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Statement of

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before the

Senate Homeland Security & Government Affairs Committee

on

Examining Federal Efforts to Address PFAS Contamination

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Introduction

Chairman Peters, Ranking Member Portman, and distinguished Members of the Committee, thank you for the opportunity to discuss the actions the Department of Defense (DoD) is taking to apply an evidence-based, enterprise-wide, scientific and epidemiological approach to evaluating and addressing exposure to per- and polyfluoroalkyl substances (PFAS) by DoD firefighters.

DoD Collaboration

PFAS exposure is a cross-cutting issue across the Department. My office, the Force Safety and Occupational Health (FSOH) Directorate, resides within the Office of the Assistant Secretary of Defense (OASD) for Readiness, and is responsible for developing the Departmental policies and procedures for assessing and managing health risks and hazards from workplace exposures for military service members and civilian employees as part of the Department's Safety and Occupational Health Program. The FSOH directorate collaborates with the DoD PFAS Task Force, and OASD (Health Affairs), which oversees firefighter blood-level testing conducted by the Military Departments, Defense Logistics Agency, and Washington Headquarters Services. This is a collaborative effort both within the Department and with other Federal Agencies to understand PFAS science and ensure we are responding to Congressional mandates.

Workplace Health Risk Management

Our approach for developing policy to manage DoD workplace exposures starts with the required Occupational Safety and Health Administration (OSHA) regulatory standards. If DoD

determines, based on scientific evidence of health risk provided by toxicology and epidemiological studies, that OSHA limits do not control a hazard to an acceptable level of risk, we develop additional, stricter standards in DoD policy. For example, in an effort to provide the best possible protection for our DoD workforce, we established a DoD blood lead level standard of 20 micrograms of lead per deciliter of blood, which is more protective than the OSHA standard of 50 micrograms of lead per deciliter of blood.

Scientific evidence of health effects is required in order for FSOH to develop appropriate guidance related to PFAS exposure. The Department is monitoring any health effects from PFAS so the Department can assess and manage health risks to DoD firefighters. We are also collaborating with the Department of Health and Human Services' (HHS) Agency for Toxic Substances and Disease Registry (ATSDR), as they are conducting research to identify the health effects from PFAS exposure and the levels of exposure that would result in those health effects; and the National Institute for Occupational Safety and Health (NIOSH) on their PFAS exposure research. Pending the results of the ATSDR and NIOSH scientific evidence, we are limited in some of the actions that we can take, however, we are taking steps in response to the recent Office of Inspector General (OIG) report.

Department of Defense Office of Inspector General Assessment

On July 22, 2021, the OIG completed an assessment of the Department's management of health risk from firefighter exposure to PFAS, among other areas. The OIG provided recommendations to the ASD (Readiness), as the proponent for workplace exposures, in Report No. DODIG-2021-105, "Evaluation of the Department of Defense's Actions to Control Contaminant Effects from Perfluoroalkyl and Polyfluoroalkyl Substances at Department of

Defense Installations.” The OIG acknowledged the actions we are taking to implement PFAS blood testing for DoD firefighters. The OIG found, however, that the DoD Firefighter PFAS Blood Testing Implementation Plan needs improvement and stated:

“We recommend that the Assistant Secretary of Defense (Readiness) (ASD[R]) develop a plan to track, trend, and analyze DoD firefighter PFAS blood test results at a DoD-wide level, in accordance with DoDI 6055.05.”

The Acting ASD(R) response stated:

- DoD is tracking the number of PFAS blood tests for DoD firefighters performed to improve test administration,
- Navy and Marine Corps Public Health Center’s EpiData Center will perform trend analysis of direct care PFAS serum laboratory results collected from DoD firefighters,
- Performing health effects trend analysis will first require inter-agency collaborative research (which is ongoing with ATSDR and NIOSH) to identify PFAS health effects – estimated at four years to complete (estimated 2025), and
- Performing exposure trend analysis and exposure control will require an additional four years of research and development (estimated 2029).

Department of Defense Update

I would like to provide a status of DoD actions to implement OIG recommendations related to PFAS firefighter exposures:

- 1) Collecting the PFAS blood test results,
- 2) Collecting the workplace exposure and illness outcome data, and
- 3) Analyzing this data in accordance with DoDI 6055.05.

PFAS Blood Test Collection

The Department commenced firefighter blood testing for PFAS at the start of FY 2021. Blood testing is offered to each firefighter during their annual medical examination and fact sheets are distributed during the examinations to the DoD firefighters and to occupational medicine practitioners. The content of the fact sheets mirrors the information available from the Centers for Disease Control (CDC) and the ATSDR.

Track, Trend, and Analyze DoD Firefighter PFAS Blood Test Results

The Navy and Marine Corps Public Health Center's EpiData Center is extracting test results from the DoD firefighter military medical records and from the contract analytical laboratory, and statistical analysis for those tests conducted in Fiscal Year 2021 is being performed. Once the health effects research is completed, the collected data will be used to guide medical surveillance and monitor the health status of those firefighters tested.

Health Effects Trend Analysis

Performing health effects trend analysis will require scientific evidence of the health effects resulting from PFAS exposure. DoD is collaborating with ATSDR and NIOSH in their research to identify health effects associated with environmental and occupational PFAS exposures. DoD is reliant upon the completion of ATSDR and NIOSH research into the health effects before DoD can develop surveillance policies and procedures of those health effects. It is expected that HHS research results into the health effects, and then DoD developing policies and procedures for PFAS medical surveillance, could take at least four years (estimated 2025).

Standard Setting, Exposure Trend Analysis, and Exposure Control

The current plan is to perform analysis of exposure data after the above research and development for medical surveillance is completed. Exposure assessments will result in the development of exposure levels and controls using the scientific evidence of PFAS health effects. Procedures and technologies to measure and control occupational exposures are also dependent on the results of this scientific research.

DoD will collaborate with NIOSH to develop the occupational exposure standards that correlate with the health effects, and exposure monitoring procedures and technologies. Developing this evidence and technology is estimated to take several years after completion of the exposure assessment and health effects scientific research and is estimated to be completed in 2029.

In the meantime, the Department is taking action to qualitatively identify firefighter exposure trends before quantitative standards have been developed, and is looking for opportunities to minimize firefighter exposures to PFAS where possible. The Department looks forward to working in an interagency capacity as the science develops to inform a proactive and measurable approach to risk-based decisions on PFAS occupational exposures.

Conclusion

We will continue vetting future actions through the DoD PFAS Task Force, and monitor the pace of research to identify opportunities for accelerating timelines. We are also hopeful that there will be evidence connecting particular blood levels of one or more PFAS to specific adverse health effects in the next two years, and that we could expedite this trend analysis. The Department's commitment to understanding and managing all health risks to military and

civilian personnel in the Department's workplaces, and we appreciate your continued support.