

To: Erica Phipps, Program Manager
Commission for Environmental Cooperation

From: Dawn Walker
Canadian Institute of Child Health

Date: March 11, 2002

Thank you for the opportunity to respond to the Co-operative Agenda for Children's Health and the Environment in North America. I raised these points at the consultation meeting and welcome the opportunity to re-iterate some key considerations:

1. We look forward to the model of Project 1.1, being transferred to other cities and industrial areas and that consideration be given to all other criteria air pollutants of concern from all sources.
2. We recognize the need for and difficulties in developing a framework for asthma surveillance. CICH has experience in using national, regional and local databases, recognizes the various implementation limitations and strongly supports the need for comparable data.
3. We strongly encourage the inclusion of products – particularly products made specifically for children – in the pre-amble to “2) Effects of Lead”. We also suggest that a future project focus on the removal of lead from products which have contact with children.
4. We support project 2.2 to gather and exchange Data on Blood Lead Levels but support our Mexican colleagues calling for the inclusion of breast milk testing.
5. Within the risk assessment dialogue we'd support suggestions of others that the precautionary principle be included (as is suggested in the JPAC Advice to Council: No. 02-01). Failing the inclusion of the precautionary principle, we would suggest that issues of ethics be included. The inclusion of ethics is in keeping with the Health and Environment Ministers of the Americas commitment to Ethics of sustainable development from a health and environment perspective. (Paragraph 8h of HEMA Communiqué, 03/4-5)
6. We strongly support 5.2 Framework for North American Indicators. This direction is also committed to in the HEMA Communiqué.

However, we strongly urge the CEC to put forward strategic goals and targets to provide parameters for indicators. Many countries of the Americas share the need for goals and targets, but consensus on exposure pathways (water, air, soil) and data has not yet been achieved. We would suggest that the CEC determine specific directions i.e., water, lead and sulfur to guide the indicator and policy direction.

7. The Report on Economic Impact – 5.3 – we are uncomfortable with the trade-off language. It has an unintended consequence of dismissing the health of children.
8. CICH supports the initiatives of public information, outreach, and Education #6 – This is one area in which CICH has had extensive experience and would be pleased to provide assistance. We do suggest adding “including the agencies such as Unicef and others working within the

U.N. Convention on the “Rights of the Child” to the Rationale or 6.3 – Communicating CEH Issues and Concerns.

In conclusion, this action plan begins to address some issues of common concern to the three countries. I urge some reflection between this document and commitments and directions made by the countries at the HEMA meetings. In addition, this would strengthen common approaches at WSSD in Johannesburg.

Again, thank you for the opportunity to participate. We will urge our networks to review the document and we are always available for further assistance.

Cc: Dr. Irena Buka