

MUSC

MEDICAL UNIVERSITY
OF SOUTH CAROLINA

GENERAL PEDIATRICS
165 CANNON ST • STE 505
PO BOX 250853
CHARLESTON • SC 29425

(843) 792-9457
FAX (843) 792-2588

J. Rountt Reigart, MD
Director

William T. Basco, MD
Paul M. Darden, MD
Walton L. Ector, MD
Kelly Havig-Lipke, MD
Melissa Howard Henshaw, MD
Sherron Jackson, MD
Michelle Lally, MD
Colleen Moran, MD
James R. Roberts, MD
Sara E. Schuh, MD
Hazel M. Webb, MD

Patient Appointments
General Pediatrics Clinic
(843) 953-8444
Primary Care Clinic
(843) 792-3955

January 21, 2000

Carol M. Browner
Administrator
Environmental Protection Agency
401 M Street SW
Washington, D.C., 20460

Dear Administrator Browner,

The Children's Health Protection Advisory Committee and its Science Work Group is very interested in science policy relevant to the implementation of the Food Quality Protection Act. Beginning in late 1998, we have conducted a series of meetings on the Food Quality Protection Act; and, on February 19, 1999 we submitted a letter about the draft Residential Exposure Standard Operating Principles. We specifically appreciate the briefings on the Residential Exposure SOP provided by EPA at the Science Work Group's September 1999 meeting and offer the following, additional comments.

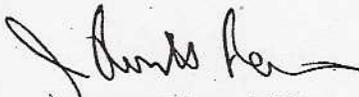
The Committee believes that EPA's approach constitutes a sound, science-based beginning for assessing residential exposures to children. However, the Committee understands and supports EPA's assertion that this is only a first step. We strongly urge the agency to place a high priority on its longer-term intent to move beyond the current approach that relies on default assumptions. We urge you to direct the Agency to conduct, fund or require personal monitoring and epidemiological studies to determine age-specific population distributions of exposure and health effects associated with children's residential pesticide exposure.

EPA's current approach relies on modeling and extrapolations using default assumptions. As EPA acknowledges, the current SOP uses surrogate data, such as "Jazzercise," to model children's exposures based on adult behavior not on children's activities. Age-related activity data and exposure data should be collected. Thus, the Committee specifically urges EPA to include guidelines for data collection about actual exposures of children and to support the collection of such data as it begins final revision of its Residential Exposure Testing component of the Post-Application Exposure Testing Guidelines (PAETG) expected in the Spring of 2000. The Committee further urges EPA to develop or refine guidance in the PAETG related to the collection of epidemiological data, age-specific activity and contact rates, biomarkers of exposure, and pharmacokinetic factors specific to children.

The aim would be to replace over time the default assumptions currently in the SOP with actual data so as to better understand the likely distribution of exposure and more accurately perform exposure estimates of children. This must be just one step in maintaining a long-term commitment to obtain and link actual exposure data and health-outcome data on children in order to improve existing risk assessment methods, thus leading to better informed risk management decisions.

The Children's Health Protection Advisory Committee remains very committed to supporting EPA's efforts to better protect the health and safety of children, and thanks you for the opportunity to comment.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Routt Reigart". The signature is fluid and cursive, with a long horizontal stroke at the end.

J. Routt Reigart, MD
Chair, Children's Health Protection Advisory Committee

cc. R. Trovato, P. Goode, S. Wayland