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October 27, 2000

Carol M. Browner, Administrator
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue, NW
Washington, DC 20460

Re: Recommendations for Protecting Children's Health in the 21st Century

Dear Administrator Browner:

I am writing on behalf of the Children's Health Protection Advisory Committee (CHPAC) to convey a series of consensus recommendations developed by the CHPAC for future activities to ensure that children's health is protected from environmental threats. The recommendations are intended to build on the significant accomplishments of this Administration in advancing the overall goal of institutionalizing children's health protection activities throughout all levels of government and the health care system.

The CHPAC strongly believes that the environmental health and safety of America's children should remain a priority for the foreseeable future. As you know, threats to our children range from potential health effects and disease brought about by the physical environment that surrounds them, to a wide variety of unintentional injuries. All deserve our unwavering commitment and our best efforts, as a nation, to achieve scientific, medical, and technological breakthroughs, resulting in lasting improvements. Threats from environmental factors are some of the least understood, yet of greatest concern and deserving of our utmost attention and our most effective response. A few examples include:

- ◆ *Asthma*, the most common chronic childhood disease, has increased 160% over the past 15 years.¹ Currently almost 5 million children in this country suffer from this debilitating and sometimes fatal disease. While the relationship between outdoor air pollution and asthma has long been established, a new report from the National Academy of Sciences establishes that pollutants indoors can exacerbate asthma and may play a role in its development.²

¹ Mortality and Morbidity Weekly Report; CDC Surveillance Summaries. April 24, 1998.

² Institute of Medicine; 2000. *Clearing the Air: Asthma and Indoor Air Exposures*. National Academy Press.

- ◆ *Lead poisoning* is entirely preventable but nearly one million children in the United States still have blood lead levels high enough to impair their ability to think, concentrate and learn.
- ◆ *Methyl mercury*, found in fish, causes neurological problems in as many as 60,000 children each year according to a recent National Academy of Sciences report.

The American public is deeply concerned about the linkage between environmental factors and health effects; there is strong public sentiment for action and a strong belief that the government should establish the reduction of illness related to environmental hazards as a major priority. According to a Princeton Survey Research Associates survey conducted recently for Health-Track, 90% of voters believe that pollution, waste and chemicals are important contributors to diseases; 89% believe that government should establish the reduction of illnesses caused by environmental hazards as a major priority.

Government and non-governmental agencies work actively to protect children from environmental hazards. But the limited scientific information about the health effects of many environmental toxicants, the absence of a nation-wide chronic disease monitoring system, and imperfect mechanisms for coordinating, sharing, and leveraging limited government resources, all impede their activities.

We believe that implementation of a series of recommendations, outlined below, in close partnership with states, communities, non-profit organizations and industry can have an immediate and far-reaching impact on improving the health of America's children. These recommendations emphasize the themes of *White House Leadership*, *Sound Science*, *Sound Economic Analysis*, *Financing and Development of Preventive Care Programs* and *Educating Health Care Providers*.

White House Leadership

Because the environmental health and safety risks to children are numerous, diverse and complex, responses to these threats come not only from multiple federal offices and federally sponsored programs but also from all segments of our society. Thus the nation's ability to make meaningful and steady progress in the reduction and elimination of these environmental threats requires firm commitment, sound direction and careful coordination at the federal level. Visible White House leadership in this endeavor is of paramount importance.

We recommend that the President establish a *White House Office for Children's Environmental Health and Safety* as part of the Office of the President answering directly to the President. Such an Office would provide strategic direction to the Administration's efforts to protect children and will provide overall guidance to ensure effective coordination and collaboration among government agencies and effective program implementation. The White

House Office should conduct a number of activities designed to highlight the issue of children's environmental health and safety and encourage strong and coordinated federal action, to include:

- ◆ Publish an *Annual Report* to the President on the state of children's environmental health and safety. Such a report would include activities from each of the relevant federal agencies and be a valuable tool in assisting the President in marking progress year after year and identifying future priorities for addressing key issues, including those highlighted in this letter.
- ◆ Create a *Children's Environmental Health Advisory Panel* of highly respected individuals from diverse backgrounds to advise the President and the White House Office on issues of children's environmental health and safety.
- ◆ Sponsor a biennial *White House Conference on Children's Environmental Health and Safety* for state and local public health and environment officials and state legislators. This conference would provide the participants with knowledge and tools to transform policy and practice in states and communities. The participants would have the opportunity to compare policies and programs and share both their successes and failures.
- ◆ Create a *Presidential Child Health Champion Awards and Recognition Program* to recognize publicly non-profit organizations, communities, government organizations and private sector entities that demonstrate leadership in protecting our children from environmental threats or safety hazards. The program would create a nationwide network of committed organizations working on environment or safety issues affecting children's health and offer unique opportunities to share information on resources, successes, and lessons learned.

Sound Science

The Children's Health Protection Advisory Committee has identified the absence of research data on and exposures to the effects of environmental agents on developing fetuses and children as a major deterrent to the development of environmental policy. Disparate agency mandates, insufficient funding, and limited linkages between research and environmental health practice have lead to a patchwork of federal agency efforts to address the link between environmental pollution and children's health. *The CHPAC believes it is critical the federal government include and emphasize developing fetuses, infants, and children in research protocols and fund on-going research on child development and environmental exposures.*

Because of the importance of sound science to policy development, the Committee has developed, and is transmitting to you under separate cover, a comprehensive set of

recommendations which, taken together, form the *Data Needs and Right-to-Know Blueprint*. The *Right-to-Know Blueprint* is intended to provide the framework for a comprehensive national strategy that will identify environmental hazards, measure exposures, and monitor health conditions of children that may be related to the environment per the specific recommendations in the following areas:

- *Indicators* – In order for the Agency to track progress and evaluate needs, indicators must be identified that will be used to measure environmental contaminants or health effects in children resulting from environmental exposures.
- *Biomonitoring* – Biological monitoring can provide direct evidence of human exposures to contaminants. A systematic program should be developed to utilize biological samples to evaluate health effects resulting from exposures and to help identify opportunities for interventions for disease prevention.
- *Highly Exposed/Susceptible Subpopulations* – In many instances, the data collection systems that currently exist fail to identify children who have the highest exposures to toxins relative to other children. Farmworker children, for example, may be exposed to pesticides by doing farm work, eating foods directly from the fields, by dermal contact with treated plants and soils, and by exposure to drift from pesticide application. Little information is currently available on these potentially high exposures.
- *Indoor Air Quality* – It is estimated that children spend more than 90 percent of their time indoors. Current efforts to evaluate indoor air quality are limited, and we lack a basic of understanding of children's exposures in schools, homes, and other indoor environments that are frequented by children.
- *Children's Products* – Children may be significantly exposed to chemicals in certain consumer products, particularly those products whose intended use involves mouthing and extensive dermal exposure by children, and all products intended for use by children through the age of five. Limited information is available on these exposures and their potential health impacts.
- *National Longitudinal Cohort Study of Environmental Impacts on Children and Families* – Past studies of children have not thoroughly evaluated human development nor investigated environmental factors, both risk and protective, that influence growth and developmental processes. The CHPAC supports implementation of a long-term study whose overarching goal would be to identify factors that cause or predispose children to asthma, cancer, neurobehavioral disorders, and other potentially preventable disorders.

The implementation of the *Data Needs and the Right-to-Know Blueprint* must be a cornerstone of the federal government's efforts to protect all of our children from environmental health threats and improve, overall, the quality of our children's lives.

Also, although not expressly addressed in the *Right-to-Know Blueprint*, the Committee recognizes that there are significant gaps in the toxicity data for chemicals to which children are exposed. EPA should develop a plan for accelerating the identification and filling of these data gaps. In addition, EPA should develop (or work with other agencies to develop) methods to assess health endpoints of special concern for children, such as immunotoxicity and endocrine disruption. Such methods should seek to minimize the number of test animals to the greatest extent consistent with sound science. Finally, EPA should improve the Integrated Risk Information System (IRIS) database to provide a comprehensive summary of what is known about early life stage toxicity.

Sound Economic Analysis

Economic analyses play a significant role in policy and regulatory decision making affecting children's environmental health. Children have value and decision-making processes should adequately value them. Unfortunately, at this time, few policy makers and even fewer members of the public are aware of the assumptions (e.g., 7% discount rate³) used in these analyses and their substantial implications. Ensuring the public has access to explicit and transparent information on the assumptions and methodologies used in these economic analyses should be a cornerstone of policy and regulatory development affecting children's health.

- The CHPAC recommends the White House Office of Children's Environmental Health and Safety *convene a multidisciplinary expert panel of leaders in environmental health, public health, economics, ethics, industry and communities*. The panel should assess the current economic assumptions, especially discount rates, being used in analyses affecting children's environmental health policies and regulations and make specific recommendations, with broad public input, for making those assumptions appropriate for conducting economic analyses on children's health policies and regulations.

Financing and Developing Preventive Care Programs

The nation's current health care delivery system does not deal adequately with prevention of disease or injury, particularly such diseases as asthma, lead poisoning, or birth defects associated with exposures to environmental threats. Since treatment or cures do not exist for many environment-related diseases, their prevention is critical. Unfortunately while the current medical care reimbursement system covers medical treatment for disease, little reimbursement is available for prevention, especially prevention of environment-related diseases. Funds for such activities as lead-based paint, pesticide exposure reduction, reduction

³For example, applying a 7% discount factor to a \$1 million benefit accruing in 30 years yields a current value of \$131,367.

of environmental asthma triggers, or radon mitigation, all of which would potentially prevent environment-related disease, are not readily available. Cost effective mechanisms for addressing the prevention of environment-related diseases must be explored and integrated into our reimbursement schemes.

Therefore, we believe that the federal government must:

- *Assess measures of cost-effective prevention of environmental-related illness.* Following this assessment, the Chair of the White House Office for Children's Environmental Health and Safety, the Secretary of DHHS, and the Administrator of EPA should convene an expert panel of leaders in the health care and environmental health sectors to develop, based on the assessment, specific recommendations for prevention of environment-related illnesses.

Educating Health Care Providers

The health care provider community is not prepared to diagnose and treat children who present with potentially environment-related conditions. Three reports⁴ by the Institute of Medicine (IOM) of the National Academy of Sciences found that environmental health is not included in basic nursing and medical curricula. Modest efforts are underway in specific areas. The creation of several ATSDR/EPA sponsored medical school based Pediatric Environmental Health Specialty Units, National Institute for Environmental Health Science grants to develop curricula in medical schools; and some private foundation-supported efforts for nursing faculty development represent a good beginning to solve this problem. However, implementation of curricula reform of the national scope recommended by the IOM study is not yet underway. Therefore, the Children's Health Protection Advisory Committee recommends that Federal agencies:

- *Invest significant resources to improve the education and training of health care providers in environmental health and safety.* Such efforts should be multi-agency to ensure that health care providers are reached in their various settings – academic institutions, managed care settings, community-based clinics, hospitals, private offices, public health organizations and through various educational means, including print, multimedia, distance learning, and internet-based technologies.

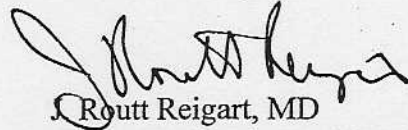
⁴ Institute of Medicine. 1988. *Role of Primary Care Physician in Occupational and Environmental Medicine*. Washington, D.C. National Academy Press.

Institute of Medicine. 1995. *Environmental Medicine: Integrating a Missing Element into Medical Education*. Washington, DC: National Academy Press.

Institute of Medicine. 1995. *Nursing, Health and the Environment*. Washington, D.C. National Academy Press.

We appreciate the significant progress that has been made in making children's environmental health a national priority and hope that these recommendations will help form the beginnings of a healthier 21st century for all our children.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Routh Reigart". The signature is fluid and cursive, with a large initial "J" and "R".

J. Routh Reigart, MD
Chair, Children's Health Protection
Advisory Committee