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ENVIRONMENTAL HEALTH

Opportunities for Greater Focus, Direction, and Top- Level Commitment to Children's Health at EPA

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GAO

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Madam Chairman and Members of the Committee:

I am pleased to be here today to discuss highlights of GAO's report about the Environmental Protection Agency's (EPA) efforts to institutionalize the protection of children's health. EPA's mission is to protect human health and the environment. As a result of mounting evidence about the special vulnerabilities of the developing fetus and child, the federal government and EPA took several bold steps to make children's environmental health a priority in the late 1990s. In 1996, EPA issued the *National Agenda to Protect Children's Health from Environmental Threats* (National Agenda) and expanded the agency's activities to specifically address risks for children, documenting EPA's plans to achieve seven goals, such as (1) ensuring that all standards set by EPA are protective of any heightened risks faced by children; (2) developing new, comprehensive policies to address cumulative and simultaneous exposures faced by children; and (3) expanding community right-to-know to allow families to make informed choices concerning environmental exposures to their children.

In April 1997, the President signed Executive Order 13045—Protection of Children from Environmental Health Risks and Safety Risks (Executive Order), which mandated a concerted federal effort to address children's environmental health and safety risks. The Executive Order established, among other things, an interagency Task Force on Environmental Health Risks and Safety Risks to Children (Task Force) and charged it with recommending strategies to the President for protecting children's health and safety. Also in 1997, EPA created the Office of Children's Health Protection (Office of Children's Health) to support the agency's efforts and formed the Children's Health Protection Advisory Committee (Advisory Committee) to provide advice, information, and recommendations to assist the agency in the development of regulations, guidance, and policies relevant to children's health.¹

EPA's Advisory Committee has raised concerns about whether the agency has continued to maintain its earlier focus on protecting children or capitalized on opportunities to tackle some significant and emerging environmental health challenges. For example, the Advisory Committee wrote to the Administrator in April 2007 to reflect on EPA's achievements

¹In 2005, EPA expanded the office to include environmental education and aging initiatives, renaming it the Office of Children's Health Protection and Environmental Education.

in the 10 years since the Executive Order was signed. The committee cited successes, such as increased margins of safety for pesticides mandated under the Food Quality Protection Act and the creation of the National Children's Study. However, the Advisory Committee also expressed serious concerns about EPA's continued lack of focus on children's environmental health issues and the lack of progress in addressing the committee's many recommendations. In the intervening years, children's environmental health has become no less pressing. In fact, 66 percent of children lived in counties where air exceeded one or more of the six principal pollutants. Two of them—ozone and particulate matter—are known to cause or aggravate respiratory diseases such as asthma. According to the Centers for Disease Control and Prevention (CDC), asthma is the third most common cause of hospitalizations for children, resulting in \$3.2 billion for treatment and 14 million days of school lost annually.

In light of concerns about EPA's focus on children, you asked that we assess the agency's consideration of children's environmental health. This statement summarizes highlights from our report being released today that addresses the extent to which EPA has institutionalized the protection of children's health from environmental risks through (1) agency priorities, strategies, and rulemakings, including implementation of Executive Order 13045; (2) the use of key offices and other child-focused resources, such as the Office of Children's Health and the Advisory Committee; and (3) involvement in federal interagency efforts to protect children from current and emerging environmental threats.² To perform this work we, among other things, interviewed officials from multiple EPA program offices most directly involved with children's health issues; reviewed key EPA children's health-related policies, strategic and performance plans, and guidance documents; analyzed regulations subject to the regulatory requirements of the Executive Order; and identified the accomplishments of the Task Force.

In preparing this testimony, we relied on our work supporting the accompanying report. That report contains a detailed overview of our scope and methodology. All of our work for this report was performed in accordance with generally accepted government auditing standards. Those

²GAO, *Environmental Health: High-level Strategy and Leadership Needed to Continue Progress toward Protecting Children from Environmental Threats*, [GAO-10-205](#) (Washington, D.C.: Jan. 28, 2010).

standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

EPA's Past Efforts to Institutionalize Children's Health Through its National Agenda and Strategic Plan Have Not Been Sustained

As detailed in our report, EPA has developed policies and guidance to consider children, but it has not maintained attention to children through agency priorities and strategies. Specifically, EPA has not institutionalized the agency's commitment to children's health through, for example, an update to its National Agenda and an emphasis on protecting children in its forthcoming strategic plan.

First, EPA has not updated the National Agenda in more than 10 years. Issued in 1996, the National Agenda established children's environmental health as a top priority and a central focus of all agency efforts. In it, EPA articulated the agency's commitment to children's health by identifying an array of environmental threats to children and specifying a multifaceted approach to accomplishing its children's health goals. The National Agenda also was the impetus for the creation of EPA's Office of Children's Health, which was formed to support the agency's implementation of the National Agenda. Moreover, the National Agenda also helped to institutionalize the agency's commitment to the issue. According to current and former officials from the Office of Children's Health, the National Agenda and Executive Order helped legitimize the office's importance across the rest of the agency. As detailed in our report, several demonstrable children's health-focused activities were initiated in the years immediately following EPA's issuance of the National Agenda. For example, in 1999 the agency explored—through the Task Force—the feasibility of a longitudinal cohort study of environmental effects on parents and children, which Congress later established as the National Children's Study.³ In 2000, EPA issued a strategy for research on environmental risks to children that established EPA's long-term program goals and documented its rationale.⁴ The National Agenda also asserted EPA's leadership across the federal government and called on partners in

³Children's Health Act of 2000, Pub. L. No. 106-310.

⁴The research strategy has not been updated since its publication. Instead, EPA integrated children's environmental health into Office of Research and Development multiyear human health research plans.

Congress, industry, health professions, and interest groups to adopt and help EPA implement these children's health priorities. EPA officials with whom we spoke recognized the importance of the National Agenda for helping to institutionalize children's health as a priority across EPA, noting that it gave children's health more traction and consideration in EPA programs and activities. Our report provides examples of key actions that EPA took in accordance with the National Agenda's seven priority areas. More recently, however, EPA took actions that directly contradicted a National Agenda priority, indicating that the agency lost some of its initial focus on children's environmental health. For example, as we reported in 2007, EPA finalized a rulemaking in December 2006 that significantly reduced the amount of publicly available information reported to the Toxics Release Inventory (TRI) about toxic chemicals released into air, water, and land.⁵ This action undermined EPA's National Agenda priority of expanding community right-to-know, which was designed to allow families to make informed choices about their children's exposure to toxic chemicals in their communities. In 2009, Congress acted to overturn EPA's rulemakings by restoring the original TRI reporting requirements for toxic chemicals released into the environment.⁶

Our report also addresses concerns related to EPA's strategic plans. The forthcoming plan, originally scheduled for issuance in September 2009, has been delayed to allow additional time for review by the agency's new leadership. EPA identified children's health as a cross-agency program in its 1997 and 2000 strategic plans. However, EPA's 2003 and 2006 (current) plans did not include children's health as an explicit goal or program. To help develop the agency's 2009 strategic plan, EPA held meetings in 2008 and 2009 to identify target areas for improvement. In the latest draft of that plan that EPA provided to us, the agency identified target areas for improvement—significant changes in strategy or performance measurement that are critical for helping the agency achieve and measure environmental and human health outcomes. We found that children's health was not included as a target area in the draft strategic plan, and it is not yet clear to what extent children's health will be addressed in the final plan, which is subject to revision before the Administrator finalizes it in the coming months. We also found that the Office of Children's Health was not a lead office for developing the plan's Healthy Communities and

⁵GAO, *Toxic Chemical Releases: EPA Actions Could Reduce Environmental Information Available to Many Communities*, [GAO-08-128](#) (Washington, D.C.: Nov. 30, 2007).

⁶Omnibus Appropriations Act, 2009, Pub. L. No. 111-8, § 425 (2009).

Ecosystems goal, the strategic goal that includes children's health. Development of this goal has been co-led by EPA's Office of Prevention, Pesticides and Toxic Substances; Office of Research and Development; and Office of Water. EPA planning officials told us that staff from the Office of Children's Health attended at least one development meeting for the goal. However, the office staff said their input was not given much weight, since three other offices were assigned the leadership role for coordinating the goal's team. EPA officials said that a possible reason the Office of Children's Health did not become central to the process was that it is not directly responsible for implementing or overseeing any of the EPA programs and subobjectives included under the plan's Healthy Communities and Ecosystems goal.

In Recent Years, EPA Has Not Fully Used Its Office of Children's Health and Advisory Committee

We also found that, in recent years, EPA has not fully used the Office of Children's Health Protection and its Advisory Committee, among other child-focused resources. Although EPA now has a new Director of Children's Health, EPA's Office of Children's Health experienced multiple changes in leadership over the last several years, impairing its ability to fulfill its priorities and commitments. From 2002 to 2008, the office had four acting directors and no permanent director. EPA staff told us the Office of Children's Health had difficulty maintaining focus because of the varied priorities and initiatives of each director. For example, in 2007, the acting director tasked office staff to form workgroups and collaborate with senior program office staff across the agency in response to a set of key recommendations from the Advisory Committee. In April 2007, to mark the 10th anniversary of the Executive Order, the Advisory Committee provided recommendations in seven key areas of concern, including the need for EPA to eliminate environmental health disparities among low-income and minority children, strengthen the national approach to regulating toxic chemicals, and provide necessary leadership and infrastructure to protect children's health. For example, the Advisory Committee had recommended expanding research and committing additional EPA infrastructure to children's health, among other things, and the EPA Administrator and office's acting director committed to addressing the recommendations. The office's subsequent acting director

eliminated the workgroups, and EPA has yet to meaningfully address the Advisory Committee's recommendations.⁷

In our September 2008 testimony, we recommended that the Administrator examine ways to more proactively use the Advisory Committee to reinvigorate the agency's focus on protecting children's health.⁸ Since that time, EPA's Administrator and the Director of EPA's Office of Children's Health have met with the Advisory Committee in March and July 2009, respectively. In his remarks to the Advisory Committee, the Director expressed his commitment to more proactively use the Advisory Committee to support EPA's efforts to protect children's health. Specifically, he said that EPA could more effectively use the Advisory Committee for advice in developing regulations, and he asked for input on how to engage the Advisory Committee early and often in rulemakings. He also said that the committee could provide leadership in the area of science policy at EPA and advise the agency on policies for conducting research and making decisions in instances where EPA lacks conclusive information about children's vulnerabilities. The Director also recently asked the committee to provide EPA with advice on its draft school siting guidelines, voluntary guidance that takes into account factors such as the special vulnerabilities of children to hazardous substances or pollution at a potential school site.⁹

⁷The Advisory Committee has previously noted leadership challenges in the office, writing in a December 2002 memo to the Administrator that the office could not continue to play a key role within EPA and across the nation without permanent leadership. In May 2004, EPA's Inspector General reported that the lack of a permanent director may have a negative impact on the longevity and importance of the children's environmental health program within EPA.

⁸GAO, *Environmental Health: EPA Efforts to Address Children's Health Issues Need Greater Focus, Direction, and Top-Level Commitment*, [GAO-08-1155T](#) (Washington, D.C.: Sept. 16, 2008).

⁹EPA Siting of School Facilities, <http://www.epa.gov/schools1/siting.html>, accessed March 11, 2010.

Task Force Fulfilled a Critical Role for Strategy Development and Interagency Coordination until it Expired in 2005

The Executive Order provides EPA with opportunities for leadership and coordination across the federal government. However, key provisions of the Executive Order—specifically an interagency task force that reports to the President—were allowed to lapse in 2005. The President’s Task Force on Children’s Environmental Health and Safety Risks was authorized by the Executive Order in April 1997 for a period of 4 years to provide high-level leadership and interagency coordination on children’s environmental health. It comprised nine cabinet officials and seven White House office directors and was co-chaired by the Administrator of EPA and the Secretary of the Department of Health and Human Services (HHS). The Task Force convened five times for meetings in October 1997, April 1998, January 1999, September 1999, and October 2001. As part of National Children’s Health Month in October 2001, the President extended the Task Force for 2 years. According to EPA officials, the Administrator urged the President to continue the Task Force; in April 2003, the President extended it for a final 2 years. However, the final order eliminated the provision for reassessing the need for continuance of the Task Force, which was not convened after the October 2001 meeting. According to EPA officials involved on the steering committee, the agency was not able to convene the Task Force thereafter, for reasons related to new priorities following the September 11, 2001, terrorist attacks. Nonetheless, a senior career-level staff steering committee continued to meet until 2005 to coordinate and implement the strategies that the Task Force developed to address the threats to children’s health.

The Task Force contributed to eight areas related to children’s health, including the establishment of the National Children’s Study, the largest long-term study of environmental influences on children’s health and development, which was initiated as part of the Children’s Health Act of 2000. The Task Force also identified four major environmental and safety threats to children—asthma, developmental disabilities (including lead poisoning), cancer, and unintentional injuries—and created national strategies for each of them. In its strategy documents, the Task Force recognized that an integrated solution was needed across the federal government to address the complex interaction between a child’s biology, behavior, and the physical, chemical, biological, and social environment. The Task Force provided critical leadership on several important initiatives such as the National Children’s Study and the Healthy Schools Environments Assessment Tool (HealthySEAT). These national programs focus heavily on the environmental influences on children’s health, with the National Children’s Study examining the role of environmental factors on health and disease and HealthySEAT offering school districts a self-

assessment tool for identifying and evaluating environmental, safety, and health hazards.

With the Task Force's expiration, EPA and HHS no longer have a high-level infrastructure or mandate to coordinate federal strategies for children's environmental health and safety. According to the EPA staff and children's health experts with whom we spoke, had the Task Force continued, it could have helped the federal government respond to the health and safety concerns that prompted the 2007 recall of 45 million toys and children's products because of lead contamination. Furthermore, since the Task Force provision of the Executive Order expired in 2005, the Task Force's reports are no longer generated. Those reports collected and detailed the interagency research, data, and other information necessary to enhance the country's ability to understand, analyze, and respond to environmental health risks to children.

Since the President signed the Executive Order in 1997, every EPA Administrator has stated that children's environmental health is a priority at the agency, and Administrator Jackson is no exception. We would like to note the Administrator has made children's environmental health a signature item at EPA. In her first memo to EPA staff, the Administrator highlighted children as a key focus. Also, in her remarks at the April 2009 G8 Environmental Minister's Meeting, the Administrator stated,

We have learned much in the last 12 years about the ways that environmental exposures uniquely affect children. With that increased knowledge, our sense of urgency for further action on children has also increased....The U.S. government, under this new administration, will keep faith with the promise we've made to future generations. I hope we can continue the work we started in 1997, renewing our commitment to protect children from environmental threats where they live, learn, work and play.

In our report being released today, we are making eight recommendations to help EPA reinvigorate its early emphasis on children, assume high-level leadership, and develop strategies for coordinating efforts addressing children's environment health both within the agency and throughout the federal government. For example, we recommend that the EPA Administrator update and reissue a child-focused strategy, such as the 1996 national agenda, to articulate current national environmental health priorities and emerging issues. We further recommend that EPA's forthcoming strategic plan expressly articulate children-specific goals, objectives, and targets. We make 6 additional recommendations to the

EPA Administrator to maximize opportunities to institutionalize children's health throughout the agency. EPA responded that our report accurately portrays the agency's challenges in addressing children's environmental health and sets forth sound recommendations to better incorporate protection of children's health as an integral part of EPA's everyday business.

Because EPA alone cannot address the complexities of the nation's challenges in addressing environmental health risks for children, we encourage Congress to re-establish a governmentwide task force on children's environmental health risks, similar to the one previously established by Executive Order 13045 and co-chaired by the Administrator of EPA and the Secretary of Health and Human Services. We encourage Congress to charge it with identifying the principal environmental health threats to children and developing national strategies for addressing them. We further encourage Congress to establish in law the Executive Order's requirement for periodic reports about federal research findings and research needs regarding children's environmental health.

Madam Chairman, this concludes my prepared remarks. I would be happy to respond to any questions that you or other Members of the Committee may have.

GAO Contacts and Acknowledgements

For questions or further information regarding this statement, please contact John Stephenson, Director, Natural Resources & Environment at (202) 512-3841 or stephensonj@gao.gov. Diane Raynes, Assistant Director; Elizabeth Beardsley; Timothy Bober; Mark Braza; Emily Hanawalt; Terrance Horner, Jr.; Aaron Shiffrin; Benjamin Shouse; and Kiki Theodoropoulos made key contributions to this statement. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this testimony.

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