

United States Senate

WASHINGTON, DC 20510

June 26, 2020

The Honorable Alex Azar II
Secretary
U.S. Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

Dear Secretary Azar:

We write to express our concern about the potential risks that the novel coronavirus or “COVID-19” may pose for people who have been exposed to per- and polyfluoroalkyl substances (PFAS). As our country continues to respond to the COVID-19 pandemic, we urge you and the leadership of agencies within the Department of Health and Human Services (HHS) to ensure that the connection between PFAS exposure and COVID-19 is thoroughly examined so that individuals in communities impacted by PFAS can take precautions that are guided by scientific evidence.

The COVID-19 pandemic continues to pose a threat to all of our communities. Approximately 2.4 million Americans have contracted COVID-19 and sadly more than 122,000 people in the United States have died from COVID-19 complications.¹ However, much is still unknown about the disease and its risk factors. Americans need to be armed with the most complete information as possible about risk factors as states and local governments continue to phase-in the reopening of businesses, events and services.

The relationship between PFAS exposure and the incidence of COVID-19 is one area where more research is needed. Studies have suggested that exposure to high levels of PFAS can have a detrimental effect on the body’s immune system,² which can leave individuals with PFAS exposure at increased risk for complications from many different diseases and conditions. It has been reported that more than 600 communities in at least 43 states are dealing with PFAS exposure.³ For these communities, it will be vital to gain a better understanding of how exposure to PFAS can impact the risks of contracting COVID-19, as well as the risks of COVID-19 complications or even death.

On June 11, 2020, the Agency for Toxic Substances and Disease Registry (ATSDR) issued a “Statement on Potential Intersection between PFAS Exposure and COVID-19” in which the agency expressed concern about how PFAS exposure can impact the risk of COVID-19 infection.⁴ This statement indicated that “There is evidence from human and animal studies that PFAS exposure may reduce antibody responses to vaccines... and may reduce infectious disease resistance.” The

¹ Johns Hopkins University, “COVID-19 Dashboard,” Center for Systems Science and Engineering at Johns Hopkins University, Accessed June 2020. Available at: <https://coronavirus.jhu.edu/map.html>

² National Toxicology Program, “Monograph on Immunotoxicity Associated with Exposure to Perfluorooctanoic acid (PFOA) and perfluorooctane sulfonate (PFOS),” September 2016. Available at: https://ntp.niehs.nih.gov/ntp/ohat/pfoa_pfos/pfoa_pfosmonograph_508.pdf

³ Earth Justice, “Breaking Down Toxic PFAS,” February 20, 2020. Available at: <https://earthjustice.org/features/breaking-down-toxic-pfas#:~:text=According%20to%20data%20analyzed%20by,an%20estimated%2019%20million%20people>

⁴ Agency for Toxic Substances and Disease Registry, “Statement on Potential Intersection between PFAS Exposure and COVID-19,” Accessed June 2020. Available at: <https://www.atsdr.cdc.gov/pfas/PFAS-health-effects.html>

statement suggested that “More research is needed to understand how PFAS exposure may affect illness from COVID-19.” To help better inform and protect countless PFAS-exposed individuals in our communities, we believe that ATSDR—and HHS agencies more broadly—must play an active role in closing this research gap that ATSDR has identified.

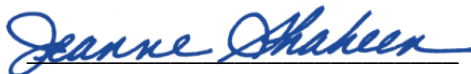
Congress has passed legislation to provide supplemental funding to help support COVID-19 research at the National Institutes of Health (NIH) and other agencies. The Coronavirus Preparedness and Response Supplemental Appropriations Act provided \$826 million for NIH to support basic research on COVID-19, as well as the development of vaccines, therapeutics and diagnostics. The Coronavirus Aid, Relief and Economic Security (CARES) Act provided an additional \$945 million for NIH to expand upon research to develop an improved understanding of the prevalence of COVID-19, its transmission and history of infection, among other priorities. The CARES Act also provided \$500 million for the Centers for Disease Control and Prevention (CDC) to support public health data surveillance and response efforts. Ideally, these resources, in addition to funds provided through annual appropriations for Fiscal Year (FY) 2020, could help support efforts to examine the connection between PFAS exposure and COVID-19.

To help better respond to concerns in our communities about the relationship between PFAS exposure and COVID-19 infection, we request answers to the following questions:

1. Does the National Institute of Environmental Health Sciences (NIEHS), the National Institute of Allergy and Infectious Diseases (NIAID) or any other institute within NIH have plans to fund research to assess the interaction of PFAS exposure and COVID-19 and the COVID-19 risks for people who have been exposed to PFAS?
2. Are ATSDR, CDC, NIH and other agencies within HHS capable of leveraging data already being collected on PFAS exposure via the Pease PFAS study, the National Multi-Site PFAS Study, ATSDR’s PFAS Exposure Assessments or other ongoing studies within the agencies to examine the relationship between PFAS exposure and COVID-19? If so, are these agencies capable of conducting antibody or other serological tests on willing voluntary participants within the PFAS studies, in a way that is sensitive to patients’ rights, to further examine the intersection between exposure to these chemicals and COVID-19? If so, we strongly urge CDC to lead such a multi-agency analysis.
3. Do the agencies need additional resources to support research and surveillance of the interaction between PFAS exposure and COVID-19, beyond the funds provided thus far through FY 2020 appropriations and COVID-19 response legislation?

Thank you for your attention to this critical issue. Together we hope to foster a better understanding of any unique risks that COVID-19 may pose for people with PFAS exposure so that we can address the health impact of exposure to these chemicals. We look forward to your timely response.

Sincerely,



Jeanne Shaheen
United States Senator



Richard Blumenthal
United States Senator



Sherrod Brown
United States Senator



Margaret Wood Hassan
United States Senator



Joe Manchin, III
United States Senator



Gary C. Peters
United States Senator



Debbie Stabenow
United States Senator

/s/ Robert P. Casey, Jr.

Robert P. Casey, Jr.
United States Senator



Michael F. Bennet
United States Senator

/s/ Jack Reed

Jack Reed
United States Senator

/s/ Martin T. Heinrich

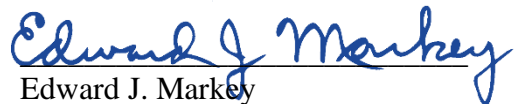
Martin T. Heinrich
United States Senator



Bernard Sanders
United States Senator



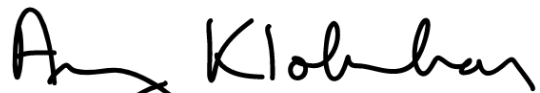
Tammy Baldwin
United States Senator



Edward J. Markey
United States Senator



Robert Menendez
United States Senator



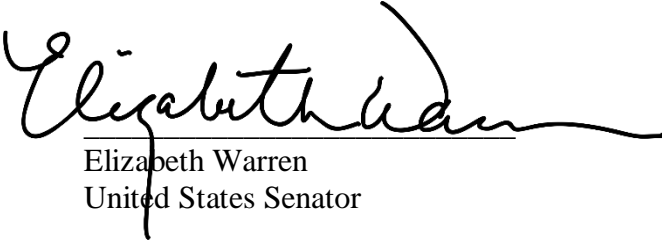
Amy Klobuchar
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Maria Cantwell
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Elizabeth Warren
United States Senator

Cc: Dr. Robert Redfield, Director, Centers for Disease Control and Prevention
Dr. Patrick Breysse, Director, Agency for Toxic Substances and Disease Registry
Dr. Francis Collins, Director, National Institutes of Health
Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Diseases
Dr. Rick Woychik, Director, National Institute of Environmental Health Sciences