

**STATE OF NEW MEXICO  
DEPARTMENT OF ENERGY, MINERALS AND NATURAL RESOURCES  
OIL CONSERVATION COMMISSION**

**IN THE MATTER OF PROPOSED  
AMENDMENT TO THE COMMISSION'S  
RULES TO ADDRESS CHEMICAL DISCLOSURE AND  
THE USE OF PERFLUOROALKYL AND  
POLYFLUOROALKYL SUBSTANCES AND  
IN OIL AND GAS EXTRACTION,  
19.15.2, 19.15.7, 19.15.14, 19.15.16 AND 19.15.25 NMAC**

**CASE NO. 23580**

**TECHNICAL REBUTTAL TESTIMONY AND EXHIBITS**

**OF**

**DR. DAVID BROWN SC.D.**

**ON BEHALF OF WILDEARTH GUARDIANS**

**November 14, 2024**

1 I have read the direct testimony of Janet Anderson regarding chemical disclosure, risk  
2 communication, and “chemophobia”. My response is as follows:

3         Phobias are clinically known as anxiety disorders. “Chemophobia” is more properly  
4 viewed as a label than an actual medical condition as asserted in the report from the American  
5 Council on Science and Health. That report, “Scared to Death: How Chemophobia Threatens  
6 Public Health” is a position statement, not a scientific study. It cites reading *Silent Spring* by  
7 Rachel Carson and not knowing the scientific name for water as two examples of behaviors that  
8 lead people to the condition “chemophobia”. Their argument goes on to recommend that  
9 chemical information should be withheld from exposed communities for their own  
10 protection from the “phobia”.

11         Risk communication is the tool that is used to explain potential hazards to people. In  
12 reality, withholding information about potential risk annihilates any opportunity to address actual  
13 health conditions. That is a violation of the trust imperative cited in EPA’s SALT document.  
14 NMOGA Ex. E25.

15         Trusting the messenger requires telling the whole truth. In Flint, the government covered  
16 up the problem of lead exposure in children from drinking water which led to higher exposures.  
17 The public and their physicians doubted information from the government.<sup>1</sup> Disclosure leads to  
18 trust. Half-truths lead to skepticism. In fact, the better course when information is not known is  
19 to simply say, “I do not know.” At that point the public can understand that the best public health  
20 option is to break the chains of exposure.

21         There are no restrictions on providing context and resources to people alongside chemical  
22 disclosure. Rather than hiding information, safety can be properly assured with contextualized

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<sup>1</sup> Hanna-Attisha, Dr. Mona, *What The Eyes Don't See: A Story of Crisis, Resistance, and Hope in an American City*  
One World Publishing (2018)

1 information, and the entity creating the risk should bear the burden of providing that  
2 information. What frightens people is knowing there are risks but not having access to  
3 information about them.

4 As a public health professional, one of the most common questions people ask me is,  
5 “What do I do to protect my family?” Lack of disclosure puts health professionals in a position  
6 to say, “We don’t know if this is safe, and we don’t have the data to tell you whether it is.” That  
7 creates anxiety. For example: “I do not know what is in your drinking water. I am not going to  
8 guess that it is safe.” I need to know what is there in order to say it is safe and ease someone's  
9 mind.

10 In all health problems caused by environmental exposure, disclosure of the chemical  
11 agents is essential and expected. Time and again, our experience at the Health Project was that  
12 the failure to disclose chemicals prevented adequate health care and created anxiety in the  
13 exposed population.

14 This concludes my rebuttal testimony, which is accurate to the best of my knowledge.

15  
16 /s/ David Brown  
17 David R. Brown ScD.  
18 Westport, Connecticut.

Date: November 12, 2024

CERTIFICATE OF SERVICE

I certify that a true and correct copy of the foregoing Rebuttal Testimony was e-mailed to the following on November 12, 2024:

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