



February 23, 2011

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Re: PHG Project -- Perchlorate

Dear Mr. Baes,

Clean Water Action, on behalf of our 85,000 California members, strongly supports the Office of Environmental Health Hazard Assessment's (OEHHA) draft Public Health Goal (PHG) of 1 part per billion (ppb) for perchlorate in drinking water. We further commend OEHHA for its thorough and sound scientific analysis of the particular health threat this contaminant poses to infants. Given that this reevaluation of California's current PHG for perchlorate is, under state law, already almost two years late, we urge OEHHA to finalize it quickly.

Clean Water Action works with communities throughout California that suffer from impaired drinking water, including perchlorate. These communities are diverse, including healthy adults, children, the elderly, those with serious illnesses, pregnant women, and infants undergoing critical developmental processes. For this reason, it is imperative that California's PHG reflects the most recent science on how perchlorate can affect the health of the most vulnerable members of the population.

As OEHHA's analysis demonstrates, perchlorate interferes with the thyroid's ability to take up iodide, thus disrupting its ability to produce thyroid hormone. In a developing infant, even a small drop in thyroid hormone for a short period of time can cause irreparable damage to brain development resulting in learning disabilities, weakened vision and hearing, impaired motor skills, and even mental retardation. Research done since the current PHG was established has demonstrated a correlation between perchlorate exposure and thyroid hormone status in human infants. It has also revealed that babies are at higher risk because they are exposed to perchlorate in drinking water at higher levels than previously thought, perchlorate concentrates in human breast milk, and that significant numbers of infants are not getting enough iodine through their sources of nutrition. We therefore agree with OEHHA's assertion that infants are particularly vulnerable to perchlorate exposure and that a revision of the PHG to adequately protect them is necessary.

The previous California PHG was based on pregnant woman as the most susceptible group. We support the draft PHG's consideration of the particular susceptibility of infants and children to perchlorate in comparison to the general population. This makes the PHG not only more health protective, but also allows it to more accurately fulfill state law. According to the state's Safe Drinking Water Act, OEHHA shall consider "[a]dverse health effects the contaminant has on



members of subgroups that comprise a meaningful portion of the general population, including, but not limited to, infants..." Cal. Health & Safety Code § 116365(c)(1)(C)(ii)

Also in accordance with California law, the draft PHG is appropriately built on the premise that we should prevent iodide uptake inhibition to avoid potential health effects. Cal. Health & Safety Code § 116365 (c)(1)(C)(iii) We also approve of OEHHA's decision to adjust the Relative Source Contribution downward because of the major exposure pathway presented by the intake of contaminated food. Finally, we agree with the decision to base drinking water exposure rates on both direct (from the tap) and indirect water consumption (tap water added to make food, such as infant formula).

Given the sound scientific analysis that has resulted in the draft perchlorate PHG and its clear accordance with state law, there is no reason to delay its finalization. This is all the more true since the deadline by which this proposal was supposed to be completed passed almost two years ago. Consequently, we thank OEHHA for its diligence in producing this draft PHG and urge its expedient finalization.

Sincerely,

A handwritten signature in cursive script that reads "Andria Ventura".

Andria Ventura
Program Manager