

1 standards which form the scientific basis for the listing of such chemical pursuant to
2 subdivision (a) of Section 25249.8.” TX 1, p. 4.

3 92. Dr. Murray calculated his MADL by multiplying the NOEL from the
4 Bornhausen study by 58 kg, the statutorily defined weight of the average woman, and
5 dividing this number by 1,000 to reach a Proposition 65 MADL of 0.00029 mg/day, which
6 he rounded to 0.3 micrograms (ug)/day. Murray, 10 Tr. 1250:18-1251:2; TX 659, p. 3.
7 Dr. Murray’s method for deriving the MADL was identical to the calculation OEHHA used
8 in 1993 to develop the draft MADL for methylmercury. Murray, 10 Tr. 1251:4-6; TX 77,
9 pp. 1-2.

10 93. Dr. Rice contended that a methylmercury MADL of 0.3 ug/day is
11 inappropriate because “actual clinical effects” have been seen at levels less than 300 ug,
12 which is 1,000 times the Tuna Canners’ MADL. Rice, 2 Tr. 157:17-23. Dr. Rice claimed
13 that the Iraq study noted clinical effects at exposures of 200 and at 50 micrograms/day. Rice,
14 2 Tr. 157:17-23; TX 786, p. 2. Dr. Rice claimed that the World Health Organization
15 (“WHO”) had “observed” paresthesia in persons poisoned in the Iraqi grain episode at a
16 daily dose of 50 and 200 micrograms.¹² She was specifically asked, and testified under
17 penalty of perjury that the paresthesias were “observed not modeled.” Rice, 25 Tr. 3152:10-
18 15. When, however, Dr. Rice reviewed the WHO Report, she admitted that the 50-ug/day
19 “impairment” and the “impairment” of 200 ug/day and below were modeled “extrapolations
20 beyond the observed data.” Rice, 25 Tr. 3154:10-3156:11.

21 94. Dr. Murray compared the MADL derived from the Bornhausen study with a
22 study evaluating spatial vision in monkeys exposed prenatally to methylmercury (the
23 “Burbacher study”). Murray, 10 Tr. 1196:14-16; TX 48. As with the Bornhausen study, the
24 Burbacher study’s experimental design included a control group and three dosed groups.

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26 ¹² Dr. Rice wrote that an intake of 50 ug/day would result in a 0.3 percent risk of paresthesia,
27 while an intake of 200 ug/day would involve a paresthesia risk of approximately 6-8
28 percent. TX 786, p. 2. Paresthesia is not a developmental effect. Murray, 11 Tr. 1371:6-7;
1372:7-8.