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## 200011: The Precautionary Principle and Children's Health

The American Public Health Association,

Recognizing that, for centuries, the cornerstone of public health policy and practice has been the prevention of injury and disease; and

Recognizing that the US has signed the Rio Declaration on Environment and Development which states;

In order to protect the environment, the precautionary approach shall be widely applied by States according to their capabilities. Where there are threats of serious or irreversible damage, lack of full scientific certainty shall not be used as a reason for postponing cost-effective measures to prevent environmental degradation, a statement known as the Precautionary Principal;<sup>1</sup> and

Recognizing that the American Public Health Association has previously encouraged the implementation of the Precautionary Principle with regard to workplace chemical exposure prevention policies;<sup>2</sup> and

Recognizing that current environmental regulations are primarily aimed at controlling pollution rather than using primary preventive measures to avoid the use, production, or release of toxic materials;<sup>3</sup> and

Recognizing that development of enterprises, projects, technologies, products, and substances, that may adversely affect public health proceeds through initiatives that may or may not have considered a range of safer alternatives;<sup>4</sup> and

Recognizing that many of these enterprises, projects, technologies, products, and substances are considered safe until proven harmful; and

Recognizing that public health decisions must often be made in the absence of scientific certainty, or in the absence of perfect information; and

Recognizing that some industries engaged in the production, release, or distribution of potentially hazardous products and processes use their influence to delay preventive action, arguing that the immediate expense of redesign to achieve pollution prevention is unwarranted, lacking scientific certainty about harmful health effects;<sup>5</sup> and

Recognizing that fetuses, children, and all developing organisms are often more susceptible to environmental contaminants than adults, and that agency policies and decisions often fail to reflect this unique susceptibility;<sup>6</sup> and

Recognizing that proof of cause and effect relationships is often difficult to establish because of non-specificity of health effects, long latent periods, subtle changes in function that are difficult to detect without resource-intensive studies, and complex interactions of variables that contribute to adverse health effects;<sup>7</sup> and

Recognizing that some lack of scientific certainty is irresolvable by more data collection; that some residual lack of scientific certainty is actually the result of indeterminacy due to multiple factors interacting in complex systems or due to ignorance about what questions to ask or what effects to look for;<sup>8</sup> and

Declaring that children and other sensitive populations are, therefore, in particular need of protection from environmentally related hazards; and

Recognizing that Presidential Executive Order #13045 requires that all federal agencies, when developing policies, must explicitly consider their impacts on children, therefore,

- Reaffirms its explicit endorsement of the precautionary principle as a cornerstone of preventive public health policy and practice, both in the U.S. and throughout the world;
- Encourages governments at all levels, the private sector, and health professionals to promote and abide by this principle in order to protect the health and well-being of all developing children. Thus, APHA calls for explicit inclusion of the precautionary approach in all federal, state, and local legislation, rules, or policies intended to protect children or that may impact the health of children;

- Urges that whenever an enterprise, project, technology, product, or substance is proposed for initiation, manufacture, or use the goal of public health advocates should be to reduce or eliminate the creation of conditions that may adversely impact reproductive health, infants, or children;
- Advocates significant increases in pollution prevention efforts through clean production, assessment of safer alternatives, energy efficiency, waste minimization, safer waste disposal methods, and reduced consumption as a general means to protect children's health and development, rather than relying on risk management of individual hazards;
- Encourages explicit consideration of the kinds and magnitude of harm to reproductive health, infants, or children that may result from an activity and its alternatives;
- Encourages explicit consideration of the kinds and magnitude of uncertainties inherent in assessing potential harm to reproductive health, infants, or children from an activity and its alternatives;
- Encourages precautionary action to prevent potential harm to reproductive health, infants, and children, even if some cause and effect relationships have not been established with scientific certainty;
- Urges scientists to engage in analysis and studies to develop implementation strategies using the precautionary principle that are based on sound science.
- Enunciates the urgent need for improved research methods to understand better the additive, cumulative, and synergistic effects of multiple stressors on children's development and health; and
- Urges the United States to honor and explicitly refer to the precautionary principle during negotiations of international agreements, while working to establish the precautionary principle as a guiding principle of environmental and health-related international law.

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## 200012: Reducing the Rising Rates of Asthma

The American Public Health Association,

Observing that, according to the U.S. Centers for Disease Control and Prevention, asthma prevalence and mortality have been steadily rising in the US over the last 15 years in children and young adults under the age of 35;<sup>1</sup> and

Noting that, while the cause of the rising asthma rates is unknown, there are a number of environmental factors known to exacerbate asthma; such factors include ambient air pollution, occupational allergens, environmental tobacco smoke, and indoor environmental factors such as pesticides, dust mite, cockroach, mold and pet allergens,<sup>2-7</sup> as well as socioeconomic status, economic development, and urbanization;<sup>1-3, 6-8</sup> and

Noting that at present there is very little surveillance for asthma prevalence at either a state, national, or international level, leaving state and local health departments, as well as national agencies, uncertain about the prevalence rates in the areas they serve; there is little surveillance for asthma incidence, nationally or internationally;<sup>9</sup> and

Recognizing that numerous studies have documented that asthma disproportionately impacts low income and minorities in terms of emergency room visits and hospitalizations, such communities are more likely to have higher air pollution levels, are likely to live in homes with higher allergen loads, and have less control over their home environments; to compound this they often have less access to medical management to control asthma attacks and are more likely to utilize emergency rooms and other acute care services for routine medical care;<sup>6,7,10-12</sup> and

Noting that rates of asthma are highest in children aged 6-16, that asthma in childhood is an important predictor of asthma over a lifetime, that asthma rates are rising most steeply in children, and that children are known to be more exposed and susceptible to a number of environmental factors known to be associated with asthma;<sup>1,5,13</sup> and

Noting the continued high incidence of acute respiratory infections in children in developing countries, and that the significance of asthma as a comorbid factor is not appreciated; and

Noting that infants breathe more air per kilo of body weight per day than adults and their immune systems and lungs are in sensitive stages of development;<sup>14</sup> and

Noting that it passed a resolution in 1995 entitled "Children's Environmental Health," in which it recognized the unique environmental health concerns affecting children including asthma; and

Recognizing that whereas primary and secondary prevention strategies have not been clearly identified or evaluated for asthma, there is a set of

evidence-based treatment guidelines that have been developed by the National Heart, Lung and Blood Institute and its expert committees to guide medical and environmental intervention for people who have asthma;<sup>15</sup> and

Noting the importance of a strong evidentiary basis for public health practice as well as assessment of costs and effectiveness for public health strategies and the lack of such data for many asthma interventions; and

Observing that we are in the midst of an epidemic of asthma<sup>1</sup> and noting that broad-based public health strategies are necessary to better understand, reduce and prevent the disease; therefore, encourages and supports:

1. The federal coordination effort and calls for a long range and more comprehensive plan of action on asthma involving all of the agencies of the Public Health Service, but most notably the Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), Agency for Toxic Substances and Disease Registry (ATSDR), Health Resources and Services Administration (HRSA), Occupational Safety and Health Administration (OSHA), and Food and Drug Administration (FDA); the Health Care Financing Administration (HCFA), and the Environmental Protection Agency (EPA) and voluntary organizations;
2. Federal and private research efforts directed at identifying the cause or causes of the rising rates of asthma;
3. Federal, state, and local efforts to develop nationwide surveillance of asthma cases and environmental factors that may possibly be involved with asthma causation and/or exacerbation;
4. Global efforts to strengthen surveillance and to better understand the global pattern of asthma and the cause for such distribution;
5. Inclusion of asthma in federal, state, and local initiatives on reducing health disparities;
6. Public health and other interventions at all levels of government and by nongovernmental organizations to reduce the severity of asthma in the U.S. and help people with asthma lead healthy, active lives, including reduction of indoor and outdoor air pollutants. This includes provision of insurance coverage and/or reimbursement for programmatic approaches to prevention of acute episodes of asthma requiring emergency treatment;
7. Appropriations to public health agencies at the federal, state, and local level for asthma surveillance, education and public health intervention and prevention efforts by health departments and related agencies;
8. Provision by health care systems and school health personnel, including school nurses and physical education teachers, of adequate diagnosis, treatment, family or caregiver, and patient education, equipment, and case management systems, including implementation of the National Heart Lung and Blood Institute asthma treatment guidelines;
9. Intervention trials designed to help to identify causal factors for the increased rate of asthma and establish cost-effective measures to