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25 Noting the United States Food and Drug Administration's (FDA's) lead enforcement  
26 standards on candies, made in Mexico, the Philippines and other countries and imported  
27 into the United States, fail to adequately protect Latino and other children who consume  
28 these candies, and

29

30 Recognizing the FDA has set no enforcement standards on imported salt-based candies  
31 and that the FDA treats these salt-based candies like seasonings,<sup>2</sup> and

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33 Further, recognizing that these salt-based products are stored and marketed in containers  
34 that are attractive to children and are consumed as candies. Latino and other children can  
35 consume one or more containers of these candies per day,<sup>2</sup> and

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37 Noting that independent laboratory test results, on samples of these salt-based candies  
38 taken from two different agencies in two different states, revealed a large variation in the  
39 lead content from one salt-based candy container to another. However, both agencies'  
40 test results had the same mean average of 15 micrograms of lead per salt-based  
41 container,<sup>2</sup> and

42

43 Understanding that at 15 micrograms of lead, in an imported salt-based candy container,  
44 it would take a young child's ingesting only four of these containers per day to increase  
45 the child's blood lead level by 10 micrograms per deciliter,<sup>5</sup> and

46

47 Noting the FDA recommends a 6 micrograms per day tolerable limit for dietary intake of  
48 lead for children age 6 years or younger to prevent the more subtle adverse neurological  
49 and behavioral effects of lead exposure,<sup>5</sup> and

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51 Realizing that consuming the contents of one of these imported salt-based candy  
52 containers in a day, containing 15 micrograms of lead, exceeds the FDA's maximum  
53 recommended daily dietary lead intake standard by 150%, and

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55 Noting, in regards to sugar-based candy, the FDA initially stated it would, "consider  
56 action against candy products that exceed 0.5 ppm lead"; however, the FDA subsequently  
57 revised this standard stating, "it may also consider action against candy products  
58 containing 0.5 ppm or less lead, when the amount of lead per serving is 10 micrograms or  
59 more",<sup>6</sup> and

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61 Understanding the FDA's enforcement level of 10 micrograms of lead per single serving  
62 of sugar-based candy exceeds the FDA's maximum recommended daily dietary lead  
63 intake standard by 67%, and

64

65 Noting the National Academy of Sciences' Food Chemicals Codex (FCC) specification  
66 for lead in sucrose (sugar) is 0.1 ppm.<sup>7</sup> Therefore, the standard for lead in all candy  
67 should not exceed the standard for lead in sugar, since candy, unlike sugar, is not  
68 normally diluted with other food products before being ingested, and

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70 Noting that in 2004, the FDA issued a warning stating, “The Food and Drug  
71 Administration (FDA) is aware of the problem associated with lead contamination of  
72 some Mexican candy products being sold in the United States and is advising parents,  
73 care providers and other responsible individuals that it would be prudent to not allow  
74 children to eat these products at this time”,<sup>8</sup> and

75

76 Recognizing this FDA warning is insufficient to protect children’s health because it does  
77 not adequately prevent the consumption of these candies, either because parents and  
78 childcare providers elect not to comply with the FDA’s warning statement or because  
79 they are unaware of the existence of this warning statement, and

80

81 Realizing that in August of 2004, Lucas®, a subsidiary of Mars Inc., announced a  
82 voluntary withdrawal of these imported salt-based candies, which are labeled as  
83 “seasonings”.<sup>9</sup> However, these salt-based candies were still readily available for sale on  
84 store shelves in the United States months after the candy company announced its  
85 voluntary withdrawal,<sup>10</sup> and

86

87 Understanding the FDA should set lead enforcement standards on all salt-based candies,  
88 rather than rely on the industry to voluntarily withdraw these lead tainted candies, and

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90 Realizing the U.S. Consumer Product Safety Commission is charged with protecting the  
91 public from unreasonable risks of serious injury or death from more than 15,000 types of

Submitted: June 17, 2005

92 consumer products under the agency's jurisdiction, including lead contaminated candy  
93 wrappers,<sup>11</sup> and

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95 Knowing children will be exposed to lead from licking or eating lead contaminated candy  
96 wrappers, the U.S. Consumer Product Safety Commission sent letters to candy producers  
97 in Mexico and to candy importers in the United States informing them to halt future  
98 imports of candy until they could ensure that the candy wrappers did not contain lead or  
99 use lead containing ink,<sup>39,12,13</sup> and

100

101 Realizing that Rep. Henry Waxman (D-CA) recently introduced a bill that would direct  
102 the U.S. Consumer Product Safety Commission to adopt regulations that would ban all  
103 consumer products, including candy wrappers, used by children under age 6, that contain  
104 more than a trace amount of lead.<sup>14</sup> Knowing that preventing the exposure to lead from  
105 all sources, including consumer products, is essential to protect children from the toxic  
106 effects of lead, and

107

108 Understanding that while lead is often noted for its neurotoxicity, an elevated lead level is  
109 also a risk factor for other health problems, such as aggressive behavior, school and  
110 social failure, hearing loss, hypertension, cardiovascular disease, renal disease, and dental  
111 caries,<sup>15</sup> and

112

113 Understanding that lead and lead compounds have been recently listed as, "reasonably  
114 anticipated to be human carcinogens,"<sup>16</sup> and

115

116 Recognizing several longitudinal studies, of lead exposure and cognitive function, have  
117 found neurodevelopmental delays and reduction in IQ at even low levels of lead exposure  
118 in children.<sup>15,17,18,19,20,21,22,23</sup> This neurological damage caused by lead appears to be  
119 irreversible,<sup>15,24</sup> and

120

121 Understanding research supports the conclusion that reduction of IQ in children results  
122 when blood levels are below 10 micrograms per deciliter. The evidence clearly  
123 demonstrates the highest rates of IQ loss occur at low blood lead levels,<sup>15,23,24,25,26,27,28,29</sup>  
124 and

125

126 Recognizing that one recent study's "best estimate" of IQ losses in children is 7.4 IQ  
127 points, as the lifetime blood lead levels rise from 1 to 10 micrograms per deciliter.<sup>15</sup>  
128 However, the U.S. Centers for Disease Control and Prevention's (CDC's) "blood lead  
129 level of concern," is set at a blood lead level of 10 micrograms per deciliter or greater,<sup>30</sup>  
130 and

131

132 Recognizing a recent international pooled analysis of data, from previous studies on the  
133 effects of lead on children's intellectual function, showed an observed decline of 6.2 IQ  
134 points for an increase in blood lead levels from < 1 to 10 micrograms per deciliter. This  
135 study also concluded that blood lead levels in children < 7.5 micrograms per deciliter is  
136 associated with intellectual deficits,<sup>29</sup> and

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138 Understanding, recent studies suggest there may be no toxic threshold limit for the  
139 adverse consequences of lead exposure.<sup>15,29,31</sup> Therefore, the current CDC's  
140 "blood lead level of concern" of 10 micrograms per deciliter should not be interpreted as  
141 a threshold for toxicity,<sup>31</sup> and

142

143 Understanding that even though the CDC Childhood Lead Poisoning Prevention Program  
144 recognized that elevated blood lead levels below the CDC's "blood lead level of concern"  
145 of 10 micrograms per deciliter can cause adverse health effects, it elected not to lower its  
146 "blood lead level of concern",<sup>23,32</sup> and

147

148 Recognizing the CDC's "blood lead level of concern" is misleading because it is actually  
149 an "action level". It is also misleading in that it implies that the significant neurological  
150 damage caused to children below this "level of concern" is not a concern of the CDC, and

151

152 Realizing that in 2002 the CDC's Advisory Committee on Childhood Lead Poisoning  
153 Prevention, which is charged with assessing scientific data and recommend changes to  
154 CDC's policy to prevent childhood lead poisoning, had its panel membership changed;  
155 replacing childhood lead poisoning experts with lead industry-connected scientists,<sup>33,34</sup>

156 and

157

158 Realizing that the U.S. Department of Health and Human Services' regulations require  
159 clinical laboratory proficiency testing and that this testing allows laboratories to operate  
160 within a blood lead level testing error range of 8 micrograms per deciliter ( $\pm 4$

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161 micrograms per deciliter) at the lower blood lead levels.<sup>35</sup> Understanding that this large  
162 testing error range is not warranted because at this error range it is not possible to  
163 accurately assess lower lead level toxicity occurring in children, and

164

165 Knowing the federal blood lead level testing error range is more lenient than, “external  
166 quality assessment schemes,” operated in Canada and in the United Kingdom. In Canada  
167 and in the United Kingdom good laboratory performance, at a blood lead level of 10  
168 micrograms per deciliter, is expected to be within an error range of 2 micrograms per  
169 deciliter ( $\pm 1$  micrograms per deciliter),<sup>36</sup> and

170

171 Recognizing there is no effective medical treatment for children with moderately elevated  
172 blood lead levels and the evidence supports a shift toward primary prevention of lead  
173 exposure,<sup>15,29</sup> and

174

175 Recognizing that high blood lead levels in children is still a very serious health concern.  
176 The CDC noted that during 1999-2002, among those children aged 1 through 5 years,  
177 approximately 1.6% had blood lead levels greater than or equal to 10 micrograms per  
178 deciliter,<sup>37</sup> and

179

180 Understanding that prevention is the only way to achieve the nation’s 2010 health  
181 objective of reducing all young children’s blood lead levels to below 10 micrograms per  
182 deciliter,<sup>38</sup> and

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184 Understanding that lead poisoning is one of the most serious preventable pediatric health  
185 problems today, yet the vast majority of cases go undiagnosed and untreated,<sup>30</sup> and

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187 Noting that previous APHA policy statements and resolutions do not address lead in food  
188 products (candy and their wrappers) but address lead in the environment, such as lead in  
189 paint,<sup>40-45</sup> and

190

191 Noting also that previous APHA policy statements do not address the issue of the CDC's  
192 lowering its current blood lead action level or the need to increase the accuracy of blood  
193 lead level testing, and

194

195 Recognizing that the protection of the health of children has been an expressed basic  
196 tenet of the public health profession for many years.<sup>46</sup>

197

198 Therefore, the American Public Health Association:

199

200 1. Supports the elimination of childhood lead exposure by banning all nonessential uses  
201 of lead and supports further reducing the allowable levels of lead in air emission, house  
202 dust, soil, food and water.

203

204 2. Supports Representative Henry Waxman's (D-CA) proposed federal legislation to ban  
205 lead from candy wrappers and other consumer products.

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207 3. Supports the improvement and continual updating of the lead exposure risk-  
208 questionnaire screening guidelines to include questions on all known possible sources of  
209 lead exposure.

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211 4. Supports the development of an aggressive prevention and education program, by  
212 public health workers, to teach the public about the dangers and effects of consuming  
213 imported candy and their wrappers with high lead levels.

214

215 5. Supports additional scientific studies to more fully understand the toxic effects of lead  
216 in children at blood lead levels below 10 micrograms per deciliter.

217

218 6. Calls on Congress to direct the FDA, in FDA's next appropriation's bill, to prioritize  
219 work on setting lead level standards for salt-based candy and reviewing its current lead  
220 level standards for sugar-based candy.

221

222 7. Calls on the FDA to set a lead enforcement standard of 0.1 ppm for all candy sold in  
223 the United States (regulating domestic and imported candy, including salt-based  
224 seasonings that are consumed as candy and which are made in Mexico).

225

226 8. Calls on the FDA to conduct sufficient monitoring of candy and to take aggressive  
227 enforcement action when its lead standards are exceeded.

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229 9. Calls on the U.S. Consumer Product Safety Commission to strongly enforce the ban  
230 on the importation of candy from Mexico containing lead contaminated candy wrappers,  
231 as detailed in their July 2004 letters to Mexican candy manufacturers and to U.S. candy  
232 importers.

233

234 10. Calls on the CDC to substantially lower its current “blood lead level on concern”  
235 because the current action level is set too high and does not adequately protect children  
236 from the toxic effects of lead.

237

238 11. Calls on the CDC to develop intervention guidelines for children with blood lead  
239 levels < 10 micrograms per deciliter, with an emphasis on preventing all possible sources  
240 of childhood exposures to lead.

241

242 12. Calls on the Department of Health and Human Services to amend its regulatory  
243 requirement and require all laboratories, certified to perform testing on human specimens  
244 under the Clinical Laboratory Improvement Amendments of 1988, to operate with a total  
245 allowable blood lead level error of  $\pm 1$  microgram per deciliter or  $\pm 10\%$ , whichever is  
246 greater.

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Submitted: June 17, 2005

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