



Children's
Environmental
Health
Network

110 Maryland Avenue NE, Suite 402
Washington, DC 20002
202.543.4033
www.cehn.org
cehn@cehn.org

April 9, 2014

**Testimony submitted by Cynthia Bearer, M.D., Ph.D., FAAP
on behalf of the Children's Environmental Health Network
before the Subcommittee on Interior, Environment, & Related Agencies
United States House Committee on Appropriations**

Regarding U.S. Environmental Protection Agency (EPA) and
The Agency for Toxic Substances and Disease Registry (ATSDR)
FY2015 Appropriations

The Children's Environmental Health Network (CEHN or the Network) is pleased to have this opportunity to submit testimony on FY 2015 appropriations for the U.S. Environmental Protection Agency (EPA) and the Agency for Toxic Substances and Disease Registry (ATSDR). We seek funding levels of \$9 billion for EPA and \$76.2 million for ATSDR.

CEHN urges the Subcommittee to provide funding at or above the requested levels for the following EPA activities:

- Office of Children's Health Protection
- Children's Environmental Health & Disease Prevention Research Centers
- Office of Research & Development
- School and Child Care Environmental Health
- The Pediatric Environmental Health Specialty Units

CEHN also urges the restoration of the State Indoor Radon Grants and full funding of all activities that advance healthy school and childcare environments for all children, including those supported by ATSDR.

The Network's mission is to protect the developing child from environmental hazards and promote a healthier environment. The Network's Board and committee members include internationally-respected experts in children's environmental health science and policy. We recognize that children, in our society, have unique moral standing.

Today's children are facing the distressing possibility that they may be the first generation to see a shorter life expectancy than their parents due to poor health. Key contributors to this trend are the modern pediatric epidemics of obesity, asthma, learning disabilities, and autism. For all of these conditions, the child's environment plays a role in causing, contributing to or mitigating

these chronic conditions. The estimated costs of environmental disease in children (such as lead poisoning, childhood cancer, and asthma) were \$76.6 billion in 2008.¹

Investments in programs that protect and promote children's health will be repaid by healthier children with brighter futures. Thus it is vital that the Federal programs and activities that protect children from environmental hazards receive adequate resources.

As epidemiologists see increasing rates of asthma, learning disabilities, and childhood cancers; as parents seek the causes of birth defects; as researchers understand more and more about the fetal origins of disease, policy makers must do a much better job of understanding and acting on the connections between children's health and the environments in which they spend their time.

These environments include, but go beyond, home, school, and childcare settings. A growing number of studies are finding unexpected impacts of prenatal environmental exposures on health in later years. For example, prenatal exposures to either a common air pollutant or a common pesticide have each been linked to lower IQs and poorer working memory at age 7.

Thus, all agencies should assure that their children's programs build on and respond to the growing evidence of the importance of prenatal and early life exposures to a child's health and future.

Environmental Protection Agency:

A variety of factors, such as children's developing systems, their unique behaviors, and differing exposures, mean that children can be more susceptible than adults to harm from toxic chemicals. Standards and guidelines that are based on adults cannot be assumed to be protective of children. The EPA programs of highest importance in the protection of children are described below.

EPA's Office of Children's Health Protection (OCHP) – OCHP has been leading EPA's efforts to protect children from environmental hazards since 1997. Despite an effective track record, funding for OCHP has been level, at approximately \$6 million, since its creation. OCHP focuses on interagency work that promotes healthy housing and healthy children. These areas show that environmental interventions result in great cost savings, not to mention the health problems averted, such as asthma episodes and lead poisoning cases. There is great interest but few resources for these approaches. We urge increased funding for this vital office.

Children's Environmental Health & Disease Prevention Research Centers – These Centers, jointly funded by EPA and NIEHS, play a key role in providing the scientific basis for protecting children from environmental hazards. With their modest budgets, which have been unchanged for more than 10 years, these centers generate valuable research. It was these centers, for

¹ Trasande, Liu Y. "Reducing The Staggering Costs Of Environmental Disease In Children, Estimated At \$76.6 Billion In 2008," *Health Affairs*. No. (2011): doi: 10.1377/hlthaff.2010.1239

example, that generated the findings mentioned earlier about connections between prenatal exposures and lower IQ at age 7.

Several Centers have established longitudinal cohorts, which in some cases are more than 10 years old. The ability to look for linkages between exposures and health outcomes in infants, toddlers, and, now, adolescents, is vital. If these cohorts are disbanded due to funding cuts, at best it will take years and untold resources before it is possible to replicate them. Few if any longitudinal cohort studies on adolescents, puberty and environmental exposures exist. The Network is concerned that inadequate funding may result in the loss of these valuable cohorts. We urge the Subcommittee to support these centers at \$33 million in FY 2015.

Office of Research & Development (ORD) – This office is critical in efforts to understand environmental impacts on children's health. EPA has pledged to increase its efforts to provide a safe and healthy environment for children by ensuring that all EPA regulations, standards, policies, and risk assessments take into account childhood vulnerabilities to environmental chemicals. We encourage additional funds for research on children's issues in FY 2015. We ask that your subcommittee direct the office to improve transparency by tracking and reporting on the funding and research across the office dedicated to children's environmental health.

Children's environmental health is an issue that cuts across all of ORD's programs. For example, EPA's National Health and Environmental Effects Research Laboratory scientists are protecting children's health through the development of cost-effective methods to test and rank chemicals for their potential to cause developmental neurotoxicity. To date, only a small number of the thousands of chemicals currently in commerce have been assessed for their potential toxicity and for their effects on the child's developing nervous system. These new testing methods can screen in hours to days instead of months to years and will provide faster, less expensive ways of assessing potential toxicity.

These new testing methods, however, do not replace the need for continued research in childhood exposures and health effects. Much of the research in this field cannot be conducted in a short time frame and requires sustained funding if scientists are to conduct research and measure effectiveness.

State Radon Grants: Radon is the leading cause of lung cancer in non-smokers, and the EPA reports that it is one of the most serious public health problems in the U.S., responsible for up to 21,000 lung cancer deaths annually. While we applaud the Agency's continued work on indoor air quality, asthma, and its plans to "continue to lead on radon activities," we are not convinced that the way to do so is to eliminate the state Indoor Radon Grants. We urge you to restore this program.

School and Child Care Environmental Health – In America today, millions of children, often as young as 6 weeks, spend 40-50 hours a week in childcare. Yet, little is known about the environmental health status of the nation's childcare centers or how to assure that these facilities are protecting this highly vulnerable group of children. Environmental health is rarely if ever considered in licensing regulations or in training childcare professionals. Similarly, about 54

million children and nearly 7 million adults —20% of the total U.S. population—spend up to 40 hours per week inside school facilities every week. Unfortunately, many of these facilities contain unsafe environmental conditions that harm children's health and undermine attendance, achievement, and productivity. Thus, it is vital that EPA maintain and expand its activities for healthy school and child care settings, such as the Indoor Air Quality Tools for Schools program.

Pediatric Environmental Health Specialty Units -- Pediatric Environmental Health Specialty Units (PEHSUs) form a valuable resource network for parents and clinicians around the nation. They are funded jointly by the Agency for Toxic Substances and Disease Registry (ATSDR) and the EPA with a very modest budget. PEHSU professionals provide medical consultation to health care professionals from individual cases of exposure to advice regarding large-scale community issues. PEHSUs also provide information and resources to school, child care, health and medical, and community groups and help inform policymakers by providing data and background on local or regional environmental health issues and implications for specific populations or areas. We urge the Subcommittee to provide adequate funding for both EPA's and ATSDR's portions of this program.

ATSDR:

CEHN urges the Subcommittee to provide funding at or above the requested levels for ATSDR activities. ATSDR uses the best science in taking public health actions, such as site assessments and toxicological profiles, to prevent harmful exposures and diseases of communities and individuals related to toxic substances.

ATSDR understands that in communities faced with contamination of their water, soil, air, or food, infants and children can be more sensitive to environmental exposure than adults and that assessment, prevention, and efforts to find remedies for exposures must focus on children because of their vulnerability and importance to the nation's future. We support the full funding of ATSDR and the continuation of their varied responsibilities.

Children's health and healthy children must be on-going priorities for this and every Administration

We have seen much progress in recognizing the impact of environmental toxicants on children's health. Much more remains to be done, however. The Network urges the Subcommittee to direct both agencies to assure that all of their activities and programs -- including regulations, guidelines, assessments and research -- specifically consider children.

EPA and ATSDR must always assure that children and other vulnerable subpopulations are protected, especially poor children, minority children, farmworker children, and others at risk.

Thank you for the opportunity to submit testimony on these critical issues, and thank you for your concern about the environmental health of children.