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November 3, 2009

Michael Baes
Pesticide and Environmental Toxicology Branch
Office of Environmental Health Hazard Assessment
California Environmental Protection Agency
1515 Clay St., 16th floor
Oakland, California 94612
Submitted via email

Re: Public Health Goal for Hexavalent Chromium—Expedite Finalization of .06 ppb

Dear Dr. Baes,

On behalf of Clean Water Action's 60,000 California members, I would like to express our support for OEHHA's draft Public Health Goal (PHG) for hexavalent chromium of .06 parts per billion (ppb). We thank you for your careful study of this deadly contaminant and urge your department to expedite finalization of the PHG in order that we may protect the millions of people being exposed every day.

Clean Water Action is a national organization of 1.2 million members working to ensure that all people have access to safe, clean, and affordable drinking water and to empower people to take action to protect America's waters, build healthy communities, and to make democracy work for all of us.

Given our mission, we believe firmly that the threat hexavalent chromium poses to the people of California cannot be overstated, making finalizing the PHG and establishing an enforceable drinking water standard urgent. To begin with, the state is 5 years late in setting the drinking water standard as mandated by SB 351 (Ortiz). This delay places California at risk of legal action since it is in violation of its own law. However, our primary concern is that hexavalent chromium has been detected in thousands of drinking water sources serving over 30 million Californians in 52 out of 58 counties. The public health threat this poses is immense and further delay is unacceptable.

We believe OEHHA, by setting the draft PHG at .06 ppb based on a lifetime cancer risk threshold of one in one million (OEHHA 2009), has acted in accordance with sound scientific analysis linking oral exposure of hexavalent chromium to cancer and other health impacts. We applaud your thorough evaluation and reevaluation of a series of important studies, including the NTP Board of Scientific Counselors' conclusions (NTP 2007a), the International Agency of Research on Cancer's work on the contaminant's carcinogenicity through inhalation (IARC 1990), your contemporary re-evaluation of data (Borneff, 1968) that links hex chrome in water to increased stomach tumors, and your careful analysis of the original, valid data from China's

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Liaoning Province (Zhang, 1987) which also demonstrated strong links to stomach cancer incidence.

Clean Water Action strongly agrees with OEHHA's conclusion that while there is still much to learn about the mechanisms by which hexavalent chromium impacts human health, the scientific data are compelling enough to establish stringent protections through drinking water regulation. If anything, OEHHA's analysis is not adequately conservative in that it actually does not go far enough in considering the impacts on specific vulnerable populations. Their studies do not reflect the department's guidelines on accounting for early-life susceptibility to carcinogens, putting pregnant women, their fetuses, and young children at greater risk. Furthermore, we would suggest greater consideration of the large portion of the population whose ability to transform hexavalent chromium into less toxic trivalent chromium may be impaired. One only has to review the wide range of over the counter medications to address common gastrointestinal problems that can impact millions of people's ability to convert hexavalent chromium to understand the potential threat to the population at large.

Despite the fact that we believe the analysis of impacts on the above mentioned vulnerable populations could be stronger, we contend that OEHHA's scientists did employ appropriate public health considerations that has led them to propose a health protective PHG. This includes consideration of multiple exposure routes and calculations of a one in a million lifetime cancer risk. We urge both OEHHA and ultimately the Department of Public Health which is responsible for establishing the legal drinking water standard, to hold firm to these foundations of the proposed PHG in the face of potential delay tactics and unsubstantiated conclusions by responsible parties who may oppose the .06 ppb with arguments that do not depend on actual scientific validity, but are the result self serving efforts to protect themselves from liability for polluting the state's water systems. With this in mind, we again urge OEHHA to expedite finalization of the .06 ppb PHG and look to the Department of Public Health to set a drinking water standard at the same level.

Sincerely,

Andria Ventura

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