Re: Perchlorate Drinking Water Proposal
August 26, 2019

Andrew Wheeler, Administrator
United States Environmental Protection Agency
1200 Constitution Ave., NW
Washington, DC 20460

Dear Administrator Wheeler:

As environmental health researchers, clinicians and medical professionals, health groups, and environmental advocates, we write to you to express our strong opposition to the proposed National Primary Drinking Water Regulation for perchlorate, 84 Fed. Reg. 30524 (June 26, 2019). We believe that every American has a right to safe drinking water. The EPA proposal for this important, widespread, and hazardous drinking water contaminant is deeply concerning. If finalized, it would leave millions of Americans unprotected. We urge the agency to establish a standard based on the best available science of no greater than 2 parts per billion.

The agency proposes to set a perchlorate Maximum Contaminant Level (MCL) at 56 parts per billion (ppb), nearly 4 times what EPA previously said is safe in its previous Lifetime Health Advisory. The agency further stated that it may set a standard as high as 90 ppb, six times higher than its health advisory, and even proposed the possibility of establishing no standard at all.

State health officials have carefully reviewed the science for perchlorate and set drinking water standards based on the best available science. They have established standards of 2 ppb (in Massachusetts) and 6 ppb (in California). These standards are an order of magnitude or more protective than EPA is proposing. Clearly, a far stricter standard than proposed by EPA is not only necessary but is feasible. Moreover, in its 2015 reevaluation, California issued a revised Public Health Goal of 1 ppb, based on updated values of infants’ water consumption, and new evidence that even very small reductions in thyroid hormones or iodine levels could cause significant adverse impacts on offspring brain development and function (OEHHA Feb 2015).

Not only is EPA’s proposal a clear threat to the health of millions of people, it is also a manifest violation of the Safe Drinking Water Act (SDWA). The Act requires EPA to use the “best available peer reviewed science.” SDWA §1412. That, EPA has not done. EPA solicited the peer review and advice of the Science Advisory Board (SAB), as required by the SDWA. But then EPA explicitly decided not to follow some of the most important recommendations of the SAB. The best available science, as recommended by the SAB, requires consideration of multiple lines of evidence, including several studies EPA itself said are high quality. However, EPA decided to rely on one study and a single health endpoint, rather than considering the full array of adverse effects and studies.

EPA proposed to set the MCL Goal (MCLG)—which is legally required to protect vulnerable populations from any known or anticipated adverse effects with an adequate margin of safety—on the level of
perchlorate that would cause a 2% decrease in IQ (that is, a loss of 2 IQ points). The agency ignores that even a 1% decrease in IQ is also an adverse effect, and failed to use an adequate margin of safety as required by SDWA §1412.

EPA should set the MCLG at zero based on the extensive evidence of harm at extremely low doses, the lack of a clear threshold for these effects, and the need for an adequate margin of safety to protect the most vulnerable populations, as required by the SDWA. The agency should set the MCL at no higher than 2 ppb, the MCL established in Massachusetts, or ideally at 1 ppb, the level at which the California Public Health Goal (PHG) is established.

Thank you for your attention to this important matter.

* Academic affiliation provided for identification purposes only, and does not constitute or imply institutional endorsement, recommendation, or favoring.

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