

Catherine Dodd RN
963 Duncan Street
San Francisco, CA 94131

October 7, 2021

California EPA Office of Environmental Health **Hazard** Assessment (OEHHA)
Sacramento Office
1001 I Street,
Sacramento, CA 95814

RE: Warnings for Exposures to Glyphosate from Consumer Products New Sections 25607.48 and 25607.49 **OPPOSE proposed changes.**

It is with grave concern that I submit the following personal comments on the proposed changes to the warnings for Exposure to Glyphosate.

This is a personal story and I hope you will read it through because it quantifies the personal and financial cost of you decision. I graduated from UCSF School of Nursing in 1979 and was licensed as an RN and Public Health Nurse. My first job was working on a mobile health unit traveling up and down California doing physical exams on cannery and farmworkers. In Salinas where we were working with women picking lettuce, we saw many women with skin irritation and breathing problems. I remember being concerned about their lack of protection they had from exposure to chemicals used on the farms, which of course continues today. Of course, I was only considering short term exposure and acute reactions. In 1983 I completed a master's degree specializing in community health nursing. In 1986 when Prop 65, was on the ballot, I urged my professional organization and colleagues to support the proposition. I told stories about my experiences in the fields and the need to be sure the chemicals we are exposed to are safe. I remember voting YES and being proud of California when it was approved by the voters. California's Prop 65 stands out as a model for consumer protections from chemicals which are hazardous to individual and public health.

The establishment of California's Environmental Protection Agency in 1991 was another measure of our government's commitment to protecting its residents. The Environmental Protection Agency's mission is to restore, protect and enhance the environment, **to ensure public health**, environmental quality and economic vitality.

I am submitting these comments to OEHHA, a very important department within the EPA which states on the website: "serves as the scientific foundation for CalEPA's environmental regulations and **provides valuable information to consumers**, policy makers and manufacturers on the safety of chemicals in our environment." Thank you for your commitment to service and to the mission of the EPA."

I had a very successful career. I held policy and administrative roles including public service as an appointee of President Clinton to by Region IX Director within in the Department of Health and Human Services, Speaker Pelosi's District Chief of Staff and Deputy Chief of staff to Mayor Gavin Newsom. I completed a PhD at UCSF in 2007 and went onto run the SF Health Service System where I administered the health benefits for over 100,000 public employees and retirees and implemented the first non-Medicare ACO. I was inducted as a fellow in the American Academy of Nursing. My career was going famously. Then in March of 2013 I became very ill. I'd been fatigued for some time but chalked it up to working too hard.

I was sick enough to seek medical care and on March 16th, 2 days after my 57th birthday, a bone marrow biopsy revealed a rare type of Non-Hodgkins's Lymphoma: Mantle Cell Lymphoma. My wife (also a PhD RN) and I scoured the medical literature. The prognosis was not good. I was told that this was not a lymphoma that was curable. I was given two alternatives: undergo six, week long, hospitalizations to be treated 24/7 with a highly toxic chemo regimen and hope that all the cells would be killed so I could have an autologous bone marrow transplant (BMT), or attempt somewhat less toxic outpatient chemotherapy and hope I might be eligible for a BMT. I chose the former. PET scan, endoscopy, cardiac stress test and more tests were required because the chemo was so toxic. It was agonizing for me and my wife. Exhaustion, nausea, lack of appetite, constipation, and a lack of immunity due to the killing off of my white blood cells and profound fatigue from the killing off of my red blood cells. Gratefully, I did not develop any life-threatening infections, my wife kept everything sanitized and I was isolated from friends. I had several blood transfusions; I was hospitalized once (in addition to the 6 hospitalizations for chemo and the month long hospitalization for my BMT) because my blood count was so low. I went to the hospital every week to have blood drawn. I had to administer an anti-clotting drug in my abdomen regularly and an injection to stimulate bone marrow production after each chemo which made my chest and long bones ache almost unbearably. The stress burden on my wife while she worked full time was difficult. I suffered from profound depression (except when I was on Decadron a powerful steroid given to enhance the chemo – it was a mood elevator but when it was tapered off, I crashed). The Decadron also tipped me from metabolic disorder (precursor to diabetes) which Glyphosate is also implicated in: <https://www.healthandenvironment.org/webinars/96482> I am insulin dependent and which has significantly contributed to lowering my quality of life.

In October I had my 4th bone marrow biopsy and finally, it showed no Mantle Cell lymphoma cells. My PET scan was clear but my bone marrow needed a break before the autologous bone marrow transplant could be scheduled.

In November I was scheduled for even more toxic inpatient chemo to make sure all the lymphoma cells were killed so I could harvest healthy bone marrow stem cells. My blood levels did not bounce back to harvest in the anticipated time frame. I couldn't help thinking I had leukemia from the chemo. I was given an expensive powerful IM drug to stimulate my bone marrow to produce and it worked we harvested what I hoped were lymphoma free stem cells.

I was admitted to the transplant center (an hour away from our home). When I signed the "consent" the Clinical Nurse Specialist said "You know, this is not a cure, there is no cure and this will come back." During the following 5 days of chemo I thought I would not survive, and the mantel cell lymphoma was going to come back anyway. The transplant occurred on December 16 and my stem cells implanted on December 25, my new birthday. My wife rented a studio for us to stay in for a month so I could be quickly taken to the hospital (which only happened once). It was another financial and emotional expense. I am very fortunate to have had great insurance, I did have significant copays.

After three months (after a year of hell for me and my family – and probably 2 years of fatigue while the lymphoma was growing) I returned to, work gradually, because I needed 10 years of service to receive retiree health benefits. Having been promised that this type of lymphoma always comes back I did not want to be without health coverage. Because I ran employee health benefits for San Francisco, I know that just the transplant care cost over \$2million. The pre transplant care wasn't quantified and I can only imagine. At what cost are allowing this "probable carcinogen" to continue to be sold in the US and what are the cost implications of weakening the label warning?

In 2014, the literature stated that “progression free survival” was only 3-4 years. I’ve outlived that so far but not a day goes by that I don’t check my lymph nodes for swelling and tenderness. I retired early as soon as I was eligible. My goals for improving the health system ended. My income was cut by 75% so my desire to travel in retirement was curtailed. People say I should be glad to be alive, I am, until it comes back.

I researched what might have caused this rare lymphoma and realized I was a Round-Up victim. I had been an avid home gardener and Round-Up made eliminating sticker bushes and invasive ivy easy. The only warning on the large spray containers was keep away from children (not a problem since I had no children). I had used it regularly for several years. Now I am one of the over 125,000 people who have filed lawsuits against Monsanto/Bayer. According to the medical editor of [Consumer Safety](#), \$10.9 billion has been paid out with 78,000 cases still pending as of 2020. I wonder everyday if I will still be alive when the settlements are made. I know there must be others who didn’t know how to file or who have died. I wonder too how much of the increased incidence of diabetes in our country can be attributed to the fact that there is glyphosate in almost every food product and epigenetically is obesogenic.

The more I learn, the more I am dismayed by Monsanto/Bayer’s influence discovered in court documents: manipulating data, marketing safety, funding “scientific” research with findings that showed no links, paying academics groups to front for them— it’s a page from the BIG tobacco playbook. And now, Monsanto/Bayer is trying to weaken **CONSUMER warning established by Prop 65**.

I have a PhD and when I read the proposed language change, I found it confusing, and clear. How can consumers possible interpret this complex proposed statement and try to chose which government agency to believe.

I know that the IARC did a **hazard** assessment. I trust that.

The proposed language quotes the federal EPA’s **risk** assessment which is already in question from documents found in the court cases and which many of the review panel members disagreed with. (Sad but true our EPA officials are sometimes influenced by industry.) The two proposed statements are confusing and are not the same, how would consumers know that?

It is irresponsible for OEHHA to make consumers decide which agency to believe! The **CA EPA** is charged with **protecting public health**, **OEHAA** is charged **with providing valuable information to consumers**. This proposed language does neither.

Please do not adopt these new unclear rules. Please retain the existing warning. No one should have to undergo the pain, stress and loss of a future I have experienced. I hope this puts a human face on your decisions about weakening this warning.

Sincerely,
Catherine Dodd RN