

## Observer comments to COT, 14 February 2006

### Item 4: Royal Commission on Environmental Pollution (RCEP): Crop spraying and the health of residents and bystanders – TOX/2006/01

The observer introduced herself as Georgina Downs of UK Pesticides Campaign.

Ms. Downs started by stating that she found the discussion extraordinary, that it contained a number of factual inaccuracies and that it was frustrating as an observer to sit through 2 hours of discussion without being able to correct the factually inaccurate statements that were being made. Ms. Downs also pointed out that there were a number of factual inaccuracies in the discussion paper as well, although said perhaps not as many as contained in the ACP response to the RCEP report.

Ms. Downs pointed out that one of these inaccuracies was where the discussion paper stated that pesticide stakeholder groups view bystander exposure in terms of a "neighbour" etc. She stated that as the person who first identified and raised this issue that this was not correct. She stated that she wanted to clarify that the case she has consistently presented has always been that residents and bystanders are 2 different exposure scenarios, as a bystander may only receive occasional short-term exposure, whereas a resident could be receiving repeated exposure to mixtures of pesticides over the longer term and sometimes, like in her own situation, for decades. She pointed out that this was a point also raised by the EU Scientific Committee on Plants (SCP) and now also by the RCEP, as the title of their report refers to residents and bystanders separately.

Ms. Downs then stated that in relation to exposure for rural residents and communities that all exposure factors need to be included in the exposure calculations, for example, long-term exposure to pesticides in the air, exposure to vapours, precipitation, pesticides transported from outdoor applications and redistributed to an indoor air environment, exposure to mixtures etc. and not just exposure related solely to that of immediate spraydrift, which is what Ms. Downs stated the COT's discussion was predominantly centred around. Ms. Downs emphasised that regardless of whether exposure to some of the other factors are lower than exposure to the immediate spraydrift, it was about the overall exposure that residents and communities receive in totality.

Ms. Downs also pointed out that pesticides have been shown to travel considerable distances and that a reputable study from California found pesticides located up to 3 miles away from pesticide treated areas and calculated health risks for rural residents and communities living within those distances.

Ms. Downs then pointed out that the RCEP had accepted acute effects, but that this was not clear enough in the report or in subsequent comments in the media and she informed members that this was something she had previously picked up on with

the RCEP in her peer review comments of their draft report. She pointed out that the Government's own monitoring system the Pesticides Incident Appraisal Panel has confirmed cases of acute effects in residents and bystanders from just one single exposure.

Ms. Downs highlighted that a study published last year in the Journal of the American Medical Association (Alarcon et al. JAMA 294: 455-465; 2005) had confirmed acute illnesses in children and employees from pesticides sprayed on farmland near schools.

Therefore Ms. Downs clarified that where the RCEP had referred to the plausibility of a link between resident and bystander exposure and ill-health, it actually stated it was in relation to chronic ill-health, as pesticides being able to cause acute effects was already accepted.

Ms. Downs then asked COT to clarify a section from the draft document that had been circulated by the COT Secretariat relating to acute effects. She explained that the relevant section was in relation to data submitted by companies detailing any ill-health incidents that had been reported to them. She pointed out that the COT document concluded that the results of the survey had given no cause for concern and that it stated that 50 of the incidents either reported no symptoms or were related to what the COT document described as relatively minor symptoms such as rashes, itching, sore throats, nausea, blistering or headaches.

Ms. Downs stated that both the EU Directive 91/414 EEC and the UK equivalent legislation (the Plant Protection Products (PPP) Regulations 2005) state that a pesticide must not have any harmful effect on humans or animals. Therefore she stated that the effects detailed in the COT document shouldn't be dismissed by COT, or others, as minor, as no adverse effect is supposed to be acceptable.

Ms. Downs highlighted her own experiences of acute effects following pesticide exposure including 20 blisters in her mouth, blisters in her throat amongst other symptoms and stated that she missed many days and weeks of school and college from regularly suffering these effects. She also pointed out that repeated acute effects of this sort for rural residents and communities could lead to chronic long-term illnesses.

Ms. Downs stated that the repeated assertions by at least 2 of the COT members during the discussion that the ill-health that residents and bystanders are reporting is likely to be of a psychological origin following an awareness of an exposure is not factually correct, as she pointed out that the majority of people on her database, like her, knew nothing about being exposed to pesticides until after they became ill. Ms. Downs pointed out that she was suffering acute effects for 9 years before knowing that she was being exposed to pesticides.

She pointed out that there was nothing mentioned in the JAMA schools study in relation to the possibility of the acute effects being of a psychological origin or perception or

belief or hysteria. The study had clearly confirmed acute effects in children and employees from exposure to pesticides and it also highlighted that in the US, 7 states now require no-spray zones of up to 2.5 miles around schools.

Ms. Downs also pointed out that the safety data sheet for each product can clearly show the acute effects that can be suffered following exposure and stated that after hearing the COT's discussion she wondered whether members had ever actually seen a safety data sheet with warnings such as, "Very toxic by inhalation", "do not breathe spray," "do not breathe fumes," "do not breathe vapour," "harmful: possible risk of irreversible effects through inhalation," "may cause cancer by inhalation" etc.

In relation to chronic illnesses Ms. Downs pointed out that ME (or CFS) and MCS, that appeared to be the main focus of COT's discussion, were not the only illnesses to have been linked with pesticide exposure.

Ms. Downs pointed out that chronic illnesses such as cancer, leukaemia, Non-Hodgkins lymphoma etc. are medically diagnosed confirmed conditions that are on the increase, especially in children and that even though there could be a number of different causes for any chronic illness or disease, all causes must be identified in an attempt to try and prevent them from occurring.

Ms. Downs pointed out other factually inaccurate information in the COT discussion, including the statements made by some members that ME is a psychological illness, when it has already been classified by the World Health Organisation (WHO) as a neurological condition.

Ms. Downs ended by reiterating that all the causes of chronic diseases have to be identified in an attempt to prevent them from occurring. She stated that substantive evidence already exists regarding the acute and chronic effects that have been linked to pesticide exposure, regardless of any further research and pointed out that the Committee has a responsibility to protect public health. Therefore she stated that preventative action needs to be taken, especially in relation to the protection of children and other vulnerable groups.

Ms. Downs stated that she would send some written comments into the Secretariat as well regarding this issue.