

March 22, 2002

By E-Mail and Post

Erica Phipps
Program Manager
Pollutants and Health
Commission for Environmental Cooperation
393 rue St-Jacques ouest, bureau 200
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RE: Comments of the Asociación Nacional de la Industria Química, the Canadian Chemical Producers Association and the American Chemistry Council on North American Commission for Environmental Cooperation's Draft "Cooperative Agenda for Children's Health and the Environment in North America"

Dear Ms. Phipps:

The Asociación Nacional de la Industria Química (ANIQ), the Canadian Chemical Producers Association (CCPA) and the American Chemistry Council (ACC)* appreciate the opportunity to comment on the Commission for Environmental Cooperation of North America's Draft Cooperative Agenda for Children's Health and the Environment in North America. We commend the CEC's commitment to this trilateral effort to improve children's health and its thoughtful proposals aimed at achieving that objective.

Society has made great progress in improving the lives and well being of children over the last century. We believe that advances in chemistry and allied technologies have played a critical role in making that possible by contributing to the development of products and services that have improved medical care, nutrition, safety and other determinants of a child's quality of life generally. However, there is still much to be done to help ensure that the trend continues and that all children of the world benefit. There are questions and concerns about the effect on children of chemicals in products and the environment. We believe and that industry has a responsibility seek answers to these questions and to respond to concerns at the same time as it continues to pursue chemical and technological innovation to improve children's lives.

ANIQ, CCPA and ACC agree with the basic thrust of CEC's proposed agenda to address some of these environmental concerns -- encouraging intergovernmental programs that will: 1) improve the use of analytical tools to better evaluate risks to children's health; 2) expand our knowledge base about the status of children's health and the impacts of the environment on their health; 3) provide relevant information to health professionals, parents and the public; and 4) address priority problems under existing CEC programs.

Our industry is one built on science, and we fundamentally believe that decisions made with the soundest scientific basis provide the best protection for the human health and the environment. Consequently, we particularly support those aspects of the Cooperative Agenda that help build the factual and analytical foundation for better decisions:

- **4.1 and 4.2**, advancing the understanding and use of risk assessment, in particular promoting consistent approaches among the three countries and providing training for risk assessors;
- **4.3 and 5.3**, developing the tools to better use economic valuation to support and improve decisions aimed at protecting children;
- **5.1 and 5.2**, developing appropriate indicators of children's health so that progress can be measured and the success of prevention strategies can be assessed and encouraging collaboration on longitudinal cohort studies; and
- **6.2**, working with health care professionals.

Specific Areas of Comment

Asthma.

We note only that asthma is a complex condition with a multiplicity of factors contributing to its cause and to the severity of its effects. Looking narrowly just at diesel exhaust at the border, as suggested in 1.1, may not be productive by itself. A variety of studies are already underway exploring this debilitating disease and CEC should take cognizance of those efforts and design its activities to appropriately supplement and enhance them. Additionally, CEC's efforts should focus on areas that have the potential to lead to feasible solutions to alleviate the causes or incidence of asthma. In that regard, items 1.2 and 1.3 suggest the most promise.

Toxic Substances.

We concur with CEC's approach of integrating its children's health activities relating to toxic substances into the existing Sound Management of Chemicals Program. On the other hand, with respect to the *Taking Stock* report we have some concerns about what kind of information about children's environmental health CEC intends to include. ANIQ, CCPA and ACC support providing accurate, relevant and understandable information to policy makers, parents and concerned citizens. There are many opportunities for miscommunication, however, when trying to connect emissions information with health status, as would appear to be the intention here.

We caution against drawing overly simplistic connections or implying unambiguous correlations between emissions and children's health threats. Because the causal connection between emissions and health outcomes may not be well understood, particularly with respect to effects on children, we recommend that CEC submit its plan for providing such information in *Taking Stock* to an expert panel for scientific peer review to assure the information is relevant and consistent with the science. In addition, we recommend that CEC include background information and caveats, where appropriate, to place the *Taking Stock* information in context and to provide useful information to parents, policy makers and the public.

Risk Assessment and Economic Evaluation

We strongly support strengthening the use of the tools of risk assessment and economic evaluation for better information-based decision making. The suggested workshop to share principles and methodologies for conducting risk assessments and the risk assessment training would be particularly beneficial, fostering consistent risk assessment approaches across the three governments and leveraging limited resources. With respect to the training, CEC may want to work with or build off of the work already being done by the International Programme on Chemical Safety along similar lines.

One note of caution, however, CEC should be aware that there exists some scientific and policy debate about how best to evaluate the effects of substances on children, particularly about appropriate defaults and assumptions necessary to account for uncertainties regarding potentially differential exposure or sensitivities of children. A useful article by Dr. Gail Charnley, discussing some of the areas of controversy, can be found at <http://www.rppi.org/ps283central.html>. Consequently, it would be inappropriate to suggest in risk assessment training that there is a formulaic, one-size-fits-all risk assessment approach for children. If done correctly, both the trilateral workshop and training for assessors on children's health risk assessment should improve understanding of the complexities of the issues involved. ANIQ, CCPA and ACC are very interested in providing support for these efforts.

Likewise, we support the proposal on integration of risk assessment and economic valuation. As a starting point, CEC should be aware that OECD has already done some work in this area. As the output of a joint workshop between risk assessors and economists, a set of recommendations for integrating risk assessment and economic information to facilitate decision-making was issued. Although these recommendations do not specifically address children, we urge CEC to build upon this seminal work, which is available at [http://www.oilis.oecd.org/oilis/2000doc.nsf/LinkTo/env-jm-mono\(2000\)5](http://www.oilis.oecd.org/oilis/2000doc.nsf/LinkTo/env-jm-mono(2000)5). At a minimum, appropriate use of economic information can help identify cost-beneficial risk management strategies to protect and improve children's health.

Strengthening the Knowledge Base.

First, when gathering data about children's health and the environment, we urge CEC to take a broad view of "environment," one that includes the physical, chemical, biological and psychosocial environmental influences on a child's well being, which is the approach taken by the US National Children's Study. If the Commission looks too narrowly, it may miss critical factors or combinations of factors that are major contributors to children's health problems, thus missing important opportunities to affect positively children's health. Second, we recommend that CEC use the information on the status of the children's health to also evaluate what are the most significant problems, so that resources can be allocated appropriately.

We support efforts to facilitate cooperation among the three countries on implementing any longitudinal cohort study. At a minimum, we agree with the proposal to facilitate participation by Canadian and Mexican officials and researchers in the development of the US National Children's Study, as suggested by 5.1. Those individuals who participate in the design and implementation planning meetings for that Study will be able to take the lessons learned back to apply to development of similar programs in their countries as those are adopted.

As 5.2 notes, indicators can be valuable tools to identify priority problems, target action, set goals and measure results toward those goals. For those reasons, we support the development of appropriate indicators of children's health. That said, as with providing children's health information in *Taking Stock*, discussed above, we recognize there is the potential for misinformation if not executed with care.

A critical determinant of the utility of a particular indicator is whether it measures the right factors and does so accurately. There must be a strong, demonstrable correlation between the indicator and the underlying condition being measured. Typically, environmental indicators measure the presence or absence of contaminants in the environment or, perhaps, the health of an ecosystem as indicated by vibrancy of important species in the ecosystem. Health

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indicators usually measure health outcomes, such as reported disease incidence, or indirect evidence of those outcomes, such as frequency of hospital stays or doctor visits, etc. “Environmental health indicators,” on the other hand, are not well defined. Presumptively, they imply a strong relationship between certain environmental conditions and health status, such that measuring one says something about the other.

We support the development of a system for measuring the health and well being of children, and doing so broadly will help spot trends or acute problems that might require the intervention of the public health system in the three countries. We urge CEC to consider carefully the validity of any environmental health indicators it proposes. Preferably, the indicators should look more broadly at measuring children’s health status, taking a comprehensive view of environment (physical, chemical, biological and psychosocial environmental influences on a child’s well being) as it may impact health status. Finally, we again urge CEC to involve experts in developing and peer reviewing its indicator plan.

Public Information and Outreach.

ANIQ, CCPA and ACC strongly support programs that encourage cooperative efforts among those who play critical roles in child health and safety protection by providing relevant and understandable information to policy makers, health care providers, parents, industry and concerned citizens. In particular we are enthusiastic about the initiative to facilitate greater cooperation and communication among health professionals in the three countries and urge you to work with the mainstream medical professional societies, such as those of pediatricians or of family practitioners who have “on the ground” experience treating children.

Policy makers, industry, children’s advocates, the medical and scientific communities, and the public in our three countries need to work in partnership to ensure that the greatest threats to children’s health and safety are identified and addressed in a timely fashion. The ANIQ, CCPA and ACC are committed to making positive contributions to this effort.

Again, ANIQ, CCPA and ACC thank CEC for providing the opportunity to comment on its Draft Cooperative Agenda for Children’s Health and hope that CEC finds our input helpful. If you have any additional questions, please do not hesitate to contact either of us. We look forward to working with CEC in implementing its agenda, bringing the scientific expertise, experience and resources of the industry to help address the issues as appropriate

Regards,

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* The Asociación Nacional de la Industria Química, the Canadian Chemical Producers Association and the American Chemistry Council represent the leading companies in Mexico, Canada and the United States, respectively, engaged in the business of chemistry. Our members apply the science of chemistry to make innovative products and services that make people's lives better, healthier and safer. The chemical industry is committed to protecting children. This commitment is personal as well as professional; the industry is made up of parents, grandparents, aunts and uncles who value children and appreciate the need to safeguard their well-being. We do so through our Responsible Care® program, through our long-range research initiative and through our products. We are committed to improved environmental, health and safety performance through Responsible Care®, common sense advocacy designed to address major public policy issues, and health and environmental research and product testing.