



CANADIAN ENVIRONMENTAL LAW ASSOCIATION
L'ASSOCIATION CANADIENNE DU DROIT DE L'ENVIRONNEMENT

March 22, 2002

Erica Phipps, Program Manager
Pollutants and Health
Commission for Environmental Cooperation
393 rue St-Jacques Ouest, bureau 200
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Dear Erica,

Re: Consultation on Draft Cooperative Agenda for Children's Health and the Environment in North America (CEC, 22 February, 2002)

Thank you for the opportunity to participate in the joint public meeting of the CEC's Joint Public Advisory Committee and the Expert Advisory Board on Children's Health and the Environment in North America two weeks ago in Mexico City. The meeting's introductory presentations and subsequent discussions of the above-noted report were informative and useful. The following comments on the draft cooperative agenda provide a brief re-cap of some of the comments made at the meeting as well as some additional thoughts.

First, by way of a general comment, we wish to express our support for the overall agenda. In response to the question in the draft agenda as to whether the document provides a useful framework to guide future activities, we would answer in the affirmative. We are impressed that the agenda provides a comprehensive package of work for the CEC with a good balance of 1) urgent priorities (asthma and respiratory disease, lead, and expansion of the SMOC Program); 2) consideration of the challenges underlying standard setting processes, and 3) necessary educational and outreach activities. These three areas generally mirror those we have also chosen as requiring our attention in the coming years either in our own legal and policy work, or in partnership with other environmental and health-focused organizations.

While we would want to see the agenda address a broader range of environmental health risks to children, in response to the second question, "Will the proposed actions contribute to addressing the priority issues identified in the Council Resolution 00-10," we answer again in the affirmative. A review of the Council Resolution reveals that the CEC is moving ahead effectively in implementing it. The draft agenda will assist with refining and expanding the CEC's activities towards protecting children's environmental health.

On the third and fourth questions:

"Are there actions that you believe are particularly important? Less important? Are there actions that you think could be improved or strengthened and, if so, how?"

And, “Are there other issues or actions that you think should be considered for inclusion? What would be the added benefit of the three countries working together on such issues/actions?”

In reply to questions three and four, the following comments summarize selected observations from the March 7th meeting and some additional comments.

1. While the model in the Project described in section 1.1 focuses on congested border crossings, given the trade-focused work of the CEC, it will be a useful tool to apply to other polluted areas in North America and should be promoted as such upon completion.
2. Priority for the asthma prevention project should be considered in light of whether comparable work is already being conducted. If so, the CEC could promote and complement existing efforts and attempt to avoid duplication.
3. Asthma surveillance on a North American basis would be very useful and the CEC efforts in this area should be fully integrated with other efforts towards data collection and comparability in the area of biomonitoring for toxic substances.
4. We strongly support the CEC’s proposals for lead reduction and surveillance. The cottage industries proposal is worthwhile but we also strongly support comments made at the Mexico City meeting that the CEC include recommendations for controlling lead in consumer products. A steady stream of imported consumer goods containing hazardous levels of lead (e.g., crayons from China, PVC mini-blinds from Asia and Mexico, a wide range of toys and clothing and jewellery products, etc.) during the past ten years has not been met with appropriate regulatory action. As a body established to consider the environmental impacts of international trade, this issue of toxic contaminants in imported commercial goods is central to the mandate of the CEC and worth specific consideration. In Canada, lead in jewellery intended for, or easily affordable to, children remains widely available and the regulatory response from Health Canada, begun five years ago, is stalled. We have questioned whether this delay is due to the regulatory chill created by international trade agreements. It would be appropriate and within the spirit of Council Resolution 00-10 for the CEC to recommend to the Parties, particularly to Canada, that immediate regulatory action be taken to require no intentional addition of lead to consumer products.
5. The proposal to gather blood lead data is worthwhile and we support the suggestions made by Mexican representatives at the Mexico City meeting to include breast milk testing. Given the well known parameters of how and when lead exposure can occur, we suggest that this program may benefit from a targeted approach whereby surveillance is conducted in areas where elevated lead exposure can be expected such as for children living in poverty or in older homes (especially in both instances). Such surveillance would further benefit from related data collection of lead in house dust and adjacent outdoor soil in children’s play areas. While such data exist for many areas of the United States, they are extremely limited in Canada. We are not aware of data availability in Mexico and so cannot comment.

6. We strongly support the proposals made in the agenda for expansion of the SMOC Program.
7. For the risk assessment and economic valuation proposals in Section 4 we strongly support the inclusion of the precautionary principle in this ongoing discussion (notably absent from the report on the discussions at the Tri-lateral workshop held in November of 2001). We also support comments made in Mexico City that ethical considerations be included as noted by the recent Health and Environment Ministers Communiqué, 03 / 4-5. This inclusion would also be in the spirit of Council Resolution 00-10 affirming the 1997 Declaration of the Environmental Leaders of the Eight on Children's Environmental Health and noting the 1989 United Nations Convention on the Rights of the Child.
8. As noted in Mexico City, we support the CEC efforts to create greater dialogue among practitioners and the public on risk assessment and risk management methods and practices, including efforts towards capacity building. We remain concerned about the limited nature of the matters being considered within methodologies for the economic valuation of children's environmental health, particularly if it remains narrowly focused on child mortality rather than the much broader, albeit far more complex, area of child morbidity. The methods used for economic valuation must be subject to open public dialogue including whether their application is appropriate at all.
9. We strongly support the proposal in 5.1 for the CEC to facilitate collaboration on longitudinal studies. This role is an ideal one for the CEC and should be complemented by repeated recommendations that the Parties give ongoing priority and funding to ensure the longitudinal studies are fully established and funded over the long term.
10. We also support the indicators proposal (5.2) and agree with colleagues at the Canadian Institute of Child Health that the proposal would be immensely improved if the CEC included proposals for strategic goals and targets to provide measurable parameters for comparison with indicators.
11. As for the economic impacts study (5.3), we support the idea in principle and can point to some economic cost-benefit analyses that have been very useful in drawing attention to the costs of environmental contamination and assisting with regulatory or other measures to control them (e.g., the 1986 United States Environmental Protection Agency Cost-Benefit Analysis for Lead in Gasoline Phase-Down Options is a case in point). However, other examples are less useful. We bring a healthy scepticism to the subject. The methodology to be applied must ensure that the broadest possible definitions of children's environmental health are included in this review as informed by experts in the field of pediatric environmental health.
12. Finally, we support the public information, outreach and education proposals in Section 6. As noted in Mexico City, the proposal in Section 6.2 to work with health professionals suggests the use of the network of Pediatric Environmental Health Specialty Units as existing channels that could be used to improve the flow of information on Children's Environmental Health between and among health professionals in the three countries.

While this is an excellent suggestion, it must be recognized how limited this network is in Canada and Mexico. While the network of clinics in the United States is funded by the US federal government, it is our understanding that the single clinic in Canada is under constant financial pressure to stay in operation and there is only one clinic in Mexico, also funded by the US government. For this worthwhile proposal to be effective, the CEC should make a corresponding recommendation to the Parties, particularly Canada and Mexico, that health care funding be allocated to both support the existing Pediatric Environmental Health Specialty Units in Canada and Mexico but also to establish more such clinics in both Canada and Mexico.

Thank you again for the opportunity to participate in this consultation process. We look forward to a continued expansion of the excellent work of the CEC on the important field of Children's Environmental Health.

Yours truly,

CANADIAN ENVIRONMENTAL LAW ASSOCIATION

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Researcher