

July 9, 2020

Good morning Chair Anastasio and Panel Members,

I am Anne Katten representing the farmworker advocacy organization California Rural Legal Assistance Foundation (CRLAF) and I am commenting today about the DPR Mitigation Pilot Studies for 1,3 D.

While we disagree with some of DPR's conclusions because we think that TIF tarps and fumigation alternatives are feasible for many crops, we support the pilot studies because field site and area monitoring data are needed to evaluate the degree to which the application methods to be studied (reduction in use levels, strip use of TIF tarps, deeper injection, water seals) and buffer zones both reduce 1,3 D emissions and are utilized to fumigate fields during the pilot. Furthermore, we think the following study design requirements, which DPR has not yet committed to, are critical.

First, it is vital to collect and preserve data on the methods used for 1,3 D fumigation during the pilot study to have a record of methods chosen by growers and to correlate with area air levels measured. The Notices of Intent issued by the counties include fumigation method, application rate, acreage to be treated, any required buffer zones and approximate date of application but these documents are not routinely kept or forwarded to DPR. A commitment to forward the 1,3 D fumigation NOIs for the pilot areas to DPR must be part of the study design, hopefully with actual date and time of each fumigation included. This is a simple but critical need.

Second, in order to adequately evaluate how well each of these methods control emissions, application or site specific monitoring needs to be conducted on large acreage applications that are real world rather than experimental plot size, at multiple sites with different soil types and seasons of applications. We realize that collection of this data is costly but adequate evaluation is critical for determining whether an application method is truly low emission.

In addition, we have been reviewing the peer review of the models which Dr. Vidrios mentioned. Several of the Peer reviewers expressed concerns about validity of calculating annual average exposures from weekly 24 hour samples which can't be expected to capture peak air levels.

I would also like to point out that OEHHA has concluded that the acute 1,3 D screening level of 110 ppb should be averaged over 24 hours, not 72 hours. I believe this is because of uncertainties in the data.

Thank you for your time and consideration.

Sincerely,

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