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Perchlorate Information Bureau
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STATEMENT FROM THE PERCHLORATE INFORMATION BUREAU

RE: EPA's Reevaluation of Scientific Information on Perchlorate and Request for Comment

We share Administrator Jackson's goal that the best available science should drive EPA's regulatory decision on perchlorate. Companies involved in the Perchlorate Information Bureau intend to fully participate in this review process as part of our ongoing work to ensure the best available science is brought to bear in regulatory decision making. More than 50 years of scientific research, including a landmark National Academy of Sciences (NAS) review, have come to a clear and consistent conclusion: low levels of perchlorate are *not* dangerous to public health.

Based on this science, it's clear that EPA's current Health Reference Level (HRL) for perchlorate does protect public health, including the most sensitive populations.

We entirely also agree with US EPA that infants and young children should be protected; it's important to understand that infants and children are already considered in EPA's current reference dose.

According to EPA, a reference dose is "an estimate (with uncertainty spanning perhaps an order of magnitude) of a daily oral exposure to the human population (including sensitive subgroups) that is likely to be without risk of deleterious effects during a lifetime." In adopting a reference dose of (approximately) 24.5 parts per billion, EPA applied a ten-fold safety factor to a dose that has been shown to have no measurable effect specifically to ensure that sensitive populations would be protected.

As the agency considers comments relating to risk levels, an important historical precedent issues should not be overlooked. Specifically, during the Clinton Administration, EPA specifically rejected arguments for setting standards based on body weight/drinking water consumption of pregnant women or infants for chlorite and chlorine dioxide. Like perchlorate, the reference dose for chlorite and chlorine dioxide already included consideration of infants and other sensitive populations.

Some additional key points related to perchlorate and public health:

- NAS: Because Greer et al. (2002) studied healthy men and women, an intra-species uncertainty factor greater than 1 is appropriate to provide protection for sensitive populations. Although EPA recommended a reduction in the default uncertainty factor from 10 to 3 for intrahuman variability in its draft risk assessment, the committee recommends use of a full factor of 10 to protect the most sensitive population—the fetuses of pregnant women who might have hypothyroidism or iodide deficiency. The committee views its recommendation as conservative and health-protective, especially given that the point of departure is based on a nonadverse effect that precedes the adverse effect in the continuum of possible effects of perchlorate exposure."

- NAS: Adverse effects from perchlorate are only *proposed* at high levels and have not been demonstrated in humans.
- NAS: All sensitive subpopulations, including infants, would be protected by the drinking water equivalent of EPA's reference dose, 15 parts per billion (ppb).
- To our knowledge no credible, peer-reviewed studies have found adverse health effects from environmental levels of perchlorate.

Finally, it's important to remember extensive action is already being taken on perchlorate across the country. States with recurring perchlorate issues – most notably California, Massachusetts and New Jersey, have set enforceable drinking water standards. Other states monitor perchlorate through regulatory guidance levels, and cleanup activities are taking place in several locations throughout the country.

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The Perchlorate Information Bureau is supported by Aerojet, American Pacific Corporation, and Lockheed Martin. These companies have worked cooperatively with the U.S. Environmental Protection Agency to increase scientific and medical understanding of perchlorate's risk to human health.