

# **The Collaborative on Health and the Environment Consensus Statement**

## **Background**

The Collaborative on Health and the Environment (CHE) is a nationwide network of concerned people and organizations working together toward the shared goal of improving public and individual health. CHE Partners include representatives of patient organizations, health professional and scientific societies, community organizations, environmental health advocates, funders and indeed all those interested in working together to improve public and individual health. To that end, we begin with a statement on environmental hazards and human disease and disabilities, followed by the consensus statement that identifies the facts and principles upon which CHE Partners agree (below).

## **The Problem: Human Diseases and Disabilities and Environmental Hazards**

Chronic diseases and disabilities have reached epidemic proportions in the United States, affecting more than 100 million men, women and children, which is more than one-third of our population. Asthma, autism, birth defects, cancers, developmental disabilities, diabetes, endometriosis, infertility, Parkinson's disease and other diseases and disabilities are causing increased suffering and concern. The human cost for families and communities is immeasurable, particularly those already disadvantaged by persistent economic disparities. The economic cost of these diseases exceeds \$325 billion yearly in health care and lost productivity.

Scientific evidence increasingly indicates a relationship between a range of environmental factors and these diseases and conditions. One important contributor may be increased exposure to the wide array of chemical substances that are used in modern industrial society, including diverse synthetic chemicals, compounds, metals and related elements such as lead, mercury and arsenic, as well as other pollutants in food, water, and air. Since World War II, more than 85,000 synthetic chemicals have been registered for use in the United States and another 2,000 are added each year, and few are adequately tested for their potential impacts on health. Other forms of pollution are increasing as well.

These pollutants have become widespread in our air, water, soil, food, homes, schools, and workplaces, and thus also in our bodies. The sources of these exposures are manifold. They include pesticides, industrial chemicals, chemicals found in the home and workplace, personal care products, and pharmaceuticals to which people are widely exposed.

Recognizing these links between chemicals and human effects, the Institute of Medicine emphasizes the importance to health of minimizing environmental exposures to "chemical and physical hazards in homes, communities and workplaces through media such as contaminated water, soil and air."

Low-income communities and communities of color often bear a disproportionate burden of health risks from such environmental contamination. In developing an inclusive network of people concerned with environmental health, we seek to address the need for more and better science, cooperation, and ultimately, health and equality.

## Consensus Statement

### 1. The State of the Science:

The public believes what scientists have long known that environmental factors are important contributors to disease and developmental disabilities. The understanding of risk varies widely among individual toxicants and diseases. The developing human fetus appears to be uniquely at risk of harm from environmental toxicants, and such damage can be profound and permanent. Although some linkages are well established and knowledge about others is emerging, more research is needed regarding the mechanisms, levels and types of exposures that can adversely affect health. Research must include the study of interactions among chemicals and longitudinal studies examining links between early developmental exposures and health challenges much later in life, in order to determine what might be making us sick and how to prevent future illnesses.

### 2. The Need for a Heightened Public Health Response:

Many cases of some diseases and developmental disabilities could likely be prevented if exposure to contributory environmental factors before and after birth were lessened or eliminated. Some strategies for prevention are well known, but more resources need to be devoted to prevention research and practice than is currently the case. Better epidemiological tracking of chronic diseases and developmental disabilities is needed. More detailed and widespread monitoring of human exposure to toxicants is vital. This should include health tracking of conditions, including disease surveillance, biomonitoring to inform individuals and healthcare professionals regarding the extent of actual "body burdens" of known and suspected toxicants, and rapid response epidemiology where indicated. Innovative, scientifically reliable methods are needed to study communities with clusters of diseases versus unaffected populations. Where the weight of plausible scientific evidence shows that contaminants are likely to contribute to increased disease, exposures should be reduced or eliminated. Good, uncompromised science must be the underpinning of all such efforts.

### 3. The Importance of a Precautionary Approach:

The precautionary principle should become a guiding factor in public health and environmental policy. The precautionary principle indicates that, when there is plausible scientific evidence of significant harm from a proposed or ongoing activity, preventive or corrective action should be taken to reduce or eliminate that risk of harm, despite residual scientific uncertainty about cause and effect relationships. Implementing the precautionary principle requires assessment of how to accomplish desired goals, looking for the safest alternatives, democratic participation, and reversal of the burden of proof. That is, the proponent of an activity bears the burden of assessing its safety and of showing that it is both necessary and the least harmful alternative. Decisions affecting public and environmental health should be fully participatory.

### 4. The Need for New Models of Collaboration in Environmental Health:

Efforts in environmental health have too often been fragmented. Medical, patient, public health and environmental groups and others sharing some convictions too often have not worked together towards

common goals. Our emerging realization of the scale of the problem, and the growing body of scientific information linking plausible cause with effect, encourages a commensurate response. A new emphasis on a diverse and inclusive collaboration is essential to successfully reducing public exposure to environmental toxicants and helping to implement preventive strategies. Established researchers and health-affected (or patient/client) groups can collaborate in conducting important new research. Medical organizations can also work with health-affected groups towards better approaches to treatment, services, or interventions. Organizations that are engaged in the issues of environmental justice, poverty, civil rights and human rights must be represented and work together as equal partners. Everyone concerned - health-affected groups, scientists, health professionals, and environmental organizations - can serve as resources for each other in collaborations such as these that will help reduce public exposure to environmental toxicants and contribute significantly toward creating a healthier society.

The Collaborative on Health and the Environment (CHE) has been established to address this need, and to take environmental health efforts into a new era of improved scientific understanding, cooperation among diverse interests sharing similar goals, and better policies and preventive efforts.

Partners in CHE's work have only endorsed this consensus statement and otherwise participate as they deem appropriate.