

Children's Health Protection Advisory Committee

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March 28, 2003

Christine Todd Whitman
Administrator
Environmental Protection Agency
1200 Pennsylvania Avenue
Washington, D.C. 20460

Dear Governor Whitman:

The Children's Health Protection Advisory Committee (CHPAC) has long been concerned over the health of children of farm workers, farmers and other rural residents. To pursue this interest, EPA staff met with the CHPAC Science and Regulatory Work Group on December 2, 2002. EPA staff described the efforts undertaken by the Agency to respond to the recommendations of the U.S. General Accounting Office (GAO) contained in its report, Pesticides: Improvements Needed to Ensure the Safety of Farmworkers and Their Children GAO/RCED-00-40 (March 2000) ("GAO Report").

We commend the Agency for the array of activities it has started, including meetings with stakeholders to assess the effectiveness of the Worker Protection Standard (WPS), efforts to encourage health care professional education, and efforts to improve outreach and training aimed at farmworkers, pesticide handlers, and their families. However, pesticides continue to pose significant health risks to farmworkers and their children. To address some of the remaining concerns raised by the GAO and the CHPAC (see attached Oct. 20, 2000 letter from Dr. Routt Reigart to Carol Browner), we recommend the Agency undertake the following steps:

EPA should improve data collection and quality by creating a national pesticide incident reporting system accessible through a toll-free number staffed by English- and Spanish-speaking personnel and increase funding for effective surveillance. Securing a comprehensive picture of the acute pesticide poisoning incidents which occur across the nation, including their number, the circumstances, the products involved and the resulting adverse health effects, is crucial for ensuring adequate protection of farmworkers, their children, and other rural residents. As the GAO noted in its March 2000 report, "In 1993, we reported that without a means of monitoring pesticide illnesses, there was no way to find out whether risk assessment or management practices were effective in preventing hazardous exposure incidents...[T]his problem is largely unaddressed" (GAO Report p. 4). The EPA receives some information from registrants under FIFRA section 6(a)(2), from NIOSH (on six states)

under the SENSOR program and from the National Pesticide Information Center (NPIC). However, these sources fall far short of what is needed to evaluate the adequacy of the Agency's efforts to protect children from the acute effects of pesticides. We also encourage the EPA to examine and learn from the successes, failures, and challenges of state surveillance programs, and to explore alternative methods for monitoring that may include working with the most affected communities.

In addition, we urge the EPA to increase the funding for effective surveillance programs such as SENSOR to secure more in-depth information about such incidents. These data would provide an invaluable resource in evaluating the effectiveness of EPA's risk management decisions to ensure the mitigation measures prescribed were adequate to prevent harm to children and public health. We also encourage the EPA to continue providing support for health care professionals' training in recognition and reporting of pesticide poisoning.

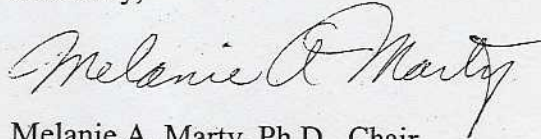
EPA should improve risk assessments for children of farm workers, farmers and rural residents by considering the range of exposures to this population. Children of farmworkers, farmers and rural residents, may encounter pesticides in a wide variety of circumstances. Some of these exposures are not currently considered in EPA's risk assessment process under the Federal Insecticide, Fungicide and Rodenticide Act (FIFRA) and the Food Quality Protection Act (FQPA). For example, the EPA sets Restricted Entry Intervals (REIs) to protect post-application workers who are 12 years old or older. Nonetheless, children younger than 12 can and do legally work in pesticide treated fields (for example, on small farms or farms owned or operated by their parents). The EPA should assess the special risks to these children, considering their small physical stature and low body weight, in calculating adequate REIs. Farm worker children also face special exposures as bystanders, when they are in farm worker mothers' wombs, when they are exposed to drift, when they work or play in treated fields, or when their parents bring home residues on their bodies or clothes. EPA should consider the full range of these exposures to children when assessing and mitigating risks under FIFRA and FQPA. Ultimately, risk assessment should rely on quantified exposure data. Therefore, more exposure research in this area should also be conducted.

EPA should improve enforcement of the WPS. While the EPA has taken some steps to standardize its WPS inspections, much more needs to be done to ensure adequate enforcement of the Standard. For example, often state investigators do not get information from farm workers because state investigators do not speak Spanish and have not secured the services of an independent translator. At times, state inspectors cannot substantiate a violation because they fail to get the medical records of workers who say they were injured by pesticide exposure or collect field samples to identify the specific pesticide that was applied. In addition, when violations are found, warning letters or low fines are issued even when the employer has previously violated the WPS or injured workers. The EPA should take action to improve its enforcement protocols and seek authorization from Congress to increase the penalties for violations of the WPS.

The Children's Health Protection Advisory Committee remains committed to supporting the EPA's efforts to protect the health and safety of all children, including high-risk groups such as

children of farm workers, farmers, and rural residents. We would be happy to interact further with EPA staff on these issues and look forward to your response.

Sincerely,



Melanie A. Marty, Ph.D., Chair
Children's Health Protection Advisory Committee

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