

From: **James E. Enstrom** <jenstrom@ucla.edu>
Date: Sun, Sep 12, 2021 at 11:18 PM
Subject: Re: Your rapid response
To: <sdavies@bmj.com>

Dear Editor Davies,

As far as I can determine, my September 6 Rapid Response has not been posted on <https://www.bmj.com/content/374/bmj.n1904/rapid-responses>. Please let me know if you intend to post it. If not, please explain your rejection and send me your current policy regarding Rapid Responses. Thank you very much,

James E. Enstrom, PhD, MPH
jenstrom@ucla.edu

From: <sdavies@bmj.com>
Date: Mon, Sep 6, 2021 at 4:13 PM
Subject: Your rapid response
To: <jenstrom@ucla.edu>

Dear James Enstrom, PhD, MPH,

Thank you for your response. If it is accepted, we will post it on [bmj.com](https://www.bmj.com) and it will be viewable

* By accessing the article you responded to and clicking on "Read responses tab"

* By searching the latest rapid responses page using your surname

All posted responses are considered for publication as Letters in the print journal. Each week we select from the responses posted during the first 12 days after the appearance of the article to which they respond. We aim for a delay of only three weeks between publication of an article and its correspondence.

We regret that we cannot enter into correspondence about individual responses, including discussion of whether they have been accepted for [bmj.com](https://www.bmj.com) or the print journal.

Yours sincerely,

Sharon Davies
Letters editor

Sent from this ip: 76.91.1.169

September 6, 2021 4:12 PM

<https://www.bmj.com/content/374/bmj.n1904/submit-a-rapid-response>

eLetters *Air pollution and mortality in eight European cohorts versus the ACS CPS II cohort* has been created.

Research

Long term exposure to low level air pollution and mortality in eight European cohorts within the ELAPSE project: pooled analysis

BMJ 2021; 374 doi: <https://doi.org/10.1136/bmj.n1904> (Published 02 September 2021) Cite this as: BMJ 2021;374:n1904

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September 6, 2021

BMJ Rapid Response

Air pollution and mortality in eight European cohorts versus the ACS CPS II cohort

The authors have not cited the severe limitations to the ecological epidemiology that they used to associate air pollution with mortality in this study (BMJ 2021;374:n1904). I described these limitations in my 31-page July 8, 2021 Review of the now rejected Environmental Science & Technology manuscript "Low-concentration air pollution and mortality in American older adults: A national cohort analysis (2001-2017)" by Dr. Lihua Shi and other Emory University investigators (<http://scientificintegrityinstitute.org/ESTJEEAdd070821.pdf>).

The authors' claim "The finding of associations at low levels of air pollution and mortality also supports policies to reduce air pollution below current legal limit values" is FALSE regarding the US. There is strong evidence that there is NO significant relationship between air pollution and total mortality in the US (RR \leq 1.03). Indeed, the US air pollution levels are already so low (average annual PM_{2.5} = 7.7 $\mu\text{g}/\text{m}^3$) and already so far below the annual NAAQS (12 $\mu\text{g}/\text{m}^3$) that there is no public health value in reducing them further, as documented in my Review.

However, there is public health value in reducing the very high Chinese air pollution levels (average annual PM_{2.5} = 48 $\mu\text{g}/\text{m}^3$), which are not mentioned by the authors. China's current annual standards for PM_{2.5} consist of the Class 1 standard for special regions such as national parks (15 $\mu\text{g}/\text{m}^3$) and the Class 2 standard for all other areas, including urban and industrial areas (35 $\mu\text{g}/\text{m}^3$) (<https://www.transportpolicy.net/standard/china-air-quality-standards/>).

The Health Effects Institute (<https://www.healtheffects.org/>), the US funder of this study by 52 European authors, is completely disingenuous regarding objective assessment of the health effects of air pollution in the US. My March 27, 2017 Dose-Response Reanalysis of the ACS CPS II cohort (<https://journals.sagepub.com/doi/10.1177/1559325817693345>) identified serious errors in Pope 1995, HEI 2000, and HEI 2009 and yet HEI has NEVER mentioned my Reanalysis or the errors in Pope 1995, HEI 2000, and HEI 2009.

Before my Reanalysis, HEI ignored my repeated requests dating back to 2002 to perform additional analyses of ACS CPS II data that would have revealed no relationship between PM_{2.5} and total mortality (<http://scientificintegrityinstitute.org/Greenbaum092613.pdf>). Then, after my Reanalysis, HEI ignored my "Request for HEI Statement & Forum on PM_{2.5} Deaths in CPS II" (<http://scientificintegrityinstitute.org/Celeste051917.pdf>). Instead, HEI repeatedly emphasized that HEI 2000 was a robust and objective reanalysis of ACS CPS II data even though it was known to be a flawed reanalysis by 2001 (<https://junkscience.com/2001/02/the-epas-secret-science/>).

In conclusion, this article clearly indicates that HEI is now focused on international evidence showing a positive association between air pollution and total mortality, in spite of the well known limitations of this weak ecological association. However, since it is funded by American taxpayers, HEI should instead focus on an objective assessment of air pollution health effects in the US, particularly the strong evidence that air pollution does not cause premature deaths in the US.

James E. Enstrom, PhD, MPH, FFACE
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