

TESTIMONY OF
PETER GREVATT, PhD
DIRECTOR OF THE OFFICE OF CHILDREN'S HEALTH PROTECTION AND
ENVIRONMENTAL EDUCATION
U.S. ENVIRONMENTAL PROTECTION AGENCY
BEFORE THE
SUBCOMMITTEE ON CHILDREN'S HEALTH
OF THE COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS
UNITED STATES SENATE

September 29, 2009

Good morning, Madam Chairman and Members of the subcommittee. My name is Peter Grevatt, and I am the Director of the Office of Children's Health Protection and Environmental Education at the U.S. Environmental Protection Agency (EPA). Thank you for the opportunity to appear before this subcommittee to discuss EPA's efforts to promote and improve children's health.

EPA's mission is to protect human health and the environment. Ensuring that our children are protected from exposure to unsafe levels of toxins and pollution or other environmental threats in their homes, schools or anywhere else is central to EPA's work. Children face greater threats from environmental pollutants than adults due to differences in their physiology, activity patterns and development. And not all children are the same: we continue to see disparities in exposures and health outcomes among the poor, African American, Latino, Native Americans and other ethnic minorities.

Children's health is a driving force behind Administrator Jackson's priorities. In her first few months at the Agency she took several important actions to help ensure protection of children's environmental health: She initiated an unprecedented air toxics monitoring effort near schools;

released a reanalysis of data related to EPA's perchlorate regulatory determination for public comment; and committed to reconsidering the 2008 national ozone standards.

Administrator Jackson has established three broad principles to guide the Agency's work.

The first is that science must be the determining factor in EPA decision making. When we make a decision that will affect the health and welfare of a community, we must be committed to the very best scientific analysis. This is the principle behind our efforts to reconsider the ozone standard – an effort which is driven by concerns for children's health.

The second guiding principle is adherence to the rule of law – hence our efforts to ensure safe chemicals management through full implementation of the Toxic Substances Control Act. We need to step up our efforts to assess and manage environmental exposures that are particularly harmful to children. Early life exposures can have life-long adverse effects.

Third, we must operate with transparency. Transparency is the principle behind our efforts to share information regarding air pollution in our cities and towns and near schools. Working with state, tribal and local officials we identified 62 schools in 22 states to monitor the levels of toxic air pollutants in ambient air. EPA will analyze the air toxics data and use it to inform the potential for health concerns near these schools. As part of our commitment to transparency, the results of these monitoring efforts are made publicly available at www.epa.gov/schoolair.

EPA is also concerned about eliminating disparities in children's environmental health. We have important obligations to look ahead and be proactive about preventing and, where necessary, mitigating the harmful effects of pollution on children's health and welfare. Many other issues, such as climate change, healthy communities, air quality, water quality, and waste management – are all important to children's health protection.

Why Focus on Children?

Children eat, drink and breathe more per pound than adults. When food, water, or air is polluted, children are exposed to more of the pollution than adults. For example, an average infant less than 6 months old consumes 2.5 times more water than an adult on a per pound basis.

Children can have greater exposure to chemicals through behaviors that are unique to childhood, such as crawling, putting objects in their mouths, and eating non-food items. Children also have unique exposures, through the umbilical cord and through breast milk, for example. Their bodies are rapidly developing. Exposure to toxic chemicals during critical windows of development can lead to disease or other serious effects on organ systems.

Children's vulnerabilities to toxicants can occur during pregnancy or childhood, as both are periods of rapid development. For example, the nervous system begins to rapidly develop in the embryo only days after conception and continues to develop through puberty. Early exposures can have serious consequences throughout a child's life.

Children's Health at EPA – A Brief History

Since the founding of EPA in 1970, the Agency has played an important role in the nation's efforts to protect children's environmental health. For example, one of our early regulations mandated the removal of lead from gasoline, which continues to represent a landmark achievement in protecting children's health. Blood-lead levels of children born today are significantly lower than those born before EPA took action.¹ EPA's early establishment of national ambient air quality standards (NAAQS) for criteria air pollutants, such as particulates, sulfur dioxide (SO₂), lead and nitrogen dioxide (NO₂), have also contributed to significant reductions in children's exposures to airborne pollutants, particularly in urban areas.²

¹ SOURCE: America's Children and the Environment. U.S. Environmental Protection Agency. <http://www.epa.gov/envirohealth/children/index.htm>. DATA: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey, <http://www.cdc.gov/nchs/nhanes.htm>

² Ibid.

In 1986, EPA was the first Agency to publish Guidelines for the Health Assessment of Suspect Developmental Toxicants that outlined principles and methods for evaluating data from animal and human studies, exposure data, and other information to characterize risk to human development, growth, survival, and function because of exposure prior to conception, prenatally, or to infants and children.³

In 1995, EPA established an Agency-wide policy to ensure that the unique vulnerabilities of children would be explicitly and consistently considered in our risk assessments, risk characterizations, and health standards.⁴ In 1996, the *National Agenda to Protect Children's Health from Environmental Threats* expanded the Agency's activities to specifically address risks for children.⁵

In 1997, the President signed Executive Order 13045: *Protection of Children's Health from Environmental Health Risks and Safety Risks*.⁶ The Order requires all federal agencies to assign a high priority to addressing health and safety risks to children, coordinate research priorities on children's health, and ensure that standards take into account special risks to children.

EPA established the Office of Children's Health Protection (OCHP) in 1997 to support the Agency as it embraced the 1996 National Agenda and the 1997 Executive Order. The mission of EPA's Children's Office is to make the health protection of children a fundamental goal of public health and environmental protection in the United States and around the world.

To inform Agency initiatives related to children's health, EPA established the Children's Health Protection Advisory Committee (CHPAC) in 1997. Through the Committee, leading researchers, academics, health care providers, NGOs, industry representatives, as well as, state and local government representatives advise EPA on regulations, research, and communications issues important to children's health.

³ Kimmel C. Health Assessment Of Exposure To Developmental Toxicants. U.S. Environmental Protection Agency, Washington, D.C., EPA/600/D-87/210 (NTIS PB87209045).

⁴ Policy on Evaluating Health Risks to Children. U.S. Environmental Protection Agency, Washington, D.C., <http://www.epa.gov/osa/spc/pdfs/memohlth.pdf>.

⁵ Environmental Health Threats to Children. U.S. Environmental Protection Agency, Washington, D.C., EPA/175/F-96/001.

⁶ 62 FR 19885. http://yosemite.epa.gov/ochp/ochpweb.nsf/content/whatwe_executiv.htm

Administrator Jackson has made clear that children's environmental health will be a top priority for EPA under her leadership. The Administrator has spoken broadly about the importance of children's environmental health, and recently provided leadership to the G8 environment ministers with a major address on the topic.

We have established a 5-part strategy to ensure protection of children's environmental health at EPA.

EPA's 5-part strategy on children's health, with some current examples

1. Regulatory Development and Policy Development

1a. Regulations:

EPA will work to ensure that regulations provide for protection of children's environmental health.

National Ambient Air Quality Standards (NAAQS): For example, EPA will confront the potentially harmful effects of criteria pollutants on the health of children. Already, we have decided to reconsider the 2008 national smog standards to ensure they are scientifically sound and protective of human health. Smog, which is also known as ground level ozone, has been linked to asthma and other respiratory illnesses in children.

"This is one of the most important protection measures we can take to safeguard our health and our environment. Smog in the air can cause difficulty breathing and aggravate asthma, especially in children," said EPA Administrator Lisa P. Jackson. "Reconsidering these standards and ensuring acceptable levels of ground-level ozone could cut health care costs and make our cities healthier, safer places to live, work and play."

The reconsideration covers both the primary and secondary ozone standards. EPA sets primary air quality standards to protect public health, including the health of sensitive groups, such as children and people with asthma. The secondary standard is set to protect public welfare, including protection against visibility impairment, damage to animals, crops, vegetation, and buildings.

Pesticides: The law governing pesticides requires an additional safety factor to protect children in most cases. Over a 10-year period, EPA re-evaluated all food use pesticides to ensure that they were protective and eliminated uses where risks exceeded our level of concern. For example, all indoor uses of chlorpyrifos and diazinon were eliminated, as well as use of those pesticides on residential lawns based on unacceptable risks to children. Many food uses of methyl parathion were eliminated for that reason.

1b. Policy Development: Environmental Health Disparities

Two critically important environmental health issues -- lead exposure and childhood asthma-- demonstrate an inequality in exposures and health effects for some of America's children. Research indicates that children who belong to racial or ethnic minorities, often have greater harmful exposures and poorer health outcomes than white children.⁷ EPA will work to improve the environment and public health for all, and that necessitates a special focus on health disparities and their causes. I would like to elaborate on this issue by discussion of childhood asthma and lead.

Asthma:

Asthma is a chronic disease affecting about 6.8 million children in the United States. It is a major reason for emergency room and hospital visits and missed school days. The burdens of asthma fall more heavily on African American children. In 2004 to 2007, African American children, regardless of family income, reported higher rates of asthma. Thirteen percent of African American children had asthma. This compares to 8% of White, 7% of Mexican-

⁷ Dilworth-Bart JE and Moore CF, Mercy Mercy Me: Social Injustice and the Prevention of Environmental Pollutant Exposures Among Ethnic Minority and Poor Children. *Child Development*. 2006;77:247-65.

Americans, 20% of Puerto Rican children, and 10% of American Indian and Alaskan Native children.⁸

Children may inherit a tendency to develop asthma, and racial and ethnic differences in the burden of asthma may be related to social and economic status, access to health care, and exposure to environmental triggers.⁹ Asthma rates have increased worldwide.¹⁰ The US rate increased 75% from 1980 to 1994. In 2005, 12.7% of children had been diagnosed with asthma at some point in their lifetime.¹¹ The largest increase was among children up to 4 years old (160%). Rates among children 5 to 14 years old increased by 74%.¹² Today, although asthma rates have stabilized, childhood asthma rates remain at an all time high.¹³

For the period 1980-2005, increases in asthma rates among poor minorities have been even larger than the averages.¹⁴ They have also had larger increases in deaths from asthma.¹⁵ EPA's policies to address asthma take minority children into special consideration. The EPA Asthma Initiative includes research, education and outreach to identify the environmental factors that cause asthma and asthma symptoms, and to replicate effective interventions to mitigate these factors in homes and schools.¹⁶

EPA sponsored the Asthma Health Outcomes Project—a 2006 study showing that asthma programs that address environmental triggers work best to improve health outcomes such as reduced emergency room visits, improved quality of life, and fewer missed days of school or work when they build strong connections with front-line health care providers and local

⁸ Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey. <http://www.cdc.gov/nchs/nhis.htm>

⁹ Reviewed in: Asthma and Allergy Foundation of America and The National Pharmaceutical Council. Ethnic Disparities in the Burden and Treatment of Asthma. Washington, DC. January 2005. www.aafa.org

¹⁰ National Institutes of Health. Global Strategy for Asthma Management and Prevention: NHLBI/WHO Workshop Report. National Heart, Lung, and Blood Institute, National Institutes of Health; 1995. NIH Publ. No. 95-3659

¹¹ Akinbami LJ. The State of childhood asthma, United States, from 1980 to 2005. Advance data from vital and health statistics; no 381, Hyattsville, MD: National Center for Health Statistics.

¹² Mannino DM, Homa DM, Pertowski CA, et al. Surveillance for Asthma—United States, 1960–1995. *MMWR Morb Mortal Wkly Rep.* 1998;47(SS-1):1–28

¹³ Akinbami LJ. The State of childhood asthma, United States, from 1980 to 2005. Advance data from vital and health statistics; no 381, Hyattsville, MD: National Center for Health Statistics.

¹⁴ Ibid.

¹⁵ Lang DM, Polansky M. Patterns of asthma mortality in Philadelphia from 1969–1991. *N Engl J Med.* 1994; 331: 1542–1546

¹⁶ <http://www.epa.gov/asthma>

communities.¹⁷ In response, we launched the Communities in Action for Asthma Friendly Environments initiative in 2005-2006. This initiative creates a network of community programs--nearly 500--pursuing strategies to achieve positive health outcomes, including cultivating program leaders, establishing sound community relationships, maximizing cooperative opportunities, providing integrated health care services and implementing tailored environmental interventions. Leading programs in the Network are realizing 50-80% reductions in emergency department visits and hospitalizations, based on each program's tracking studies. These programs track outcomes for their enrolled patients--in general, they compare outcome endpoints at 12 months to baseline at time of enrollment.¹⁸

Lead:

It is often recognized that the removal of lead from gasoline and resulting lowered blood lead levels in children is a public health success story. The median concentration of lead in the blood of children 5-years old and under dropped from 15 micrograms per deciliter ($\mu\text{g}/\text{dL}$) in 1976-1980 to 1.4 $\mu\text{g}/\text{dL}$ in 2005-2006, a decline of 91 percent.¹⁹ The decline in blood lead levels is due to the phasing out of lead in gasoline and regulations reducing lead levels in drinking water, banning lead from paint, and restricting the content of lead in solder, faucets, pipes, and plumbing. Lead also has been eliminated or reduced in food and beverage containers and ceramic ware, and in products such as toys, mini-blinds, and playground equipment.

However, although this decline in lead poisoning rates is heartening and has been seen among all ethnic groups, lead levels continue to be highest among African-American children, whose median blood lead level remains significantly above that of other children.²⁰ Almost three times as many African-American children have blood lead levels above 10 $\mu\text{g}/\text{dL}$ as do white and

¹⁷ <http://www.epa.gov/asthma/ahop.html>

¹⁸ <http://www.asthmacommunitynetwork.org>

¹⁹ SOURCE: America's Children and the Environment. U.S. Environmental Protection Agency. <http://www.epa.gov/envirohealth/children/index.htm>. DATA: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey, <http://www.cdc.gov/nchs/nhanes.htm>

²⁰ In 2003-2006, Black children had the highest median blood lead level of 2.3 $\mu\text{g}/\text{dL}$, compared with 1.4 $\mu\text{g}/\text{dL}$ for White children and 1.5 for Mexican-American children. SOURCE: America's Children and the Environment. U.S. Environmental Protection Agency. <http://www.epa.gov/envirohealth/children/index.htm>. DATA: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey, <http://www.cdc.gov/nchs/nhanes.htm>

Mexican-American children. The disparity is even more pronounced when one looks at lower blood lead levels, which is increasingly important as research continues to show adverse effects at lower and lower blood lead levels. Residence in older housing, poverty, age, and being non-Hispanic black are still major risk factors for higher lead levels.²¹ This is also seen on a community wide level; one inner-city prevalence study published in 2004 found that 27% of children in two inner-city Chicago communities had elevated blood lead levels.²²

As part of an effort to address ongoing problems with lead, EPA recently issued an additional rule aimed at protecting children from lead paint hazards. The Lead Renovation, Repair and Painting Rule (40 CFR Part 745) provides broad protections against inadvertent lead poisoning by requiring contractors and construction professionals to be trained, certified and to use lead-safe work practices during renovation, repair and painting in pre- 1978 housing and child-care centers. The rule also requires contractors to provide a new lead hazard information brochure to property owners, tenants, and owners and operators of buildings that have child-occupied facilities as well as to the parents and guardians of children under age six using the facilities. The rule will be fully effective in April 2010. In addition, last month EPA announced plans to propose further strengthening and expanding the scope of these regulations.

EPA also provides funds to especially vulnerable communities through the National Community Based Lead Grant Program and the Targeted Lead Grant Program. These programs provide lead awareness training, develop local ordinances, build ongoing partnerships, provide education and surveillance, and highlight model lead-poisoning prevention strategies in communities with older housing, fewer resources, and other indicators of high risk. We also awarded nearly \$1 million in grants to 15 tribes to reduce the incidence of child lead poisoning and support educational outreach and baseline assessments of exposure.

²¹ Pirkle JL, Kaufmann RB, Brody DJ, Hickman T, Gunter EW, Paschal DC. Exposure of the U.S. population to lead, 1991 - 1994. *Environ Health Perspect.* 1998;106:745-50.

²² Dignam TA, Evens A, Eduardo E, Ramirez SM, Caldwell KL, Kilpatrick N, Noonan GP, Flanders WD, Meyers PA, McGeehin MA. High-Intensity Targeted Screening for Elevated Blood Lead Levels Among Children in 2 Inner-City Chicago Communities. *American Journal of Public Health* 2004;94:1945-1951.

2. Safe chemicals management and children's health

The Toxic Substances Control Act (TSCA), this country's chemical management legislation, was originally enacted in 1976 and is the only major environmental statute that has not been reauthorized. The TSCA Inventory currently contains over 80,000 existing chemicals, few of which have been studied for their risks to children. Unlike the laws applicable to drugs and pesticides, TSCA does not have a mandatory program where EPA must conduct a review to determine the safety of existing chemicals. In addition, TSCA places legal and procedural requirements on EPA before the Agency can request the generation and submission of health and environmental effects data on existing chemicals. It has also proven difficult in some cases to take action to limit or ban chemicals found to cause unreasonable risks to human health or the environment.

There is growing willingness in the United States, including among industry, to work on efforts to reform TSCA. It is clear that the time has come to bring TSCA into the 21st Century and we are very hopeful that TSCA will be updated by Congress so that we are better able to take action on chemicals that pose a concern, particularly chemicals that pose a concern for children.

3. Implementation of community-based children's health programs

The Administrator and I understand the importance of interagency collaboration on children's environmental health issues and we will reestablish a pivotal and influential role for EPA with other federal departments and agencies addressing children and clean air, clean drinking and surface water, and safe chemicals. We will also work with Tribes, states and local communities to design and implement policies that improve the environment and protect children. We will work to ensure safe and healthy places for children to live, learn, work and play by providing leadership and focus to America's community infrastructure, its homes, schools, child care centers, farmlands and workplaces.

A few examples are in our safe schools and homes efforts.

Schools:

Siting and Construction

When Congress passed the Energy Independence and Security Act (EISA) in 2007, EPA was directed to develop guidelines addressing healthy, high performance schools. Healthy schools provide a clean, safe, healthy and energy-efficient learning environment, encourage physical exercise through multiple transportation choices such as biking and walking, and reduce the need for additional buildings and facilities by sharing recreational and other facilities with the broader community.

EPA is collaborating with the Department of Health and Human Services, the Department of Education and a diverse group of stakeholders to develop guidelines to help states and communities make better decisions with respect to where new schools are located, and guidelines that will provide tools to communities to build a new generation of healthy green schools, and to ensure that existing schools are brought into good condition and maintained properly.

Homes :

Children spend more time in their homes than in any other environment, and are at greater risk from environmental hazards in the home than adults because of their rapid development, physiology and unique behaviors. Exposure to lead based paints and other environmental hazards in the home disproportionately impact children, the poor, and minorities. According to HUD's 2007 American Housing Survey, nearly 6 million households live with moderate or severe physical housing problems. About 24 million homes face significant lead-based paint hazards.²³ A growing body of research has persuasively linked substandard housing conditions with illness and injury. Housing-related health costs total in the billions annually.²⁴ For example, lead-based paint and other toxins in the environment that may cause lead poisoning,

²³ 2007 American Housing Survey. U.S. Department of Housing and Urban Development. <http://www.census.gov/prod/2008pubs/h150-07.pdf>

Jacobs DE, Clickner RP, Zhou JY, Viet M, Marker DA, Rogers JW, Zeldin DC, Broene P and Friedman W. Prevalence of Lead-based Paint in U.S. Housing. *Environmental Health Perspectives*. 2002;110(10):A559-A606.

²⁴ Leading our Nation to Healthier Homes: The Healthy Homes Strategic Plan. U.S. Department of Housing and Urban Development. 2009. http://www.hud.gov/offices/lead/library/hhi/hh_strategic_plan.pdf.

cancer, and neurobehavioral disorders have been estimated to have the potential to result in \$52.9 billion in annual costs.²⁵

EPA, HHS and HUD have recently embarked on a joint effort to respond to the Surgeon General's Call to Action on healthy homes through the development of a comprehensive healthy homes strategy. Through implementation of the joint strategy, EPA will take advantage of opportunities to leverage federal resources to provide states, Tribes and local communities with the necessary tools to help improve home environments, particularly in underserved communities.

Sustainable Communities:

Our work at EPA extends beyond protecting the natural environment. These days, more and more we're talking about the built environment. And our focus is not just on how human activities affect the environment. It's about how the environment we have created in our towns and cities and communities where we live can affect our health and well-being. Chronic diseases such as diabetes and asthma are influenced by environmental conditions.²⁶ In low-income communities children are often at greatest risk from exposure to contaminants.²⁷ Housing and community-based interventions in low-income communities are likely to contribute to reducing health disparities in the US.²⁸

Our **Community Action for a Renewed Environment** (CARE) grant program helps communities address multiple sources of toxic pollutants in their environments, and many of our CARE grantees are including children's health issues in their CARE projects. Through CARE, more than 1,300 homeowners received information and assistance on lead paint testing and 28 schools used EPA's chemical cleanout or Indoor Air Quality Tools for Schools programs.

²⁵ Ibid.

²⁶ The Surgeon General's Call to Action To Promote Healthy Homes. U.S. Department of Health and Human Services. 2009. <http://www.surgeongeneral.gov/topics/healthyhomes/index.html>

²⁷ Leading our Nation to Healthier Homes: The Healthy Homes Strategic Plan. U.S. Department of Housing and Urban Development. 2009. http://www.hud.gov/offices/lead/library/hhi/hh_strategic_plan.pdf

²⁸ Ibid.

Pediatric Environmental Health Specialty Units:

With the Agency for Toxic Substances and Disease Registry, EPA supports the Pediatric Environmental Health Specialty Units, a program that provides advice to communities, healthcare providers, and parents on children's environmental health issues. These experts in environmental exposures work to prevent, diagnose, manage and treat environmentally driven health issues in children. They are located in hospitals in each of the ten EPA regional offices, and this model is being utilized in other countries as well, as evidenced by requests for consultations, trainings, workshops and presentations on how the program works.

4. Research and Science Policy

We will work with internal and external researchers to fill critical data gaps in understanding children's vulnerabilities, unique exposures, and health effects.

Children's Environmental Health Centers: The Children's Environmental Health Centers, established in 1998 by NIEHS and EPA, examine the interactions between key environmental exposures and a range of child health outcomes, including overall growth and development, asthma and respiratory health and neuro-developmental disorders such as autism. Collectively, these centers comprise a national network of scientific and community leaders, health care providers, and government officials with the common goals of preventing and reducing childhood diseases in the research areas under study and translating the findings to the affected communities and the broader public.

Children's centers have evolved over the past ten years to emphasize a multidisciplinary approach that includes basic, applied, and community-based participatory research. Research results from the children's centers have led to novel findings that have stimulated the broader scientific community to explore potential biological mechanisms in relevant pathways associated with disease pathogenesis in children.

National Children's Study

The National Children's Study is the largest-ever study of children's health in the US and is expected to examine the development of 100,000 children from before birth to age 21. Of high

relevance to EPA, the study will eventually provide data for investigating the effects of environmental exposures (chemical, biological, physical, and psychosocial) as well as gene-environment interactions on pregnancy outcomes, child health and development, and precursors of adult disease.

EPA is one of four agencies that have been leading the study since it was authorized by the Children's Health Act of 2000. EPA's scientific leadership and collaboration with the other lead federal agencies has improved the scientific basis for the NCS. We have conducted method development and evaluation studies, helped to develop the study hypotheses, and contributed to the development and the review of the study and its research plan. EPA will continue to participate in the planning and implementation of the Study to ensure that environmental issues are adequately addressed, that appropriate measures are assessed at critical time points, and that the study results help to meet Agency needs.

By studying the same children over time through their different phases of growth and development, including early life exposures, we hope to be able to better understand the role of environmental factors in health and disease. The study is expected to provide data that will play an important role in helping EPA establish policies that are based on science and protective of children's health. Household and community-level environmental measures analyzed together with biological indicators will help us identify health risk factors across the multiple life stages of early development.

The data generated from these activities are expected to directly inform interventions for EPA, public health stakeholders, manufacturers, designers and builders. The National Children's Study data are also expected to help EPA evaluate the consequences and the effectiveness of our regulatory decisions.

The design of the NCS creates a broad platform for investigating the factors contributing to injury, asthma, autism, obesity, mental illness, and other diseases. Additional studies of national or community import may be built upon this platform to answer more specific questions related to children's' health. .

5. Measuring the Effectiveness of EPA's programs

In all of these activities, it is essential for EPA to measure the effectiveness of our actions. EPA is developing appropriate indicators of its efforts in protecting children's health. *America's Children and the Environment* brings together quantitative information from a variety of sources to show trends in levels of environmental contaminants in air, water, food, and soil; concentrations of contaminants measured in the bodies of mothers and children; and childhood diseases that may be influenced by environmental factors.²⁹ The main purposes of the report are:

- To present indicators of key factors relevant to the environment and children in the United States;
- To inform discussions among policymakers and the public about how to improve federal data on children and the environment; and
- To help policymakers and the public track and understand the potential impacts of environmental contaminants on children's health and, ultimately, to identify and evaluate ways to minimize environmental impacts on children.

EPA's America's Children and the Environment website has recently been updated with the most current data available for measures of contaminants, body burdens and illnesses important for children's environmental health. The website presents data for 21 different indicators of children's environmental health, including measures for drinking water contaminants, blood mercury levels, and neuro-developmental disorders. Most of these indicators now present data up through at least 2006.

Conclusion

Thank you, Chairman Klobuchar, and members of the Subcommittee for the opportunity to talk to you today. As previously described, EPA has established a 5-part strategy to ensure protection of children's environmental health. This strategy includes: 1) regulatory and policy development, 2) safe chemicals' management: children's health, 3) implementation of

²⁹ America's Children and the Environment. U.S. Environmental Protection Agency. <http://www.epa.gov/envirohealth/children/index.htm>.

community-based children's health programs, 4) research and science policy, and 5) measuring the effectiveness of EPA's children's health activities. As evident by our strategy and actions, Administrator Jackson and I share your commitment to children's environmental health and we appreciate your ongoing interest in our efforts. Thank you again for inviting me to give testimony on this vitally important issue and I look forward to answering any questions you might have.