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Demand for retraction of the Journal Article on Air Pollution by Di, Dominici & Schwartz AND their letter defending their conduct.

November 3, 2017

To: "Drazen, M. D., Jeff" <jdrazen@nejm.org>

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October ___, 2017

Dr. Jeffrey M. Drazen, Editor in Chief, *New England Journal of Medicine* (*NEJM*)

The New England Journal of Medicine
10 Shattuck Street
Boston, MA 02115-6094

Re: Request retraction of a small particle air pollution article and a later letter of defense when the article was criticized. Reason--fundamental violations of rules of epidemiology and basic research integrity.

Editor Drazen,

This letter is not a letter to the editor, hoping for publication, so that the authors might comment on or criticize some article in the NEJM. We write to complain that there is a continuing scandal of scientific integrity at the NEJM—junk science in air pollution epidemiology is being sponsored by what most would consider the iconic medical journal of America.

Dr. Drazen, tug a little on your bow tie and consider the new makeup of the Executive Branch of the Federal Government. Might it be wise for the NEJM to be circumspect in its decisions to publish unscientific junky environmental human health studies from the usual suspects? You owe it to your career and your sponsors, the Mass Medical Society to be right on this. The NEJM is the golden goose for the MMS, and scandals take a toll. Take some time to evaluate politics versus good science in the public interest. Can the NEJM afford to allow politics to corrupt scientific integrity?

The undersigned request that the editor and editorial board retract the June 29, 2017 article in the New

England Journal of Medicine on small particle air pollution by Qian Di et. al. al. (1) and the authors' letter of defense appearing in the October 12, 2017 issue of NEJM (2).

The bases for our demands are that the authors violated basic rules of epidemiology and were dishonest and unethical in their research and in their defense of that research in their letter.

The Di Article violated basic rules of epidemiology

In the NEJM Article (1) the methods and claims of the authors are faulty:

1. They put up small association (small Relative Risk or Risk Hazard) studies as though they were Randomized Controlled Trials deserving of consideration as reliable evidence of proof of causation.
2. Asserting proof of causation from small associations in an observational study violates basic rules of epidemiology and you and the editors as well as the authors know that. Observational population studies are plagued by lack of controls, lack of determination of actual exposure, and numerous known and unknown confounders.
3. Robust associations of effect must be found in observational epidemiological studies to justify claims of proof.

Observational studies at best are hypothesis generating, when the RR are 2.0 or more, nonetheless the Di et al. journal article fails that basic test.

The letter of defense by Di et.al. was dishonest and deceitful in response to Dr. Enstrom's criticisms. (2) Enstrom makes the case for the inadequacy of the Di study and other research that refutes the claims, and the authors don't respond to the results of the study by Zeger et al. (3) that show that there is a significant, unexplained geographic variation in the risk of death associated with PM2.5 and that there is no risk of death associated with PM2.5 when risk is based on a local regression coefficient. Zeger shows that location trends show no causal effect as confirmed by Greven (4).

Di and co-authors ignore recent information that shows no death risk from PM 2.5 in other studies such as the National Institutes of Health–American Association of Retired Persons Diet and Health Study (5) and the Cancer Prevention Study cohort. (6) We think that before the findings of the federally funded study by Di et al. are accepted as valid, the underlying Medicare data should be analyzed independently and methods assessed in accordance with the Guidance from the *Reference Manual on Scientific Evidence*, particularly the chapters on epidemiology and toxicology, (7) Information Quality Act (8) and the HONEST (Honest and Open New EPA Science Treatment) Act (9).

Moreover, the Di authors are obligated to address and explain research that conflicts with their claims as a matter of scientific methodology. Research that conflicts with the authors' results should not be ignored.

GRADE Working Group on Quality of Evidence

Regarding strength of associations in observational epidemiological studies, we refer you to the work of the GRADE Working Group, (10) a large, well published international group studying research methods and providing guidelines on quality of research since the year 2000. Article 9 in the *Journal of Clinical Epidemiology* discusses grading evidence on magnitude of Relative Risk or Hazard Ratios. (11) The authors advise the following:

> The most common reason for rating up the quality of evidence is a large effect. GRADE suggests considering rating up quality of evidence one level when

> methodologically rigorous observational studies show at least a two-fold reduction or increase in risk, and rating up two levels for at least a five-fold reduction or increase in risk.

The Di, Dominici, Schwartz paper authors assert that a Hazard Ratio of 1.08 is a "strong" association. Nonsense. A hazard ratio of 1.08 is a null result even if the confidence interval manages to avoid 1.0.

Enstrom's research

In 2017 **James Enstrom** published a reassessment of small particle the air pollution studies by Pope and Krewski and others that relied on the Cancer Prevention Study (CPS) cohort. And his reanalysis shows no death effect. (6) Enstrom says:

> The 1982 to 1988 relative risk (RR) of death from all causes and 95% confidence interval adjusted for age, sex, race, education, and smoking status was 1.023 (0.997-1.049) for a 10 µg/m3 increase in PM2.5 in 85 counties and 1.025 (0.990-1.061) in the 50 original counties. The fully adjusted RR was null in the western and eastern portions of the United States, including in areas with somewhat higher PM2.5 levels, particularly 5 Ohio Valley states and California.

In 2017 **Young, Smith and Lopiano** published an extensive long term study of California deaths and air pollution, with variable lag times for deaths, and a protocol of hundreds of variations of multiple factors, spatial and temporal data sampling. They found no death effect attributable to small particles or ozone. (12) Young says:

> Here we make publically available a dataset containing daily air quality levels, PM2.5 and ozone, daily temperature levels, minimum and maximum and daily maximum relative humidity levels for the **eight most populous California air basins, thirteen years, >2M deaths, over 37,000 exposure days.** The data are analyzed using standard time series analysis, and a sensitivity analysis is computed varying model parameters, locations and years. Our analysis finds little evidence for association between air quality and acute deaths. These results are consistent with those for the widely cited NMMAPS dataset when the latter are restricted to California. **The daily death variability was mostly explained by time of year or weather variables; Neither PM2.5 nor ozone added appreciably to the prediction of daily deaths.**

S. Stanly Young, PhD (Genetics, Statistics), previously at the at the National Institute of Statistical Science, lead author of the paper cited immediately above on air quality effects in California , and recently named to the EPA Clean Air Scientific Advisory Committee, sent Dunn these observations about the importance of Relative risk years ago:

> **In epidemiologic research, [increases in risk of less than 100 percent] are considered small and are usually difficult to interpret. Such increases may be due to chance, statistical bias, or the effects of confounding factors that are sometimes not evident. [Source: National Cancer Institute, Press Release, October 26, 1994.]**
>
> **"As a general rule of thumb, we are looking for a relative risk of 3 or more before accepting a paper for publication." - Marcia Angell,**

editor of the New England Journal of Medicine"

"My basic rule is if the relative risk isn't at least 3 or 4, forget it." - Robert Temple, director of drug evaluation at the Food and Drug Administration.

"An association is generally considered weak if the odds ratio [relative risk] is under 3.0 and particularly when it is under 2.0, as is the case in the relationship of ETS and lung cancer." - Dr. Kabat, IAQC epidemiologist

This strict view of RRs may be relaxed somewhat in special circumstances; for example in a fully randomized double blind trial, as opposed to an observational study, which produces a result with a high level of significance.

Our criticisms of the authors' (Di, Dominici, Schwartz et. al.) letter of defense in response to Enstrom's criticism are:

1. Ignoring negative studies is a violation of scientific research principles and an admission of confirmation bias;
2. Resolving science debates is determined by evidence, not consensus or measuring the pile of papers on each side, since producing papers is one way to promote a hoax. Richard Feynman Nobel Laureate said insightfully "A (flawlessly-designed) negative experiment can refute the most eloquent theory."
3. Recent studies (i.e. 2017), if large and well-designed, probably have more validity than earlier ones;
4. Failing to control for cigarette smoking, a major confounding variable, is, in itself, sufficient to invalidate this Di study.

Conflicts of Interest, Influence Peddling

NEJM condemns inappropriate private industry influencing of research, so also it should condemn inappropriate government influence. It is our assertion that the EPA has funded studies that are intended to support its political regulatory agenda based on the claims that air pollution kills. U.S. EPA has awarded hundreds of millions of dollars to fund studies that support the claim that air pollution kills hundreds of thousands of Americans every year, purchasing dubious "science" (including the DDS study) to advance its regulatory agenda.

There is a terrible thing that has happened in epidemiology, and that is that epidemiologists are now slaves to small associations because they can't find big associations that are supportive of their need to find something of import so the research moneys will continue to arrive on time. The publication bias displayed by the NEJM is the same thing that drives all these data dredgers.

Scientific research should not be a saleable commodity. The authors of the Di article list as their funding, "Supported by grants from the Health Effects Institute (4953-RFA14-3/16-4), the National Institutes of Health (R01 ES024332-01A1, ES-000002, ES024012, R01ES026217), the National Cancer Institute (R35CA197449), and the Environmental Protection Agency (83587201-0 and RD-83479801)." Findings and reports that support government agency agendas no doubt are viewed favorably and considered

favorably for repeat funding. That's the problem.

The Secret Science problem

Complicating the efforts of scientists to hold the EPA researchers on air pollution accountable is the systematic effort by the EPA to hide the data from air pollution research. Beginning in 1985 based on a strategy devised by Cecil and Griffen and articulated in a National Academies Press publication on legal issues in Data Sharing, the EPA has hidden its paid for air pollution research data from congressional and public review. (19) Even today the critical studies that the EPA claims justify its regulations cannot be reviewed because the EPA says these government granted researchers have a confidential proprietary right that prevents review even of data stripped of identifiers for privacy because the data is the property of the researchers.

The EPA Human experiments scandal

One last matter that developed in regards to claims of lethality and toxicity of small particles. At a congressional hearing in 2011 Lisa Jackson US EPA administrator, the witness was questioned by Edward J. Markey (D-MA).

Mr. Markey asked, "How would you compare [the benefits of reducing airborne PM2.5] to the fight against cancer?"
Ms. Jackson replied, "Yeah, I was briefed not long ago. If we could reduce particulate matter to healthy levels, it would have the same impact as finding a cure for cancer in our country." (13)

Steve Milloy and John Dunn discovered in that same year, 2011, that the EPA was sponsoring human experiments that exposed human subjects to the small particle air pollution at the University of North Carolina School of Medicine EPA lab, and those experiments exposed humans to what the EPA claimed was a lethal substance, small particles. *Environmental Health Perspectives* (EHP), a journal sponsored by the National Institutes of Health (NIH), reported an experiment done by an EPA research group at University of North Carolina School of Medicine that exposed a 58-year-old lady to very high levels of small particle air pollution in a chamber. After 49 minutes in the chamber, the lady, who was obese with hypertension and a family history of heart disease, who also had premature atrial heartbeats on her pre-experiment electrocardiogram, developed a rapid heartbeat irregularity called atrial fibrillation/flutter, which can be life threatening. She was taken out of the chamber, and she recovered after she was hospitalized for a day. Weeks later, an abnormal electrical heart circuit was found on electrophysiological cardiac studies and the abnormal circuit was ablated, so, in fact, her cardiac arrhythmia was probably caused by her heart abnormality, not the exposure to small particles. Who knows?

International and Domestic Ethic and Legal Guidance on Human Experiments.

It is illegal, unethical, and immoral to expose experimental subjects to something harmful. The *Reference Manual on Scientific Evidence*, 3rd Ed. (2011), published by the United States Federal Judicial Center, an educational institution of the US Federal Judiciary, on page 555 declares that exposing human subjects to toxic substances is "proscribed" by law and cites case law. The Nuremberg Code and the Helsinki Accords on Human Experiments by the World Medical Association prohibit human experiments that might cause harm to the subjects.

In response to appeals from John Dunn and Steve Milloy, editor of a scientific integrity web site, *JunkScience.com* for EHP to withdraw the paper and initiate an investigation, the editor refused even though he was an NIH official of some import and responsibility. The EPA's internal policy guidance on experimental protocols prohibits, under United States Law (the "Common Rule") experiments that expose

human subjects to any harm, including exposure to lethal or toxic substances. Milloy referenced the "Common Rule" that governs EPA policy on research conduct in human experimentation in his letter to the inspector general of the EPA requesting an investigation of the matter and the experimental protocol. (14)
A full report on the research study showed that 41 other people were exposed to what the EPA says in public official releases and testimony before congress (see Lisa Jackson's testimony above) are harmful or lethal levels of small particles. The EPA human experiments described were conducted from January 2010 to June 2011, according to the information obtained by JunkScience.com on a Freedom of Information Act request, and ended three months before Ms. Jackson's congressional testimony asserting PM2.5's lethality.
According to the congressional testimony of Lisa Jackson, these experiments risked the lives of these 42 people. So what could have possessed these EPA researchers to do the experiments? (15)

The authors reveal the reason in their case report on the lady, Dr. Ghio:

> Although epidemiologic data strongly support a relationship between exposure to air pollutants and cardiovascular disease, this methodology does not permit a description of the clinical presentation in an individual case. To our knowledge, this is the first case report of cardiovascular disease after exposure to elevated concentrations of any air pollutant. (15)

The people at the EPA claim that they must control air pollution to prevent the deaths of thousands. Then they expose human subjects to high levels of air pollution. Is it possible that they are lying, or unethical, or both?
There's more, Milloy and Dunn wrote to the Medical Board in North Carolina, The EPA Inspector General to no avail and then they worked with the American Traditions Institute to file a suit to stop the human experiments. The suit was dismissed by the presiding federal judge because the plaintiffs Dunn, Milloy, and American Traditions Institute were declared by the Judge not to have standing because they were not experimental subjects. (17), However discovery in the initial stages required EPA officials to provide the court with sworn affidavits and those affidavits were actually candid and quite revealing.

Wayne Cascio MD, Physician researcher at the University of North Carolina School of Medicine EPA sponsored air pollution human experiments lab provided information on 10 domestic medical schools and 6 foreign medical schools where human air pollution exposure experiments were conducted and continued to be conducted. (18)

Robert Devlin PhD Senior EPA research official, in his sworn affidavit below excerpted, gave up the EPA motive for financing and sponsoring human experiments similar to the experiments he supervised at University of North Carolina School of Medicine.

From Dr. Devlin's affidavit:

> 1. I am a Senior Scientist (ST) for the Environmental Public Health Division (EPHD), National Health and Environmental Research Laboratory (NHEERL), Office of Research and Development (ORD), U.S. Environmental Protection Agency. As one of three STs in NHEERL I am expected to be a scientific leader in the area of air pollution research, to define important areas of research, assemble teams to carry out that research and ensure it is completed in a timely manner and published in peer-reviewed journals. I am currently on detail as Acting Associated Director for Health for NHEERL. Prior to my current position, I was Chief of the Clinical Research Branch (CRB) of theEPHD from 1994 - 2008. The CRB is responsible for doing

nearly all controlled human exposure studies within NHEERL. . . .
2. I have been engaged in performing controlled human exposure studies as an EPA investigator since 1986. I have authored or co-authored more than 190 scientific articles, 53 of which involved controlled exposure of human volunteers to air pollutants.

7. Epidemiological observations are the primary tool in the discovery of risks to public health such as that presented by ambient PM2.5. However, epidemiological studies do not generally provide direct evidence of causation. They indicate the existence or lack of a statistical relationship between ambient levels of PM2.5 and adverse health outcomes.
Large population studies cannot assess the biological mechanisms (called biological plausibility) that could explain how inhaling ambient air pollution particles can cause illness or death in susceptible individuals. This sometimes leaves open the question of whether the observed association in the epidemiological study is causal or whether PM2.5 is merely a marker for some other unknown substance.

8. Controlled human exposure studies conducted by EPA scientists and EPA funded scientists at multiple universities in the United States fill an information gap that cannot be filled by large population studies. In 1998 the Committee on Research Priorities for Airborne Particulate Matter was established by the National Research Council in response to a request from Congress. The committee was charged with producing four reports over a five-year period which describe a conceptual framework for an integrated national program of particulate-matter research and identified the most critical research needs linked to key policy-related scientific uncertainties.

9. **Controlled human exposure studies assess the biological plausibility of the associations observed in the large-population epidemiological studies**. Controlled human exposure studies usually compare the response of an individual following exposure to clean air with their response following exposure to a pollutant that was generated or prepared under carefully controlled conditions, thus providing direct causal evidence that observed effects are related to the pollutant of interest. These studies are done under conditions that are controlled to ensure safety, with measurable, reversible physiological responses. They are not meant to cause clinically significant adverse health effects, but rather reversible physiological responses can be indicators of the potential for more serious outcomes . . . (19)

Dr. Devlin certainly was candid and proud of his work as a human experimenter, but he forgot to read the Nuremberg Code, the Helsinki Accords on Human Experimentation by the World Medical Association, and the US law called the "Common Rule" that prohibits ANY human experiments that might harm the subject—he was, as we have heard before many times in other circumstances—just doing his job and following orders.

US EPA Cover-up Effort on the air pollution Noble Lie

The story begins in the 1990s, when the EPA began regulating fine particulate matter (P.M.) in outdoor air. These regulations were justified on the basis that they would prevent 15,000 premature deaths per year. The supposedly scientific studies underlying the rules could not be challenged at the time because

the EPA refused to provide Congress and independent researchers with the key underlying data. The US EPA adopted a method for creating the lack of access, promoted by Cecil and Griffin In 1985. (19) It was a simple and tortured strategy adopted by the EPA, a claim that EPA funded researchers were immunized from any requirement to produce their data because their data was private and property of the researchers. That EPA claim is in spite of the fact that the research was promoted and approved by an agency of the federal government and paid for with a federal grant. (20) So US EPA research on air pollution was immune from a science review on the data and methods used. Also, the relevant laws and their judicial interpretation did not provide a way to challenge EPA science in court.

Though the EPA got away with issuing the new air pollution regulations based on the 1990s claims, it knew they were vulnerable to challenge because the underlying studies – all dubious epidemiological statistical correlation studies – didn't actually show that P.M. killed anyone. Neither did animal toxicology studies, no matter how much P.M. the laboratory animals inhaled. So the EPA decided to back up its statistical claims on air pollution by experiments on live people.

Over the next 15 years, the EPA began quietly experimenting on elderly subjects (up to age 80), asthmatics, people with heart disease or metabolic syndrome, and combinations of the aforesaid by placing them in a sealed chamber and making them inhale high levels of P.M. as well as diesel exhaust, smog, and even chlorine gas. At one point, the EPA even experimented with children by spraying diesel exhaust particulate up their noses.

Dunn and Milloy and many others knew nothing of the human experiments for all those years because the experiments never produced any biological response that could be touted as good evidence of air pollution harm. The EPA continued to rely on its epidemiological studies to make even more grandiose claims about the supposed dangers of P.M. The EPA claimed that any inhalation of P.M. could cause death. It claimed that death could occur within hours of inhalation or after decades of inhalation. (21)

The EPA continued its experiments.

The problem for the EPA is that if P.M. is as deadly as the agency claims, then these experiments are fundamentally unethical and illegal. Humans cannot be treated as guinea pigs for the purpose of advancing a regulatory agenda. **Compounding the illegality of the experiments is the fact that the EPA never informed the study subjects that it believed and had told the Congress and the public that exposure to small particulates could kill them.** This conduct violated federal and state laws requiring that physicians and researchers obtain informed consent prior to experimenting on humans – not that anyone could actually consent to such illegal experiments in the first place.

After a federal lawsuit attempting to stop the human experiments at Chapel Hill and some bad press, the EPA inspector general (I.G.) took up the case in October 2012. Eighteen months later, the I.G. concluded that the agency had indeed failed to warn study subjects that it believed that the experiments could kill them while inexplicably ignoring the issue of whether the experiments were fundamentally illegal and unethical. No matter, though. Media reports of the I.G.'s limited finding tremendously embarrassed the agency – so much, in fact, that something had to be done. (23)

Enter the National Academy of Sciences (NAS).

The NAS was formed in 1863 by Congress and President Lincoln to advise the government on science. It has a bifurcated structure, one part research and one part honorary scientific society. The research arm of the NAS is a separate non-profit organization called the National Research Council (NRC), which hires itself out to federal agencies to provide scientific advice. A recent tally showed more than 300 research projects, almost all funded by government agencies—that is troublesome and makes the NRC and its

parent entity, the NAS a dependent on government money, not an objective scientific organization. Follow the money.

After the embarrassing I.G. report was issued, the EPA decided to avail itself of the benefit of the NAS-NRC mechanism for exoneration. Dunn and Milloy were not informed of the EPA move, nor was the Congress. The US EPA hoped to do the deal in secret and get a white wash report out before anyone critical of EPA conduct could participate or object. It almost worked.

Milloy was notified by a congressional aide in the late spring of 2016 that the NRC was doing an investigation of the human experiments matter. The congressional staffer just happened to see information about the NRC investigation after it had been going on almost a year, with no requests for public comment or participation since early 2015. A committee of mostly academics, many who were grantees of government grants in air pollution, was meeting to investigate since June 1, 2015. There was no public notice of the formation of the committee, and though the meetings were supposed to be open to the public, there was no public notice. So the "public" meetings were attended only by the committee members, NRC staff, and, surprise, surprise, staff of the US EPA. Four more meetings were held in 2015 and 2016, the last one in April 2016. None open to the public.

Milloy, Dunn, James Enstrom, Stan Young hurriedly provided comments to the committee docket (record) and requested (demanded) the opportunity to present information oral and written to the committee – a reasonable request, given the circumstances. We were the ones who had discovered and exposed the EPA's wrongdoing. We are the ones most familiar with the facts. We were involved in the lawsuits and reports to Institutional Review Boards and State Medical Boards, complaining about human experimentation.

Based on a review of the committee docket, it was clear that the EPA had provided the committee with selective, misleading, and incomplete information. Of the 50 items on the docket, all were provided by the US EPA. The NRC committee agreed to another meeting, a teleconference was scheduled for August 2016. Witnesses were allowed to testify and submit written statements, and after the 2 hours and more of presentation, only one question was asked by the more than 12 committee members on the conference call and it was obvious members had either hung up or had no interest in the testimony provided.(23, 24)

In the end, this entire sordid episode raises two main issues. First, to whom is the EPA lying? If P.M. is really as dangerous as the EPA claims, which claims it uses for its regulations, then the agency has committed felonious, tortious, unethical acts against its human guinea pigs. The only way the EPA has not committed these crimes is if P.M. is not as dangerous as the EPA claims, in which case the agency has lied to the public and Congress and has grossly overregulated P.M. In addition its duplicitous conduct has created a situation where a reasonable subject of the experiments would still be concerned about the risk, the potential for toxic harm, death or cancer.

After more the 6 months the NRC exonerated the US EPA on the tortured theory that they had exaggerated the acute death claims and the exposure of the subjects was not unethical and tortious.

Such deceit and fraud makes the US EPA researchers civilly and even criminally liable under common law provisions but also under the False Claims Act (Lincoln law) provisions that include treble damages. There is no third possibility here since the EPA has lied to someone.

The other issue is one for the National Academy of Science and its creature organization the NRC as organizations supposedly committed to scientific integrity. The prestigious group is being used in a covert effort to whitewash the EPA's dishonest and illegal conduct – a far cry from its chartered mission and probably not what its elite scientist members expect or would support.

The NRC exonerated the EPA researchers from unethical conduct and said that the EPA exaggerated the toxicity of small particles, so no harm no foul. (25, 26)

Now that the scheme has been uncovered, the NAS and the officials of its National Research Council should think twice before they self-immolate while trying to scrub up the EPA's dirty work.

A more complete report of the human experiments story and the many actions taken and efforts to stop human experimentation and the US EPA's scientific misconduct in air pollution science and policy making can be found in Milloy's 2016 book referenced below, *Scare Pollution: Who and How to Fix the EPA* Bench Press 2016. (27)

It might also be a concern for you, Dr. Drazen and the NEJM since you repeatedly are involved in publishing EPA sponsored research that claims that small particles are lethal. Pretty simple follow up question on the claim of lethality—why have you been doing human exposure experiments if there is no safe level of small particulates?

Oh, you might be interested to know, Jon Samet MD MPH when he was Chair of the Clean Air Scientific Advisory Committee for the EPA, wrote an editorial for NEJM in July of 2011 that asserted there was no safe level of air pollution. Take a look. (28)

Samet says:

> The questions are motivated by the possibility that even lower concentrations for the NAAQS will be proposed, leading to the designation of large regions of the country as out of compliance with the law; such a result would carry implications for many municipalities and states and multiple U.S. industries. The evidence supporting lowering of maximum levels comes largely from epidemiologic studies showing that current levels of particulate matter and ozone are adversely affecting public health.

Samet points to epidemiology as providing the harm. What do you say, Dr. Drazen after considering that epidemiology as practiced by EPA researchers is a cheating game?

Thank you for your consideration of this letter.

Sincerely,
/JDunn MD/
John Dale Dunn MD JD
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/Willie Soon/
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Thanks to BS "studies" such as these, the California Air Resources Board has seen fit to make all of my diesel assets illegal to use in California. Thanks to these rulings, my 73 year family business has been forced to close in June of 2017.

Norman R. "Skip" Brown
Owner

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