



# National Tribal Toxics Council

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May 18, 2020

Cheryl A. Hawkins,  
Office of Science Advisor, Policy and Engagement (8104R),  
Environmental Protection Agency,  
1200 Pennsylvania Ave NW,  
Washington, DC 20460

RE: Strengthening Transparency in Regulatory Science Supplemental notice of proposed rulemaking; Docket ID: EPA-HQ-OA-2018-0259; FRL-10004-72-ORD

Dear Dr. Hawkins,

The National Tribal Toxics Council (NTTC) appreciates the opportunity to provide comments on the Strengthening Transparency in Regulatory Science Supplemental Notice of Proposed Rulemaking (SNPRM). As an EPA Tribal Partnership Group (TPG), supported by the EPA Office of Pollution Prevention and Toxics (OPPT), NTTC works on issues related to chemical safety, toxic chemicals, and pollution prevention for Indigenous people of the U.S. Through this partnership, we assist OPPT with education and outreach to tribes and educate and inform EPA on the effects of chemicals and pollution upon tribal people.

On April 30, 2018, EPA published the Strengthening Transparency in Regulatory Science Proposed Rulemaking (SNPRM) in the Federal Register at 83 FR 18768. The SNPRM, published on March 18, 2020, describes seven agency actions that clarified certain points, expanded the applicability of the proposed rule beyond just regulatory action, proposed modified and alternative approaches, and asked for comments on whether the agency's authority is sufficient to take these actions. The proposed requirements would modify the EPA's internal procedures regarding what it terms 'the transparency of science underlying regulatory decisions'. EPA recognizes that any entity interested in EPA's regulations may be interested in this proposal, citing for example that the 'proposal may be of particular interest to entities that conduct research or another scientific activity that is likely to be relevant to EPA's regulatory activity.' Given the broadening of the rule to apply to how EPA makes policy decisions, such as agency priorities and actions on climate change, clean air, clean water, clean land, safe products, and more, it is of interest that EPA does not note

the possible interest of every citizen and entity, not just those interested in the somewhat narrow arena of regulations.

The NTTC concurs and incorporates by reference each point made by the National Tribal Air Association, as well as points made by multiple medical, environmental, and public and environmental health organizations and individuals commenting on the proposed seven SNPRM actions. These prestigious institutions include the American College of Environmental and Occupational Medicine, American College of Preventive Medicine, American Public Health Association, International Society for Environmental Epidemiology, American Statistical Association (ASA), National Association of Pediatric Nurse Practitioners, American Lung Association (ALA), Environmental Law Journal, Environmental Defense Foundation, Natural Resources Defense Council.

NTTC will therefore confine its comments to tribal-specific points, beyond the first comment which relates to the pandemic and is the primary reason for the brevity of our comments.

1. [Comment Period on a Public Health Rule during a Pandemic.](#)

As others have commented on when requesting an extension for this SNPRM, the United States is in the middle of a worldwide pandemic. A pandemic inherently requires the full attention of public health, environmental health, and medical professionals and researchers. It is these very professionals who have the most insight on the potential impacts of this rule because it is their research and the health of the public they serve that will be affected. Additionally, other scientists, engineers, recreationalists, hunters, fishermen, tourism operators, families, and others enjoying the environment or making a living from it are currently also preoccupied with the pandemic. Workers in industries that may have higher exposure potential to dangerous chemicals, schools near facilities that may be emitting or releasing chemicals—all populations that may be impacted by this rule, are focused elsewhere at this time and many, if not most, do not have the resources or wherewithal to provide comments. Industries indeed are impacted. Regardless of their opinion, the pandemic is likely impeding or preventing multiple parties from commenting on this rule, or even determining whether the rule is of interest.

The current coronavirus pandemic disproportionately impacts tribal communities. Incidence rates are alarmingly high on some reservations and healthcare infrastructure is poor. High risk conditions such as diabetes are disproportionately present in these nations' populations. Tribal environmental staff, who would typically be the primary parties to research and prepare comments for discussion and direction from their Councils, are the very staff who are also responsible for leading their tribal nation's response to the numerous COVID-19 environmental health concerns. They must ensure indoor air, waste disposal, water treatment operations, and community practices are changed to conform with the best up-to-date information and that their workers and communities are safe and

informed. They do this while often homeschooling and caring for elders, supervising staff if they have them, and learning and keeping up to date with the pandemic.

Our Council members, as tribal employees, are no exception and their NTTC duties are in addition to, and completely separate from, their work for their tribes. We believe that the comment deadline provided by EPA for this proposed rule is too short under normal circumstances to expect substantial tribal comment for reasons expressed previously by us regarding TSCA-related comment opportunities. Many Tribal Councils are shut down except for essential operations by explicit order. It would be impossible for tribes to send in comments or for councils to consider whether they wish to send in comments.

We note that over 600,000 comments were received on the original rule. The expansion of the rule's applicability to policy decisions and the potential for retroactive application to prior studies when reviewing or making new regulations represents clear substantive changes from the original proposed rule, thus impacting a wider group of people and a wider sphere of American life. In only extending the comment period by just 30 days, EPA is choosing to ignore the public's request for an extended comment period. With the vast public interest and the comprehensive breadth of the proposed rule, EPA in the best of times should have elected to provide a 90-day public comment period.

***Conclusion 1:*** *In limiting the period to just 60 days in the midst of a pandemic, it is clear that EPA failed in its obligation to provide for adequate public comment.*

## 2. Tribal consultation

As described in this comment letter, this rule has potentially far-reaching and substantial impact on tribes and it **should have triggered a tribal consultation process**.

For convenience, we provide excerpts from Executive Order 13175<sup>1</sup> to which the agency is legally bound.

(c) To the extent practicable and permitted by law, no agency shall promulgate any regulation that has tribal implications and that preempts tribal law unless the agency, prior to the formal promulgation of the regulation,

(1) consulted with tribal officials early in the process of developing the proposed regulation;

(2) in a separately identified portion of the preamble to the regulation as it is to be issued in the **Federal Register**, provides to the Director of OMB a tribal summary impact statement, which consists of a description of the extent of the agency's prior consultation with tribal officials, a summary of the nature of their concerns and the agency's position supporting the need to issue the regulation, and a statement of the extent to which the concerns of tribal officials have been met; and

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<sup>1</sup> Executive Order 13175 E.O. 13175 of Nov 6, 2000

(3) makes available to the Director of OMB any written communications submitted to the agency by tribal officials.

Below is the entirety of the agency's reference to Executive Order 13175 under the proposed action.

**G. [Executive Order 13175](#): Consultation and Coordination With Indian Tribal Governments**  
This action does not have tribal implications as specified in [Executive Order 13175](#).  
Thus, [Executive Order 13175](#) does not apply to this action.

Given the over-arching nature of the proposed rule's purview and particular impact on tribes, this is an irrational conclusion. The decision by the agency to not include a justification supports this opinion.

Tribes experience multiple health disparities. For example, American Indian and Alaska Native communities experience higher rates of mortality due to cancer and respiratory disease. Diabetes, a morbidity and mortality co-factor for multiple diseases and conditions, which was rare among tribal peoples until the last few decades, has a higher prevalence among American Indians and Alaska Natives than among the general population and any other ethnic group. Research has shown that exposures to higher levels of environmental pollution have an effect on health. Tribes have unique lifeways that place them at higher risk due to multiple exposure pathways not experienced by the general population. For example, these lifeways include differences in:

1. Diet, such as significantly higher consumption of fish and other aquatic life that is typically locally harvested;
2. Housing, which tends to be more often substandard, with older household furniture and products, to lack of garages (resulting in product storage inside the home), and can be associated with dirt yards and unpaved roads;
3. Worker safety protocols, which tend to be less stringently practiced due to multiple small businesses, self-employment, and do-it-yourself practices, and remote access locations unvisited by OSHA;
4. Water use for:
  - Drinking, which can be from untreated and unregulated small systems (less than 15 homes), including well water and surface haul water
  - Hygienic use, through daily steam baths
  - Ceremonial use through steam baths
  - Multiple artisanal activities (e.g. reed harvest, mouthing, weaving);
  - Subsistence activities (e.g. hunting, gathering)
  - Recreational activities (swimming in natural water)
  - Other lifeways.

For convenience, we include a graphic that depicts many of these exposures.



In addition, many reservations are disproportionately impacted from higher levels of chemicals, pesticides, and contaminants, as well as from National Priority List Superfund Sites that release contaminants in the soils, water, and air, thus impacting tribal health.

Tribal specific data are needed for tribes to be represented and protected by the EPA regulations that are intended to protect the environment tribes depend on for their very lifeways. If this rule is enacted, tribes would need to alter their laws concerning data rights and management. For example, some tribes only allow researchers access to tribal data for the duration of the study and require that, once the study concludes, the data be returned to the tribal nation. Additionally, there are tribal sovereignty implications in protecting proprietary knowledge and substantial tribal member privacy concerns because of the relatively small populations sizes. Therefore, the process by which EPA determines whether tribes will be impacted by EPA policies, thus triggering a consultative process, is flawed and must be applied for this rulemaking. We strongly urge the EPA to correct this by postponing any rulemaking until meaningful tribal consultation has been conducted.

**Conclusion 2:** EPA has failed in duty to implement Executive Order 13175.

### 3. Application of rule to TSCA

EPA has already developed and employed the systematic review process to screen and prioritize studies used in TSCA risk assessments. Like this proposed rule, that process discounts or excludes studies for which underlying data are not publicly available. Consequently, whether intended or not, many studies providing tribally relevant data are likely to be excluded. Like in the current rule, reporting issues are conflated with study quality. The process is inconsistent with best practices in systematic review, is unscientific and arbitrary, and open to bias.

As the EPA tribal partnership group that works on TSCA related issues, the NTTC would like to know how this rule would and could affect risk evaluations and use limits done under TSCA authority. Together with the systematic review process, this rule would multiply bias against studies with relevant tribal data and increase the likelihood that studies with relevant tribal information may not be considered. Much of tribal data is published in various reports and grey literature that is already discounted via systematic review. With generally fewer studies and data available that are relevant for tribes and the myriad unique exposures to begin with, how might excluding valid studies impact the agency's ability to estimate risk to tribes?

NTTC requested a briefing from EPA on these points on 04/20/2020 and the request was not met. We are left to assume that this rule will apply to TSCA risk evaluations and other TSCA activities and, if so, this rule will be extremely detrimental to ongoing efforts by OPPT and ORD to represent tribes in risk assessment, as per TSCA mandate to consider potentially exposed and susceptible subpopulations.

**Conclusion 3:** *The rule will significantly impact EPA's capacity to carry out the Toxic Substances Control Act protections for potentially exposed and susceptible subpopulations, as mandated by Congress in its 2016 bipartisan amendment.*

### 4. Disproportionate Impact on Tribal Member and Resource Protection

The anticipated loss of studies that would otherwise assist EPA in upholding the nation's environmental laws and protecting the environmental health of tribes, as is their statutory charge, emanate from several issues:

**4a)** *The small populations of most tribes and tribal communities and their restricted geographic locations (i.e. specific reservations and villages) make it impossible to sufficiently de-identify raw data.*

Tiered access does not alleviate this issue. For example, there are 229 Alaska tribes living in remote and isolated villages averaging just 330 people. They are unconnected by road to any other populations, so that any community's geographic, hydrologic, and geological features relevant to participant selection criteria could unmask the tribe. Partly because of the high cost of conducting studies in an off-road system, partly because of small population sizes, and partly because of the reluctance of community members and tribes to engage with outside

researchers, scientific studies that are pertinent to Alaska Native communities are sparse. Yet, their lifestyles and conditions are such that any attempt to use general population studies to represent their exposures is wrongminded. For example, a retrospective longitudinal cohort study was carried out in 2001 to examine whether there was a significant association between a range of short-term health risks and the surrogate inhalation exposures to solid waste in four Alaska Native villages. Information was collected from 95% of residents, including education level, tobacco use, honey bucket use (plumbing), self-reported asthma, self-reported short-term health symptoms, and approximate total subsistence food consumption<sup>2</sup>. In another study conducted in 2006, and published in the *American Journal of Epidemiology*, birth records were used to examine the association between hazardous waste content in Alaska Village landfills and a number of birth outcomes, including congenital anomalies<sup>3</sup>. These two studies are seminal in that they are the first and only systematic studies carried out on impacts in rural Alaska Native villages. They have since informed EPA policy, as well as delegated state RCRA implementation and policy. A substantial portion of results pertain as well to the rest of rural Alaska communities, representing in total about half of the state's population.

In the case of the retrospective cohort study, obtaining participant consent 19 years later is not possible. In the case of the second study, the use of the Alaska Birth Record Registry was conditioned upon strict confidentiality and scrubbing procedures because of the medical records and sensitive information contained. With communities as small as 50 people and just a single annual birth, it would be straightforward to identify individuals and individual medical records. Permission from the State to modify the research agreement and release the data would not be granted.

Thus, under the proposed rule, these studies would either be excluded or heavily discounted, leaving a void in health risk information for about half of the state's population. Again, tribes throughout Indian Country are no different. Little research specific to their particular lifeways, foods, activities, etc. is available. Funding for such studies has not been in line with studies for larger populations. Finding formulas throughout federal agencies generally tends to be biased towards those that provide information and data sets for larger populations. This scenario would be played out hundreds to thousands of times throughout Indian Country. Additionally, it should be noted that rural America in general shares some features with tribes, such as substandard housing, exposure to dust from unpaved roads, poor healthcare infrastructure, greater number of businesses that are below a range of federal statute threshold reporting levels, such as OSHA and the Toxics Release Inventory (TRI), and are more likely to rely on water systems and private wells unregulated by the CWA and SDWA.

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<sup>2</sup> Gilbreath, Susan Vibeke Maria. "Health Effects Associated with Solid Waste. Disposal in Alaska Native Villages." PhD diss., University of California, 2005.

<sup>3</sup> Gilbreath, S. and Kass, P. Adverse Birth Outcomes Associated with Open Dumpsites in Alaska Native Villages *American Journal of Epidemiology*, Volume 164, Issue 6, 15 September 2006, Pages 518–528, 13 July 2006

Because far fewer federal data are available, research studies conducted with and within tribal and under-represented populations, such as in rural America, are critical to understanding how to protect their public health, not just effectively, but efficiently. But in the case of small communities where residents know each individual, the proposed rule would force researchers to relinquish private information that could be subsequently used for individual identification.

*4b) The proprietary activities related to tribal lifeways, such as food harvesting, preparation, ceremonies, result in a unique and strong reticence of tribes to share such data without privacy assurances.*

While the proposed rule addresses public health studies, particularly dose-response, and longitudinal cohort studies, for tribal peoples many of these studies are intertwined with proprietary lifeways including subsistence activities, ceremonies, and spiritual beliefs. So, for example, consumption patterns might reveal locations or numbers of wildlife and plant harvest areas that tribes wish to keep private or might reveal information about how and what a tribe eats. For example, in the case of the retrospective cohort study described above for waste disposal practices, self-reported daily subsistence food consumption was included to determine whether these foods provided a protective benefit for the surrogate exposures studied.

Fish consumption is a primary pathway of exposure for multiple chemicals that are released to aquatic systems from a multitude of sources. For many tribes, fish is consumed in far greater quantities than the general population. It is therefore critical to document the extent of fish consumption in tribes when setting water quality standards and developing water quality policies, either at a national level, state level, or project-specific level in the case of contaminated site cleanups. Because the fish consumed is not from the grocery store but obtained through traditional practices on tribal lands, community level studies must be carried out. In doing so, not only is the small-scale population problem tripped, but the reluctance of tribal members to share their practices is substantial. Tribal members have specific locations in which they harvest fish. Some tribes have had conflicts with local and state officials on their treaty rights to harvest the fish or other species. Some tribal members are reluctant to reveal that they may eat less fish than they could or fear that they may have violated some ordinance through subsistence and ceremonial fishing. Subsistence is intricately tied to tribal values, beliefs, and lifeways, and is often a spiritual exercise.

Multiple agencies of the federal government have recognized the significance of tribal cultural practices. An example is excerpted below from the DOE Guide for Working with Tribal Nations:

In the mainstream American Culture, there is a distinct separation between the “sacred” and the “mundane” (the everyday tasks of earning a living, finding food and shelter). But most American Indian Tribes and individual tribal members conceive of spirituality and sacred sites and activities as including all aspects of their way of life – a “holistic” or all-inclusive existence. Indian people believe all living things are interconnected. The spiritual and natural worlds are not separate. Spirituality is a part of everyday life. For example, plants and animals are not only necessary for subsistence, but also possess spiritual significance and serve as ceremonial purposes. Therefore, gathering sites are not just subsistence sites; they may be traditional, cultural places. Where non-

Indian cultures may make a distinction between an economic activity. Indian people might consider both to have spiritual significance.

Knowledge about what, where, and how a tribe uses natural resources may be proprietary information that the tribe does not want to release to DOE for fear the information may be misused. Establishing a methodology for collecting and releasing information may require careful collaboration between the tribe and DOE.

- "A Guide for DOE Employees, Working with Indian Tribal Nations," DOE/EM0571, December, 2000

**EPA is not in the business of collecting and reviewing data on the religious practices and beliefs of American citizens, and yet the proposed rule essentially asks just that of tribes.**

Further, by placing tribes in the position of either revealing aspects of their spiritual lifeways that are not relevant to the study purpose or not being protected by the nation's environmental laws, the proposed rule may have implications for the American Indian Religious Freedom Act of 1978 (AIRFA) (42 U.S.C. § 1996.).

One example of a seminal tribal study on fish consumption rates, used to inform water quality standards in Oregon, Washington, and Idaho, is the Columbia River Inter-Tribal Fish Commission (CRITFC) fish consumption survey<sup>4</sup>. The survey was conducted in the early 1990s and its respondents were guaranteed anonymity and that, following peer reviews, their individual responses would never be released to the public. Here, it would be impossible to go back and ask for or obtain informed consent from all tribal members who participated in the survey. Many, if not all, would refuse consent and several are deceased. We understand that EPA interprets the proposed rule as not retroactive, but we find that interpretation to be misleading. Any future regulations or policies would need to adhere to this proposed rule. This includes the review of existing regulations and policies. Without the effective ability to tier access these data, under the proposed rule this study would be either discounted or deprioritized, depending on whether the modified proposal (tiered access) or alternative proposal (weighted studies) for public data is applied. Actions and decisions made by EPA then could not make use of this scientifically valid and critical study without an exemption by the Administrator.

**Consequently, NTTC does not accept either approach to public data and rejects, without qualifications, the storage of data to be housed in a hypothetically protected federal database.**

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<sup>4</sup> CRITFC, 1994. *A Fish Consumption Survey of the Umatilla, Nez Perce, Yakama, and Warm Springs of the Columbia River Basin*. Columbia River Inter-Tribal Fish Commission, Portland, Oregon. Technical Report 94-3. Available at : <http://www.critfc.org/tech/94-3report.pdf>.

Such a scenario is anathema for tribal peoples who have endured countless agreement transgressions by the federal government and unethical researchers in study after study, whether health-based or other. These cases are well documented. For example:

After examining just a 3-year period (1973–1976), the GAO identified 3406 involuntary sterilizations performed on American Indian women ages 15 to 44 years. AI women younger than 21 years of age were sterilized, violating a court-ordered moratorium prohibiting the sterilization of women of that age. Additionally, there was inadequate documentation of AI women’s alleged consent to be sterilized. AI women stated that they either had not consented or were coerced to consent. They were told that they would lose their access to Bureau of Indian Affairs benefits, access to IHS health care, and possibly the custody of their children, if they did not allow the sterilizations. IHS personnel did not correct this misperception<sup>5</sup>.

In a well-documented example in the 1990s, the Havasupai allowed blood to be collected from members for the first time ever to learn about their diabetes epidemic. Blood holds significant cultural and spiritual worth to the Havasupai. The samples and data were held by Arizona State University, and subsequently accessed by researchers for use in a variety of other projects without tribal knowledge.

The implications of the Havasupai “diabetes project” and other recent instances of negligence have affected research with American Indians throughout the country. We quote one of many studies in the peer review literature that document this assertion<sup>6</sup>.

American Indians have experienced great historical trauma related to social, economic, cultural, and political injustices<sup>7</sup>. Research suggests that these injustices have contributed to higher incidences of heart disease, cancer, obesity, and diabetes in American Indian communities<sup>8</sup>. Centuries of deception and injustices by government agencies and researchers have resulted in native communities’ developing a deep-rooted mistrust and fear of biomedical research. Research has included absent, inappropriate, or insufficiently specific informed consent; misinterpretation of data; misrepresentation of tribal culture; breaches of privacy; mishandling of biological samples; false representation; and, in

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<sup>5</sup> Pacheco CM, Daley SM, Brown T, Filippi M, Greiner KA, Daley CM. Moving forward: breaking the cycle of mistrust between American Indians and researchers. *Am J Public Health*. 2013;103(12):2152-2159. doi:10.2105/AJPH.2013.301480

<sup>6</sup> Chadwick J. et al. Genomic Research and American Indian Tribal Communities in Oklahoma: Learning From Past Research Misconduct and Building Future Trusting Partnerships, *Am. J. Epi*, Vol 188 (7), 2019.

<sup>7</sup> Walters KL, Beltran R, Huh D, et al. Dis-placement and dis- ease: land, place and health among American Indians and Alaska Natives. In: Burton LM, Kemp SP, Leung M, et al., eds. *Communities, Neighborhoods, and Health: Expanding the Boundaries of Place*. Philadelphia, PA: Springer Science+Business Media; 2011:163–199. *And* Jones DS. The persistence of American Indian health disparities. *Am J Public Health*. 2006;96(12):2122–2134.

<sup>8</sup> Barnes PM, Adams PF, Powell-Griner E. Health characteristics of the American Indian or Alaska Native adult population: United States, 2004–2008. (National Health Statistics Reports, no. 20). Hyattsville, MD: National Center for Health Statistics; 2010. *And* Jernigan VB, Duran B, Ahn D, et al. Changing patterns in health behaviors and risk factors related to cardiovascular disease among American Indians and Alaska Natives. *Am J Public Health*. 2010;100(4):677–683.

some cases, medical malpractice<sup>9</sup>. Often American Indians were allegedly subjected to research without regard for potential harm to individuals or their communities. Some researchers would enter American Indian communities, collect data, depart without community engagement, and then publish negative findings from their research, inflicting harmful imprints on the communities' social, economic, and cultural systems<sup>10</sup>.

The passage above describes in fact why nearly every medical and public health association and organization is opposed to the proposed rule. Tribes and minorities who have been subject to poor treatment in the past by the federal government already mistrust the collection of personal information. The addition of the onerous and unnecessary requirements for potential study participants to accede to any level of public data access could reduce the number of studies and volume of data by an order of magnitude or more. As an exhibit attesting to the breadth of researchers, public health and medical, that oppose the proposed rule, thus documenting the predicted impact by researchers and the medical community itself on relevant data, we have included a list of some of those entities at the end of this letter. Given that the EPA's mission is to be protective of public health, and the nation's public health experts believe this rule to be detrimental to the protection of public health, NTTC questions why EPA continues to pursue this rule and in fact expanded the original rule's scope with the SNPRM.

**Conclusion 4:** *A reduction in future tribal research projects and availability of relevant tribal data will occur should the rule be implemented, regardless of modified or alternative approach.*

## 5. Concluding Remarks

The availability and production of tribally relevant and representative data will decrease because of this proposed rule, and the decrease will be disproportionate compared to that for other populations. Given the general scarcity of such data in the first place, NTTC believes EPA will risk losing its ability to properly protect tribal peoples when rulemaking and setting agency and national policies. EPA has exceeded its housekeeping authority, which is intended solely for internal policies that do not affect regulatory or policy decisions.

We specifically request that EPA delay any further action on this rulemaking until tribal consultation can be accomplished. We look forward to the Agency's written response to

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<sup>9</sup> Lawrence J. The Indian Health Service and the sterilization of Native American women. *Am Indian Q.* 2000;24(3):400–419. *And* Smith A. *Conquest*. Cambridge, MA: South End Press; 2016.

<sup>10</sup> Foulks EF. Misalliances in the Barrow Alcohol Study. *Am Indian Alsk Native Ment Health Res.* 1989;2(3):7–17. *And* *Havasupai Tribe of Havasupai Reservation v Arizona Board of Regents*, 204 P3d 1063, November 28, 2008 (App 2008). *And* Office of Environment, Health, Safety and Security, US Department of Energy. Chapter 12: the iodine 131 experiment in Alaska. In: *Final Report of the Advisory Committee on Human Radiation Experiments* [electronic book]. Washington, DC: US Government Printing Office; 1995. (Stock no. 061- 000-00-848-9). [https://bioethicsarchive.georgetown.edu/achre/final/chap12\\_4.html](https://bioethicsarchive.georgetown.edu/achre/final/chap12_4.html). Accessed March 29, 2019. *And* Hodge FS. No meaningful apology for American Indian unethical research abuses. *Ethics Behav.* 2012;22(6):431–444.

these comments within 90 days. Should you or your staff have questions or comments regarding our letter, please contact myself, Dianne Barton, NTTC Chair, at (503) 731-1259 / [bard@critfc.org](mailto:bard@critfc.org) or Fred Corey, NTTC Co-Chair, at (207) 764-7765 / [fcory@micmac-nsn.gov](mailto:fcory@micmac-nsn.gov).

Sincerely,



Dianne C. Barton, Ph.D.  
Chair, National Tribal Toxics Council

*Endnote Exhibit regarding impact on public health:* List of Medical and Scientific Institution and Association signatories to a July 18 2018 statement condemning the proposed rule: ...If EPA excludes studies because the data cannot be made public, people may be exposed to real harm. The result would be decisions affecting millions based on inadequate information that fails to include well-supported studies by expert scientists. These efforts are misguided and will not improve the quality of science used by EPA nor allow the agency to fulfill its mandate of protecting human health and the environment. For the sake of the country's health, EPA must not restrict this research.

Academy of Integrative Health & Medicine	American College of Obstetricians and Gynecologists
Allergy & Asthma Network	American College of Physicians
Alliance of Nurses for Healthy Environments	American College of Preventive Medicine
American Academy of Dermatology	American Geophysical Union
American Academy of Family Physicians	American Geriatric Society
American Academy of Pediatrics	American Heart Association
American Association for Cancer Research	American Institute of Biological Sciences
American Association for the Advancement of Science	American Lung Association
American Association of Community Psychiatrists	American Medical Association
American Brain Coalition	American Medical Women's Association
American College of Lifestyle Medicine	American Parkinson Disease Association
American Psychiatric Association	American Physiological Society
American Psychological Association	Environmental Protection Network
American Public Health Association	Geological Society of America
American Society for Investigative Pathology	Health Care Without Harm
American Society of Naturalists	International Society for Environmental Epidemiology
American Thoracic Society	Jacobs Institute of Women's Health
Association for Psychological Science	Medical Advocates for Healthy Air
Association of American Medical Colleges	National Asian Pacific American Women's Forum
Association of American Universities	National Association of County and City
Association of Public and Land-grant	

Universities	Health Officials
Association of Public Health Laboratories	National Environmental Health Association
Association of Reproductive Health Professionals	National Multiple Sclerosis Society
Association of Schools and Programs of Public Health	National Women's Health Network
Asthma and Allergy Foundation of America	Physicians for Social Responsibility
Big Cities Health Coalition	Pittsburgh Institute for Neurodegenerative Diseases
Breast Cancer Prevention Partners	Society for the Study of Evolution
Bridge the Gap - SYNGAP Education and Research Foundation	Teratology Society
Center for Open Science	The Medical Society Consortium on Climate and Health
Center for Progressive Reform	The Michael J. Fox Foundation for Parkinson's Research
Center for Reproductive Rights	The Parkinson Alliance
Children's Environmental Health Network	The Prevent Cancer Foundation
Consortium of Social Science Associations	Union of Concerned Scientists
David Geffen School of Medicine	The Parkinson's Unity Walk
Ecological Society of America	
Endocrine Society	

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