

RECONSIDERING CHILDREN'S HEALTH POLICY

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There is a crisis in children's health in the United States. While rates of disability and death due to cardiovascular disease, stroke, and many cancers among adults have been decreasing over the past half century, the incidence of serious pediatric diseases has been increasing. A recent paper published in the *New England Journal of Medicine* and written by a diverse selection of science and policy experts — including myself — reviewed the evidence.

Over the past 50 years the incidence of childhood cancer has increased by 35 percent. The prevalence of pediatric asthma has tripled, while childhood obesity has nearly quadrupled and trends in type 2 diabetes have shown a sharp increase. The frequency of reproductive birth defects in boys has doubled. One in six children now show neurodevelopmental disorders and one in 36 are now diagnosed with autism spectrum disorders. Such trends should be of national concern; these non-communicable diseases cause the nation's largest share of childhood illness and deaths.¹

A growing body of clinical and epidemiological research has linked these health conditions with exposure to a broad array of manufactured synthetic chemicals, including heavy metals, halogenated hydrocarbons, and plastic additives. Many of these chemicals are recognized as carcinogens, mutagens, neurotoxins, endocrine disruptors, and substances hazardous to reproduction. Many others are simply untested.

Hazardous chemicals are now ubiquitous in the global environment. Children everywhere today grow up in a world contaminated with low levels of these chemicals.² Even children privileged to live in high income communities often breathe polluted air, drink water with limited health standards, eat untested foods, and play with consumer products assumed to be safe simply because they are on the market. Children in lower income communities and economically developing countries are at even greater risk.

A precautionary children's health policy would strive to reduce or eliminate the use of these hazardous chemicals across the economy. Past experience in reducing the use of harmful chemicals in occupational settings, in gasoline, in schools, and in consumer products has demonstrated measurable effectiveness in reducing specific health effects.

The paper was written in 2024 to call national attention to the chemical threats to children's health. It reviews the relevant pediatric health science and then moves on to critically assess the inadequate federal laws and regulations regarding hazard-

ous chemicals. It closes with a set of ambitious recommendations including new laws, a new international chemical treaty, increased corporate responsibilities for public transparency, and the transition of the chemical manufacturing industry to safer chemistries. The paper was published in January of 2025 and widely covered in the national media.

January 2025 also marked the inauguration of a new federal administration. In the months since, much has changed in federal policy. Wide swaths of federal environmental regulations have been waived or weakened, agency staff have been cut, on-going safety programs have been terminated, and budgets for health and environmental research have been eliminated.

Instead, the administration is focused on voluntary agreements with industries and negotiated deals with food companies. These initiatives are not insignificant, but they do not reflect the ambitious, science-based policy recommendations laid out in our paper.



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References

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