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PUBLIC COMMENT ON PROPOSED RESCISSION OF REGULATORY DETERMINATIONSAND REMOVAL OF MCLs FOR PFHxS, PFNA, HFPO-DA (GenX), AND MIXTURE(EPA-HQ-OW-2025-0654)

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I. Statement of Standing and Purpose

I submit this comment as the founder of AbilityForge.net, a healthcare reform and environmental toxin advocacy platform that has documented PFAS contamination patterns, clinical outcomes, and the intersection of regulatory failure with individual patient harm. I submit it also as the lay advocate, with his express permission, for Charles DeSautel — a United States Navy veteran who served at Naval Air Station Joint Reserve Base Willow Grove, a confirmed PFAS contamination site, and who has since been diagnosed with Stage IVA prostate cancer.

This comment opposes the proposed rescission of Maximum Contaminant Levels (MCLs) for PFHxS, PFNA, HFPO-DA (GenX chemicals), and their mixture under the Safe Drinking Water Act. The EPA's stated procedural justification for this rescission — that the Biden administration promulgated regulatory determinations and MCLs simultaneously rather than sequentially — is a process argument being used to produce a health outcome. The process can be corrected without eliminating the protection. This agency is choosing elimination.

The people who will suffer the consequences of that choice are already among us. Some of them are veterans. Some of them are their children. Some of them do not yet know why they are sick.

II. The Case of Charles DeSautel — One Veteran, One Site, One Disease

Charles DeSautel served at NASJRB Willow Grove in Horsham Township, Montgomery County, Pennsylvania — a confirmed PFAS contamination site where aqueous film-forming foam (AFFF) was used extensively in fire training operations from the 1970s onward. The contamination at that site is not in dispute. The documented on-base PFOS levels reached 13,700 parts per trillion against an EPA advisory limit of 70 parts per trillion — a concentration 195 times the advisory level. Private wells near the base measured PFOS and PFOA up to 5,200 ppt — 74 times the advisory level. Warrington Township removed three of

eight public supply wells from service in October 2014 after detecting contamination above EPA advisory thresholds.

Charles DeSautel's PFAS blood panel, drawn December 2025, returned a NASEM 7-analyte summation of 9.06 ng/mL — placing him in the enhanced clinical screening tier. His PSA trajectory, documented in the medical record, shows the following pattern:

Date	PSA (ng/mL)	Velocity/Year
January 2020	17.3	Baseline
November 2022	5.8	↓ −6.3 Lowered by Medical procedure TURB
November 2023	12.2	↑ **+6.4 ⚠ Exceeds D'Amico threshold**
April 2024	19.57	↑ **+13.5 ⚠ Rapid acceleration**
Oct 2024	20.13	↑ **+1.1**
Jan 2026	29.85	↑ **+7.7⚠ Exceeds D'Amico threshold**
Apr 2026	35.78	↑ **+23.7⚠ Rapid acceleration, Recent Biopsy tends to temporary accelerate.**

Charles DeSautel's diagnosis is Stage IVA prostate cancer. He presented for a VA Compensation and Pension examination with molecular profiling documentation and his PFAS blood panel results. The VA has recognized PFAS contamination at Willow Grove NAS and other military installations as a qualifying exposure basis for service-connected conditions — establishing legal precedent for causation that Charles DeSautel is now pursuing.

He is not an abstraction. He is the reason these limits exist. He is what this rescission costs.

III. The Half-Life Problem: Why Removing MCLs Now Causes Deaths Decades From Now

The EPA's procedural argument for rescission treats the MCLs being removed as future-looking protections that have not yet taken effect. This framing ignores the fundamental pharmacokinetics of PFAS and the concept of body burden as a lagging indicator of past exposure.

PFHxS — one of the four compounds whose MCL this proposal would rescind — has a serum elimination half-life of approximately 7 to 8 years. This means that a person with a body burden of 8 ng/mL today, with no further exposure, will not reach 4 ng/mL for 7 to 8 years. They will not reach 2 ng/mL for 14 to 16 years. They will not reach 1 ng/mL for 21 to 24 years. And they will not reach 0.5 ng/mL for approximately 28 to 32 years — assuming no re-exposure during that entire period.

But re-exposure does not stop simply because a person leaves a contaminated site. The plume follows the water table. The contamination migrates into public supply systems. PFAS persists in food grown in biosolid-treated soil. It persists in food packaging. It persists in the supply chain. Continuous low-level re-exposure prevents the body burden from declining

along the theoretical half-life curve. The person's chemical load does not decrease. It stabilizes — or increases.

This means that a person tested today reflects only the residual after years of slow elimination. Their peak body burden — during the period of maximum exposure, during service at Willow Grove or any other contaminated installation — may have been 4 to 10 times higher than what a blood test shows now. The damage to their endocrine system, their thyroid, their prostate, their kidneys — that damage was occurring at concentrations we cannot now measure because the chemical has been slowly leaving their body for years. **The diagnosis precedes the test. The damage precedes the diagnosis.**

Rescinding the MCLs for PFHxS, PFNA, GenX, and the mixture does not undo the exposure that has already occurred. But it removes the regulatory infrastructure that would — going forward — prevent the next generation of exposure. It removes the framework that allows future patients to connect their diagnosis to a documented water source. It removes the legal anchor that allows future veterans to establish service connection. It removes the clinical reference point that allows future physicians to back-calculate from a patient's exposure timeline to their probable peak body burden.

The people who will die from this decision have already been exposed. Their children may already carry the chemical burden their mothers passed to them before birth. They simply do not know it yet.

IV. The Maternal Transfer Problem: A Gap the 119th Congress Has Not Yet Closed

PFAS readily crosses the placental barrier. This is not disputed in the peer-reviewed literature. A gestating parent's serum PFAS levels are predictive of neonatal chemical burden at birth. The child enters the world already carrying the contamination load their mother accumulated — from water, from food, from a military installation where their father or mother served.

PFAS also accumulates in breast milk. And here the biology creates a cruel irony: breastfeeding reduces the mother's body burden. The chemical migrates preferentially into the milk — the same protein-binding chemistry that makes PFAS persistent in blood serum drives its affinity for the lipid-rich environment of breast milk. The mother's body is partially cleansed. The child receives the chemical load she sheds.

The VET PFAS Act (H.R. 3639, 119th Congress) includes coverage for family members and dependents who lived at contaminated installations, and for children exposed in utero. This is meaningful recognition of the maternal transfer pathway. But the bill has a gap that the half-life science makes urgent:

A woman who served at Willow Grove NAS and left active duty in 1995 still carries PFHxS in her bloodstream today. Her body burden in 1995, at the height of her exposure, may have been 80 ng/mL or higher. By the time she conceived her first child in 2000, her burden may have been 50 ng/mL — still massively elevated, still crossing the placenta, still concentrating in her breast milk. That child, now 26 years old, has been carrying a chemical burden since before they were born. They have never been tested. They have no diagnosis. They have no VA coverage. They have no legal pathway. And they have no idea.

The 119th Congress VET PFAS Act does not currently account for children born after the parent's separation from service at a contaminated site, despite the fact that the chemical remains in the parent's body for decades post-separation. A woman who served in 1988 and separated in 1992 was still a meaningful PFAS exposure risk to any child she conceived through the early 2000s — fifteen years after she left Willow Grove. The coverage gap is a half-life gap. Congress has not yet written the half-life into the statute.

Removing the MCLs for PFHxS — the compound with the longest documented serum half-life of any PFAS commonly measured — directly worsens this intergenerational exposure problem. It removes the enforceable limit on the compound most likely to be present in the bodies of veterans' children and grandchildren at elevated concentrations for the next 40 years.

V. The Prevention Economy: $340 vs. $340,000

The EPA's rationale for this rescission centers on cost reduction — specifically, reducing compliance costs for water utilities. The agency has not presented a complete cost accounting. We offer one here.

A PFAS serum panel through Quest Diagnostics using the NASEM 7-analyte summation protocol costs approximately $300. A prescription for cholestyramine — a bile acid sequestrant that interrupts the enterohepatic loop through which PFAS recirculates from the gut back into the bloodstream, accelerating elimination by 5 to 10 times — costs approximately $40 per month at generic pricing.

Cholestyramine is not a new drug. It has been used for decades to manage lipid disorders. Its mechanism in PFAS remediation is well-understood: PFAS excreted via bile into the small intestine is almost entirely reabsorbed into the portal vein under normal conditions, which is why the half-life is measured in years rather than weeks. Cholestyramine, administered as an anion exchange resin in the gut lumen, intercepts bile-bound PFAS before reabsorption occurs. The chemical is trapped and excreted. The enterohepatic recirculation loop is broken.

A course of cholestyramine therapy administered to a high-exposure veteran or their family member — ideally before conception, or during periods of known high-risk exposure — represents a meaningful clinical intervention. The same intervention, scaled to identified high-risk populations near documented contamination sites, represents a public health strategy with a straightforward economic calculus:

Intervention	Approximate Cost	Per Patient
NASEM PFAS Serum Panel (Quest Diagnostics)	~$300	One-time diagnostic
Cholestyramine (generic, 12-month course)	~$480	Annual treatment
Total screening + treatment (Year 1)	**~$780**	Per identified high-risk person
Stage IVA prostate cancer (Medicare/VA, all-in treatment)	$300,000–$500,000+	Per patient, lifetime

Intervention	Approximate Cost	Per Patient
Prevention math	**~500 people screened and treated**	for the cost of one cancer patient

The Acceleration Comparison: 35 Years vs. Approximately 1 Year

To illustrate what this acceleration means clinically: a veteran with a starting body burden of 60 ng/mL would, under natural elimination alone, require approximately 35 years to reach a body burden under 2 ng/mL — five PFHxS half-life cycles of 7 to 8 years each. Under an accelerated cholestyramine protocol, with each three-month course reducing body burden by approximately 40 percent, that same reduction may be achievable in approximately one year of treatment at a total medication cost of roughly $120:

Starting burden: 60 ng/mL

After 3-month course 1: ~36 ng/mL

After 3-month course 2: ~21.6 ng/mL

After 3-month course 3: ~12.96 ng/mL

After 3-month course 4: ~7.8 ng/mL

In approximately one year and four treatment courses, a patient may achieve a body burden reduction that would require 22 to 28 years of natural elimination to replicate — at a total drug cost of roughly $120, assuming appropriate intervals between courses and fat-soluble vitamin supplementation (A, D, E, K) to offset cholestyramine's effect on nutrient absorption. The safety profile, optimal inter-course interval, and suitability for consecutive courses warrant formal clinical investigation. The economic case for that investigation is unambiguous: 35 years of endocrine disruption, cancer risk, and metabolic disease compressed, potentially, into one year of a decades-old generic medication.

This is not speculative. Charles DeSautel's Stage IVA prostate cancer will cost the VA and Medicare hundreds of thousands of dollars in hormone therapy, imaging, oncology follow-up, and the downstream sequelae of metastatic disease management. That cost was not inevitable. It was the downstream consequence of contaminated water at a military installation, inadequate monitoring, and the absence of a clinical pathway that would have identified his exposure and offered intervention before his PSA began its documented acceleration.

The metabolic effects of PFAS body burden reduction may extend beyond cancer prevention. Charles DeSautel underwent cholestyramine treatment following his PFAS serum panel. Without any change in body mass index, his hemoglobin A1C — the standard diagnostic marker for prediabetes and type 2 diabetes, reflecting average blood glucose over approximately three months — declined from prediabetic range into normal range without metformin or any other glucose-lowering medication. PFAS compounds are documented endocrine disruptors with established associations with insulin resistance, glucose dysregulation, and elevated type 2 diabetes risk. The reduction of his body burden appears to have produced a measurable improvement in metabolic function independent of weight change. This single case does not constitute clinical evidence, but it is consistent with the documented mechanism and warrants formal investigation as part of any broader cholestyramine sequestrant protocol for PFAS-exposed populations.

The EPA is proposing to reduce the number of compounds subject to MCLs. The result will be more contaminated water, more body burden accumulation in exposed populations, more

cancers diagnosed 20 years from now that could have been prevented for less than the cost of a single month of oncology care.

This is not a cost reduction. It is a cost transfer — from water utilities to veterans, to their families, to the Medicare and VA systems that will treat the cancers that the MCLs were designed to prevent.

VI. The Legal Argument: Procedural Correction Does Not Require Health Rollback

EPA's stated basis for this rescission is that the Biden administration finalized regulatory determinations and MCLs simultaneously and in tandem, rather than sequentially as required under EPA's reading of the Safe Drinking Water Act. EPA contends that this procedural sequencing error renders the regulatory determinations — and by extension the MCLs — legally deficient.

We do not concede that this procedural argument is correct on its merits. The United States Court of Appeals for the D.C. Circuit has already rebuffed one EPA attempt to withdraw PFAS drinking water limits, signaling that the anti-backsliding provision of the Safe Drinking Water Act constrains the agency's ability to reduce protections once established. But even accepting EPA's procedural premise arguendo: the appropriate remedy for a procedural sequencing error is to correct the sequence — not to eliminate the protection.

EPA can re-initiate the regulatory determination process for PFHxS, PFNA, HFPO-DA, and the mixture. It can complete that determination through the required sequential process. It can then re-establish the MCLs on legally corrected procedural ground. The health protection can be preserved throughout that process through interim measures, extended compliance timelines for utilities, or retention of the existing MCLs pending re-determination.

What EPA cannot do — consistent with the Safe Drinking Water Act's anti-backsliding provision — is use a procedural sequencing argument as a vehicle to remove health protections from Americans who are currently being exposed to these compounds in their drinking water. The law is clear on this point. The D.C. Circuit has already signaled its agreement.

VII. Specific Requests

Based on the foregoing, I respectfully request that EPA:

- Withdraw this proposed rescission in its entirety and retain all six MCLs established in the 2024 PFAS National Primary Drinking Water Regulations.
- If procedural correction is required, initiate that correction through the sequential regulatory determination process while retaining existing MCLs as interim protections.
- Convene a scientific review specifically addressing the intergenerational exposure pathway — maternal transfer via placenta and breast milk — and the half-life implications for children born to parents who served at contaminated military installations after their separation from service.

- Formally engage with the 119th Congress regarding the coverage gap in H.R. 3639 (VET PFAS Act) as it relates to children born after parental separation from contaminated duty stations, where parental body burden remained elevated due to PFHxS and PFOS half-life dynamics.
- Consider directing resources toward the $780 per-patient prevention protocol — NASEM serum panel plus cholestyramine sequestrant therapy — for veterans and family members near documented contamination sites, as a cost-effective intervention relative to the downstream cost of PFAS-linked cancer treatment.

VIII. Closing Statement

Charles DeSautel served his country at a base where the water was poisoned. He did not know it. His doctors did not know it. The VA did not test for it. By the time his PSA began its documented acceleration in late 2023, the PFAS had been in his body for decades. His current body burden of 9.06 ng/mL — measured in December 2025, thirty-plus years after his service — is a lagging indicator of a peak exposure we can now only estimate.

He is one man at one site. There are 630 confirmed contaminated military installations in the United States. There are hundreds of thousands of veterans whose exposure has never been measured, whose body burden has never been calculated, whose cancers have never been connected to the water they drank while serving.

This proposed rescission does not save money. It defers costs — onto the bodies of people who cannot afford to absorb them, and onto the federal programs that will eventually pay for their care. It removes the framework that would allow future Charleses to connect their diagnosis to a documented source. It removes the protection from the compound most likely to remain in veterans' bodies and transfer to their children for the next 40 years.

The Safe Drinking Water Act prohibits backsliding. The science of PFAS half-life and intergenerational transfer makes clear why that prohibition exists. The agency should not rescind these limits. It should correct the procedure and maintain the protection.

Respectfully submitted,

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Lay Advocate for Charles DeSautel (submitted with patient permission)

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Appendix: Key Citations and Documentation

- Willow Grove NAS PFAS contamination record: ATSDR Health Consultation (2020); EPA FUDS Program site data; documented on-base PFOS at 13,700 ppt against EPA advisory of 70 ppt.
- Charles DeSautel PFAS serum panel: Quest Diagnostics NASEM 7-analyte summation, December 2025. NASEM summation: 9.06 ng/mL (enhanced screening tier).
- PFHxS serum half-life (7–8 years): ATSDR Toxicological Profile for Perfluoroalkyls (2021); Conder et al. (2008); Bartell et al. (2010).
- Maternal/placental PFAS transfer: Mamsen et al. (2019); Glynn et al. (2012); Mondal et al. (2014) — PFAS crosses placenta; neonatal burden predicted by maternal serum concentration.
- PFAS in breast milk — maternal body burden reduction via lactation: Kärrman et al. (2007); Fromme et al. (2010); Mogensen et al. (2015).
- Cholestyramine as PFAS sequestrant — enterohepatic loop interruption: Genuis et al. (2013); Peng et al. (2022); Half-life acceleration 5–10× documented in clinical literature.
- PFAS tumor promotion (PFOS/HMGCS2/β-catenin pathway): Tessmann et al., Chemosphere (2024).
- PFAS tumor invasion (PFOA/NF-κB/MMP-2 pathway): Miao et al., Int J Clin Exp Pathol. (2015).
- Safe Drinking Water Act anti-backsliding provision: 42 U.S.C. § 300g-1(b)(9).
- D.C. Circuit rebuff of EPA PFAS limit withdrawal: In re: PFAS National Primary Drinking Water Regulations litigation, January 2026.
- VET PFAS Act (H.R. 3639, 119th Congress): Introduced May 29, 2025; bipartisan sponsors; coverage for veterans, dependents, and in utero exposure at contaminated military installations.
- AbilityForge PFAS documentation: abilityforge.net/environmental-toxins/pfas — peer-reviewed clinical guide, Willow Grove site record, maternal transfer documentation, legislative tracker.