single particle characteristics, ultrafine
13 particle number and concentration and chemical composition.

14 Well, son-of-a-gun, these are also the same issues that
15 would affect determination of parameters important to the various
16 health hypotheses as well. Now, is it possible to identify a set of
17 hardware at these sites or at these pods of sites in a region that meet
18 simultaneously the requirements of the most probably important
19 health study and, simultaneously, the most probably important study
20 for testing air quality modeling and control purposes?

21 I think you will find that the equipment can be made to
22 coincide. Finally, after that...

23 **MR. GREENBAUM:** You have stated this very
24 nicely, and I understand part of what I think we didn't focus on was,
25 when Dan put these, the four objectives up there is what we are
26 really talking about is an optimization process in which you are trying
27 to say sort of what is the health driven needs here, what are the
28 source-receptor modeling and the management-related needs, what

1 are the...and then, how do you integrate them? And I think you are
2 right. There are some opportunities for us to look at.

3 **MR. CASS:** One thing, in addition, that is
4 part of this optimization process is a cost restraint, because we
5 could be talking all over the map on hardware, of sites, of places,
6 but we can focus a lot more logically on this problem if we have some
7 ball park cost target that we have to stay under as a practical matter,
8 you know, because then that will focus your attention on where you
9 have got to, you know, make things squeeze and fit.

10 **MR. GREENBAUM:** All right, but before
11 we...I agree with that as part of what we are trying to do here. I think
12 before we jump to that level, I think what we are trying to do here is
13 understand how we take a set of steps, much in the way that you
14 suggested, and then bring ourselves to a place where, in the July
15 meeting, we can further play out that.

16 I very much like the idea you had of spelling out the
17 hypotheses, thinking about how those work, and then bringing them
18 to a setting where there can be exactly the interchange we are
19 looking for between the people who understand those hypotheses and
20 where they are coming from and the people who know what you can
21 or can't measure and what is useful and not and starting to think
22 about that from the framework of study design, not from the
23 framework of site design, and I think that is essential.

24 **MR. CASS:** I am suggesting, Dan, that the
25 sooner we do that, the better off we are going to be. If we allow that
26 discussion to proceed at a very general level throughout the entire
27 day today without getting down to brass tacks, it is going to be even
28 harder to get down to brass tacks in the larger meeting in July.

1 **MR. GREENBAUM:** Well, the question there
2 is how quickly, I mean, the health community could actually play out
3 for us the four or five hypotheses that best...

4 **MS. HERING:** That was the point of my initial
5 question.

6 **MR. GREENBAUM:** You have got to articulate
7 how we do that. I don't think...

8 **MS. HERING:** Jonathan, what are the fine
9 points?

10 **MR. SAMET:** You want my opinion?

11 **MS. HERING:** Yes, I really would like to
12 know. I don't know.

13 **SPEAKER:** Well, there are really eight.

14 **MR. GREENBAUM:** There are really eight?

15 **SPEAKER:** Well, that could be both, though,
16 and that should be on the table by July.

17 **MR. GREENBAUM:** The other question is
18 whether...what?

19 **SPEAKER:** We can go around on this and
20 talk about particles all afternoon, but if we have...

21 **MR. MAUDERLY:** Well, but the hesitance is,
22 of course, is that we might leave out one or we might not include...

23 **SPEAKER:** Who cares?

24 **MR. MAUDERLY:** But it is very
25 straightforward. The one we know most about is mass.

26 **SPEAKER:** Write number 1 down there.
27 Number 1 is mass.

28 **MR. MAUDERLY:** We argue about coarse

1 versus fine, and the epidemiologists have given us mass, because the
2 toxicologists didn't predict that that little mass would do anything.
3 The next, I would say, strongest evidence we have is metals, and
4 these aren't in rank order.

5 **SPEAKER:** Don't worry. Just keep going.

6 **MR. MAUDERLY:** But I think that we have a
7 lot of evidence because of linkages between epi and tox in certain
8 places that metals, at least in some cases, are probably important.
9 Then we have what I would call the masses of hypotheses that are all
10 sort of equally supportive of...

11 **MR. GREENBAUM:** Before we go beyond
12 that, though, are there any metals that rise above others? I know of
13 some, but I am curious if...

14 **SPEAKER:** Well, it seems to be primarily the
15 transition metals.

16 **MR. GREENBAUM:** Okay.

17 **SPEAKER:** And there seems to be an issue
18 associated with the viability of the stuff.

19 **SPEAKER:** And that is a key question,
20 because we heard earlier they are doing metals, but they are going to
21 be doing bulk, just total bulk composition, on oxidation state or
22 bioavailability.

23 **SPEAKER:** Net bioavailability, so we have
24 some...

25 **MR. MAUDERLY:** I am going to give you
26 eight.

27 **MR. GREENBAUM:** All right. That is all
28 right.

1 **MR. MAUDERLY:** Okay? And, again, these
2 aren't in rank order. People have forever been talking about acid or
3 hydrogen ion. That is not a dead hypothesis.

4 People are talking about organics, and we are not usually
5 talking about long-chain alyphatics. We are talking about clever
6 chicken-wire organics in most cases.

7 People talk about ultrafines. The epi didn't give us that
8 signal, but we are speculating about it, and some work that is being
9 done more recently is suggesting that that could be the case.

10 We are...we, the broad science and medical community,
11 is talking about biologicals, you know, the interaction between
12 materials of biological origin either as airborne materials or
13 collisions on particle or whatever to get at allergic reactions.

14 We have salts, sulfate, nitrate, kinds of salts that people
15 are talking about.

16 And what did I leave out? I had eight of them. No, I had
17 seven of them. Now, we can add others, but that is sort of the
18 spectrum of things people are talking about.

19 **MR. LIOY:** You have got to have something
20 about synergy between mass and ozone and...

21 **MR. KOUTRAKIS:** Co-pollutants.

22 **MR. MAUDERLY:** Now, I have got a question.
23 Off the top of the head, what are the hunches of a few key co-
24 polluters?

25 **MR. NEAS:** Ozone.

26 **SPEAKER:** Ozone.

27 **SPEAKER:** Right.

28 **MR. MAUDERLY:** Well, our hunches are just

1 based on sort of what we have been interested in and been looking
2 at. I think, objectively, there may be some surprises, but, certainly,
3 ozone is right up there as a key player.

4 **MR. NEAS:** I thought Petros said not to try to
5 prophesy.

6 **MR. COSTA:** I wouldn't throw all of my
7 weight towards gaseous co-pollutants, because we know, from some
8 data, the actual composition of the particles may affect the
9 bioavailability of, for example, metals with that association. Acids,
10 for example, will release metals which will bring the particles
11 together. Acids alone, at least in some experimental systems,
12 doesn't show a whole lot, but when you put those together, it does.

13 So, the co-pollutants are not just gaseous things floating
14 at the same time.

15 **MR. MAUDERLY:** But the measurement
16 people want some key places to start, and that is kind of the laundry
17 list, and then we quickly get into things exactly like Dan was pointing
18 out, the what if things and the interactions which, you know, are
19 myriad, but these are the things that people have talked the most
20 about in the last couple of years.

21 **MR. COSTA:** There is one other that comes
22 up periodically, and there really isn't a whole lot of, actually,
23 research to show one way or the other, is that this long line of
24 oxidants or peroxides that associate, and...

25 **SPEAKER:** Peroxide.

26 **MR. COSTA:** But, you know, when you
27 put...macrophages generate tons more peroxide than any particle
28 could ever dilute. So, you could argue that...

1 **MR. NEAS:** On the number 3, I thought of
2 categorizing that myself as a model where the toxicity is the
3 delivered dose of some toxic agent that is consumed by the process
4 of delivery in the studies. So, hydrogen ion and hydrogen peroxide
5 would fall together in that, along with anything else that is consumed
6 by the process of...and that has really fallen out of favor, because
7 there just isn't enough delivered dose.

8 The metals is in favor, because you deliver something
9 that can involve itself in a catalytic reaction, so it is not consumed by
10 the process of delivering its toxic effect. But 3 is sort of a delivered
11 dose toxic agent.

12 **MR. SCHLESINGER:** You are saying that
13 there is not enough delivered acid to justify its measurement as
14 contributing towards PM? Is that what you are saying?

15 **MR. NEAS:** Based on...

16 **SPEAKER:** Some of the preliminary research
17 we have done in the urban areas where there is very low acidity and
18 in certain of the mortality studies in the areas where there is low
19 acidity like Utah Valley, it isn't as popular as it once was.

20 **MR. NEAS:** Right, but it may benefit another
21 area, and get us to the problem of siting. There are studies which
22 show acidity is related to morbidity in the eastern part of the country,
23 and we know that acidity, you can deliver enough dose off
24 experimental systems to do something even not too far above reality.

25 **MR. MAUDERLY:** But I think you two fellows
26 have just demonstrated the point, and that is that the biologists will
27 argue for their favored or less favored hypotheses, but you would
28 probably all agree that that is sort of the list of things people are

1 arguing about.

2 **SPEAKER:** That is right.

3 **SPEAKER:** Yes.

4 **SPEAKER:** So, the point is that most of the
5 things on that list can be measured at some level.

6 **MS. HERING:** Yes.

7 **SPEAKER:** And there are a couple of them
8 that are a little harder than others, but if we focus on that list, we
9 can make some progress.

10 **MR. GREENBAUM:** Right.

11 **MR. FELDMAN:** I was just going to go back to
12 if there were some...we are talking about rationales and things that
13 should be in here, and if there is a rationale for why we have this 250
14 and then 50 and then 5, if we can be explicit about that, if we can be
15 explicit about this, if we can be explicit about how that was arrived at
16 and why we are thinking about it that way either now or in advance of
17 July, I think that is going to be very helpful.

18 **MR. GREENBAUM:** And there may be...part
19 of the rationale for that came out of a whole set of decisions and
20 discussions that went on within EPA in terms of the 250 and the 50
21 and the other pieces which are in documents which we have all
22 received. Whether we need more detail than that is a good question.

23 Petros?

24 **MR. KOUTRAKIS:** Can you include the
25 organics, the elemental and organic carbon, because there is some
26 studies that find, you know, soot to be a, you know...so, we have
27 to...organics, it is elemental and organic carbon. Just parentheses,
28 elemental organic carbon.

1 **MR. GREENBAUM:** Yeah.

2 **MR. MAUDERLY:** I am not sure. If we list
3 elemental carbon, then let's list ports. I mean, it is just...it is part of
4 the particulate.

5 **MR. KOUTRAKIS:** Elemental, elemental
6 carbon.

7 **MR. MAUDERLY:** But the thing that the
8 biologists are arguing about are the organic fraction.

9 **SPEAKER:** Yes.

10 **MR. MAUDERLY:** You would want to know the
11 elemental carbon. It is part of the fine, sometimes part of the
12 ultrafine, but I don't know a biologist personally, I guess, that has
13 been arguing strongly that elemental carbon is likely to be a causal
14 finding.

15 **MR. KOUTRAKIS:** But when you go out and
16 do organic carbon, you have got to get both of them, so I think it is
17 an important thing to...

18 **SPEAKER:** Yeah, we are moving over into
19 what the hypothesis is versus what you can measure, which is
20 important, but...

21 **MR. KOUTRAKIS:** Maybe for health effects
22 people, there is a difference or...

23 **MR. GREENBAUM:** Right.

24 **MR. KOUTRAKIS:** Or maybe the people in
25 organics...

26 **MR. MAUDERLY:** There is a separate list for
27 source apportionment, too, which would certainly include elemental
28 carbon.

1 **MR. LIOY:** But organics beyond elemental
2 carbon, organic carbon, now you have different fractions. You have
3 the highly oxidized fractions and the, you know, the PAHs. So, you
4 have got to stop somewhere, or you have got to start somewhere.
5 What is the most important part of the organic fraction we need to
6 measure? Do you measure just total organics, or is that just as bad
7 as measuring mass?

8 **MR. KOUTRAKIS:** When you say organics,
9 people in my business, they think about organic compounds and not
10 the total carbon or elemental carbon.

11 **MR. MAUDERLY:** Well, that is the way we
12 think, too. We don't call elemental carbon organics.

13 **MR. KOUTRAKIS:** So, in that case, I am
14 listing as number 9 or number 10 elemental carbon. We find very...I
15 won't go into details, but I think elemental carbon should be...

16 **MR. GREENBAUM:** Well, isn't elemental
17 carbon a subset of ultrafine?

18 **MR. KOUTRAKIS:** Yes, well, that is...

19 **SPEAKER:** No.

20 **MS. HERING:** No.

21 **MR. GREENBAUM:** It doesn't have to be, I
22 know, but...

23 **MR. KOUTRAKIS:** Whether we specify it or
24 include it in...

25 **SPEAKER:** Why don't we put organics and
26 then, number 10, we put soot?

27 **MR. KOUTRAKIS:** Or elemental carbon.

28 **MR. MAUDERLY:** You are going to have to

1 come up with a separate list of compounds you want for source
2 apportionment or even for the statement earlier you want closure on
3 total mass.

4 **MR. GREENBAUM:** That is right.

5 **MR. MAUDERLY:** And elemental carbon
6 would be on both of those.

7 **SPEAKER:** So, you don't have to put it on the
8 health effects list?

9 **MR. COSTA:** Well, I don't know of any way...

10 **MR. MAUDERLY:** No, I have never heard
11 anybody...

12 **MR. COSTA:** I mean, anyone who is in
13 organics has sense enough to look at elemental carbon...

14 **MR. MAUDERLY:** It may prove to be the main
15 controller.

16 **MR. GREENBAUM:** Nobody is suggesting that
17 elemental carbon, in and of itself, is driving the health effects,
18 although it is one the things that you are going to be measuring, and
19 you are going to need to be doing it for source apportionment.

20 **MR. KOUTRAKIS:** People in Europe have
21 done...

22 **MR. GREENBAUM:** Excuse me?

23 **MR. KOUTRAKIS:** People in Europe have
24 done a lot of studies and HEI has done a lot of studies which shows...

25 **MR. GREENBAUM:** Right, but they are using
26 elemental carbon as part of a source apportionment effort to try and
27 understand that as a marker for diesel exhaust.

28 **MR. KOUTRAKIS:** Well, the best predictor

1 we have for health effects for the job and risk studies is elemental
2 carbon right now. That comes out as the strongest effects. I don't
3 want to talk health effects, but it is a very important idea.

4 **MS. HERING:** One thing that strikes me that
5 is not on this list is size distributions. Do we care about details...

6 **MR. MAUDERLY:** Oh, yes, it is. When we
7 talk about mass, we talk about coarse versus fine and ultrafine.

8 **MS. HERING:** Do you care about the details
9 of the size...I mean, the accumulation mode is often now, you know,
10 it's described as two modes, a condensation mode and a droplet
11 mode. I mean, there is...does it matter if your sulfates are in 0.2 um
12 particles or 0.7 um particles? And they can be found in either size in
13 different places in the country. Or the organics or...

14 **MR. MAUDERLY:** It might matter, but we
15 don't know that. All we are trying to portray is the sort of key
16 things...

17 **MS. HERING:** And it is not on that list.

18 **MR. MAUDERLY:** ...that the health
19 community is talking about. Now, within each of those, they overlay.
20 That is a good example. If a compound of sulfate or whatever is
21 important, then, does the particle size range that it occurs in have an
22 effect? Yeah, it probably does. Who knows?

23 **MR. LIOY:** But what are you going to control?
24 You can still control SO₂. It doesn't matter. It just doesn't matter
25 whether it is ultra-ultra or in between in terms of the eventual need
26 to control when you have to control the SO₂.

27 **MR. KOUTRAKIS:** You change the, you
28 change the composition when you bring...

1 **MR. LIOY:** Yeah. I mean, you can have
2 hydrogen, you can have hydroscopic growth in the lung and...

3 **MR. GREENBAUM:** Well, it could matter in
4 terms of what control strategies get implemented in different
5 technologies, because, in fact, we...because we have seen control
6 strategies for mass, for example, result in changes in size
7 distribution, and it may be that that has to be a design parameter and
8 in what...

9 **MR. LIOY:** Most of the SO₂ is not coming
10 out...most of the sulfate is not coming out in...

11 **MR. GREENBAUM:** I was talking about
12 diesel, for example, where we are seeing, in some studies, the 80
13 percent reduction in mass resulted in a 40 percent in...

14 **MR. LIOY:** Right, you take out primary
15 particles, yeah. There is a difference between primary and
16 secondary, and we can get lost in...

17 **MR. GREENBAUM:** But you are getting to a
18 level...I would agree that you are getting to a level of refinement of
19 our understanding that is way beyond what we can say.

20 **MR. ALBRITTON:** This is an excellent list of
21 items that, again, as Glen said, gets us focusing down to some things
22 that we suggest be done about specific compounds. I have a related
23 question, returning to a higher level there, and that is, from a health
24 perspective, what is your guidance on the time interval that we
25 measure?

26 In other words, what kind of data...you said that the
27 earlier studies were based on mass and then health endpoints. What
28 were the time intervals over that that the mass was taken over, and

1 how would you like it to be done differently if you wanted a sharper
2 data set? Is annual? Is seasonal? Are seasonal differences...

3 **SPEAKER:** That is a different...

4 **MR. GREENBAUM:** Yeah, I was just going to
5 say that, but we'll let Jon think about it.

6 **MR. NEAS:** I'll take the first shot at it, and
7 then Jon. We have been talking about times series as if that were all
8 of epidemiology, the sort of Philadelphia study paradigm, but there
9 are other paradigms for epidemiology.

10 One is the short-term sort of summer camp study is the
11 best paradigm for this where you go into an area and conduct
12 repeated physiological measurements on the same subjects. So,
13 each subject serves as its own control, and in a period of a month,
14 you are in and out with enough data for a study.

15 Heat flow has been used for a number of these. Cardiac
16 endpoints are now the hot item, but they are all of the same sort, and
17 they are all performed in about four to six weeks, and you get quite a
18 bit of information in that amount of time.

19 But both of these rely on gradients over time, and to the
20 extent that all five components of particle mass, all of these, are
21 correlated, you know, you give me two years' worth of information,
22 but they are all correlated at the 0.96 level, you haven't told me
23 anything. I have no exposure gradient over which to do my study.

24 If we are talking about gradients over space, then we are
25 talking about the Six Cities model, but we have to go in and collect
26 lots of information on potential confounders. You have to well
27 characterize the individuals under study, because there are many
28 different reasons for a particular area to have a higher rate of health

1 effects than another one.

2 Those studies tend to be relatively expensive and are
3 best done in close collaboration with the monitoring team. I think
4 those are planned only in the very long term.

5 So, let us keep in mind there is more than one way to
6 conduct epidemiologic studies.

7 **MR. GREENBAUM:** I think that is a good
8 point. I also think it is fair to say that time series...I mean, most
9 people would argue that time series of the sorts we have done to date
10 are not terribly useful to continue to do in some ways, just because
11 they are sort of very...they are rough cuts, but on the other hand,
12 there have not been available, you know, detailed data in any city on
13 anything other than these very gross measurements of mass, for
14 example.

15 And, conceivably...I mean, we have a study that is
16 beginning to look at...in Germany that is beginning to do a time
17 series where you have particle number data and you also have
18 speciation data. So, you could begin to see whether you get a higher
19 association with one or another component of that.

20 But, Jon, I don't know, do you want to comment on this,
21 this issue?

22 **MR. SAMET:** You know, I think the time
23 resolution really depends on what we think are the dynamics of the
24 underlying process of toxicity, and I think we have to think through
25 endpoints and the list, and there are some where we would be
26 interested in shorter-term indicators, say, asthma and responses for
27 perhaps some of the cardiac responses and then, I think concern
28 over the long run for factors that might determine long-range

1 mortality.

2 I think if these sites are set up and the studies are set up
3 at the sites, they should be considered as long run. I guess the thing
4 I would argue is sort of...this is on the health design side. I was
5 thinking about a set of public health-relevant indicators, and I think
6 part of our struggle with some of the information that comes out of
7 some of the studies is public health translation.

8 So, I think no matter what, studies should be
9 taking...going the other way, we should be looking at useful public
10 health indicators, mortality, hospitalizations, emergency room visits,
11 and putting those in the context of these hypotheses related to
12 specific agents that, ultimately, we think affect public health. I think
13 that also will influence how we talk about the timing.

14 But I don't think there is anything that resolves, on a real
15 short-term basis...and, presumably, the dynamics of response are on
16 a time course, and once we get the mechanism, we will probably get
17 a better...a really informed response.

18 **MR. GREENBAUM:** Yeah. I mean, I think one
19 of the things that differentiates this debate, this discussion from, for
20 example, the ozone discussion has been the driver that is mortality,
21 the mortality findings, and then sort of questions have been raised
22 about what sorts of things might be leading towards premature
23 mortality, which is a very different set of dynamics than, you know, a
24 drop in lung function in kids from...that is a reversible drop in lung
25 function in kids at a summer camp exposed to ozone.

26 And it is not...there are...I think you are right with this to
27 point out that there are many different designs that you need to
28 create data for. I think some of those require...I don't think we are

1 going to get to a level of detail that is going to tell us this is
2 specifically what we need from this kind of site, but I think we might
3 get to some general sense of parameters that allows you to then
4 think about what is the most sensitive type of site or sites to deal
5 with.

6 Jim wanted to say something.

7 **MR. MEAGHER:** I just wanted to make
8 one...that there are two different reasons to look at short-term
9 response measurements, and one of them is that you have a
10 response, a health response which results over time. The other is to
11 create a metric that is appropriate for the analysis you are making.
12 The instruments that we use to do 24-hour averages are averaging
13 for us and creating a metric that may not be useful in terms of what
14 the application is.

15 If the average represents the data in some useful way,
16 then that is a useful thing to do, but if you have data that is very
17 spiky where the exposure, for example, you know, the 80/20 rule, it
18 occurs 20 percent of the time at 80 percent of the dose, then you may
19 need to create a different metric or distribution that actually
20 represents the exposure in the sense of trying to use an instrument
21 that automatically averages for you.

22 So, I think you may not be able to see a response that is
23 on a time scale that is every five minutes, but you may have to do
24 that measurement in order to produce a metric that you can actually
25 associate with the endpoint in some way that is useful.

26 **MR. GREENBAUM:** Well, you are...

27 **MR. SAMET:** Especially if you know. I
28 mean...

1 **MR. GREENBAUM:** What?

2 **MR. SAMET:** I mean, depending on...it again
3 goes back to the dynamics of dose-response and whether, you know,
4 there are thresholds that may have to, for example, be crossed or
5 whether the cumulative exposure to dose is relevant.

6 **MS. HERING:** But I think what you were
7 pointing to is also, you know, the time series of your outdoor
8 concentrations may have some relation to, you know, when people
9 are outside and when they are inside. So, it is...I mean, just a simple
10 day, night sort of thing.

11 **MR. GREENBAUM:** Right. The other
12 element, of course, is that there are daily patterns of even response
13 irrespective of health. I mean, if you measure somebody's pulse rate
14 in the morning and you measure it in the evening, if you measure
15 their FEV1, their lung function, at different times of the day, you will
16 get differences having nothing to do with air pollution. So, you have
17 to sort of factor some of those in.

18 On the other hand, we are starting to see so-called panel
19 studies where these sorts of other types of epidemiology designs
20 where you are seeing fairly sophisticated efforts to measure, for
21 example, Holter monitors on somebody over the course of a 24-hour
22 period to measure sort of responses, and the daily pattern of air
23 pollution might be important in interpreting the results of that as
24 opposed to the daily average. So, it gets tricky.

25 **MR. KOUTRAKIS:** But you need to
26 coordinate. If you were to do time analysis, you have to do the
27 time...if you were to put Holters on people, you have to get the
28 epidemiology and the measurements at the same time. You talk

1 about the perspective. So, to take advantage of the time variability,
2 you have to coordinate the camp studies up front.

3 **MR. LIOY:** You have to do the camp studies,
4 you're telling me, so that you have the background to coordinate the
5 other.

6 **MR. KOUTRAKIS:** Otherwise, you don't take
7 advantage of the time information.

8 **MR. GREENBAUM:** Right, but I think one of
9 the concepts that we have to wrestle with here is are we talking
10 about...are we talking about a set of relatively flexible monitoring
11 capabilities that allows one to move in and out of a particular area
12 with these kinds of studies, because you know there is a very high
13 resolution capability for at least a central part of that monitoring.

14 Obviously, you know, if you are studying a group of
15 people, you are going to have to have indoor measurements at their
16 home. You are going to have to have a whole variety of other pieces
17 of information for that study.

18 But if you know there is a fairly well population-based set
19 of measurements being done nearby, then that is going to influence
20 your study design. You are going to say gee, I will go into that
21 region, because I know there is something here and there is an
22 opportunity.

23 **MR. ALBRITTON:** I think we are speaking of
24 that flexibility.

25 **MR. GREENBAUM:** That is right. I think that
26 is right.

27 **MR. KOUTRAKIS:** One more thing. I think
28 we keep talking about epidemiology. I think we should talk about

1 exposure. I mean, if we are studying New York or Boston..., we are
2 finding real time health effects, and that data should be used in
3 toxicological studies. So, not just focus on data to be used for epi
4 but I think also for toxicology.

5 **MR. GREENBAUM:** Sure. Well, I think
6 something to put in...I mentioned this at dinner last night with Dan
7 and Jim that may need to be put into the mix here, and I am not quite
8 sure how it plays out, is that we are seeing now a growing number of
9 sites around the country where toxicological studies are being done
10 with one or another form of concentrated ambient particles which
11 are, in themselves, being fairly carefully characterized for what their
12 content is, et cetera.

13 Number one, that is a source of information in some
14 ways, but it is also how that relates to...how those toxicological
15 studies relate to whatever is being measured in the region.

16 Did I see a hand go up here?

17 **MR. DEMERJIAN:** Well, I just had a question.
18 I think I know what the answer is, but I will ask it anyway. Is there in
19 place in the health effects community the ability to monitor and
20 track, for example, something like asthmatic hospital admissions?

21 **SPEAKER:** Sure.

22 **MR. DEMERJIAN:** And is that routinely put in
23 place, and can it be routinely used as this network gets put in place
24 so that you can start looking at the effects of changes and potential
25 responses of the system, the effects?

26 **MR. GREENBAUM:** Well, this is...objective 3,
27 evaluation of management strategies that we talked about, is an area
28 where I think both the monitoring community and the health

1 community would love to be able to do this better, i.e., over time, do
2 you see some effect on improving air pollution on reductions in
3 certain types of hospitalizations and those kinds of things?

4 And I think that is something we will probably get into a
5 little more this afternoon. That challenge is that that data is not
6 always readily available.

7 We are funding a study in Canada, because in the
8 national health system there, there are...the data base exists to track
9 individuals over a long period of time in great detail which doesn't
10 exist, at least so easily, here.

11 **MR. COOK:** I just wanted to jump maybe
12 ahead to some of the general characteristics and principles at the
13 end of the document that came out, and it talked about the
14 assumption that these particles were at room temperature and
15 relative humidity. Are we looking at these with regards to that as the
16 criteria? Or is that something that I have misinterpreted?

17 **MR. GREENBAUM:** I am going to let the
18 people who wrote that down respond to that.

19 **MR. CASS:** Susanne?

20 **MS. HERING:** Well, this is arguably, not
21 knowing really anything about health effects or your...I didn't even
22 know this list of eight things or ten things, but I sort of thought it just
23 kind of made sense to me. People are mostly indoors, and yes,
24 outdoor particles get transported indoors, and the fines are
25 especially efficient in making that route, but once they come indoors,
26 they get re-equilibrated to the temperature, the relative humidity,
27 and the gas states mix that you find in the indoor environment.

28 So, even though you are talking about outdoor particles,

1 you are talking about the...in the 80 percent or 90 percent of the time
2 of the day that people spend indoors, you are talking about that when
3 they are at this indoor state, not really when they are at the outdoor
4 state.

5 So, when we are doing our outdoor measurements, should
6 we take some of this outdoor aerosol and put it at, you know, 40
7 percent RH and 22 degrees C, you know, something that is typical of
8 an indoor condition and just let the nitrates evaporate or let the nitric
9 acid become nitrate? I mean, is that...it just seems to me something
10 that ought to be addressed.

11 **MR. SCHLESINGER:** It seems to me that we
12 are getting a little over complicated at this point.

13 **MR. GREENBAUM:** Yeah, we are...I don't
14 know, the health effects community probably would like to say that it
15 was more sophisticated than it is. The level at which we understand
16 any one of these hypotheses is...probably doesn't allow us...a little
17 time to get to that.

18 **MS. HERING:** Well, it is just a question.

19 **MR. GREENBAUM:** No, I think you raise a
20 good point, and I think it also shows up...is beginning to show up in
21 people starting to ask the question about particle aging and changes
22 in toxicity with different levels of aging in the atmosphere, let alone
23 the indoor issue.

24 **MS. HERING:** Yeah, I think from a
25 measurement point of view, it wouldn't be hard to do. Okay? Just
26 put your sampler indoors.

27 **MR. GREENBAUM:** Right.

28 **MR. KOUTRAKIS:** Going back to Dan's

1 suggestion, which he said earlier we better spell out, we design
2 research and not sites. Do you want to say something, we design
3 research and not sites, and do you want to comment on that? I mean,
4 what's the prospect of how we incorporate that in this discussion?

5 **MR. GREENBAUM:** Well, my sense was that
6 what we first were trying to do is try and tease out these questions of
7 what are the hypotheses, which is research design we are talking
8 about here, the kind of time course you are talking about.

9 One of the questions I had was the where, the sort of
10 population-related. You know, how do you characterize population
11 exposure versus susceptible population exposures? And start to
12 really come at it from that direction.

13 I think it will not be simple to say this is the kind of study
14 we want to do epidemiologically, and therefore, this is what we need
15 for data. Because, in fact, at this stage, there are probably dozens
16 of types of studies that we need to do both toxicologically and
17 epidemiologically to get further down this path, and part of the
18 challenge, I think, for this group is to figure out the optimization of
19 what is likely to be the sum of information needed by those studies
20 scientifically.

21 And this limits it to some extent. I mean, this doesn't say
22 measure the world. It says measure a lot of things, but what is the
23 sum of those things and how does one respond to that in a monitoring
24 system either by do we already have it because of what we have in
25 the speciation network or do we need these more specific sites in
26 certain locations?

27 I don't think we will get to the place of saying this is the
28 study we need to...the study we need to design, and, therefore, we

1 should design a monitoring system vis a vis this study, because you
2 can't even do the same design to test these different hypotheses if
3 you were using only epidemiology and, certainly, in toxicology as
4 well.

5 **MR. MEAGHER:** I was going to say, not to
6 put words in Glen's mouth, but I think what Glen was saying is exactly
7 right, that we don't do this activity in isolation, that we are looking at
8 what needs to be done in general, and there are other pieces of the
9 puzzle out there, and combining the resources that are available in
10 these other networks and then maybe adding, as an addition to
11 something that would be at a supersite intensive field studies that
12 support and give detailed information and combine those with what is
13 going on in the epidemiological health effects community and things
14 like that.

15 That is the message I got from sort of Petros's and Glen's
16 comments was that this is not something we are just going to put our
17 blinders on and look at these sites by themselves. We are going to
18 look at the whole thing holistically and then find a place that this fits
19 in and add something significant where we answer questions that the
20 other pieces don't do by themselves. I think that is very important,
21 and it is exactly the spirit of the whole thing.

22 **MR. GREENBAUM:** I think that is important.

23 **MR. CASS:** The other thing is that by getting
24 this list up on the board, it makes it possible for me, for example, to
25 look at the list and say, you know, an awful lot of these health
26 endpoints could be examined pretty effectively with a slightly souped
27 up speciation monitor.

28 **SPEAKER:** Exactly.

1 **MR. CASS:** And then, what that says is now,
2 you are not limited to five sites. You can create a cloud of sites
3 around one of your, you know, very detailed analytic website that had
4 most of the attributes of the supersite from the point of view of
5 addressing these particular hypotheses.

6 So, you are not really talking about five heavily
7 instrumented sites and then you just fall off the edge of the earth.
8 You could have a whole cloud of sites that were nearly as good for
9 this purpose based on those slightly improved speciation monitoring
10 sites.

11 **MR. GREENBAUM:** Right, and as I said, if we
12 succeed...if this plan succeeds in coming up with sort of what are at
13 least called routine speciation sites, I mean, the kind of network that
14 Petros was describing as coming out of the EPA plan, the data
15 availability for these kinds of questions, even given the existing
16 technology, is going to be so much further advanced than what it has
17 been that I think that is going to give you something.

18 But then, what you are saying is that maybe with some
19 refinements, you could even take that another step.

20 **MS. HERING:** Actually, what I did is I made a
21 list here of the ten things...all right...what would be measured with
22 the 24-hour average in the speciation sites and then what other
23 things remain, and I had put them under the more intense sites.

24 For instance, the masses can be measured at speciation
25 sites. What is not measured is the size distribution element. Okay?
26 The metals, you don't have the oxide states in the regular speciation
27 sites. The acids are not in the speciation sites is my understanding.

28 Organics, this is probably the biggest missing thing in the

1 speciation sites. Based on the sample size, it is not suitable for
2 doing any kind of chemical speciation of the organic fraction, nor is it
3 probably a suitable sample.

4 And then you have got nuclei and ultrafines are currently
5 not measured at all in the speciation sites. Biologicals are not
6 measured at all. Sulfates and nitrates are adequately handled.
7 Ozone, co-pollutants, most of those are probably adequately
8 handled. Peroxide is not measured at all. Soot is covered.

9 So...

10 **MR. CASS:** What I meant by a slightly souped
11 up speciation monitoring site is that the samples being taken at the
12 speciation monitoring site might be processed to get to some of these
13 other endpoints.

14 For example, you could make eight plus measurements
15 off a slightly modified speciation monitor or the samples collected
16 thereby. If you are willing to composite your filters collected for
17 organic carbon analysis at a speciation monitoring site, you could do
18 organic chemical analysis on a composite of those samples, giving
19 you a somewhat longer averaging time but the chemical detail you
20 might want. Or you could decide to pull more air at a few of those
21 sites and collect somewhat larger samples.

22 So that with some slight modifications, samples collected
23 at those sites plus additional chemistry would get you to most of
24 these things except possibly the ultrafines, in which case you could
25 consider dropping a CNC into those sites, and now you have got that,
26 too, at a really rather modest cost.

27 **MR. CADLE:** For July or, and somewhere in
28 your draft paper, I would hope, too, you will get some feedback from

1 the health community of what they accept as a lower limit of
2 protection? Because that is going to be very dependent on...

3 **MR. MAUDERLY:** We may not be able to tell
4 you.

5 **MR. CADLE:** ...on what kind of...well, yeah,
6 but somebody is going to have to draw a line here as to how much air
7 to sample and sample frequency, and what kind of samplers you put
8 out is totally going to depend on your, you know, the analytical
9 sensitivity. So, somebody is going to have to decide what you are
10 going to accept.

11 **MR. CASS:** A lot of these nuclear chemical
12 methods are the sensitivity is as much in the lab as it is in the
13 sampler, so that if you want to jack up your sensitivity, you irradiate
14 something longer or count longer.

15 **MR. CADLE:** It depends on your method, but
16 if you do the standard x-ray, you may or may not even get some of the
17 metals, but a lot, which is the more common method.

18 **MR. GREENBAUM:** Yeah, I mean, this is a
19 fruitful discussion. This is the starting of the concrete kind of
20 discussion we need to have. I am going to take one more comment
21 from Ken, and then I think we are...I don't know if we are ready for
22 lunch or we...go ahead.

23 **MR. DEMERJIAN:** This is related to the
24 health community question. In addition to this list, I know that there
25 has been work looking at what are susceptible populations. If you
26 could provide that or at least some general guidance on what those
27 susceptible populations are and then, if there is some packet of
28 activity that provides some insight in terms of how they get exposed,

1 those would all be kind of worthwhile to consider in designing the
2 siting criteria.

3 I mean, one of the things I wonder about is in a lot of
4 cities, people spend a hell of a lot of time stuck in their cars. I can't
5 imagine that they don't get heavy doses of particles as a result of
6 that.

7 **SPEAKER:** They do.

8 **MR. DEMERJIAN:** But they may not be part of
9 the population.

10 **MR. GREENBAUM:** Of a susceptible
11 population, yes.

12 **MR. DEMERJIAN:** Yeah, but, you know...so,
13 there are groups that you know are getting heavy doses. The
14 question is, you know, can they provide us any insight in terms of
15 some of these problems, or are they just not part of the critical group
16 that we need to be looking at?

17 **MR. MAUDERLY:** Well, we can. I mean,
18 there is a litany of susceptibles just like there is a litany of favorite
19 hypotheses, but I think the point that is made in this discussion is the
20 health community doesn't know enough to push you into doing things
21 you can't do. I mean, it is really...we probably don't know enough to
22 push you into doing all the things you would like to do.

23 **MR. GREENBAUM:** I think there is a list of
24 susceptibles, and it is actually not a difficult...in fact, I think it is
25 quite evident in the Academy report and other places reasonably
26 well. I think in terms of what the opportunities for exposure for those
27 groups are, actually, as we speak, we are in the midst of efforts to
28 try and figure that out in more detail. There is work underway.

1 There is work that different groups are about to fund to try and get at
2 the exposure patterns for susceptible populations with the hypothesis
3 that those are probably different from the exposure pattern for the
4 average person in them, on the grounds that if these susceptible
5 populations are elderly, have some form of preexisting disease or
6 prior lung disease or, in some cases, are infants or very young, that
7 their patterns of exposure are going to be different than the average
8 person commuting back and forth to work every day.

9 And that may or may not be true. We may find that those
10 patterns are similar, but that work is underway as we speak, and I
11 don't think you can say today what those patterns are or what that is.

12 Petros is ready to give us an answer, but, I mean, he and
13 Paul and others are doing some of that work right now.

14 It is here. So, what we are going to do now is actually,
15 since the food is here, we are going to break for lunch and then try
16 and reconvene at 1:30 or even sooner.

17 **SPEAKER:** Let's do 1:15. That is an hour.

18 **MR. GREENBAUM:** Okay, my watch is fast.

19 All right, 1:15.

20 (**WHEREUPON**, a luncheon recess was taken.)

21 **MR. ALBRITTON:** For a couple of reasons
22 and time just going on, we are going to pose a slight change in the
23 sequence or time put on things here. We have covered the health-
24 related exposure picture, and I think we got a lot of very specific
25 things out of the comments that will help us really improve the next
26 version of the draft.

27 Our suggestion for the next step is to spend...to focus
28 significantly on this objective number 2, because understanding the

1 linkage between what the sources are and the receptors is an
2 important element of being able to, after seeing that there is an
3 effect, after making decisions to take action regarding those effects,
4 then, decision makers and industry have to know where the knobs
5 are.

6 If we reduce X here, what do we have to vary in terms of
7 Y? We would very much want to get input from this group about how
8 to improve our write-up and, as we did this morning, get into much
9 more specific detail that we can build into the next write-up.

10 So, what I will do is to go over this objective number 2,
11 and then we are going to propose that, in terms of management
12 strategies, we are going to ask for a few broad comments, questions
13 of time scales of health impacts, time scales of monitoring.

14 We will also move through the last objective about using
15 specialized sites for implementation development. We will maybe
16 move through that rather quickly and ask for broad comments on
17 that.

18 We heard generally broad agreement with that little set of
19 cross-cutting points that I showed on my overhead, the last one, in
20 terms of what are the parameterizations of monitoring, publications,
21 the inventories of sites, and so on. The reason we are doing this is
22 we would like very much to spend adequate time for speaking about
23 how to get from here to a constructive and useful workshop in July.

24 So, in recap, I am going to, in a moment, put up our
25 source-receptor relations and see what the group's thoughts are on
26 that. We will then move through those, and we will try to get into the
27 agenda of the workshop and the approach for the workshop and any
28 action items we may have between now and the workshop for any of

1 the groups and spend a good bit of time on that.

2 Does that sound a reasonable approach in terms of our
3 time available?

4 Understanding sources and understanding their linkage to
5 the impacts in receptor areas, as I mentioned, I think is going to be a
6 very important part of going forward in the key on health effects
7 research. We had put in the draft three scientific questions that are
8 somewhat classic with source-receptor, and, certainly, the
9 experience with ozone and other issues led to the formulation of
10 those.

11 I also have added here on the side the parameters of
12 these questions that we would like to get viewpoints on, and I have
13 added the point that Glen Cass mentioned before lunch that as we
14 move through these objectives, one would want to know how they
15 relate to each other and how can you get double payoff and what
16 things are common to both, and that is looking at the commonality
17 side of it.

18 So, we listed three things here. Aerosols, say, unlike
19 ozone, have primary and secondary stages. Linking source-receptor
20 must understand those relations between primary and secondary and
21 which is causing which health impacts.

22 The second point is, because of the size range, the
23 concept of very local sources and transported aerosols are an
24 important aspect of the source-receptor relationship, and, thirdly, if
25 we are going to link the sources and receptors very well, what are
26 some of the major, major processes that have to be better
27 understood? In particular, how can measurements help elucidate
28 those?

1 It is very similar to the approach of ozone. Let me open
2 any of these up for comment from this group, and what we are
3 looking for is, is this a fairly complete set of questions? But, more
4 importantly, in the spirit of the way we evolved just before lunch,
5 let's think of some very specifics that would be involved in a
6 measurement aspect that would begin to directly address these, and,
7 importantly too, what are the health perspectives from a source-
8 receptor standpoint?

9 Perhaps not as much as our first objective, but this is the
10 reason for getting the mix here together. Let me open it up, then, for
11 comments or questions.

12 **MR. MEAGHER:** I was going to comment
13 about the timing. I think we had a fairly extensive discussion this
14 morning about the frequency of measurement, what impacts or what
15 use they would be put to for the health effects data, and I think the
16 same question needs to come up here.

17 Just to maybe start the discussion, my experience is you
18 really need some fairly fine time resolution data, certainly better
19 than 24 hour data, to be able to resolve some of these source-
20 receptor relationships, and I don't think that these 24-hour average
21 numbers are terribly useful in trying to do some of the...answer some
22 of the questions that we have here if, in fact, these are the right
23 questions.

24 So, I would suggest that there may be a time requirement
25 here that is different and probably of a higher resolution than you
26 might need from a health effects side if we are going to meet this
27 objective.

28 **MR. ALBRITTON:** Good point, because it

1 begins to differentiate how...the hierarchy of measurement types, the
2 chemical speciation and the longer-term averages and then the
3 shorter term.

4 **MR. DEMERJIAN:** How about the conversion
5 of gases to particles in terms of understanding the relationship of
6 emissions to the receptor sites?

7 **MR. ALBRITTON:** From a measurement
8 perspective?

9 **MR. DEMERJIAN:** From trying to equate the
10 source versus the receptor when you have gaseous emission and a
11 particulate receptor. I don't know. Just the conversion. I guess the
12 conversion of species, the conversion rates.

13 **MR. MEAGHER:** Would it mean I would have
14 to measure precursors in order to be able to understand the
15 transformation, not just measure the end products? Is that what you
16 are saying?

17 **MR. GREENBAUM:** Right, right.

18 **MR. SAXENA:** Dan, since you asked for
19 specific suggestions here, for number 1, I think one thing that has
20 been used successfully for at least distinguishing primary and
21 secondary is the elemental composition of organic traces, which I
22 know DRI and Glen Cass have begun to do.

23 **MS. HERING:** Properties of.

24 **MR. ALBRITTON:** Particularly the organic
25 signature?

26 **SPEAKER:** Right.

27 **MR. ALBRITTON:** What about eastern U.S.
28 and western U.S.? Are there any, in source-receptor relationships,

1 any primary changes of characteristics that would make those
2 different problems?

3 **MS. HERING:** I mean, I think if you are
4 looking at transformation processes, you have to ask whether...what
5 secondary aerosols are formed through your homogeneous reactions
6 and which ones or to what extent are the heterogeneous droplet
7 reactions important, and I think when they are important, they
8 dominate. So, identifying that is...

9 **MR. ALBRITTON:** So, from a measurement
10 standpoint, how would you phrase the need there?

11 **MS. HERING:** The things that, from a
12 measurement point of view, time resolution and size distributions are
13 your two keys, I would say, to identifying and, preferably, speciated
14 size distributions which, of course, are expensive, but...

15 **MR. ALBRITTON:** That is what this topic is
16 focusing on.

17 **MR. CADLE:** There are seasonal issues, too,
18 especially if you think about a Denver winter brown cloud versus
19 more traditional summer issues.

20 **SPEAKER:** This is backtracking a little bit,
21 but are there seasonal issues in the health...

22 **MR. NEAS:** Yes. I would say that that is
23 the...

24 **MR. ALBRITTON:** Yes, we do cover that time
25 slot.

26 **MR. NEAS:** The most important single
27 confounder of the particle health effects is the seasonality.

28 **MR. ALBRITTON:** So, well-differentiated

1 seasonal signals of species, examples like EMIPs. You can trace that
2 modulation into health settings.

3 **MR. NEAS:** The issue I raised was that we
4 have to remove all the seasonality when we look at the health thing,
5 because everyone knows that more people die in the winter than in
6 the summer in Western countries, and, you know, we have to discard
7 all that signal.

8 **MR. MAUDERLY:** But one of the problems
9 being that when we discard it, sometimes, we don't know whether or
10 not we are discarding an important seasonal particle signal, too.

11 **MR. NEAS:** We could easily be discarding
12 that signal, but to be conservative, we...

13 **MR. MAUDERLY:** Yeah.

14 **MR. ALBRITTON:** Kurt, did you have a
15 comment?

16 **MR. ANLAUF:** There may be a...and I am
17 sure there is...a strong biogenic component to particle formation that
18 needs to be differentiated as against anthropogenic.

19 **MR. ALBRITTON:** And that is probably going
20 to tie strongly into an East/West gradient determination, because you
21 have a natural soil suspension in the West, and in the East, you have
22 a very high natural organic emissions.

23 **MR. FELDMAN:** Going even back earlier as
24 well as here, I guess one of the questions is, is the routine
25 meteorological data that is gathered sufficient to answer these
26 questions, or do you need enhanced meteorology in association with
27 this?

28 **MR. ALBRITTON:** That's certainly a factor in

1 experiment design.

2 **MR. NEAS:** With respect to the weather, that
3 is also an important consideration in the health analyses. While the
4 NOAA weather system is wonderful, having all the airports monitor,
5 they're often combining a weather signal that's generated at an
6 airport with an air pollution monitoring system generated at another
7 site. While you wouldn't expect there to be very strong gradients of
8 temperature across, because of the airport, it would at least be good
9 to get all of this data properly aligned and in the same data set. So
10 that the epidemiologist would be provided with all of the weather data
11 and all the air pollution data in the same data set with all the
12 elements of the data set properly aligned at the time.

13 **MR. ALBRITTON:** Let me see if I can phrase
14 that. You're saying that the arrangement of weather data has not
15 been always done in the way that most favors the epidemiological
16 studies. Could you then supply us with some suggestions of what we
17 can indicate to the weather service, what would be useful for this
18 particular application? Can you give us some characteristics, not
19 necessarily...

20 **MR. MAUDERLY:** It's not so much how
21 measurements are made, but where they're made.

22 (**WHEREUPON**, the panel members talked among themselves
23 inaudibly.)

24 **MR. MAUDERLY:** The people in this room,
25 we're a subpopulation. But in Boston, the airport is out on the water.
26 In Albuquerque they've got such quirky geography that it's totally
27 different.

28 **MR. DEMERJIAN:** It's more than just the

1 airport sites that make up the, it depends on what parameters you're
2 talking about. So, I mean, if you're interested in temperature and
3 precipitation fields, there's certainly a much more dense network of
4 those data, than just at the airports. But if you're talking about a ray
5 wind sign, if you're interested in three dimensional paths of winds
6 and direction, then you're right.

7 **MR. NEAS:** No, just temperature endpoint.

8 **MR. ALBRITTON:** What you're saying is that
9 epidemiological studies have a very special meaning for
10 meteorological data that are often not part of what are seen as well
11 as certain properties. I'm going to talk with you off line and get
12 some specifics.

13 **MR. COOK:** I would think that too, to support
14 modeling that you would be interested in collecting species that go
15 with the models, so there's compatibility between the collection
16 effort and the modeling effort, so that time resolution is appropriate
17 and that the species of interest for the model would be taken into
18 account by that.

19 **MR. SCHEFFE:** Dan, what does that say,
20 model input...

21 **MR. ALBRITTON:** Species format need to be
22 a consideration in taking the study up.

23 **MR. SCHEFFE:** Could you maybe cast that as
24 model evaluation needs, for instance you might want to measure
25 some diagnostic variables.

26 **MR. ALBRITTON:** Sure.

27 **MR. SCHEFFE:** Like intermediates, proxy
28 radicals, nitric and dioxide, things like that, that wouldn't be

1 considered inputs to a model, but certainly you'd want to use them to
2 evaluate the...

3 **MR. ALBRITTON:** It may have no
4 environmental significance, but it may be crucial to understanding
5 how the particle model works.

6 **MR. FELDMAN:** Then you said the E word,
7 emissions.

8 **MR. ALBRITTON:** Emissions databases.

9 **MR. FELDMAN:** You want to know about
10 emissions source-receptor relationships.

11 **MR. DEMERJIAN:** In your source profiles,
12 whether you need absolute negatives in the ratio and so forth.
13 Depends on what kind of model you have.

14 **MR. ALBRITTON:** Right.

15 **MR. GREENBAUM:** Can I ask a question of
16 the community on the source-receptor models? On one level, I've
17 been thinking of primary versus secondary aerosol and figuring out
18 how those get formed is one thing. Some of the, some of what might
19 ultimately come out of the health are some of the fairly specific
20 drivers of health effects. I'm wondering what resolution of source
21 receptor modeling you would expect to be able to achieve. Let's say
22 there are one or two metals for example, that came.

23 **MS. HERING:** Well, that would be an easy
24 one.

25 **MR. GREENBAUM:** Or some of the organics
26 and not others. I'm wondering, in terms of modeling source-receptor
27 relationships, how fine, I mean I understand the NOX, the OC
28 discussions, and ozone, but this is a much more complex system. It

1 may be the most important thing to know will be some very small
2 subset of this or a few small subsets, depending on what the data
3 allows.

4 **MS. HERING:** Well, I mean my guess is that
5 the organics are going to be your most troublesome one, because we
6 don't even know, we don't even have an easy way of saying, what
7 fraction of this is primary and what fraction of it is secondary.
8 Sulfates and nitrates, you can easily identify almost entirely as
9 secondary. Then you only, and you know what the precursors are,
10 then you just have to worry about speculations such as mine, is it
11 formed in the assays or is it formed in cloud droplets or wet droplets.
12 You have to start looking at mechanisms, you need three dimensional
13 width and things like this. Probably things that would be beyond the
14 scope of what would be done in this study actually, but it's done in
15 other studies.

16 The organics, I think, I mean there's, through tags they're
17 able to pull out some of the primaries, but then and maybe by
18 difference begin to get some idea of the amount that's secondary.

19 **MR. MEAGHER:** I think it goes back to the
20 question that was raised earlier, that is, as the polyorganics are
21 formed...

22 **MS. HERING:** But they can still be secondary.

23 **SPEAKER:** What about collecting data in a
24 manner that is suitable for an annual average model as opposed to
25 the shorter term?

26 **MS. HERING:** Well, I think actually the basic
27 speciation monitoring sites are going to get you so far, just in terms
28 of knowing how much is organic, how much is sulfate, how much is

1 nitrate, how much is soot. That's going to get you a long, long ways
2 just knowing what the average chemical composition is. That's kind
3 of already on the table, and I think that's the most important thing, in
4 terms of your source resolution. You at least know, get some idea of
5 the relative importance of NOX and SO2 emissions, and...

6 **MR. DEMERJIAN:** You're going to have to
7 know that by season at least.

8 **MS. HERING:** And you're going to have to
9 know it by season. But every six day author will give you that
10 speciation. I mean that's the first place.. Then it becomes, well,
11 how do I control my nitrates. Well, that becomes a more difficult
12 question. But the first step is to identify that that's what you need, to
13 reduce your mass.

14 **MR. CADLE:** If you focus only on annual
15 average, that's because the current form of the standard is going to
16 drive the States that way, but the health effects may end up saying
17 that that's not even the correct parameter. So, I think you don't want
18 to focus too much on that.

19 **MS. HERING:** Annual average is seasonal
20 average. I mean, there are definite seasonal compositional
21 differences. Doing it by season is just a straight forward, I mean
22 you'll have that data.

23 **MR. ALBRITTON:** I think a point that was
24 mentioned earlier, the regs are looking for the annual average, how
25 reliable, what kind of data would show the reliability of the model in
26 predicting the number that's important to the regulation process.

27 **MS. HERING:** I think, you're looking at me. I
28 mean, I think you have to look at the seasonal composition.

1 **MR. SCHEFFE:** This question comes up a lot
2 about we have an annual average that is going to drive things. But
3 the tools have really, really small time resolution in them. The air
4 quality simulation models, the emission inventories, those are based
5 on minutes, seconds, hours. So, that begs the question that you
6 need data in order to test those tools. So, I wouldn't let the fact that
7 we have an annual driving standard get in the way, in terms of what
8 kind of time resolution. We need high time resolved data for those
9 tools, if nothing else.

10 **MR. NEAS:** I forgot to mention a fourth type
11 of epidemiologic study, that might bear on the annual average. How
12 long would this monitoring system be in place?

13 **MR. ALBRITTON:** To be determined. It's to
14 be determined at the various levels. I would understand at the core
15 sites, looking at mass, are planned indefinite for the future.

16 **MR. VANDENBERG:** It could be quite a while,
17 we just don't know.

18 **MR. NEAS:** The reason I'm asking is the
19 fourth type epidemiologic study is the six city adult cohort, the
20 American Cancer Society study, where you look at long term
21 exposures to particles. Will a single year's annual average well
22 characterize people's long term exposure to particles, or would the
23 community be willing to live with that particular year of all possible
24 years to characterize the entire United States?

25 **MR. GREENBAUM:** Well, let's put it this way.
26 The folks in the ARE only use it one year. So, if we get three, we'd
27 be ahead of the game. But it's not, and I think...we're going to get
28 into the longer term question in the next group, we have got to

1 evaluate, so...

2 **MR. MEAGHER:** Just to turn the debate, the
3 discussion a little bit from the what to the where, I think I'd make the
4 case that in this particular application, besides the timing of this
5 data to get what you need for the health effects, the locations may be
6 a little different too, because I think it's important to do urban / rural
7 contrast here to look at the issues, especially with transportability
8 and look at the source-receptor relationships. We have to be
9 monitoring places which are not places you would normally go to do
10 adjusted population exposures. I would argue that we should
11 consider to address some of these questions, looking at monitoring
12 areas that are more regional in nature, as opposed to global warming
13 sites. Obviously those need to be done for the health effects study,
14 but these are more contrast areas.

15 **MR. ALBRITTON:** Any other comments?

16 **MR. GREENBAUM:** It's getting harder and
17 harder to get in here. We're going to try and go through this
18 relatively quickly, compared to what we have in the agenda. But this
19 third objective that was laid out is one that often gets short shrift in
20 some ways in these processes. Yet is one that in many respects is
21 important to both in our view the monitoring needs, the air quality
22 needs and also the health monitoring needs. That is the evaluation
23 management strategy. By definition this is a long term objective. It
24 cannot happen in a year or two years. Obviously the primary
25 question is what effect do changes in precursor emissions have on
26 measured aerosol parameters over some period of time. You cannot
27 do it immediately. What will you have over the long term? In terms
28 of improvements in air quality, you might have some cases where you

1 have things get worse. There is a comparable question that's been
2 asked frequently in the health community, which is, what are of the
3 effects on measured parameters for health outcomes? Do we have a
4 way of measuring whether we're actually getting benefits, improved
5 health outcomes as a result of this?

6 There are a couple of key questions for both of these.
7 The first is, over what time will these measurements be necessary
8 and feasible? How long will it take us to do that, to actually be able
9 to get a report of this? My guess is we're talking about decades
10 here, not years. But we should talk about that. Then the second is,
11 given that, how can these efforts be sustainable? These are not just
12 science questions per se, but implementation questions. I'm
13 wondering if people have comments on this issue, on how we go
14 about doing this. I'm drawing it back more specifically to what this
15 may mean for the siting of monitors, the development of monitors,
16 the development of monitoring and operating systems, so that they
17 are sustainable. It's one thing to be able to do this with the sort of
18 core FRM system, but the question will come, do you need to have
19 much more than the core FRM system. Let me ask the question
20 actually, as we start this. The assumption about the FRM system is
21 it's going to go on for a long period of time. What about the
22 speciation monitors?

23 **MR. SCHEFFE:** Yeah, the idea of the 50 trend
24 sites, is that they do go on forever more or less. In fact, I would say
25 they're more likely to go on forever than any other component in that
26 work.

27 **MR. GREENBAUM:** Including the FRM
28 system?

1 **MR. SCHEFFE:** Well, think about it. I don't
2 want to speak, that's one person's opinion. Let's just end it there.
3 No need to embellish it.

4 **MR. GREENBAUM:** Okay, that's all right.

5 **MS. HERING:** I was just going to say, your
6 points two and three really relate to the next issue, which is why it's,
7 I mean the need to do this over a long period of time is what points to
8 being able to get speciated measurements as inexpensively as you
9 get a NOX measurement right now or as easily and automatically.
10 That's quite doable and it's why, one of the reasons that the work
11 issue is so....really, I mean it's either that or you do long term, the
12 other possibility is you can do long term and you can, long term
13 monitoring, why, you know, how accurate is a one week sample
14 compared to seven one day samples? It would be a lot cheaper to
15 get, but how accurate is it?

16 **MR. GREENBAUM:** Other comments?

17 **MR. COOK:** Question with regards to the
18 secondary particulates. I think it probably goes without saying that
19 there needs to be accurate assessment of those aerosols that you
20 may have to translate to the FRM now. In terms of tracking changes
21 over time, for volatile constituents, we're going to have to have
22 accurate measurements, in order to be able to correlate emission
23 reductions to the air quality measurements. So, there's the accurate
24 measurement. I think in terms of sustainability, I think one of the
25 things from a monitoring standpoint that always enhances
26 sustainability is automation and getting away, as soon as possible,
27 from manual methods, to the extent you're getting comparable data.
28 So automation I think is a big part of this.

1 **MS. HERING:** Yeah, be accurate, cost
2 effective, yeah, and accurate measurements, as Jeff was saying, that
3 California would likely get credited more when it reduces its nitrates
4 and it might not show up in the FRM measurement.

5 **MR. KOUTRAKIS:** Let's be careful about
6 talking about methods. I mean, we have to protect this committee
7 from conflict of interest, and miscounts happen many, many times. I
8 would say if investigators are involved in the development of
9 instruments, don't propose them or talk about specific things,
10 because I think that's going to just undermine what all of us are
11 doing, so...and I can take notice of many, many cases where this
12 could be true..

13 **MR. GREENBAUM:** Yeah. Right. I thought I
14 heard general statements about the need to develop the
15 technologies. I mean...

16 **MR. KOUTRAKIS:** Actually she was more
17 specific on that one.

18 **MR. GREENBAUM:** Right, we're not going to
19 point to specific ideas. Okay. Other comments on this? We're going
20 to take just a few.

21 **MR. VANDENBERG:** Dan, just to make sure
22 I'm clear on what you added to the first question there. My
23 understanding of the question before was, you've got changes in
24 emissions, you've got changes in the concentration of the air,
25 including FRM mass. Is the second part you're saying, you've got
26 changes in emissions, you've got changes in public health outcomes.

27 **MR. GREENBAUM:** Well, that's the theory. I
28 wasn't suggesting that this monitoring system was going to give us

1 the answers to that.

2 **MR. VANDENBERG:** Okay. Well, that's what I
3 was wondering.

4 **MR. GREENBAUM:** I should've been clear on
5 that. I was putting it up there to show that there's a convergence of
6 interest here that's been expressed on an ongoing level and there is,
7 I think if we start thinking about this in the long term, we need to be
8 in a position where we can't just say, where we cannot only say, yes,
9 we've done these things and the levels of PM2.5 or the levels of
10 sulfates have gone down by 50 percent. But in some manner, which I
11 don't think we have the answer to yet from the health community, we
12 can also say, and we have seen the following improvement in health
13 as a result of this or haven't seen.

14 **MR. VANDENBERG:** I think that's consistent
15 with comments we've had from CASAC before on this. We should
16 look for opportunities to see those improvements. Maybe in thinking
17 about the design of the overall particulate characterization effort,
18 where might we best see those improvements announcing
19 themselves?

20 **MR. GREENBAUM:** Right. Well, I am actually
21 going to hand out at the end of this conversation something that
22 came from a little workshop that you organized last November, which
23 was the recommendations from the epidemiology panel, which
24 actually had a page on some thoughts about how to develop
25 epidemiology studies based around monitoring sites that could
26 integrate those two over the long term. I think we do have to keep
27 that alive here, recognizing that the, this is really about designing
28 the monitoring system and keeping, developing it, and making it

1 sustainable. But the other piece has to be there as well, if we
2 ultimately want to be able to know whether we're having an effect.

3 **MR. DEMERJIAN:** I think there's some
4 lessons to be learned from our history with the ozone problem. I
5 think, it's kind of interesting that someone had the question how long
6 we're going to do those measurements. Well, I guess if there's going
7 to be a PM2.5 standard, which there is, and that we're going to
8 measure it until it's achieved, if the ozone is an indication of what it
9 takes to do that, we've probably got at least 25 years or so, to deal
10 with the problem. I personally think this problem is going to be even
11 more difficult to deal with, and so I think that, I hope that we don't
12 repeat the mistakes that we made with the ozone problem, which was
13 we measured it for about 20 years before we decided that that wasn't
14 enough, we needed to actually measure the precursors, when we just
15 started to do that. I hope that we're not going to repeat that mistake.

16 The other thing is, I'd like to say that this idea of
17 accountability, I see as ultimately a responsibility we as scientists
18 owe to the public. I don't see how we can keep marching down these
19 paths of saying, let's spend billions of dollars to presumably improve
20 the quality of the air and never be able to demonstrate there's any
21 benefit to society.

22 **MR. MAUDERLY:** Here, here.

23 **MR. DEMERJIAN:** We've gotten away with
24 that for almost three decades, and I can't image the public is going
25 to continue to put up with it. So, that's why I think it's very important
26 that this program be designed in such a way that we do have some
27 clear health points that we can point to, so as we progress down this
28 tortuous path of about another 20 years, which I think is what it would

1 be, that we'll be able to at least say when we reach the end that it
2 has had significant impact on the quality of life for the general
3 population. I don't think that's ever been done, at least to date on
4 environmental issues.

5 **MR. GREENBAUM:** Well, I think that's true
6 and I think when I wrote down how can these efforts be sustainable,
7 at bottom I think what I was aiming at was less at the question of
8 sustainable monitoring for basic air pollution elements, because I
9 think it is very likely we will have 2.5 monitoring, we will have
10 speciation, we will have certain things going on over some period of
11 time to be able to track trends. Probably the hardest piece of that to
12 be sustainable would be the databases so that you could see whether
13 there's a relationship between trends in the air pollution and trends
14 in health.

15 **MR. DEMERJIAN:** I think it's very necessary
16 in this process to be able to demonstrate progress. I don't think we
17 can go and tell, whether it's industry A, B or C that they have to do
18 this kind of control and there's this anticipated impact of that
19 control, and then never be held accountable to demonstrate that that
20 was accomplished. That's basically pretty much what has happened
21 historically. We have on paper described a variety of things to do
22 with regard to managing the ozone, but we have little, very little to
23 show that what we did was effective, or why it was effective or why
24 the fact that we haven't attained the standard and what's the reason
25 for that. Because there hasn't been data that has been available to
26 track that progress, and that's an essential part of what I think the
27 future of this network has to be, is to have that capability, to be able
28 to show as we take prophylactic steps, we're in a position to

1 demonstrate it works.

2 **MR. GREENBAUM:** I think there's a lot of
3 agreement around the table, that the health piece of this, given the
4 size of the health benefits we're talking about against a quite large
5 background, trends in health status, is not a simple thing to tease
6 out. For example, if you wanted to show with reductions in ozone a
7 reduction in asthma hospitalizations, you would, over the last 25
8 years, you would be playing that against a much larger increase in
9 the incidence of asthma, which is, probably what you'd be able to
10 show, if you could show anything is, a reduction in the, what would
11 have been the rate of asthma hospitalizations, because undoubtedly
12 there's been an increase in the rate of asthma hospitalizations. So,
13 it's a very difficult fact to deal with. I'm not suggesting that the air
14 quality monitoring community is going to be able to answer that, but
15 it's something that does tie these two together and it is a concern.

16 **MR. NEAS:** To what you just said, I would add
17 the size of the susceptible population is projected to increase
18 considerably. Factors like environmental tobacco smoke, which is,
19 you know, perhaps adding noise to the signal, is decreasing. So,
20 you might actually see a better air pollution signal in 20 years, with
21 those kinds of reductions.

22 **MR. COOK:** I know we talked about
23 meteorological inputs earlier in the previous one, but this is one
24 where we are tracking changes over time that it is essential to be
25 able to deal with the variability in meteorology, just to maybe
26 underscore the importance of having a lot of measurements
27 connected to the service ratings.

28 **MR. GREENBAUM:** Okay. Any other

1 comments? Let me just pass this out. This, as I mentioned, came
2 from the workshop which EPA hosted here, actually in Durham last
3 November. I've excerpted the part that epidemiology needs.

4 What you'll see here is the whole epidemiology needs and
5 the next to the last page, on what is called page 24 in this, something
6 called highest priority. It really was talking about a development of a
7 comprehensive surveillance system around a set of community based
8 platforms to accomplish certain things. Some really nice ideas I
9 think, but they are very much relevant to what this group will be
10 talking about. So, I thought it would be useful for this group to have
11 that as input into this. Also describe four or five different kinds of
12 epidemiologic studies, that might be done around such community
13 based platforms. I thought it would be a useful piece of input for
14 this.

15 There are others here who were actually in that
16 discussion. Lucas and John I think were in that discussion. I was
17 actually in another room, wrestling with Paul and Petros and Linda.
18 So Dan, do you want to take on the next one?

19 **MR. ALBRITTON:** The fourth point that we
20 wanted to seek comments from this group on relates to measurement
21 ability and the use perhaps of specialized sites to investigate that.
22 We had three points in the write up, and I wanted to seek comments
23 on a couple of them. The first one, the first comment is, what's
24 unavailable in the suite of measurements that may likely be needed
25 in understanding aspects of gassed particle conversion, also source-
26 receptor relations. But I've added, Joe, over here on the left, I want
27 go back to a point you mentioned. That is, are the understanding of
28 the health processes and impacts, I think I interpreted your comment

1 as, that you're not at the state yet that you could say you must
2 develop X or a new measurement to test this hypothesis or idea that
3 the development group has. That is, if you look at this suite of
4 measurements, which can generally be made now, if they indeed were
5 made, you'd have a rich data set and there's not an item on here that
6 says, boy, I sure would like for you to measure compound X. Am I
7 interpreting that correctly?

8 **MR. MAUDERLY:** Yeah, that's correct. All I
9 was saying is that the health community is still working on fairly
10 broad categories.

11 **MR. ALBRITTON:** Yes, exactly.

12 **MR. CADLE:** Does that statement include the
13 bioavailability of the organics or the metals or the, I don't know if
14 there are standard techniques available for that?

15 **MR. MAUDERLY:** Not necessarily standard.
16 As a part of understanding their toxicity, certainly bioavailability is.
17 But I'm not sure how it relates to the measurement system.

18 **MR. CADLE:** Well, I guess I'm asking, do you
19 want total metals or do you want bioavailable metals when you
20 measure the metals?

21 **MR. NEAS:** I'd like total oxidative potential.

22 **MR. MAUDERLY:** I guess I'm intrigued by how
23 you're going to measure bioavailability in bioavailable metals.

24 **MR. NEAS:** Well, I think what we questioned
25 is something we might want. That's extractable on a PM level.

26 **MR. SAXENA:** One way to deal with it is as he
27 just said, is extraction of one metal from the rest. That can be from
28 organic to non-organic to benzene.

1 **MR. CADLE:** As far as how it's done, that's
2 just the issue I'm raising. Do you want total metals or do you want a
3 different measurement here?

4 **MR. MAUDERLY:** The frustrating part of this
5 is that we can't really tell you. It's easy to say we want everything
6 you can possibly give us, because somewhere in there is the divine
7 truth. But the fact is we're not smart enough now to tell you very
8 much about what you should be chasing. If you have this even at a
9 crude level, it would be light years ahead of what we have now.

10 **MR. ALBRITTON:** Absolutely. That's the
11 impression I've gotten.

12 **MR. MAUDERLY:** Now be assured that just as
13 soon as you start producing these data, we'll be asking you for more.
14 That's what makes it interesting.

15 **MR. ALBRITTON:** Question here?

16 **MR. DREHER:** Having worked with ambient air
17 associated metals, what's emerging in new experiments coming out of
18 our lab is that composition is a critical aspect of the toxicity of the
19 metal. I've called a number of people in the atmospheric chemistry
20 arena to see if one can actually do metal compositional speciation. I
21 think that's a frontier that maybe research ought to explore.

22 **MR. KOUTRAKIS:** You mean resolution in
23 terms of oxidation state?

24 **MR. DREHER:** Well, oxidation state or
25 whether it's sulfate or nitrate. Not so much oxidation state alone.
26 There's evidence that the constituent it's associated with has a
27 dramatic effect on the toxicity of the metal. These are constituents
28 that are associated with, what, ammonia, nitrate.

1 **MR. ZWEIDINGER:** I'd also like to point out
2 about bioavailability. I can remember back when we started doing
3 work with diesel particles, that there were a lot of arguments over
4 the nitro pyrenes for instance, in saying, well, this work has all been
5 done with extractions with methylene chloride. You don't have the
6 methylene chlorides in your lung, but lo and behold, they found out
7 some stuff like that when they started doing animal testing, and
8 bioavailability might be kind of a nebulous issue as far as how you
9 determine what is and what isn't.

10 **MR. MAUDERLY:** Well, the adduct study is a
11 quite complicated story, and that's pretty thin ice for you to be
12 treading on. You find the same adducts being exposed to carbon
13 black.

14 **MR. ALBRITTON:** I think point #2 here, we'll
15 skip over, but clearly is something that we can comment in our
16 specialized way on in terms of the implementation technology. #3, I'd
17 like to put down a suggestion that perhaps one of the more important
18 things that an intensive instrumentation site or measurement period
19 could do, is check the operational methods that are used in the
20 regulatory set of measurements. So, under a variety of field
21 conditions, perhaps job one, in terms of instrument science, would be
22 to compare various devices that measure the same thing that are
23 being measured under the operational regulatory networks. Is that a
24 generally agreed upon point, that that ought to be a very high priority
25 in measurement science? Doing it under different conditions,
26 different places, and seeing how robust is the simple device that
27 looks at that.

28 **MS. HERING:** You know I've run, 10 years ago

1 I ran, was a field manager and therefore wrote the protocol for a
2 number of field comparison studies. Then actually sponsored
3 another one this last summer and having, they just generate a wealth
4 of information on how well, how differently different instruments
5 perform under a variety of conditions. I'm a firm believer that you
6 have to test things in the field.

7 **MR. ALBRITTON:** I would also extend that
8 into speciation sites. Yes, Rich?

9 **MR. SCHEFFE:** I just want to make, mention a
10 peripheral benefit of this whole, using these platforms as comparison
11 sites with routine instrumentation and then advancing into more,
12 other techniques in the future. A lot of what we're trying at EPA to
13 do is to facilitate dialogue among the research community and the
14 state and local operators who are really running these networks. By
15 paying serious attention to this platform, this transitioning element,
16 that's more or less a glue that's going to really draw the attention of
17 the state and local agencies quite a bit. So, I think this is, I can't
18 overemphasize the importance of the interest in this particular
19 element of the program. I just wanted to mention that, that it is
20 strategically very important in terms of fostering this whole dialogue
21 with the rest of the community.

22 **MR. ALBRITTON:** Jeff, you're supposed to
23 say, here here. From any of the measurement folks, any other
24 comment?

25 **MR. VANDENBERG:** Just to understand that
26 last point. Is that the sort of work that would need to be done in a
27 multitude of locations, or is it one place that you could have a variety
28 of instruments come in? I don't know.

1 **MR. ALBRITTON:** My hunch, multiple places.
2 Having been stung more times than I'd like to admit on a seasonal or
3 a location dependent artifact.

4 **MR. CADLE:** Does the air comparison also
5 include the analytical values?

6 **MR. ALBRITTON:** It should be ambient air.

7 **MR. MAUDERLY:** Dan?

8 **MR. ALBRITTON:** Yes.

9 **MR. MAUDERLY:** There's one point, I'm not
10 sure if it fits exactly with what we're talking about here, but
11 somewhere in this mix, I think it ought to be stated that not only are
12 we interested in information about what's out there in the air, but the
13 health community is very desirous of samples that they can get from
14 you to take back to the laboratory. So, somewhere in here that needs
15 to be part of the agenda.

16 **MR. ALBRITTON:** For example, Dan
17 Greenbaum was telling me about the techniques of pre-concentrating
18 constituents in air and then using them in laboratory tests, say with
19 animals. Then clearly being able to take such samples from sites
20 that are so well characterized, as the chemical speciation sites, or
21 one of many type of sites we're talking about here and supplying that
22 to you would be doubly useful. I think that's what you're talking
23 about.

24 **MR. MAUDERLY:** That's an example of one
25 part of what would be useful. But those concentrators of course
26 don't concentrate everything, not even all the particles. I'm saying
27 that not just particle concentrators, but the ability of the biologist to
28 tap into the measurement network and say can you give me this, can

1 you give me that sort of thing, is an important consideration in
2 designing this. It isn't just putting particle concentration or
3 concentrators at these super sites. That will only answer a certain
4 range of questions. There may be other questions that that wouldn't
5 get at at all.

6 **MR. VANDENBERG:** Joe, are you saying that
7 this is, you're actually talking about material from the filters, for
8 example, that could be used in in vitro experiments.

9 **MR. MAUDERLY:** Yes, exactly.

10 **MR. VANDENBERG:** In vitro or in vivo.

11 **MR. BACHMANN:** And that means maybe a
12 special instrument designed for that.

13 **MR. GREENBAUM:** Maybe the volume you
14 need.

15 **MR. ALBRITTON:** One question here.

16 **MR. DREHER:** One issue of this, which hasn't
17 been addressed is, the issue of particle collection and what that does
18 to the altering constituents. In your monitoring of these detailed
19 sites, you're going to know what these are. If the scientist takes
20 those particles back to the lab, he's going to know what he lost.
21 That's sort of a subtle...

22 **MR. MEAGHER:** Well, I guess my comment
23 was almost the same. The value of having these filters, for the
24 material to be used for later testing in these sites not only increases
25 the data available, but also helps to characterize it in a more
26 comprehensive way, makes that sample more valuable for what
27 you're studying.

28 **MR. ALBRITTON:** What I had mentioned on

1 the plan here would be to open it up and leave that in terms of
2 beginning to get comments from this group about the approach
3 toward the July meeting.

4 **MR. GREENBAUM:** Yeah, I want to start, we
5 had done some initial thinking, but I wanted to not in any way
6 proscribe us here. I think the concept here was to try and get out on
7 the table the sets of issues, the sets of design parameter questions,
8 the sets of objectives that we've been going through here, that in
9 some cases overlap and in some cases might conflict with one
10 another. But in all cases probably have something to say about how
11 one goes about designing a monitoring system that actually provides,
12 has the best chance possible of providing these kinds of, the kind of
13 data that we all in our particular pieces of this need. The questions,
14 I think the issue is how do we organize a larger group of people who
15 will come together to actually engage in that discussion in a way that
16 we can come out at the other end with some constructive ideas and
17 information.

18 I wanted to first sort of open up broadly, if people had
19 some comments, some questions. I know I heard some stuff over
20 lunch, some ideas about what might or might not work there.

21 Our goal here was to really just get out on the table some
22 of the questions, to get this document that you have taken to another
23 level. We've started that process, and we're going to need comments
24 on that document, so that it can be at another level. For example, I
25 think it would be, it's able to be, the document will be a step forward,
26 because it will have some of this kind of information elucidated in it,
27 and we will use that as a starting place for this. One question that I
28 think has come up at our circle here and I want to get out on the

1 table a little bit, because I want to make sure people, we've talked a
2 lot about super sites, the whole monitoring system, what is a super
3 site. There's some level of discussion which sort of presumes we're
4 going to have six or seven or five platforms, very specific platforms.
5 There's another level at which we've been discussing that we will
6 have perhaps augmented platforms within a, very much within, nested
7 within the context of a larger monitoring system. I wanted to, but I
8 think there was some concern about, are we just talking, we talked
9 about this earlier, are we just talking about a set of monitors that
10 we're going to collect data at and we won't have studies, but rather
11 do we need to design the studies first. What I'm trying to get ideas
12 for is how do we, I think people agree, we should be designing the
13 studies, we should be thinking about them from the point of view of
14 what we need to have, and then sort of what should be falling out of
15 that is the needs for a monitoring system. But I'm wondering how we
16 should organize this larger meeting in getting ideas from people on
17 how we organize this larger meeting, so that we actually can
18 accomplish some of that, some of those goals. Both the laying out of
19 what some of the elements of design studies would be, because I
20 don't think we, as I said earlier, we can design a study specifically in
21 great detail. But then how do we then translate that into guidance
22 for a monitoring system? So, let me start with the first of those
23 questions, which is, how do we ask the questions about what we want
24 to get out of this, in a way that really gets people engaged? What do
25 we do with the documents we have here? How do we take this to the
26 next level, so that we can in fact get people engaged when they show
27 up here? Then secondly, what do we want them to answer? What
28 questions do we want them to answer when they show up at this

1 workshop?

2 **MR. KOUTRAKIS:** I want to reiterate what I
3 said earlier, because I really want to talk to you about this whole
4 concept of the supersite. I think if we ask the wrong questions
5 wrong, we're going to get the wrong answer. I think it would really
6 help us to focus a little bit and see this as an opportunity that
7 happens once in a life and try to take advantage of it. I think, it's my
8 feeling, and I can go through details that you cannot design a study
9 that's going to include epidemiology studies, toxicology, or exposure
10 assessment or you say the word. I think it's going to be very difficult,
11 I mean, when you call for epidemiology persons, you might want to do
12 a six city study with 14 years of measurements. If you do a sector
13 hologram study, maybe five campaigns would be nice, an exposure
14 assessment, maybe two months is enough. So, I think we are
15 compromising a lot here, and I think if we would just talk a little bit
16 about this more, and say, well, we want the theme, to change the
17 theme from five super sites and say something like use the state of
18 the art sampling and diagnostic techniques to help us to enhance our
19 understanding of all the physical, chemical, biological properties of
20 aerosols and use state of the art technological measurements. So,
21 the theme is field investigations, okay, instead of super sites. This is
22 not a network, as somebody said, and I agree. This is a field
23 investigation, how we can use state of the art, expansive field studies
24 to do epidemiological studies, air pollution studies, exposure studies,
25 toxicological studies. Maybe if we can do that, we can go in each of
26 these boxes and say, well, what is the state of the science here?
27 What do we need to accomplish here? Once we lay out the objectives
28 for the different disciplines, we can say, well, we need three sites or

1 we need 10 sites, each of them would be distinctively different.
2 Otherwise I think it's very hard, I have been hearing this from either
3 CASAC, NRC, I see it in their comments, just tell us what you want to
4 measure and we'll go out and measure it. It's more complicated than
5 that, and I think other people just alluded to that. I think we just
6 compromise if we don't just step aside and say, there is issues of
7 epidemiology, there is issues of toxicology, in receptor modeling.
8 What kind of agreement, and first we need to do that, and what kind
9 of process are we going to address. And if we do that, I think it will
10 make the workshop and the discussion a little better. That's all I
11 have to say.

12 **MR. GREENBAUM:** You were saying...you
13 were suggesting that there's the issue of first thinking about the
14 kinds of studies we need to design and there isn't one. Thinking
15 about designing a measurement system that might include super
16 sites, might include separate, but a measurement system that allows
17 you to get the data you need in order to do those studies.

18 **MR. KOUTRAKIS:** Field investigation. But
19 one site might be good, for instance, if you're in Boston or in New
20 York. Maybe you can give data to Rick, maybe you can give data to
21 Paul about exposure assessment. You might just do a simple
22 monitoring. So, we cannot expect that all the sites will address the
23 epidemiological studies, the exposure studies, but let the sites think
24 about it, and to propose that. What we have to do is how we use
25 technology and field measurements to address specific questions in
26 the different disciplines. You use the same pages we wrote here, it
27 would be the same, it's the same questions, but now you're free to
28 develop a network, develop a concept, which is easily implemented,

1 it's easier to give us.

2 **MR. GREENBAUM:** You do need some kind of
3 clear organizing concept, both from the point of view of
4 understanding how all these things ultimately fit together and also
5 from the point of view of selling it as a package to get funded, just
6 being very practical.

7 **MR. BACHMANN:** Yeah, I guess I just wanted
8 to, at this point to say that what Petros is saying isn't inconsistent
9 with the thinking that went behind having something that we came to
10 call super sites all along. The original concept that was derived,
11 Rich and others derived it, was focused on the mission of the
12 regulatory side of the house, which ultimately supports states in
13 helping define source-receptor relationships in areas that are of
14 interest, we expect, five or 10 years down the road for implementing
15 standards. Now in creating that and saying that we were going to do
16 supplemental chemical studies, people got confused as to what that
17 meant, vis a vis speciation sites and the road team network. So, we
18 tried to make it concrete with something we call super sites. Never
19 intending that super sites themselves would become a network,
20 because I could see that you might have four to seven separate
21 entities around the country, which themselves compose, I mean the
22 original idea was, take scags on the road in essence, which sounds
23 like a bad rock group. But it's the idea that you could organize these
24 things. What we came to understand as well, given the resources for
25 research in the areas of exposure, epidemiology, toxicology, it was
26 almost criminal for us to go out with that kind of money and do those
27 kinds of studies, independent of all those other needs. What we're
28 trying to do here is make the most out of all of it. So, what Petros is

1 putting forward, the idea and what I heard Glen Cass say earlier is,
2 which is, start thinking of this thing more holistically in an area by
3 area sense and what you're trying to achieve in each of these areas,
4 as long as part of the theme has to do with source receptor, which
5 does unify to some extent all of them in interesting places.
6 Interesting places being high health risk, high concentration,
7 whatever. I think it's absolutely consistent with what we were all
8 about to start with. If the idea of super site network is getting in the
9 way, get rid of the idea and redefine it.

10 **MR. GREENBAUM:** So, is it fair to say that
11 you are in some ways, what you were suggesting was, you're going to
12 layer a series of measurement systems across the country at
13 different levels, growing levels of detail, but then there would be
14 certain thresholds of activity in certain geographic areas, where you
15 would be able, which would enable you to look at even greater depth
16 at some of the health questions, look in greater depth at some of the
17 source-receptor questions, look in greater depth at some, at some of
18 the technologies.

19 **MR. BACHMANN:** If the resources could be
20 applied to help unify some examinations in those kinds of areas, that
21 would be beyond what our part of the budget was going to do with so
22 called super sites, that would integrate the part of the budget that
23 was going to be chemical speciation, as well as the part of the
24 budget that Jim Vickery or John Vandenberg or others are putting out
25 for some other, for things that are just flat out called research,
26 including the States, yes.

27 **MR. COOK:** I'm just, I'm a little unclear on
28 what the difference would be. Are we getting at the same thing,

1 coming from two different positions, or not? If I were to design, just
2 from a monitoring standpoint, something that is to go into high
3 concentration areas with high populations, having looked at existing
4 ambient networks, having looked at existing field studies, epi studies
5 and so forth and go in and say, put a single site in here with the
6 options of doing satellite sites or something like that and have that
7 as kind of my paradigm, how different is that than what you would be
8 suggesting? Can we get to a different place?

9 **MR. KOUTRAKIS:** I think, I'm not sure that
10 the same design can be done to address all the different disciplines.
11 I mean, that's my point. In some cases you might want to do more
12 spatial, some cases you might want to take an airplane and go from
13 one place to the other and try to... One example, I can tell you is that
14 everybody talks, I think the speciation sites would really help health
15 effects. I mean it's a free bonus, and I think we should take
16 advantage of that. The difference between the speciation....

17 **MR. GREENBAUM:** It's free?

18 **MR. KOUTRAKIS:** It's free. And the
19 speciation of the super sites is a timed resolution. Now let's say we
20 went out and we did a site in Philadelphia. If we don't have
21 epidemiology built in that study, the program monitors and the kind
22 of questionnaires that they can't capture that kind of variability, we
23 cannot do the study prospectively. The same thing with toxicology.
24 So, you really have to have an integrated program every time you go
25 out and see who are the users as compared to...I'll give you a bad
26 example that always bothered me. EPA voted to build platforms, they
27 call them, in Baltimore, they were calling people around, begging
28 them, oh please, tell us you will do epidemiology, we will give you

1 the data so we can just fire our programs right away, which I think
2 was a horrible thing. You don't do epidemiology, by the way, you do
3 scientific projects and you focus and you maximize and you do it in a
4 way that's cost effective. We are trying to do the same thing right
5 now. I'm not yet convinced that, you know, that the parameters that
6 the physical scientist needs to do source apportionment, single
7 particle analysis, and source tracing. It's very, very different kinds
8 of measurements than Kevin Dreher wants for to do toxicology in
9 North Carolina. So, if we try to do that, we take a totalitarian
10 approach to this thing, which I think has to be the opposite way. We
11 have to tell what the needs are in each discipline. We have to define
12 the source, and let the scientists tell us what's going to take us to
13 the next level. We cannot sit inside this room and decide how people
14 will do science. That's not possible.

15 **MR. GREENBAUM:** Jim?

16 **MR. MEAGHER:** Just to make sure I
17 understand the comment. If the program as a whole has these
18 objectives, I think what you're saying is, that we shouldn't try to meet
19 all the objectives at all the sites. What we should do is have a
20 program objective that has epidemiological properties and things like
21 that, it may work out in some places, but it should be second, not
22 first.

23 **MR. KOUTRAKIS:** Exactly. And ask the
24 questions. What is the question at each site?

25 **MR. MEAGHER:** I don't have any problem with
26 that. That's exactly what I think. But what do we do differently, to
27 get back to Dan's question, about the way we deal with...

28 **MR. KOUTRAKIS:** I would rely on discipline.

1 Instead of saying tell me please what you want about what we're
2 measuring, I would say, in the field of source-receptor modeling,
3 what are the questions, and we give them.

4 **MR. MEAGHER:** So, maybe break out the
5 groups in separate, the objectives sort of do define in some sense
6 the different areas of investigation and let those areas go, somewhat
7 independently and decide what is best, to answer those questions.
8 Then when it's all done look and say okay, we need this kind of site
9 to answer this question, and by the way, that might also work for that.
10 If it does, that's fine; if it doesn't, we do something different.

11 **MR. KOUTRAKIS:** If EPA had a workshop, it
12 would absolutely be the same thing. They would group by needs in
13 epidemiology, toxicology, and we should have receptor modeling, and
14 they have to define what the needs are.

15 **MR. GREENBAUM:** Yeah, although I think one
16 thing we don't want to lose track of is that we've already seen a little
17 bit in the discussion of the first objective here, the benefits of having
18 the monitoring people and the health people to cross fertilize
19 the...Paul, do you have something?

20 **MR. LIOY:** It seems like we are running
21 around in circles about either sites or data needs. Let's come to
22 grips with the fact that in July we want people to ask specific
23 questions about what are the measurement needs to answer
24 questions A, B, C or D, from the different components of this
25 community. And it can be source-receptors, exposure, health. We're
26 going to end up with some super sites and we're not going to be
27 happy with that idea. Because they're going to be six sites and we're
28 going to be unhappy with what we're going to get there because no

1 one is going to be able to manage it, no one in this room has thought
2 about, if we set up sites, who's going to manage those sites, who's
3 going to make sure... No one has expressed the fact that this is not
4 a single...it's going to take a long time. So, is the investment of time
5 and effort better, more well spent to take up on Petros's point, to
6 identify specific questions that we need to have answered, and then
7 decide how to, you might say, make superior measurements in certain
8 locales for X amount of time, to achieve answer to those questions,
9 which at a minimum could go a long, long way to help us define
10 source- receptor relationships. I think that's crucial, because that's
11 where we're going to have to make control strategies as soon as five
12 years. We're not going to effect change, we're not going to do very
13 much epidemiology between now and 2001 that's going to change our
14 opinion about the standard. We will be able to do something with
15 these type of sites, that can allow us to get a handle on what are the
16 major sources. I'm really not looking for some source that produces
17 one percent of the mass at this point, or maybe one percent of one
18 percent of the biologically active components. I'd like to know what
19 are the big hitters, because those are the things we're going to have
20 to deal with.

21 **MR. GREENBAUM:** I don't think there's much
22 disagreement about the need to have some of that. Susanne?

23 **MS. HERING:** To me what might be a nice
24 focus for the workshop for us, the trouble list that we've got from
25 Joe, the 10, 8, 9, 10, whatever it is, and you could start with the
26 hypothesis that, you know, the observed health effects between
27 particulate matter, observed end points or whatever, but particulate
28 matter health effects are widely due to one of these factors about

1 particles. Then we list those as, I mean, one or a combination of
2 these, you know, we've got co-factors as well. That would be sort of
3 a focusing hypothesis. I think then the next question, you know,
4 when you've got a source, looking at sources, well, it's probably too
5 much to ask, but can we design a study that's going to give us the
6 sources of all of those things. But we probably can look at sources
7 from particle mass, #1 up there, at least of the major constituents,
8 and that means just doing the basic speciation, okay, and doing some
9 characterization of the organics. So, I mean, without going into a lot
10 of detail on the source resolution, my sense, I could be wrong, but
11 my sense is that looking at possible health effects from these 10
12 things and then doing the basic chemical characterization, are the
13 driving immediate research questions. Then building for the future,
14 which are the third and fourth points, okay, which have been
15 addressed. I think focusing the hypothesis on those 10 would be...

16 **MR. GREENBAUM:** Well, that's certainly one
17 of the driving set of questions that we have. There's also the source
18 related things, may or may not be the same type questions. Glen, did
19 you...

20 **MR. CASS:** I was just going to say that
21 although it's certainly true that it might well be the case that if we
22 were to sit down and design a study to address health end points
23 driven by particles characterized according to that list of 10, the
24 measurements we make could very well look very different than the
25 measurements you might want to make if you were trying to verify the
26 performance of an aerosol process's air quality model for example,
27 the sort out, source apportionment questions. However, I have a
28 feeling that there may in fact be more overlap than you would think at

1 first glance. The basis for that is simply coming from the observation
2 that what the epidemiologists have chosen to do at the monitoring
3 program in Erfurt in East Germany, has been to assemble a
4 measurement package purely on the basis of epidemiologic
5 considerations that looks an awful lot like the instrument package
6 that I would want for defining the atmospheric characteristics that I'm
7 trying to verify an aerosol process's transport reaction model
8 against. Given that one occasion where I've seen, you know, a
9 package chosen by the epidemiologic community that looks a lot like
10 the package that would be chosen by an aerosol process's modeler, I
11 think that you may in fact find that there are experimental designs
12 that could be chosen independently and for good reasons, that have
13 a lot of overlap between the two communities. I think that could be
14 demonstrated. That's not the only way that things could turn out, but
15 it's one of the ways it could turn out.

16 **MR. VANDENBERG:** Does that suggest that
17 at the workshop in July one approach might be to have certain key
18 epidemiologists in fact perhaps even building from the workshop in
19 November, come in and say this is the package that would best
20 address the hypothesis?

21 **MR. CASS:** I think it might be useful for
22 someone like Petros and some others to take that list of possible
23 causal agents and say, well, what kind of epidemiologic field
24 measurement and personal assessment program would I want to
25 undertake to deal with those issues, and have some people, like
26 myself or other folks that do air quality modeling, you know, maybe
27 Ken, come in and say here are the kind of measurements we would
28 like to have to verify or to check our aerosol processing models

1 against. It might well look like the field protocol from the scags
2 experiments or something similar to that. Then let's see how much
3 those two different requirements, you know, have in common.
4 They're not going to have everything in common, but they'll have
5 some things in common.

6 **MR. GREENBAUM:** Someone wants to put out
7 sort of a strawman to look at. That's an interesting thought. I mean,
8 there's a third piece of that which would be, one of the things that's
9 come out for me today and I think it becomes very clear that from the
10 sort of health side of this, the data that has been available is very
11 different from the data that will be available, even if we never do a
12 super site. In other words through the speciation process, et cetera.
13 I'm wondering whether one piece of work would be to do a
14 comparison of what those needs are as they came out of discussions,
15 against what will become available with even the free speciation data
16 that Petros, the free bonus that we're going to get. I know somebody
17 is paying for this stuff somewhere along the line. I think maybe in
18 the tax bill we pay. But somehow one way to get at what's necessary,
19 above and beyond, i.e., what's necessary for superior measurements
20 or at super sites or whatever you want to call them, or whatever they
21 end up being, would be to just do that sort of comparison you're
22 talking about and then to compare it to, well, what will become
23 available if just the basic system that we're talking about goes into
24 place, and then it raises the question of augmentation, expansion on
25 top of that. I think that's an interesting thought. Let's hold that,
26 because we may in fact ask people to try and do that or try and put
27 something together for the day, organize it in a more...the more
28 specific we get, I think in the discussion, the better off we're going to

1 be, rather than in general terms.

2 Let me ask a different question, which is, I think part of,
3 you should correct me if I'm wrong, but part of the concept behind
4 the number, the infamous #5 to #7 here, was the concept that
5 irrespective of whether or not you have a single platform in any of
6 those locations, or something that could identifiably be a super site,
7 if one was trying to focus one's investments, more intensive
8 monitoring investments in some number of relatively representative
9 air sheds around the country, that are representative of the diversity
10 of air sheds to be found, so in other words, you wouldn't put all of
11 them in the northeast, you wouldn't put all of them in L.A., for
12 example, to pick two extremes, but you might want to aim at having
13 five to seven air sheds where you were conducting, going beyond the
14 base of speciation monitors and the other pieces in getting this much
15 more detailed. Both for the purpose of health effects, future health
16 effects, for certain, and as you said, particularly for source
17 apportionment kinds of things, because it would give you pretty good
18 information. It's not exactly the same, you know, what goes on in
19 Boston is not exactly the same as what goes on in Philadelphia, and
20 each state will have to adjust around its own specific needs. But
21 there would be some enhanced ability to do that. Is that correct?
22 So, rather than talk about sites, in some way what you were talking
23 about is air sheds where you wanted to do an enhanced level of
24 monitoring, measurement.

25 **MR. BACHMANN:** One of the factors where
26 that was kind of the minimum number you would get in terms of
27 having a diverse representation of the kinds of atmospheres, plus we
28 recognize that if you think of it in this holistic way, this sort of

1 intense component of this thing, there's a limit to what America could
2 put together on the field, the playing field in terms of competent,
3 scientific, academic, contractual, whatever, to do that kind of level
4 of effort. Many more than that we thought was kind of unrealistic.
5 So, a combination of those two.

6 **MR. GREENBAUM:** All right. So, I'm trying to
7 get us away from sort of getting hung up on the word sites, with the
8 understanding that it might end up being sites.

9 **MR. LIOY:** Dan?

10 **MR. GREENBAUM:** Yeah.

11 **MR. LIOY:** If you're thinking of five to seven
12 air sheds, then you can say that within those five to seven air sheds
13 you could deal with issues that relate to the potentially biologically
14 active agents that may or may not be one or more, the sources that
15 may or may not be one or more, so that you can get to these issues
16 of, well, is there a cross over or is there basically no cross over
17 between A and B. In some cases you may have some very distinct
18 issues. Air sheds I think is a better way of representing it. I think
19 it's good.

20 **MR. GREENBAUM:** Well, it's just, I mean,
21 there are the obvious kinds of questions where you would say, is
22 there a differential sort of, if you have a nitrate heavy mass versus a
23 sulfate heavy mass, which there are certainly different air sheds that
24 have that, you're going to see different health effects. How do you
25 do source apportionment within those things. That would be, it's just
26 a thought. I mean, it doesn't necessarily, I mean we might still end
27 up with a very sophisticated site within that air shed, but you're really
28 trying to nest that in whatever else is going on.

1 **MR. LIOY:** It may not be a site. It could be a
2 series of sites that are built around existing....

3 **MR. GREENBAUM:** A couple more comments
4 on this, and then I want to talk about organizing the workshop itself.

5 **MR. SAXENA:** I think, you know, one thing in
6 response to what Glen and Petros brought up. What if you got a list
7 of what the models would need and what the epidemiologists would
8 need and try to do that? I think what we need to spend our time on is
9 maybe setting up two teams to design experiments, for example,
10 strategies that we can employ around the country, every team
11 working distinctly but interactively on human health studies, also
12 keeping in mind what would already be available at the speciation
13 sites. What I heard this morning was maybe summer camp studies,
14 something that the speciation sites might have a use for. So, I think
15 that may be the way to go, to have some experiments designed by the
16 July workshop by these two teams.

17 **MR. GREENBAUM:** So, sort of actually have
18 people sort of lay out what they would like to actually get
19 accomplished, one sort of in the health area, one in the...

20 **MR. SAXENA:** And those two teams work
21 together.

22 **MR. GREENBAUM:** Yeah. Harold?

23 **MR. FELDMAN:** I was going to say, I've heard
24 two different things with respect to super sites. I thought I heard
25 earlier this morning that these were not to be thought of necessarily
26 as specific sites in specific places, and now I'm hearing more like
27 there's one in this air shed, one in this air shed, one in this air shed.
28 I hear them as, maybe it's a question that we need to think about,

1 what's the best way to work this. Is it that you're laying them out and
2 assigning them to different locations? Do you have one sort of set up
3 in southern California, or do you move them around at different
4 points, as you're doing intensive studies in different locations.

5 **MR. GREENBAUM:** Well, that's certainly
6 something we can, I mean, I think part of the concept was that if you
7 were going to invest over a long period of time, that you could
8 identify some number of representative air sheds, you want to stand
9 them on so you could build a track record of information. But that
10 doesn't obviate the need, there are going to be needs for special
11 studies and pieces of that. But I don't know that we know the full
12 answer to that. It might end up, do you have five air sheds you're
13 definitely committing to and two that are more flexible and are
14 moving around, I don't know. I don't think we're saying that.

15 **MR. LIOY:** Again, I don't think we should
16 think about, even if it's an air shed, air shed can cover a 1,000
17 kilometers if we wanted and therefore you do special studies within
18 that air shed and you move it around. Again you're getting back to
19 this site, site doesn't give you much when you have a regional
20 problem or a problem with fine particles. We should have a variety
21 of sources, a variety of possibilities that build up in accumulation.
22 So, an air shed doesn't mean one site, it means maybe multiple
23 opportunities for studies within an air shed so that you can have
24 seven or eight teams floating around doing different things.

25 **MR. GREENBAUM:** Okay. Yeah?

26 **MR. ANLAUF:** Simple question. Why bias us
27 already towards five to seven air sheds? I'd like to see that number
28 removed entirely myself. I'd like to see the community decide how

1 many air sheds would they like to see studied, for reasons that they
2 have, as to the health effects that they're trying to study. Five to
3 seven, I know where it came from, but let them determine...

4 **MR. BACHMANN:** I think I described where
5 that came from. It's sort of, we have more, we have at least that
6 many different kinds of places in the U.S., not including Canada and
7 Mexico, which I could add at least two more, but we also think, we
8 also were advised at least early on by people in NARSTO, that you
9 could not mount, I mean, you could have more numbers if you want to
10 extend the time. I will tell you that the money we've been talking
11 about, this 20 million dollar pot, ORD could go on and fund things
12 beyond this, so we can talk about things beyond this, but this is two
13 year money, which we could maybe figure out ways to keep going for
14 five years if we are creative about our contractual arrangements, but
15 it's not money that continues forever.

16 **MR. GREENBAUM:** Well, there's always
17 going to be some constraint on how many places you can do, based
18 on just sheer dollars.

19 **MR. BACHMANN:** I wouldn't constrain us to
20 just this 20 million dollar pot, it's okay to think outside the box, but
21 I'll just tell you that's how it got started as 4 to 7.

22 **MR. GREENBAUM:** Part of it, I think you're
23 right, though, part of it is a technical question in terms of, for
24 example, if you wanted to be sure to be developing source receptor
25 models that were reasonably reflective of the range of likely mixes of
26 source receptor relationships you get in different air sheds, the
27 number may be 12 or it may be four, that's the sort of thing that you
28 want the technical community to deal with. But there's also a

1 leavening of this with how many we think we can....

2 **MR. ANLAUF:** Yeah, I just, in the same ways
3 that these 10 hypotheses, it doesn't say limit it to 10, or eight to 10,
4 it came out naturally.

5 **MR. GREENBAUM:** Well, if it's not on Joe's
6 list, it's not real anymore.

7 **MR. ANLAUF:** In the same way with the
8 airsheds or whatever, let it come up naturally. I mean, if it's 10,
9 well, I can see the practical aspect. From a monetary point of view
10 you have to prioritize things. There might be reasons for having a
11 more specific number in the end, but it should develop naturally as
12 the scientific community discusses it.

13 **MR. GREENBAUM:** It's a good point. I mean,
14 I think we should think about how we handle that, so it doesn't feel
15 constraining in some ways. I think on the other hand I think there
16 was some implicit effort to try and say, try and realize that there is a
17 priority setting process that's going to have to go on here, a choice
18 process to some extent about this. John?

19 **MR. SAMET:** Just to help me in my perplexed
20 state, is the purpose of what will happen in July to think about the
21 monitoring needs for different kinds of research and the research
22 that would be done based around these sites, the number to be
23 developed? Which is it? I'm also thinking about our, you know, sort
24 of staged research agenda at the NRC before, because what we
25 started with in thinking about issues of timing and how much, for
26 example, one might be ready to jump into a large scale epi study or,
27 you know, think about the source receptor issue, where do we stand?
28 I'm trying to understand what happens in July. Is this sort of getting

1 started on setting up the monitoring base for this future work and
2 then I'm hearing from John that we've got money for, somebody has
3 money, we the American taxpayer have money for two years and
4 maybe five years. So, how does this fit together? Which ball and
5 glove is this?

6 **MR. GREENBAUM:** Let's let Rich...

7 **MR. SCHEFFE:** Yeah, let me, I'm not going to
8 answer your question directly, because it's probably not feasible.
9 But let me come back a little bit, and John touched on this a little bit.
10 Originally we called this program Special Chemical Speciation
11 Studies, and it created a confusing message. We transitioned to
12 super sites because it was a little, it was an explicit effort to provide
13 a little more focus. We had the word special and speciation and too
14 many other components of our network plans. Now one of the things,
15 as we moved to super sites, though, to that concept and that term, it
16 was always in recognition to the many other efforts that were going
17 on- the mass network, the routine speciation network, and some of
18 the things that we haven't talked about that much, like NARSTO, like
19 the southern oxidant study, the new PMOs and research grants that
20 ORD has funded, a bunch of the other efforts. So, the thought of
21 super sites was very much to fill in the gaps from some of these other
22 perhaps more routine types of operations that couldn't afford to
23 really be much more free thinking in terms of the kinds of analytes
24 that would be measured and the needs that they would address. So,
25 that's where we came with that, but with the recognition that it would
26 always be coordinated and built off of, or related to very closely,
27 many of the other measurement programs. So, in our thinking, now
28 as we're transitioning back to studies, and I think that's a very good

1 thing, but we're biting off a lot more too. In doing that, I think we
2 have to keep in mind that there's a lot of other efforts and we have to
3 keep continually thinking about how this pocket of resources, how it
4 can complement some of the other efforts that are going on. That's
5 not to say that we can't influence some of those other efforts as well.
6 But as we get into that area, our whole job collectively becomes a lot
7 more difficult. Now having said that, I guess we did have pretty much
8 a specific focus and this has really grown and it's going much, much
9 larger in terms of how this fits into all of EPA's research programs,
10 and Jim, you might want to comment a little bit about that aspect.

11 **MR. VICKERY:** I too see that the
12 interconnections that Rich was just describing and see what we've
13 come up with today as being very beneficial for the broader view that
14 it's taken. For instance, rather than looking at five sites and where
15 do we put those and what can we get out of them, our question this
16 morning, or Jon, your question this morning, we have five, seven,
17 some number of air sheds or areas of the country that we're going to
18 examine, decide that we need to conduct some number of studies,
19 health oriented studies, source receptor modeling evaluation studies,
20 and some set of measurements that need to be done. There are
21 certain things that are given. The one thing that's given is our
22 current mass network, our speciation network that was described
23 earlier. These studies which Rich alludes to. But there's some
24 supplement to all of that, that we have already laid the groundwork
25 for. There is a sum of monies, assumed to be appropriated to us, for
26 something called these super sites. What can we supplement these
27 other already givens with, that will maximize some return for us. In
28 the end, I would hate to have it be something that just says, well,

1 there's another number of studies we want to do with 20 million
2 dollars worth. Another number of field intensive, that are described
3 in very broad terms like here's the questions we're going to
4 investigate, the general kinds of measurements. I think what's
5 expected of us is to say, well, where are we going to do this, over
6 what period of time, and what measurements will we make there. I
7 think we're going to need to give some specifics in return. So, that's
8 why I like the idea, at the end where we're coming up with perhaps
9 two sets of studies, your getting two different small groups together,
10 to say, well, what measurements would you make, in what locations
11 would you make them. Then we'll have some specifics to see
12 whether or not there isn't that overlap or meshing that we are hoping
13 for, that Glenn was describing.

14 **MR. SAMET:** To be real clear, for example, I
15 mean, the funds are to support making measurements and not, for
16 example, for collecting health data or human exposure data.

17 **MR. VICKERY:** Or learning mathematical
18 models.

19 **SPEAKER:** Or developing models or making
20 indoor measurements or any of those kinds of things.

21 **MR. SAMET:** But it's, it seems to me that we
22 really do have a real dilemma then, because you're saying, well, we
23 can design, what we've really said is sort of set up, design our lab,
24 population laboratories for different purposes, whether that's, you
25 know, trying out models or doing epidemiology, whatever you want,
26 that there's an opportunity to
27 at this point shape these sites, but on the other hand, it's a little bit
28 theoretical from then on, because we don't have the resources to

1 follow on necessarily in sequence.

2 **SPEAKER:** If I can just try one more time. I
3 thought that where we were going to was we would have two different
4 communities describing here's, if we had unlimited resources, here's
5 the principal hypotheses or questions we would like to test. To do
6 that we'd have to make some set of measurements. So, it produced a
7 very long set of measurements at some number of locations over
8 some period of time. Then against that list of measurements, we'll
9 put up the things that we already have that are going to be done for
10 us, they are free or whatever, they're going to be done. Then there's
11 some residual set and that's the set we have to look at and say now,
12 could we design a super sites program to cover that residual set of
13 unmet needs.

14 **MR. SAMET:** If you took, if you went to the
15 Academy with a timetable, and say, you know, could somehow the
16 time table for implementation of this program, whatever you want to
17 call it, somehow be meshed with something like this, because
18 there's, if there's no meshing then we're not....

19 **MR. BACHMANN:** The places that obviously, I
20 think the places hardest to mesh is epidemiology, because you're
21 starting later. It meshes obviously with exposure time frames and
22 toxicology time frames. If it's...

23 **MR. SAMET:** But it may not mesh with sort of
24 the source receptor modeling for sort of our key components either,
25 because those are going to be down the line out of the modeling top
26 10 there, and we wouldn't know what specifically we're after. Maybe
27 that's not to say that the monitoring program is not going to...

28 **MR. BACHMANN:** If we do source receptor

1 assessments of the ilk that I think we would normally do or were done
2 in Scags, you'll get, there's almost nothing you won't get when you
3 later find out it's really five things or three things. These studies will
4 address those five or three things, because they will have measured
5 just about everything we know how to measure. It will not address
6 the chemical specific exposure studies you're talking about several
7 years down the road. It will address the mass.

8 **MR. VICKERY:** I'm confused. Don't you see it
9 tying directly to your air, your research topic three and four?

10 **MR. GREENBAUM:** I was going to say that. I
11 mean my sense is that where we, I mean, there's something that
12 these sites or whatever they are, don't happen, all happen overnight,
13 the system is getting up into place. You're talking about supplying
14 the methods here and that was for source receptor stuff, and you're
15 also talking about in the same time frame.

16 **MR. SAMET:** Later it fits into five and seven,
17 epidemiology...

18 **SPEAKER:** Not unless you have a longer time
19 frame.

20 **MR. GREENBAUM:** For the monitoring you're
21 right.

22 **MR. VANDENBERG:** Part of the confusion
23 there I think is that you've got several different pots of money. This
24 is part of the overall context, that you're not seeing the whole
25 picture. What you see here in fact is not the whole set of context
26 either. In the academy's report, it was assumed that such substantial
27 monitoring would be done to support such studies that are identified
28 here.

1 **MR. SAMET:** But we're really down to the
2 process of, the heart of the...

3 **SPEAKER:** You're assuming that this included
4 the budget for monitoring?

5 **MR. VANDENBERG:** It was part of this. What
6 we're talking about here...that's what I'm saying, is that it was not
7 part of that. So, what we're talking about in the discussion today,
8 and in July, is in fact looking out for the next number of years, and
9 the number of years is a little unclear, because we don't know
10 exactly where our budget will be, even in the next couple of years,
11 because we don't have Congress's final appropriation. But assuming
12 for the moment that we'll have 20 million dollars over the next couple
13 of years, in the out years, meaning the year 2000 and beyond, we
14 may yet sustain that support, we don't know that. To be able to
15 maintain programs that would in fact support topics 5B and 7B and
16 the other ones that are in the out years. So, we need to set the
17 stage, if you will, in our thinking now, to be able to think ahead for
18 the epidemiology source receptor needs of the future, and ideally
19 have the optimal solution, which is what we're all talking about, that
20 will set that stage, not just thinking about the 20 million dollars, but
21 in fact perhaps a much longer sustained program. If we don't think in
22 the longer term, we may cut ourselves off at the knees inadvertently
23 and we don't want that to happen.

24 **MR. LIOY:** Jon, if you take #1 and #2...let's
25 see, #1, #3B at minimum, using John Bachmann's idea of saying right
26 now we can do source apportionment mass, that sort of covers part of
27 #3B, where you're actually augmenting what you would want to have
28 to the actual development of the techniques and application of the

1 techniques for looking at mass. You augment #1, because you'll be
2 looking at panels of individuals who are susceptible for just mass at
3 the present time. We're looking at the outdoor / indoor relationship,
4 that the type of monitoring that you've done with these superior
5 measurements in these different regions could actually then give us
6 an idea of what would be the sources of concern for PM2.5 mass to
7 these susceptible populations.

8 **MR. BACHMANN:** And for personal exposure,
9 you need that timed resolution.

10 **MR. LIOY:** You could still use 24 hour. Don't
11 worry about it. 24 hours is fine at this point. We don't have anything
12 at this point. Start at 24 hour and work backwards. Let's start with
13 source receptor of mass and exposure for 24 hour periods, sub
14 groups, that's where these superior measurements could actually
15 augment this study right now and later on epidemiology.

16 **MR. GREENBAUM:** Jon, did you want to...

17 **MR. SAMET:** I just want to follow up on my
18 comment on the discussion. I actually think it would be a tragedy if
19 the workshop in July were conducted only with the time frame defined
20 by the money you have in hand. I think that has to be clear going in
21 and coming out.

22 **MR. VICKERY:** I'd just like to comment on
23 that. You understand why we have to set that stage. All we can say
24 that we had in hand, yearly in hand, is what we have on the books.

25 **MR. SAMET:** I understand your reality.

26 **MR. VICKERY:** And as John has said, if we, if
27 this body can advise that for instance it recommends a much longer
28 term, continuous commitment to this process and your reasons why, I

1 think that helps us make that case.

2 **MR. SAMET:** In the next orange book it will
3 again say...

4 **MR. GREENBAUM:** When I said it earlier, I
5 mean, the other piece of that is, if we end up having the atmospheric
6 monitoring community and the health effects community coming
7 together to support those ideas and coming together around some
8 concepts, it just provides that much more momentum to make sure
9 that really this isn't just an investment in a five year what's wrong
10 with PM kind of discussion, but rather a multi year air pollution
11 advance, in terms of our understanding. William?

12 **MR. WILSON:** Maybe it would help to give a
13 little historical perspective, that I have from sitting in on CASAC
14 meetings for the last five years, as we've developed the PM criteria
15 document. One of the great frustrations of many of the people on
16 CASAC was that the epidemiology had to be based on what happened
17 to have been monitored mostly for SIPS related work. There was a
18 big feeling that we could do a lot better in terms of the monitoring for
19 epidemiology. So, when the idea came along about all this big
20 monitoring program and super sites, maybe the health people could
21 get involved in the design of the program and provide a better set of
22 measurement data for epidemiology five, 10 years from now. Now
23 there's a difficulty because the epidemiologists have said, we don't
24 want to design anything for another three or four years, because we
25 want to design for whatever that silver bullet is. So, they're saying
26 hey, we can't tell you what to do, because we don't know yet. So,
27 that's raised a little problem. But in my mind, we have from the
28 super sites the possibility of getting...

1 **MR. GREENBAUM:** They start getting work
2 pretty early, actually.

3 **MR. WILSON:** ...acute time series work,
4 where we have hourly and 24 hour data and we have the opportunity
5 from the speciation sites for getting the long term data or the effects
6 of long term exposure. But part of the reason for getting into all of
7 this is the feeling of many people on CASAC, that we don't want to be
8 in the same condition 10 years from now, that we were five years ago
9 when all we had was TSP and a few PM10. We have a fine particle
10 standard, but there's only one, the six city every other day is the only
11 fine particle epi that we have. We don't have any epi on fine
12 particles every day and we have the possibility of doing a number of
13 interesting things that might set the stage for epidemiology. So, part
14 of the reason this whole thing got started was because, I think this is
15 part of the pressure from the scientific community, is CASAC's
16 concern that we didn't have adequate monitoring data to do an epi.

17 **MR. MAUDERLY:** Which is to say it's a far
18 better thing that we are here and confused, than to not be here at all.

19 **MR. GREENBAUM:** I think I'm going to put
20 that up. We're on the right track, we just don't quite know it yet.

21 **MR. CASS:** I was just going to say that the
22 small amounts of money that are shown here for some of the
23 activities on this budget would go one heck of a lot farther if that
24 money could be used largely for data analysis, with the cost of
25 actually collecting measurements laid off on the programs we've just
26 been discussing. In other words, the carrot here is to try to be able
27 to make some of the areas in this research plan actually work out by
28 supplementing them with effective measurements made through this

1 monitoring program, so that all of this money doesn't have to be
2 spent making measurements, it can be spent thinking.

3 **MR. GREENBAUM:** Part of this came out, in
4 fact John mentioned this, that we had John Vandenberg show up as a
5 sacrificial lamb in front of the NRC committee and present the
6 information. We're going to have an opportunity in the next month to
7 actually hear in much more detail these pieces. So, the numbers will
8 be, actually it will be taken out to three decimal points in the next
9 one. You make a good point, I think that is right. One more comment
10 and then I want to turn to the workshop itself and what we're going to
11 do with it.

12 **MR. KOUTRAKIS:** Two things. Yesterday I
13 was coming from Boston, and behind my seat there was two guys
14 talking all the time. One minute somebody says, well, I have an idea,
15 we named this, I swear to you this is true, we'll name this exposure
16 and we'll write off five million of the books, and I say, oh my God,
17 these people are going to the workshop. I turn around, I do not know
18 these people. I follow the mass and they seem to be doing something
19 else. Well, I think this is something which happened in reality here.
20 If EPA talked this morning, we have a better picture. The picture
21 here is that we want to do more monitoring for establishing a national
22 type of source receptor relationships, which is fine. There's nothing
23 bad with that, and I think we need to do that. But I think it's, and I
24 will oppose this policy, which is like a broken record for the last 10
25 years with EPA to use the word exposure, epidemiology, health
26 effects to go do something else. I don't see any, we are not doing
27 anything wrong, I mean, we need those data sets. But we have to be
28 honest in deriving the books five million dollars for this, 10 million

1 dollars from that. Otherwise we are confused and I think we're
2 wasting our time here. You are telling us, we want to do
3 epidemiology, but there is no money to do epidemiology, so
4 somebody else is going to do epidemiology. I think the issue here is
5 how we design studies to do receptor modeling, which is very
6 important and that's what we should focus on, not talking about
7 epidemiology, toxicology...

8 **MR. BACHMANN:** So are you saying, Petros,
9 that you don't think that any of these resources or any of this
10 monitoring resources that we're talking about here, these sites, can
11 be used to help toxicology, epidemiology or exposure?

12 **MR. KOUTRAKIS:** Not if the epidemiologists
13 are not there at the same time as the toxicologists and exposure
14 people.

15 **MR. BACHMANN:** I hear your argument.

16 **MR. KOUTRAKIS:** We have to go to NIH and
17 get money. If we tell NIH we're going to do monitoring and it's going
18 to start in six months, it's going to finish in a year, and we tell them,
19 you know. So, basically I think we have to be honest here. We want
20 to do something that is needed and let's focus and do a good design
21 for that. I hate this idea that epidemiology is going to force, EPA is
22 going to force epidemiology. That's not a way to decide this.

23 **MR. GREENBAUM:** Well, #1 the concept was
24 to bring epidemiologists and others into this process so we can have
25 some input into it and secondly, I think, I doubt that EPA could ever
26 really kind of round up the epidemiologists. They have a hard
27 enough time with the states and the regulated parties and the other
28 pieces. So, I'm not sure that will work.

1 But let's turn now specifically to the workshop itself.
2 We've had a couple of ideas put on the table. There was a strawman,
3 which I'm not even sure I'll put up, because it's changed a lot, which
4 is good. Although there may be some good background materials for
5 us to do, in terms of presentations at the outset, so people can get
6 some context. But we've had a couple of ideas, one was this idea of
7 straw person. I wrote it down, I'll be politically correct. Men get a
8 bad name when they get known as strawmen. This idea that it might
9 be useful to give people some concrete ideas about strawmen kind of
10 proposals for what would be studies that would be designed, as a way
11 of getting some specifics out on the table. That's one concept that
12 people put forward. Are there other things, and obviously an
13 important, I think, part of this workshop, needs to be for whoever is
14 there to understand in a really thoughtful way what we are talking
15 about as the base program here, which is 1500 sites, and what that
16 means in terms of data availability and stuff. I think we've had some
17 of that, but I think that will be an important element of this.

18 But the question is, where do we want to take it with
19 people there, what kind of input do we want to get, what do we want
20 to test. We have a set of objectives we've laid out here and those
21 can be in a document. But how would you suggest, are there ways,
22 how would you suggest we structure something like this?

23 **MR. COSTA:** Joe Mauderly will agree, I'm a
24 fairly simple minded guy and I've been listening to this and the
25 context of what I've heard and the context in which you're asking, I
26 guess I'm separated by a common language or something. I'm not
27 sure exactly what's going on. It would seem to me that it would be
28 fairly obvious, I'll put fairly in quotations, that the epidemiologists

1 could say, based on the experience in the 30 some studies or
2 whatever that have been published, there are likely air sheds that are
3 to be fertile and that they may know that there's a database deemed
4 worthy of study. By the same token, the people who have to answer
5 to another master, the regulatory guys, goes along with what you
6 were saying before, that they have some concept of the areas that
7 are likely to be most fruitful in terms of looking at some of these
8 source distribution receptor issues, monitoring and imbedding in
9 there the super sites and the additional sites and the more
10 conventional sites. But there has to be some conceptual overlap. I
11 mean I think I could name a few places that are likely to be
12 overlapped. On the basis of that, proceed in terms of trying to
13 network those together. I feel like we're dealing with, you know,
14 what's behind the curtain. Sort of like when we were talking about
15 Joe's list of eight things here. We were talking in circles around it
16 and finally someone said, what are these eight things. It's sort of the
17 same thing. I mean, if I were to name some places that based on the
18 limited knowledge I have, other than name areas and I'll just throw
19 these out, Philadelphia, Fresno, Denver, Seattle, Atlanta, maybe
20 Houston, as places that are likely to be very different
21 environmentally, that are urban areas that have different types of
22 transport patterns, where we could get information to do these
23 epidemiologic studies, put this together in some kind of package and
24 we could also potentially get samples to do some tox studies, which I
25 think is part of what we want to do and put all this together. I just
26 see this sort of in a big whirlwind where nobody is catching up to the
27 leader. That's the approach I would take. I mean, if you gave me all
28 the money of our effort today, that's the way I would set it up.

1 **MR. GREENBAUM:** You're saying, we've
2 talked now about two kinds of overlaps in interest. One is the kind
3 that Glenn was talking about, where there may well be a set of
4 measurements that epidemiologists are thinking about the range of
5 studies if they were designed would want and that the source
6 receptor people would want, in terms of measurements. But you are
7 talking about a set of overlaps in locations, where people would say,
8 gee, where would I want to test this. Well, if they put that list down,
9 they play pin the tail on the donkey.

10 **MR. COSTA:** Toxicologists have a very sort of
11 foggy view that some of these things may be involved. The
12 epidemiologists are one step removed. I mean they have some mice
13 data and all that sort of thing, but they don't have a clue. They keep
14 coming to the toxicologists and saying, what is, what's the latest,
15 what can we try to correlate, what's going on.

16 **MR. GREENBAUM:** Epidemiologists actually
17 ask toxicologists....

18 **MR. MAUDERLY:** Now the secret is out.

19 **MR. COSTA:** What can be measured, in
20 many ways the oxidation states of some of these metals and other
21 things, is way beyond, I mean we're taking a microscope looking at
22 the elephant. It seems to me that the things we need in the next five
23 years, to chase these things down from a health standpoint, to the
24 extent that that can be linked to the more detailed work that fits into
25 the compliance aspect, that's great. But I don't think, I certainly
26 don't need that kind of information right now, to do what I need to do,
27 in terms of addressing some of the toxicologic features of what's
28 going on. It's right up here, it's very simple, in concept, and can be

1 readily addressed. We're trying to do it. The biggest problem we
2 have is getting cooperation to do it. We keep running up against the
3 wall like, you know, just killing us with details.

4 **MR. ALBRITTON:** What if you took that list
5 and measured them in your places?

6 **MR. COSTA:** I'd be happy as a clam at high
7 tide.

8 **MR. SAXENA:** I think that's exactly the point,
9 Dan. If we took the time to write these strawmen or straw persons,
10 we would find a lot of common ground. We'd find some things
11 different. People like Jim Meagher would like to do some
12 interpretive studies, which you don't get. Again, to emphasize that
13 point, the cities that you listed, if you had taken time to read what
14 Jeff wrote down, they would adhere to it. They are not that different.
15 His list of eight cities or your list of seven were common. So I think
16 if we just took the time to write things down, we would find a lot in
17 common.

18 **MR. LIOY:** I guess I can add a little different
19 way. I think Philadelphia is a well traveled road. I need to know
20 more about other areas in the northeast corridor, which have not
21 been characterized, because that's where you have...

22 **MR. VANDENBERG:** What's driving the health
23 effects in Philadelphia, can you tell me?

24 **MR. LIOY:** No, but I don't know what's
25 driving...what are the health effects in New Brunswick, New Jersey
26 where you now have 75 ug/cubic meter of fine particles every summer
27 for the last two summers. Philadelphia, you may not know that.

28 **MR. VANDENBERG:** I don't think we're going

1 to be able to go to every city in the country.

2 **MR. LIOY:** The point is, I think we have to
3 look beyond the well traveled road we've been on to make sure that
4 we don't miss other air sheds. You have suburban air sheds versus
5 urban air sheds versus rural air sheds. They are all different. You
6 have air sheds that may be closer to the sources of metals. You have
7 lower transition metals being in the atmosphere in pressured
8 aerosols. I really don't think that the well traveled roads ought to be
9 considered as the lone possibility on air sheds.

10 **MR. GREENBAUM:** This is actually a
11 precursor of what I was hoping would go on in the actual discussion.
12 I think what you were positing is that you put in a workshop, actually
13 have this discussion with a broader range of people. You may not
14 come to 100 percent consensus, because there's even the issue, I
15 mean there's another factor in this, which has to do with, if you really
16 want integrated locations, you need to think about capabilities of
17 people in those locations. There's a variety of issues there, but I
18 think that's the beginning of the kind of discussion.

19 **MR. MEAGHER:** I think I've heard a very
20 practical approach to solving this problem. It's really sort of a
21 parallel versus serial type of issue. Everybody trying to look at
22 everybody else's problem. I think if the individual objectives of
23 different groups could get together and look at their independent
24 problem, I think it's sort of what Petros said in the beginning. Based
25 on the science of need, what would you do to solve these hypotheses,
26 or to separate these hypotheses one from the other and sit down and
27 write down, what would you measure, where would you go, how would
28 you do it kind of things, sort of as an independent entity and let the

1 groups that are interested in source receptor relationships and ones
2 that are interested in tracking the responsibilities over time, the ones
3 that are interested in measurements, say what would you do and then
4 worry about the management problem of deciding where the nice
5 commonalities and the best dollar bang for the buck is, as far as
6 taking advantage of existing measurements and parallel studies. Let
7 that happen afterwards. I think this is a very manageable kind of
8 problem and I think that the very debate about where the best kind of
9 health studies are done and how those are done, let that go on, and
10 let it be in whatever form it needs to be in and then have that group
11 come back and say, well, here's what we would do. Then I think
12 people are going to be shocked to find that, I think Glen said before,
13 that when the people come back from the source receptor
14 relationships, it's not going to be as different as people think it is.

15 **MR. GREENBAUM:** Yeah, the difference may
16 be in time scale of measurements, et cetera, but it's what actually
17 gets measured.

18 **MR. MEAGHER:** Right, and then not sit
19 around and debate whether New Brunswick, New Jersey is the best
20 place to do both an epi study or a source receptor relationship. Let
21 them decide on maybe a priority driven basis what the most important
22 things to measure, where the most important things to measure them
23 are, in order to get the best science done and then see where we are.
24 If we don't get any overlaps, we may be able to do it lesser if I have
25 to spread the resources a little farther. But I think we'll find some
26 nice overlaps that are already there and let that happen in sort of the
27 second stage of the analysis.

28 **MR. GREENBAUM:** So, there's a set of those

1 discussions that go on. We're talking about having a fair number of
2 people at this discussion, in this larger meeting. I'm now beginning
3 to think about how you organize large numbers of people into smaller
4 groups, so they can actually have the option for that.

5 **MR. NEAS:** Let me speak to that. First, write
6 frequency and duration, under measurements location and frequency
7 of duration. Please don't put all of the epidemiologists and all the
8 toxicologists and all the monitoring people separately. I think that's
9 the wrong way to divide people. If you want the strawman, which is a
10 very good idea, that could be developed by some proper tours in
11 advance that may represent the different areas, to try to present
12 some sort of consensus. Then split up in terms of those three areas,
13 what to measure, where to measure it, the duration and frequency of
14 the measurements. Those might be three groups and make sure that
15 in each of those three groups, there be a mixture of toxicologists,
16 epidemiologists and, because if you put the epidemiologists together,
17 we will talk about epidemiology modeling issues, which forms the
18 basis of the majority of the handout that you had. Finally we get
19 around to, oh, yeah, long term highest burden, we ought to think
20 about doing some real new epidemiology. There are issues of
21 interest only to epidemiologists.

22 **MR. GREENBAUM:** I think we had said earlier
23 that we were going to try and avoid that at all costs. I actually said
24 despite that I thought that the long term piece was kind of
25 interesting, despite the fact that it was only epidemiologists.

26 **MR. NEAS:** The long term piece was good, the
27 short term was...

28 **MS. HERING:** I just wanted to make sure we

1 don't lose sight of our hypothesis, the scientific hypothesis. We keep
2 on talking about, well, what should we measure and I think we've got
3 four very nicely stated objectives, but the research hypotheses need
4 to be up front of the, what, when, where, how we're going to
5 measure.

6 **MR. KOUTRAKIS:** Why, why is important.

7 **MS. HERING:** Why?

8 **MR. KOUTRAKIS:** Why you want to measure
9 it.

10 **MR. GREENBAUM:** Well, I actually when I
11 wrote this...

12 **MS. HERING:** Without even saying what
13 you're going to measure, I'm going to say, what's our hypothesis.
14 What hypothesis are we testing?

15 **MR. GREENBAUM:** Implied here, that this was
16 not just measurements for measurement's sake. These were the
17 hypotheses for the measurements that the health professionals, the
18 health effects people or the source-receptor people would come up
19 with. This is what we're trying to test and this is, because of this,
20 this is what we're trying to test, these are the measurements we need
21 to make, as opposed to let's just make some measurements and then
22 figure out something afterwards. So, in a sense this is why, where.
23 This is why, this is what, this is where.

24 **MR. KOUTRAKIS:** Then you only get to part
25 of the problem. Try one for health studies and one for modeling
26 studies.

27 **MR. GREENBAUM:** Right, the two.

28 **MR. ALBRITTON:** Back track a little, and see

1 if this is the model for the workshop we're talking about. Thinking of
2 one group going down this list, which is a what, and incorporating
3 locations from a health standpoint, I'm thinking of a second group,
4 listing a similar set of compounds from a source receptor relation
5 and speaking about where. Then exposing those two to each other
6 and see where the overlaps or gaps might be. Then as a third step,
7 after that fracas is settled, evaluating what we already have out
8 there, like the chemical speciation network and to what extent it
9 solves common problems. Then see if there are gaps of things that
10 do not exist, and yet still have strong overlaps and try to identify
11 those.

12 **MR. BACHMANN:** Dan, let me ask, since we
13 have exposure people here, should there be a third group, separate
14 from health, separate from source-receptor, that asks those
15 questions for exposure?

16 **MR. ALBRITTON:** Sure, that's a good
17 recommendation.

18 **MR. KOUTRAKIS:** Like, for instance, just to
19 give you an idea. In exposure we don't only care about the air sheds,
20 but we care, we believe in a hot or cold climate, because the activity
21 is very different. So, there is, it's not the same issue.

22 **MR. BACHMANN:** Where you go might be
23 different?

24 **MR. KOUTRAKIS:** Exactly.

25 **MR. BACHMANN:** And the care in which you
26 site your monitors and you do, okay, yeah. **MR.**

27 **ALBRITTON:** Sorry to ask for a personal tutorial, but tell me again
28 what the difference is.

1 **MR. KOUTRAKIS:** For instance if you have
2 the same air shed in the northeastern United States, if you live in
3 Boston, if you live in Baltimore, the composition is more or less the
4 same. But in Boston we find that during the winter, during the
5 summer people open the windows, and there is the personal
6 relationship, the relationship between person and outdoors is very
7 highly correlated. In Baltimore they close the houses, or they have
8 air conditioning, there's no relationship between person and outdoor,
9 and still is the same air shed, same composition. So, climate is very,
10 very important.

11 **MR. GREENBAUM:** So you do a what and a
12 where for each of the three groups?

13 **MR. ALBRITTON:** And as an overlap picture
14 emerges from those three, then we evaluate that against what we
15 already have and find out then what we wish we would have.

16 **MR. VICKERY:** That would be the super
17 sites?

18 **MR. ALBRITTON:** Then that may be the
19 working definition of what we're talking about.

20 **MR. MEAGHER:** There's one piece we might
21 have missed, and that is the concern about accountability and are
22 these measurements impacted in any way by trying to meet that as, I
23 mean, I think we can all agree it's a valid objective. Can we tease
24 out of the information that comes from these three groups what we
25 need to do to make sure that gets done as well?

26 **MR. ALBRITTON:** I would suggest treating
27 that is important. But I'd treat it as a sidebar for, because it has, to
28 me a very different set of parameters. It's a very long term issue,

1 distinctly long term issue that has to be thought of early to have in
2 place. I haven't heard from the health colleagues that there are
3 variables for accountability of improved health that one can define at
4 the moment, that needs to be specially monitored. I haven't heard
5 that. It may exist in, I'm sure it's going to emerge in time. So, I
6 would treat it as a sidebar and make it, in fact almost delegate
7 someone to say don't let this get done, don't let this get missed.

8 **MR. GREENBAUM:** There are variables to be
9 monitored in the health community, but I mean, they're not variables
10 that are monitored in air quality monitoring.

11 **MR. ALBRITTON:** Yes, but I also, someone
12 mentioned the challenge of teasing out single recovery they're
13 looking for with so many other things that are happening, changes in
14 smoking, in lifestyles and so on.

15 **MR. FELDMAN:** In some sense what you've
16 set up here is a 3 x 3 matrix, that is source receptor by these other
17 things. I thought I was hearing before Lucas suggest that you
18 actually break the groups by the measurements, locations and
19 frequency of duration. At least that's what I thought I heard Dan
20 saying, actually break groups the other way.

21 **MR. ALBRITTON:** That's what I want to
22 clarify.

23 **MR. FELDMAN:** And to me the advantage of
24 breaking it the way Lucas suggested, by measurements, locations,
25 frequency, duration is to really force people to think out of their
26 discipline. In some senses you're now taking them, we tend to divide
27 ourselves by source-receptor and health effects and put them into
28 these bins the other way, forces them a little bit differently.

1 **MR. GREENBAUM:** So, you're saying that
2 there would be, we were talking about mixed groups in any situation.
3 What you're saying is that at a minimum needs too will be organizing.
4 It's a little trickier to figure out how you...

5 **MS. HERING:** Measurements and frequency
6 are tied together. You just can't separate those two.

7 **MR. NEAS:** I was thinking about what, not
8 measurements per se.

9 **MR. GREENBAUM:** Right, you could have a
10 group go through once and then sort of meet again and go through a
11 second.

12 **MR. ALBRITTON:** Based on our collective
13 comments today, I'm more optimistic first doing it on quasi traditional
14 lines.

15 **MR. GREENBAUM:** But with mixed people,
16 groups of people in each discussion.

17 **MR. ALBRITTON:** Within the groups, but have
18 the title on the door.

19 **MR. MEAGHER:** Because that helps the
20 science drive what happens as opposed to measurements driving the
21 science.

22 **MR. ALBRITTON:** It also catches Petros'
23 point about tease out the really science question. Make a program
24 out of it or you can make a science question, rather than a where
25 question.

26 **MR. GREENBAUM:** Right. It gets to this
27 group saying, what are the science questions driving the
28 measurements and this group saying that and this group saying that.

1 **MR. SCHEFFE:** In terms of specificity, you
2 have the why, you have the what, the where and the when. As you're
3 going down, you're starting from, you know, big open to you're
4 getting a little more specific. Do you want to end up with the how
5 and this gets into maybe some measurement technologies that are
6 recommended by this group. Of course it's located to the
7 measurements and the frequency and the duration of those
8 measurements, but it would certainly help us out. The more specific
9 advice we get from this group, the better. I'm just throwing it out.

10 **MR. GREENBAUM:** I would say that what I've
11 heard Dan say was that in some ways the first part of the how is okay,
12 we've said what we need, what do we have in the base, what's the
13 1500 and the speciation monitors, what are those going to give us,
14 what else do we need. So, that's sort of additional technology. Then
15 I think there's a very important other how, which is how are you going
16 to organize this so that it actually can be sustained over a period of
17 time.

18 **MR. ALBRITTON:** But I think the workshop is
19 step one toward that.

20 **MR. GREENBAUM:** Right.

21 **MR. ALBRITTON:** We're drawing in sponsors
22 from different places.

23 **MR. GREENBAUM:** Well, we can see that
24 we've woken people up after lunch, because I'm having trouble
25 getting to all of the hands, which is good. Jim?

26 **MR. VICKERY:** Under, in your locations, this
27 is a question. I've heard two different sets of discussions, one
28 having to do with the urban, suburban, rural locations, sort of

1 general description in that dimension, and the other is, very place
2 specific, Baltimore, Philadelphia, Houston, Fresno, so on. My
3 question is, are we measuring both would be covered, I'm hopeful.

4 **MR. ALBRITTON:** I think I would answer that
5 yes. Namely, make up the list, those who think very specific places
6 for a scientific need, then when you come together and here's a
7 region for a scientific need, lo and behold, the place is in the region.
8 So, you get, there's an example.

9 **MR. GREENBAUM:** To avoid the sort of
10 reaction we had a minute ago. Locations may be somewhat more
11 generic than, you know, Philadelphia. I think somebody in the room
12 wrote a paper called the Philadelphia Story.

13 **MR. KOUTRAKIS:** Are you talking another
14 group that would study samples?

15

16 **MR. GREENBAUM:** Susanne, go ahead, I'm
17 sorry.

18 **MS. HERING:** We've heard that, to have an
19 epi study really make use of the measurements that are being talked
20 about, it's good to have that study sort of planned at the same kind of
21 time. What are the chances of bringing in traditional stakeholders or
22 whatever, for looking at, these are specific measurement needs that
23 we would like filled in a study, for which we would like to build on for
24 this other one. Because I mean, here we've got the funding for the
25 measurements, yet we want to pose scientific questions and there
26 needs to be, you know, either more additional measurements or
27 additional work done for source characterization, which cares about
28 three dimensional things, something you don't probably care about

1 for exposure. You don't care what's happening at 1,000 feet, but
2 source resolution really does. On the other hand, exposure
3 assessment has other issues that fall outside probably the realm of
4 this network. But needs to be...

5 **MR. ALBRITTON:** Maybe not outside the
6 special studies.

7 **MS. HERING:** Yeah, and so can we bring in
8 potential stakeholders for such special studies for the super air
9 sheds.

10 **MR. SCHEFFE:** Yes, and give us some
11 examples.

12 **MS. HERING:** Oh, I don't know, EPRI.

13 **MR. SCHEFFE:** We expect that. They're
14 there. All those stakeholders.

15 **MR. GREENBAUM:** We're trying to do that,
16 and the other thing is, you have a...

17 **MR. SCHEFFE:** That's why he's here now and
18 that's why Howard is here and Steve is here.

19 **MR. GREENBAUM:** And they also have a
20 specific role for the Academy committee that's going to try and also
21 reinforce those particular things as well.

22 **MS. HERING:** Okay, so, my point is covered.

23 **MR. GREENBAUM:** I don't know whether I
24 should give you the last word.

25 **MR. KOUTRAKIS:** I think instead of saying
26 the why, we're going to have where and how, I think the why also
27 should be in a subgroup. Instead of saying we're going to do
28 receptor modeling exposure toxicology, we should say for each of

1 these specific disciplines, what kind of objectives we're going to
2 have, what kind of answers will we be able to answer, and what
3 answers we're not going to be able to answer, so we build up the
4 objectives that I think we hear throughout the day here, as a part of
5 this workshop. For instance, in the speciation we said we are going
6 to do qualitative source apportionment, you see what I'm saying, so
7 the expectations are not that high and people don't think we're going
8 to solve all the problems. So, we focus on specific, you know, needs
9 that this network, I don't want to use network, this super air shed
10 study is going to address.

11 **MR. GREENBAUM:** So, keep the
12 expectation...

13 **MR. KOUTRAKIS:** The group that's going to
14 work on the specific objectives for each discipline, for instance. For
15 instance, this is not going to solve chronic epidemiological problems,
16 because it might be two years. Do you see what I'm saying? But it
17 will solve, you know, real time acute effects.

18 **MR. GREENBAUM:** Although you're saying,
19 what you just said raises a question for me, in the sense that we had
20 said a minute earlier that what we have to be thinking about is this
21 being some long term. I would guess that if we were talking about a
22 national investment in a monitoring system that was going to support
23 a long term system, we probably aren't talking about two such
24 investments, one for five years for this effort and another one to go
25 on for a whole other one. So, we need to think about how to keep
26 that alive, and although I understand we can't keep it going.

27 **MR. KOUTRAKIS:** You can say for two years
28 we do intensive studies that's going to help the receptor modelers,

1 but after we go to the rest of the years to doing other studies, less
2 expensive to keep on going on with epidemiology. Be more specific,
3 rather than just say we're going on to do epidemiology.

4 **MR. GREENBAUM:** Right, okay. Well, yeah,
5 and I think actually one of the things we need to think about,
6 particularly for this health effects group that's dealing with these
7 questions, is this sort of short term versus long term question and
8 how that gets dealt with in that discussion. I think we're just about at
9 the end of this part of the discussion. This has been very helpful.

10 The next step in the agenda was for the other Dan to do
11 the easy part, which is to say what's the next step in order to get us
12 there. One thing we haven't, it would be nice to try and do while
13 we're here, is to get sort of people tied to these, people on the
14 committee tied to these particular roles, so you can be starting to
15 think what your role is going to be in bringing this together for the
16 meeting.

17 **MR. ALBRITTON:** How about departure
18 times?

19 **MR. MAUDERLY:** Some of us will be
20 disappearing in about a half an hour.

21 **MR. GREENBAUM:** Yeah, 4:00 o'clock is
22 probably end time for us. So, maybe what we should do is just go
23 through until 4:00 and if we need to do a little after that we can. Of
24 course if they leave, then we can just assign everything to them.
25 **(WHEREUPON, a brief break was taken.)**

26 **MR. ALBRITTON:** Let me, if Jeff's going to be
27 planning it in my mind clearly, the picture we have of the workshop
28 and also now what we will try to aim at in doing there, are three

1 topical areas that at least we will pose for each one, a set of
2 compounds that relate to that topical area and a set of
3 regions/places that relate to that topical area. Then they would be
4 the components of breakout groups at the workshop, who would then
5 come back and summarize the key points of each of those areas, and
6 we would have them up all three simultaneously and begin to look at
7 where they overlap and where they don't overlap. We would also
8 probably have to deputize an individual or a group of individuals to
9 think about what we already have in place that relate to those three
10 sets of lists. Because in the end what we would like to do is to take
11 the difference between that and define that as the set of needs that
12 we go forward to from here. Is that the common picture we would
13 have in terms of approaching that? Between now and the workshop,
14 we would probably want to generate something, or write up a
15 summary along each of those topics. I doubt that the folks writing
16 thus far can pull all of that diversity of topics together in those three.
17 So, what I think we need to do is to look for others that under those
18 three topics could address the what and the regional/location and
19 prepare a draft that can be given to people before the meeting. So,
20 that at the meeting we would already have some initial ideas to
21 convey in the smaller groups. I think that's going to be a practical
22 way to get from here to there. Comments on that?

23 **MR. SAXENA:** Dan, I think that's a fine idea.
24 If you want to allow yourself some room for general agreement, and
25 maybe at least finding some time to see whether there is overlap
26 between those three groups.

27 **MR. ALBRITTON:** I will open it then for
28 suggestions of who might carry these three topics forward after here.

1 Write up a draft or a straw person or other things. Source- receptor.
2 We can always have two. As Dan and I are finding out, we can say
3 oh, I thought you were doing that. Two there. From the health
4 endpoints and impacts.

5 **MR. MAUDERLY:** I'll volunteer Rich
6 Schlesinger.

7 **MR. SCHLESINGER:** No, I was going to help
8 you out, if you volunteered yourself.

9 **MR. ALBRITTON:** Let me...Dan, what did your
10 abbreviation ET stand for?

11 **MR. COSTA:** Well, I think right now it's just
12 focused on the health hypotheses.

13 **MR. MAUDERLY:** My understanding of this,
14 and I guess it would be useful if we leave with a common
15 understanding, what we're talking about is sort of a capsular
16 summary of what we've just said today.

17 **MR. ALBRITTON:** Yes, it is.

18 **MR. GREENBAUM:** I think the reason I
19 mentioned epidemiologists, is to the extent that we start in that
20 process, though, of playing out ideas, well, you went with Dan Costa,
21 but ideas about locations, you know, sort of generic. In other words,
22 not just what the questions are, but also where we think we might,
23 what the range of places are.

24 **MR. MAUDERLY:** So, in this, in what we
25 prepare, we're supposed to propose locations?

26 **MR. GREENBAUM:** Well, not specific
27 locations, but at least generic criteria for how you would go about
28 doing some representation of that.

1 **MR. NEAS:** Well, I mean, I think another thing
2 we need is if we're proposing these to be useful for health studies, in
3 addition to the health hypotheses, we need some idea of, a
4 description of the type of studies that might be conducted. So, the
5 kinds of measurements needed to support that kind of study.

6 **MR. GREENBAUM:** That's right.

7 **MR. NEAS:** There are only three or four
8 different study designs in epidemiology.

9 **MR. GREENBAUM:** Sounds like Lucas could
10 help with that.

11 **MR. MAUDERLY:** I see this part has three
12 sections. It has the Mauderly, Schlesinger recapitulation of
13 hypotheses. It has the Costa speculation about location, and it has
14 the Neas research paradigm piece. You put all those together and
15 hopefully...

16 **MR. ALBRITTON:** Put it together and shake
17 it.

18 **MR. GREENBAUM:** Well, in the Neas research
19 paradigm piece, in that piece I handed out, actually there are already
20 four bullets that come pretty close.

21 **MR. NEAS:** Yeah, I was close.

22 **MR. GREENBAUM:** Yeah, you were involved in
23 there.

24 **MR. ALBRITTON:** Exposure. Petros?

25 **MR. KOUTRAKIS:** I only know how to talk, I
26 don't know how to write.

27 **MR. SCHLESINGER:** There's a tape of what
28 you said. We could try and...

1 **MR. ALBRITTON:** Okay, Petros and Paul.

2 Good.

3 **MR. GREENBAUM:** I think we have to provide
4 some guidance format, so that what comes back is reasonably
5 consistent.

6 **MR. ALBRITTON:** We'll take the items on the
7 flow chart, flip chart, and plot where, get a little bit of that. Now if
8 the model holds up, it would be good to have some group prepared to
9 do the what do we have now.

10 **MS. HERING:** What do we have now in terms
11 of the networks that are currently ongoing?

12 **MR. GREENBAUM:** Yes.

13 **MS. HERING:** Like the dichots, the dichot
14 network. Arizona has one, California has one...

15 **MR. ALBRITTON:** We want to dump all this in
16 and look at it, because the difference is going to be what we're going
17 to operationally define as measured effects.

18 **MR. GREENBAUM:** Not just what we have now
19 but also what is planned.

20 **MR. ALBRITTON:** Although I would hope that
21 it would come up later, in terms of what's being planned, we ought to
22 have some fairly robust feeling that there's a high likelihood that this
23 is going to come down the line in the next few years. Not what's
24 wished for, but what's planned.

25 **MR. GREENBAUM:** Right. What I'm thinking
26 of like, sort of at a minium, the trend speciation kind of data. Those
27 seem pretty real or whatever.

28 **MR. DEMERJIAN:** Rich, do you know if you're

1 going to get responses on those network plans of the speciated
2 sites? Are you expecting to get those from your July 1st deadline?

3 **MR. SCHEFFE:** We'll get some of those, but
4 they'll be very, they'll be nonspecific.

5 **MR. ALBRITTON:** Ask Jeff on this, he's done
6 a good bit of summary already. I mentioned earlier the utility of a
7 look at the health studies that are in place or ongoing. Could we
8 enlarge this, in fact we should enlarge this to include health
9 inventory of others. Do I have volunteers on that?

10 **MR. BACHMANN:** A health inventory?

11 **MR. ALBRITTON:** Health, major health
12 studies in turn.

13 **MR. GREENBAUM:** Although it's a little
14 tricky. I mean, we have a document, that Jon and HEI put together,
15 it's in the book, and there's a whole bunch of things that sort of are
16 in the wings, you know, proposals that are sort of in the midst of
17 being reviewed and possibly funded, but by July it's not clear how
18 much more we will have in terms of beyond what's in the...

19 **MR. ALBRITTON:** I see this as an aggregation
20 effort, that is, taking someone that's knowledgeable of what lies in
21 these various documents and places, and putting it into a little
22 coherent story, that allows us then to compare what we would like to
23 what we have.

24 **MR. COOK:** Dan, question on the existing
25 capabilities, what's the world that I'm dealing with here, is it
26 everything that's measured? I mean, is it gases, is it methyl, is it
27 carbon?

28 **MR. ALBRITTON:** I think it's the fuzzy list

1 that we have by hearing the comments today. That is, what
2 measurement programs are out there, what networks, what sites that
3 relate to this type of list and the kinds of places that we've heard
4 talked about. I don't think we need to make it too fine grained on net
5 support radiation measurements, but as it relates to here. I think
6 Glenn has got a comment on that.

7 **MR. CASS:** I was just going to ask, are you
8 looking for the list of the existing ongoing monitoring programs of a
9 routine nature that bear on that list, or are you looking at a
10 catalogue of the measure of methods that's never been
11 demonstrated, whether or not they're ongoing today, that bear on
12 that list, and some studies are sort of here one day and gone the
13 next. They're executed for a period of two months and then they go
14 away.

15 **SPEAKER:** The former are of interest...

16 **MR. ALBRITTON:** Except I think you apply
17 sort of a routine network and I think that those are reasonably easily
18 captured, it's the sort of research or monitor or reasonably termed
19 researched ones are more difficult to get a handle on.

20 **MR. COOK:** She was talking about methods,
21 too. Are we interested in cataloguing methods or just parameter
22 location durations?

23 **MR. ALBRITTON:** Pradeep actually had a
24 one pager and it's in your handout, maybe it's a two pager that lists
25 methods and their current state of either research mode or
26 monitoring mode.

27 **MS. HERING:** Actually, I was just more, just
28 what chemical speciation data is being collected fairly routinely right

1 now and what fine particle mass data. The thing that came to my
2 mind was the Dichot networks that are in place in several states,
3 there's California, at the depositions network plan. These are things
4 that have been ongoing for some time. I think these are assembled.

5 **MR. VICKERY:** I strongly suggest that you put
6 Jim on that group, because he's already been doing a lot of work in
7 terms of inventorying some of that existing information. It's just that
8 it would fit in with what he's doing. I know that puts him on two. You
9 could consider crossing him out and maybe we could twist somebody
10 else's arm to be up in that group. I know EPA would certainly
11 volunteer Paul Solomon to be in that source receptor group. There's
12 certainly other capable, more than capable people in this room
13 already that could be in that group. Jim, of course could be in two
14 groups.

15 **MR. MEAGHER:** Yeah, I look forward to it.

16 **MR. ALBRITTON:** Jim, is that okay? But I do
17 want to return to the idea of getting documented the major health
18 oriented studies, that can better define what we have now. That's
19 good inventory to explore in July.

20 **MR. VANDENBERG:** I guess to balance that...

21 **MR. ALBRITTON:** John, would you...

22 **MR. VANDENBERG:** Yeah, but I'm not sure
23 how much further we're going to go than what was already in the
24 appendix to this.

25 **MR. ALBRITTON:** That's probably a little
26 more fine grained. Maybe we could talk off line and you could
27 educate me about the terms and I could talk you into doing something
28 then.

1 **MR. VANDENBERG:** I hear your pain.

2 **MR. ALBRITTON:** Now we will, as Dan
3 Greenbaum mentioned, we will try to get out some comments about
4 guidance. International is going to be very important. We had
5 mentioned to you earlier about suggestions about invitees and to get
6 that kind of perspective into this would be very, very important.

7 **MR. ANLAUF:** And people with existing
8 capabilities, you want that, too.

9 **MR. ALBRITTON:** Yes, very definitely. In
10 fact, if you could get to some of these, some information similar to
11 the breakout sheet that Jim Maurer had in the handout for here,
12 about what the Canadian perspective is and Jim Vickery, you and I
13 need to think about who do we need to pull in from the Mexican
14 perspective on our study. So, why don't we take an action item?

15 **MR. BACHMANN:** But a summary of Canada's
16 existing and planned networks, as well as the other thing. Obviously
17 there's a report out of ten years of that in the ALMA journal just
18 about a year ago.

19 **MR. ALBRITTON:** I'm going to flip this. If
20 there are no other topics of this sort of weightings and then think
21 about mechanics for our July meeting. Thinking of the sequence of
22 things. I had heard maybe one breakout and then a plenary
23 reporting. I also heard the suggestion that maybe a remixing after
24 that, and we ought to look maybe if people still have time, what
25 would be the range of thinking here about the mechanics.

26 **MR. GREENBAUM:** Actually before you turn
27 that, I just thought it would be useful to give people an idea in terms
28 of time when we think the first cuts of these reports will be necessary

1 to come back. We have a responsibility of these pages. We will
2 need to get back to you within probably a week at the latest with
3 some specifics. But I was just thinking in terms of having enough
4 time to get something back and then turn them around.

5 **MR. ALBRITTON:** Yeah, that is a good
6 question. I had missed thinking...do we want this group to comment
7 on some, on the initial drafts of this, before we go out, send it out for
8 the workshop in July?

9 **MR. GREENBAUM:** Yeah, or at a minimum you
10 want the people who have written the different pieces to see the
11 other pieces and understand how they fit together.

12 **MR. ALBRITTON:** Probably yes, so that does
13 make the calendar important. Thanks for bringing that up, I'd
14 forgotten that.

15 **MR. GREENBAUM:** So, if we got something
16 out sort of by this day next week, I don't know, but if we got
17 something out to you by the 26th, that we gave people to...

18 **MR. ALBRITTON:** What's the date on that,
19 Dan?

20 **MR. GREENBAUM:** The 26th.

21 **MR. VANDENBERG:** Giving us guidance of
22 what you're looking for?

23 **MR. GREENBAUM:** Yes, and then...26th of
24 May. In other words we give them, everybody the guidance by the
25 26th of May.

26 **MR. ALBRITTON:** Drafts back to us?

27 **MR. GREENBAUM:** The 19th of June would be
28 just before the next meeting of the panel. That would still give a

1 month before, except we want to also turn it around and then get it
2 back out to people and actually be able to send it.

3 **MR. ALBRITTON:** Yeah, I think we ought to,
4 at a minimum we ought to do this. Have these drafts back to us and
5 to this group and have a comment, a first order commenting period
6 back and then we try to work up from that set of comments the draft
7 that will be mailed back out to this group and the attendees at the
8 same time.

9 **MR. GREENBAUM:** Okay. Then the 19th will
10 work actually, the 19th of June and then that gives us a few weeks.

11 **MR. ALBRITTON:** So, back...

12 **MR. GREENBAUM:** And then we would have to
13 be prepared to turn them around and get them back out to people.
14 We'd have three weeks after that, four weeks actually.

15 **MR. NEAS:** Would it be possible to set up a
16 notice group so that things could just be posted publicly?

17 **MR. GREENBAUM:** I'll let somebody else...

18 **MR. COSTA:** We have a web site actually for
19 this, if that helps.

20 **MR. GREENBAUM:** We can figure out some
21 kind of, I just want to get people who have to write anything to have
22 a sense before they have to leave of timing and then we will send out
23 notice, somehow.

24 **MR. ALBRITTON:** The first question, what
25 kind of context setting would be useful? What we've learned here,
26 what kind of context setting would be useful for people coming to this
27 for the first time? Jim?

28 **MR. MEAGHER:** One of the things I think, we

1 had some discussions earlier about these parallel workshops that's
2 going to be held.. I think we should get measurement methods and
3 capability indications.

4 **MS. HERING:** Actually, I would...

5 **MR. ALBRITTON:** Very similar to what we
6 did here, we'll have a short report.

7 **MS. HERING:** I like your, I would say in the
8 context area there are two questions. One is, the scope of the
9 number of years we're talking about, otherwise we think we're just
10 here for the short term. So, we have to set that longer perspective
11 and I think you have to set those four objectives. I mean where we
12 started today, except give us some idea about the time frame and
13 also, I don't know, maybe it's inappropriate, but some idea about
14 total budget. I mean all of us are accustomed to having some rough
15 idea of how much things cost. I don't know, for instance, how much
16 you're talking about speciation network. I hear it's a lot smaller than
17 this 20 million dollar number, but I can easily see it costing nearly
18 that much from what I've heard. So, maybe some idea about the
19 whole picture.

20 **MR. ALBRITTON:** We get in a lot of trouble
21 when we talk about a budget that hasn't yet been released, approved
22 and all of that. I'd much rather talk about the scope and breadth of
23 the network, what kinds of, where these locations might be, what type
24 of communication...

25 **MS. HERING:** And how much you can afford to
26 do. I mean that we can translate that to numbers, so that's fine.

27 **MR. ALBRITTON:** Okay. Maybe a few
28 indications of scope here.

1 **MR. SCHEFFE:** Sure.

2 **MR. GREENBAUM:** Well, for example, on
3 Petros' presentation this morning, there were sort of expected
4 measurements and then there was some optional measurements that
5 we talked about. Laying out what perspective, sort of what you could
6 count on being part of this and what probably is more....

7 **MS. HERING:** Yeah, I guess the big question
8 is frequency on what you're going to do those measurements.

9 **MR. GREENBAUM:** That's the biggest
10 question.

11 **MR. SCHEFFE:** Actually thinking about it, I
12 probably can talk quite a bit, I might be able to give you some more
13 of the specifics about it, because it depends...I don't think I can talk
14 about 2000, but I can talk about 1999. Because that's sort of general
15 information that's out there. So, we might be all right.

16 **MS. HERING:** And some idea about what you
17 know about now and maybe intentions for the future.

18 **MR. SCHEFFE:** Sure.

19 **MS. HERING:** So, to get people to think along
20 the longer term.

21 **MR. ALBRITTON:** We'll have on the label
22 great expectations. But let me ask this, would the group see as
23 practical short summaries from each of these papers, now that they
24 have read, before they break out into working groups and that is, to
25 have a plenary quick summary through each of the four activities,
26 certainly the three activities and then give a charge to the group and
27 break out? How does that sound, as an approach?

28 **MR. VANDENBERG:** Keep it as short as

1 possible. I think the real work is done in the break out.

2 **MR. ALBRITTON:** It will be certainly in terms
3 of those. Then of course I think we would break out here. Now I'm
4 getting to the point that I had asked Petros, but he's gone, in the
5 closing. Would you want to see, do you think that likely we would
6 want two break outs, if anything for cross mixing? That's a lot of
7 breakouts to do in two days, particularly say if this took late into the
8 morning, we worked in the afternoons in break out mode and since
9 we're going to ask these groups to summarize the next day, they
10 would be jotting some things on overheads overnight and would be
11 giving these summaries the next morning. We would have a plenary
12 give and take. We still want to look, we still want the whole group
13 there, to contrast what we would like, or what we need and what we
14 have, to spend some time debating that. I'm a little worried about
15 two break out sites.

16 **MR. SCHEFFE:** Then you're already at the
17 workshop and we have these different groups that are going to talk
18 about source receptor and health and everything. One thing that,
19 there was a lot of confusion, I think, in this meeting. This was a
20 small meeting compared to that workshop. If we don't have a straw
21 plan, that gives, that is just out there, maybe it's not even on the
22 mark, but it's something that people can really chew on, in terms of
23 getting somewhat specific in terms of locations, measurements and
24 all of that, some things that people can really respond to and help
25 direct a little bit of the focus, I'm a little concerned that we don't
26 have that vehicle in place right now, because I'm not sure of what
27 these individual papers are going to look at, that talk about source
28 receptor and all that. Unless perhaps you and Dan are going to get

1 together, take those pieces and somehow meld them and also build a
2 straw plan out of that of some sort. That hasn't been discussed yet.

3 **MR. ALBRITTON:** You mean a synthesized
4 picture of where the overlaps exist, what kind of synergies could be
5 exploited. What do you think, Dan, is that something that a couple of
6 us could do in anticipation of iterating by the...

7 **MR. GREENBAUM:** You're saying that's
8 something that came into the workshop.

9 **MR. SCHEFFE:** Yeah, I was actually talking
10 about...

11 **MR. GREENBAUM:** Something more concrete.

12 **MR. SCHEFFE:** Yeah, being fairly bold.

13 Here's the straw plan of what this program is going to look like.
14 We're going to measure A through Z in cities J through K, that sort of
15 thing, just throw that out, take some risks.

16 **MR. ALBRITTON:** Okay. If that, that
17 certainly, because it puts things up to...

18 **MR. BACHMANN:** If you want to put an e.g. in
19 front of it, that's okay, but something that makes it, we had a
20 problem today focusing and Glenn raised that question first, because
21 of the lack of the concrete and also a little bit adrift because there's
22 so many degrees of freedom we have.

23 **MR. GREENBAUM:** I think part of our goal
24 would be to have the pieces that come back to us in that process, but
25 then the question is of whether you can even synthesize that in some
26 ways, so that it's more tangible.

27 **MR. ALBRITTON:** We could take a shot at it,
28 based on what we've heard here, we could come there or even send

1 beforehand, that's just a little more bold. Or at least present there
2 the key elements of where we go, as a draft plan.

3 **MR. DEMERJIAN:** I think the problem you
4 have then, Dan, is if you do that, then it's kind of counter to why
5 you're having these groups break out in the first place.

6 **MR. GREENBAUM:** That's what I'm working
7 on.

8 **MR. DEMERJIAN:** You're asking them for
9 advice and then you invite them in and say by the way, here's this
10 crap that we just thought of.

11 **MS. HERING:** And you can kind of anticipate
12 results in that. The epi people are going to want as detailed of
13 measurements in as many cities as you can do that are really
14 different, because that way they get more data points essentially.
15 You get one data point per city is what I hear in these studies. The
16 source resolution people are going to want a lot of detailed
17 measurements in one point. So, with upper air measurements and
18 everything, so, you don't understand what the sources are in that
19 area. So, the location issues, I think what you measure is not going
20 to be that different among the different things with the location
21 issue. To some extent the frequency one is going to vary a fair
22 amount.

23 **MR. ALBRITTON:** It is, but aren't we
24 prepared, we should be prepared to take what we get? That is, if
25 there's a very strong overlap between things here, we take advantage
26 of that. If indeed these two, these three topics don't have a lot of
27 overlap, that's life, that's what we have and that will certainly
28 influence and it will certainly alter research approaches and planning

1 and things. But this is a way of finding out the answer to that
2 question.

3 **MR. BACHMANN:** I think if you can write it in
4 a way that, you know, what we're talking about is writing it in a way
5 that is again, for example, so that people have something to work
6 with. They're not wedded to if you put it in Philadelphia versus New
7 Brunswick, for example, you're not wedded to it. You're wedded to a
8 concept of an eastern sulfate dominated, whatever, some kind of
9 thing you can write it so that it doesn't take away the real
10 contribution that we expect everybody there to make. We're not
11 hamstringing them, we're just trying to give them something better to
12 put what this thing should look like.

13 **MR. ALBRITTON:** In fact, John, I think you
14 made a point that already identifies there is a difference in thinking,
15 and that is the exposure and health related studies think horizontally
16 and source receptor tend to think vertically for understanding's
17 sake. That's just the nature of the two different things.

18 **MS. HERING:** Yeah, but they do intersect.

19 **MR. ALBRITTON:** They do intersect. That's
20 why we're here. Let me return to Rich's point, which is a very good
21 one. It's the classical dilemma in these things. Is it better to send
22 and present something in a draft, relating to the topic you're asking
23 people to come and work on, is it better to do that and run the risk
24 that, hey, look, they've already made up their mind. There's that,
25 and then there's in some way getting a cycle of input and then trying
26 to come up in almost real time a plan. What are the various
27 comments on those two paradigms?

28 **MR. FELDMAN:** I think what you may want to

1 do, if this is the day and call this day one right here, day two in the
2 morning you may want to present a plan. Somebody could be drafting
3 it ahead of time and may be influenced by what comes out of the
4 breakouts and then you bounce that back off people.

5 **MS. SHELDON:** I think one of the reasons
6 there was so much trouble getting focused here is that it was not
7 described very well as to what the purpose of this monitoring and the
8 whole structure of everything was about. It doesn't have to be a
9 straw man, but it is critical in the first 10 to 15 minutes at the
10 meeting, the idea that we are establishing a network where we are
11 supplementing it, the original intention was for source-receptor
12 modeling, however, we have expanded that based on the Academy's
13 report, and now we are looking to collect data that supports a
14 number of such studies, including the source-receptor, et cetera. I
15 don't think it was clear to people as they came in here. It wasn't
16 clear to the discussion in the afternoon that that was the concept.
17 So, I think that that's very important.

18 **MR. ALBRITTON:** Two points on that. One is,
19 it is a lot clearer in my mind too, now, after we've gone through this.
20 Secondly, the other point is, we definitely need to tell the group in
21 July what we're going to do in July. So, what we will try to craft is a
22 description of the July workshop that will have improved from the
23 discussion we've had today, and get it to people before the workshop.

24 **MR. GREENBAUM:** I think in this context
25 piece that we were talking about earlier, we now can flush that out
26 quite substantially, I think, and lay that out in a different way. Part
27 of this issue of whether we have a straw person up there or not is
28 whether, depends on what we get back in from the groups that are

1 writing these and how firmly we feel we should do that. It may be
2 that, I think there are some, I mean this whole thing about air sheds
3 that I brought up there, sort of, it was listening to the discussion that
4 that was sort of a way of bridging across people. There may be a way
5 of presenting sort of basic elements of this, which are not sort of,
6 like we've made up our minds on how this is going to happen, but at
7 least give the context in which people are then going to be focusing
8 their comments and understand how that's going to work.

9 I also think the other thing that's really, was very clear to
10 me at the end of the day today that wasn't at the beginning, is that
11 certainly the research community should see even what's already
12 planned and fairly likely to happen, as a major opportunity of moving
13 forward for enhanced data availability. What we're now talking about
14 is taking that to an even higher level of enhancement possibly in
15 some focused way. Because I think the data collection is going to
16 already be substantially improved and we're going to try to move it to
17 another step. So, I think we can do that better, much better.

18 **MR. ALBRITTON:** So, Rich, what's your
19 current thinking on getting something out versus developing that,
20 because you raised the point?

21 **MR. SCHEFFE:** Again, I raised that point in
22 the interest to provide more focus and less confusion in the
23 beginning. The other part too, we've spent a lot of effort in trying to
24 bring together a lot of experts and that's what you people are here.
25 So, I would not hesitate to take a stab at printing out some thoughts.
26 This is a good group.

27 **MR. ALBRITTON:** Jim?

28 **MR. MEAGHER:** I was going to suggest maybe

1 a compromise. That is, instead of describing a network or a set of
2 cities to be studied, we would describe the siting criteria that we
3 used in selection. For instance, if you want to look at gradients in
4 concentrations, for example, we would select these kind of data and
5 describe the kind of characteristic that the network would have.
6 Maybe that's the intermediate, it's enough to help focus our
7 discussion so it's not all over the place, but it's not quite saying,
8 well, we've already decided to do Baltimore. We can agree or
9 disagree about that later. So, maybe we can craft it in a way that
10 gives enough guidance to focus what we want without stifling what
11 kind of input we might receive.

12 **MR. ALBRITTON:** I forget who made the
13 point, but I think too, when we see what comes back in, I think we will
14 be able to address this a little bit better.

15 **MR. VANDENBERG:** I think one consideration
16 we need to be aware of here is that part of the reason to go to the
17 July meeting is to make sure that the broader scientific community,
18 folks who are not invited today, are fully aware of all the thoughts
19 and plans that are going forward. I would hate to have us have
20 something in reserve that we're going to pull out, that we all know
21 about, that others don't find out about until that meeting. So, as we
22 develop things, I think we should really make an effort to make them
23 available at the appropriate time, but not to hold anything back.
24 Because otherwise we're...

25 **MR. ALBRITTON:** That favors something in
26 the way of a draft that goes out before the meeting, that clearly
27 identifies or signals that we're going to expect this to be drastically
28 improved or whatever.

1 **MR. GREENBAUM:** Well, maybe that, we're
2 going to have the pieces that people do, those are going to go out
3 and there's something we do as a cover to that, to try to put this
4 inside that, and we put it out there as, with all the appropriate
5 comment, but it's detailed enough so that people begin to get a
6 concept of what we're talking about. I think...

7 **MR. FELDMAN:** Sure, but I wouldn't discuss
8 that until after the breakouts. I'd let people feel like they're having
9 an opportunity to comment on the sections, before they go over the
10 whole, before the whole thing comes back together again.

11 **MR. GREENBAUM:** Well, that's all. I mean, I
12 think what we're doing is just saying, you've got this, this is where it
13 came from, maybe reiterate, but not discuss it and summarize it and
14 then send people to the breakouts, to go over the details of it. I
15 agree.

16 **MR. NEAS:** I'd be more upset coming back
17 from a breakout than before a breakout to hear John's plan.
18 Because if I hear John's plan before the breakout, well, I'm going to
19 take care of that. Then I'd come up with a plan and then John
20 presents his plan, well, what did I spend the last six hours doing?

21 **MR. GREENBAUM:** We're talking about
22 having a plan, something that's sent out...it's sent out to people that
23 they can look at and see, we note it at the opening of the meeting
24 that this was a first cut. We want to send you into the breakouts to
25 really give us detailed feedback on this and then we're going to talk
26 about tomorrow where we go next with it. I think that's...

27 **MR. SCHEFFE:** That's exactly.

28 **MR. GREENBAUM:** How much of a plan that is

1 and how detailed it is, we'll have to make a judgment based on what
2 we get back.

3 **MR. BACHMANN:** I think, I have to say, we've
4 asked a lot of you, and I think that as this thing has evolved, we've
5 gotten, I think the discussion today helped me to try to figure out the
6 separation between this sort of particular pot of money we have over
7 here, how do we intersect that with an ambitious but logical array of
8 things that meets the 10 priorities the Academy laid out. It clearly
9 contributes, can contribute, but it can't do everything and it's not
10 going to do everything. So, we have to make clear that what we're
11 asking people to address here is not limited to this original thing we
12 call super sites, but is much broader, ultimately affects the long term
13 research plan that EPA and for that matter the other agencies that
14 will be represented there, are going to be involved with. I think
15 that's an evolution here in the discussion, as people started saying,
16 let's look at this as five regional things.

17 **MR. SCHEFFE:** One other sort of little, John
18 has opened up a little bit, general theme that wasn't covered. Part
19 of the reason the term super site came up is, we're quite serious
20 about moving towards this whole one atmosphere approach and not
21 compartmentalizing into different pollutants. So, when we, the term
22 super site is also somewhat associated with taking a much larger
23 holistic look at all air quality issues, including oxidants, chronic
24 deposition issues, you name it. So, that's another part and that
25 theme didn't come across well in this meeting. I just want to throw
26 that out, and that's something in our view is part of super, part of this
27 program.

28 **MR. CLINE:** Just as an observer, from a goals

1 point of view, it would seem unlikely that a group as large as this is
2 going to be, and as diverse that it's going to be, would excessively
3 successful and really come out with something that presents this, but
4 I do think it's worth making sure that we not only work it out, but that
5 everybody understands that what we're really looking for from all of
6 these breakout groups is a good gathering in of everybody's ideas,
7 identifying where they're together and where they're not, but making
8 sure, for their protection as well as ours, if this group came out
9 effectively drafting a statement of work, then there'd be some
10 concerns about conflict of interest...

11 **MR. ALBRITTON:** I would not have any hope
12 that there would be a...

13 **MR. CLINE:** I think you ought to make it clear
14 from the beginning that we don't want that, or people are going to get
15 uncomfortable.

16 **MR. GREENBAUM:** We will make it clear. I
17 will say actually, and I saw this at the earlier workshop last fall, that
18 at least in the exposure group, actually the tendency was to go to
19 fairly specifically starting to get down and do some drafting. So, it's
20 not an unreasonable thing to sort of say what our expectations are.
21 But I would guess with the large number of people and diversity of
22 opinions, that we would have little or no hope of having a consensus.
23 It could come close to being as specific as a set of specs or
24 something, but on the other hand I think we should be able to get
25 some guidance, and the idea is to be translated back into a report.

26 **MR. ALBRITTON:** The final product is a write
27 up with some good informative appendices. But it is, it needs to be in
28 my opinion, specific so that it's useful. It does not have to be a

1 consensus. You can actually achieve both goals.

2 **MR. CLINE:** And we're really talking to two
3 groups. We're talking to a group of people who are there who will
4 really probably be doing it, but we're also talking to the people who
5 weren't there, we're talking with contracting officers and stuff like
6 that who might come back at us at some time in the future and talk
7 about what they think we were trying to accomplish. I think they need
8 to be addressed as well.

9 **MR. GREENBAUM:** Well, Dan will be fully
10 prepared for that.

11 **MR. ALBRITTON:** Funny, I had written down
12 on a note, I was going to give it to you after the meeting.

13 **MS. SHELDON:** The issue with the straw man
14 and maybe it's just that now this is dawning on me. Is this issue, it's
15 all very well and good to want to generate all this data, the data that
16 will be useful to exposure and useful to epi and useful to source
17 apportionment, but who's actually going to use it? Unless during
18 these straw men, the plan for the collection is very well integrated
19 into the Academy's PM plan, in fact it may not be used. I say this
20 especially, yeah, from the exposure viewpoint, the Academy has said
21 that we need to get our exposure data in the first three years. I mean
22 we may have in fact finished many or most of the studies before this
23 is in place. I'm just afraid of, you know, the data is generated, yes,
24 it can be extraordinarily useful in these, especially in long term epi,
25 but I think that that integration into it is going to have to be key, if it
26 is really ever going to be used. I think that that planning needs to be
27 started here.

28 **MR. ALBRITTON:** I fully agree. Just a couple

1 of comments on that. One is the Academy context or framework with
2 the involvement of the ones we have here, that were involved with a
3 part of that study, we have almost automatic co-planning, to some
4 extent, on that thinking. The second point is, if you build it, they will
5 come. If there's...

6 **MS. SHELDON:** We hope.

7 **MR. ALBRITTON:** The key is that good data
8 attract good ideas, in terms of analysis and so on. The limitation in
9 the past has not been that nobody was ever interested in good data,
10 it was in the support of follow up analyses by the agencies. That
11 we've made, we've underscored the fact that that was a handicap in
12 the past. We're hoping to fix that in the future with the agencies
13 being more attuned to that kind of thing. Jon?

14 **MR. SAMET:** It might be useful if this were a
15 part of the official presentation in June. Understanding it's
16 evolutionary, but to make sure that...

17 **MR. VANDENBERG:** Well, we're developing
18 the agenda for that, which I'm not sure if you've seen the draft or
19 not. We had planned several presentations from EPA and then
20 during the afternoon was post-jurors actually talking to investigators.
21 Part of that was Rich and I are going to be presenting sort of the
22 overall framework for the research, and Rich will be talking about the
23 monitoring to include this aspect of it too. So, it will be presented
24 there.

25 **MR. ALBRITTON:** Thanks, that's a good
26 point. Putting it on the agenda for that meeting.

27 **MR. SCHEFFE:** Part of, this doesn't fully
28 answer your concern, Linda, but part of what we plan to do

1 administratively with the program is set aside a significant chunk of
2 the resources for analysis and interpretation of all the information
3 coming out of there. So, that helps somewhat towards forcing the
4 use of those data anyway.

5 **MR. ALBRITTON:** It was the comment we
6 made this morning about having that planning up front and hardwired
7 into the plan. You've said it's there, so that's encouraging.

8 **MR. DEMARJIAN:** There's one other thing, I
9 guess. We talked a little bit this morning about the fact that we hope
10 that these super sites will eventually be a bench mark to take care of
11 some of the technologies, that that would be part of the operational
12 network. Is the idea that that would get discussed under the source-
13 receptor component? Right now it looks like it's going to slip through
14 the cracks...

15 **MR. ALBRITTON:** Glen?

16 **MR. CASS:** To the extent that I have any
17 predisposition to what I would want to put into that thing, I think some
18 of the speciation type monitors co-located alongside whatever
19 fancier set-ups we had. That will provide some immediate cross-
20 comparisons.

21 **MR. DEMERJIAN:** I think one of the issues I'm
22 concerned about is the, just the mass only FRMs, but the whole
23 question of, and I understand the rationale for why it was done this
24 way, but the whole question of what temperature and humidity effects
25 have on that measurement, relative to other measurements that might
26 be more atmospheric specific. It seems to me it's going to be very
27 important, if down the road, some of the epidemiology data starts to
28 get more specific and starts to not link directly just in terms of

1 mass, but finds out that the amount of water content has nothing to
2 do with the problem, or they may find out it's a very important part of
3 the problem. Either way, you don't have a handle on that.

4 **MS. HERING:** Well, the mass is defined
5 without the watering. They measure it sort of dry. They collect it
6 wet, they do measure it sort of dry, try and get rid of most of the
7 water.

8 **MR. ALBRITTON:** That's sort of an
9 operational research comparison, we need to be careful using that.

10 **MR. SCHLESINGER:** I wonder if those two
11 issues, those two sidebar issues deserve to have a separate write up,
12 because I'm a little concerned that they get wrapped up with some of
13 those other issues as well.

14 **MR. GREENBAUM:** It might be worth it even if
15 you had to repeat some of the things that were in the write-outs, just
16 to make sure that they understand that they're...

17 **MR. ALBRITTON:** Well, why don't we plan to
18 try to generate that, because we've had documents, we've had
19 studies, discussions on it and the problem here is not that we don't
20 know to do it, the problem is we don't ever get around to doing it.

21 **MR. SCHLESINGER:** That's my point. I think
22 in order to get some emphasis put on, especially the epi, both of
23 these issues, that they deserve some separate mention in this report.

24 **MR. ALBRITTON:** Yes, and they ought to be
25 able to... Any other comments? Dan, would you like to close?

26 **MR. GREENBAUM:** Sure. Well, thank you for
27 those of you, particularly for those of you who stayed through until
28 the end of this. I think we all learned a little bit in the process of

1 talking about what we were doing and also how to have this
2 conversation. I think we came up with some good ideas for what we
3 can do at the workshop. We appreciate that, and I thank EPRI again
4 for providing the luncheon and for organizing things, having
5 organized this and provided the support. I think we were able to get
6 a lot accomplished today and we'll hopefully get a lot more
7 accomplished.

8 **MR. SCHEFFE:** Well, we certainly appreciate
9 everybody coming here. We'll see what happens.

10 **(WHEREUPON, the Conference was concluded at 4:27 p.m.)**

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