



Oral Comments of RSR Corporation before  
U.S. Environmental Protection Agency  
Clean Air Scientific Advisory Committee (CASAC)  
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By

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I am Gerard Manley, Vice President of Environmental, Health & Safety Compliance for RSR Corporation. RSR appreciates the opportunity to provide these comments on the Integrated Science Assessment for Lead and EPA's Policy Assessment for the Review of the Lead National Ambient Air Quality Standards, External Review Draft. RSR's subsidiaries operate three secondary lead smelters in the U.S.

RSR believes that the evolving science on the effects of lead indicate that the current lead NAAQS is not as protective as it can and should be. EPA's assessment is not supported by the available scientific evidence and thus improperly recommends that the current NAAQS be retained.

Recent data and scientific information demonstrate that greater protection is needed for the most exposed children than is provided for by the 2008 lead NAAQS. This information also demonstrates that it is important to prevent exposure to lead to the greatest extent practicable. Multiple epidemiologic studies conducted in diverse populations of children consistently demonstrate the harmful effects of lead exposure on IQ, academic performance, learning and memory. Epidemiologic studies also demonstrate the effect of lead exposure on inattention, impulsivity, and hyperactivity in children.

EPA has found that a decrease in cognitive function has been observed in populations of children 4 to 11 years old with mean blood Pb levels between 2 and 8  $\mu\text{g}/\text{dL}$ . This is particularly troubling, as EPA's most recent assessment *America's Children and the Environment* found that at the 95th percentile, blood lead levels in children between one and five years was 3.4  $\mu\text{g}/\text{dL}$  in 2009–2010.

Multiple state and local jurisdictions are taking action in the absence of federal leadership to prevent lead exposure. In April 2007, California released a lead benchmark that recognizes there is no safe level of lead exposure. The state directs action to protect children from any blood-lead change of 1.0  $\mu\text{g}/\text{dL}$ . In 2010, New York City recognized that action is needed when a child's blood lead concentration reaches 5.0  $\mu\text{g}/\text{dL}$ .

A report released by the National Toxicology Program (NTP) in October 2011 further supports the conclusion that lead exposure remains a significant health concern. NTP concludes that there is sufficient evidence for adverse health effects in children and adults at blood lead levels below 10 µg/dL. In children, NTP concludes that there is sufficient evidence that blood lead levels below 5 µg/dL are associated with increased diagnosis of attention deficit hyperactivity disorder (ADHD), greater incidence of problem behaviors, and decreased cognitive performance as indicated by lower academic achievement and specific cognitive measures. There is also limited evidence that blood lead levels below 5 µg/dL are associated with delayed puberty, decreased IQ, and decreased kidney function in children.

In January 2012, the Centers for Disease Control and Prevention (CDC) released a report recommending, based on a growing body of studies concluding that blood lead levels below 10 µg/dL harm children, the elimination of the use of the term "blood lead level of concern." This recommendation is based on the weight of evidence that includes studies with a large number and diverse group of children with low blood lead levels and associated IQ deficits. Effects at blood lead levels below 10 µg/dL are also reported for other behavioral domains, particularly attention-related behaviors and academic achievement. The ACCLPP states that new findings suggest that the adverse health effects of blood lead levels less than 10 µg/dL in children extend beyond cognitive function to include cardiovascular, immunological, and endocrine effects. Therefore, the absence of an identified blood lead level without deleterious effects combined with the evidence that these effects, in the absence of other interventions, appear to be irreversible and underscores the critical importance of primary prevention.

The policy assessment fails to incorporate fully this recent action and new scientific information in the literature, and it thus is deficient as a result. The undeniable conclusion of recent scientific information and data is that exposure to lead must be minimized, and this new information weighs heavily in favor of a lead NAAQS that is more protective than the current standard.

The issue of lead exposure does not stop at our borders. The CASAC Lead Review Panel recently recommended that EPA adopt the recommendations of the NAFTA Commission on Environmental Cooperation's (CEC) recent report on exports of spent-lead acid batteries to Mexico. RSR believes that exporting our lead wastes to Mexican facilities that, according to CEC, fail to meet protective standards is unconscionable. We urge EPA to ban such exports immediately.

On behalf of RSR, we appreciate the opportunity to provide these comments.