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Mr. William V. Kennedy
Executive Director
Commission for Environmental Cooperation
393, rue St-Jacques Ouest
Bureau 200
Montréal (Québec)
H2Y 1N9 Canada

Re: Draft Report *Taking Stock: A Special Report on Toxic Chemicals and Children's Health in North America*

Dear Mr. Kennedy:

On behalf of the Coalition for Safe Ceramicware, Inc. ("CSC" or "Coalition"), a voluntary non-profit trade association whose membership comprises many of the world's leading manufacturers and distributors of ceramic tableware, we are writing to comment briefly on certain aspects of the above-referenced draft report that touch – directly or indirectly – on the use of lead in ceramic glazes and colors.

The CSC was founded in 1989 in direct response to the U.S. Food & Drug Administration's ("FDA's) concerns about the use of lead as a component of ceramic glazes and decorations. Following the submission of a detailed safety assessment to the agency in order to respond to its concerns, the association embarked upon a number of initiatives designed to limit leachable lead levels in its members' products. These included adoption of a quality assurance program to ensure members' consistent compliance with the reduced regulatory limits on leachable lead in ceramicware issued by the agency in 1992 and the joint promulgation (with the Society of Glass and Ceramic Decorators) of a voluntary standard for leachable lead in external decorations in the "lip-rim" area (*i.e.*, top 20 mm) of the external surface of glass and ceramic drinking vessels.

The CSC has also forcefully advocated the harmonization of international standards for leachable lead in ceramicware, including during a 1995 "workshop" sponsored in Toronto by the Organization for Economic Cooperation and Development ("OECD") that ultimately gave rise in 1996 to a formal OECD Ministerial Declaration calling for such harmonized standards (among other lead risk reduction initiatives). With the CSC's support, FDA's limits – which remain the most stringent in the world – have been adopted by the International Organization for Standardization (in the latest draft of ISO 6486). Of particular relevance to the CEC's draft report, Health Canada also harmonized its own "glazed ceramics and glassware regulations" with FDA's standards at the urging of the Coalition in 1998.

Since the CSC's founding , its members have dramatically reduced the levels of leachable lead in their products. The use of unleaded glazes is now common throughout the industry. Unleaded color systems are also increasingly being used, although unleaded formulations are not yet available for the entire color palette in all product applications. But across the board, even where lead is still being employed in particular products, improved quality assurance systems have led to substantial reductions in the amounts of *leachable* lead – that is, the quantity of lead that can migrate from the glaze or pigment into foods – in CSC members' products. As a result, leachable lead values in ceramic tableware are today only a fraction of the levels that prevailed 15 years ago.

It is from this vantage point that the CSC has concerns about a number of statements contained in the CEC's draft report. While the Coalition certainly shares the CEC's objective of reducing the exposure of persons – particularly, children – in the United States, Canada and Mexico to toxic chemicals such as lead, it is concerned that the draft report mischaracterizes the relative importance of ceramicware as a current contributor to potential lead exposure, particularly by children. Frankly, it has probably never been fair to describe ceramicware as a leading source of lead exposure; but it is certainly not true today, given the dramatic reduction in leachable lead levels in ceramic tableware resulting from the various government and industry initiatives since the early 1990s.

As a general comment, the CSC believes that the draft report gives far too much emphasis to ceramics as a source for childhood lead exposure, and not enough to such well-known sources as lead paint. For example, the draft contains the following statement at page 51:

> The importance of a particular source of lead will vary with the amount of lead, the type and the extent of exposure. For children in some areas, PRTR data may capture important sources of lead such as smelters and hazardous waste facilities. PRTR data can also help identify potential areas, facilities and sectors that may be important starting points for reducing lead exposure to children. However, for children in other areas, the most important sources of lead exposure may be from lead pottery and consumer products, which are not captured by PRTR data.

The CSC strongly disagrees with identifying "lead pottery" as one of the most important sources of lead exposure for children, even if the "other areas" being referred to here is Mexico, where the use of craft pottery with high leachable lead levels continues to be a problem (discussed further below). Public health authorities everywhere agree that lead paint and other products in which lead is present in a form that is dispersive or otherwise highly conducive to exposure (*e.g.*, lead in solder and plumbing) are the primary sources of lead exposure in children. The lead contained in ceramic glazes and decorations is chemically "locked in" to a glass matrix, and can only give rise to exposures (in amounts that pale in comparison to those that can be encountered

from touching dust from lead solder or lead paint (for example)) through chemical reaction with acidic foods. For the draft to state that "lead pottery and consumer products" may be more important sources of lead exposure than lead paint is simply indefensible.

Similarly, the following passage from pages 52-53 of the draft also seems to underemphasize the role of lead paint as a source of childhood lead exposure:

> Health Canada states that Canadian children are most likely to be exposed to lead from food, then air, then drinking water. Estimates of daily lead exposure for preschoolers (ages 1 to 4) are 1.1 μg/kg body weight from food, 2–10 μg/kg body weight from air, 2.9 μg/kg body weight from drinking water. Soils and household dust can also be significant sources of lead exposure for young children (Health Canada 1998b). A recent study (Rasmussen *et al.* 2001) found that indoor sources, unrelated to outdoor soil lead levels, can contribute significantly to lead exposures. There are no national data on lead exposure for Canadian children.

While we recognize that this is not intended as a comprehensive account of the magnitude of childhood lead exposures, it is curious that there is no acknowledgment that in those relatively rare cases when children's blood lead levels are found to be above the 10 μg/dL level of concern, the source is almost invariably found to be exposure to lead in old paint.

Even when the draft report properly notes that other sources of lead have been a greater factor in exposures than ceramicware, the role of ceramicware is overstated. For example, the report states at page 53:

> In 1991, Mexico phased out the use of lead in gasoline, decreasing airborne lead concentrations in Mexico City by 90 percent (Rothenberg *et al.* 1998), contributing to lower blood lead levels there. More recently, full-term babies born in three Mexico City hospitals have averaged blood lead levels of 8 μg/dL (Torres-Sanchez *et al.* 1999). However, the use of lead pigment in pottery glazes is still common in parts of Mexico, as well as lead emissions from battery recycling and vehicle repair shops and smelters. These exposures cause many children in Mexico to have blood lead levels exceeding 10 μg/dL. For example, children living within one kilometer of a smelter in Torreón averaged 17 μg/dL blood lead levels, compared to children living almost five kilometers from the smelter, whose levels were approximately 5 μg/dL (Calderon-Salinas *et al.* 1996).

While it is true that the continued use of high-lead glazes in traditional pottery (*e.g.*, bean pots) made by craftsmen continues to be a problem in Mexico and even in U.S. communities with large populations of Mexican immigrants, it is misleading to suggest that this pottery ranks with lead gasoline and lead smelter emissions as a source of childhood lead exposure in Mexico or anywhere else. Having said that, however, the CSC agrees that the Mexican government's failure to regulate this traditional pottery is a public health problem. As noted above, Canada and the United States have harmonized their tableware standards (with the CSC's encouragement) and have regulatory mechanisms in place that have effectively eliminated ceramicware as a significant source of lead exposure. Mexico needs to do the same.

Finally, the CSC is pleased that the report elsewhere seems to place the problem of childhood lead exposure in proper perspective. For example, the draft notes at page 54:

> Blood lead levels in US children have decreased over the last twenty years. The current blood lead level in children which triggers intervention is 10 μg/dL. Between 1976 and 1980, the average blood lead level was between 14.1 and 15.8 μg/dL, which decreased to between 3.3 and 4.0 μg/dL between 1988 and 1991, and then to between 2.0 and 2.5 μg/dL in 1999–2000 (CDC 2003b). However, averages do not tell the whole story. Among poor children, average blood lead levels remain four times higher than those of children who do not live in poverty (Brody *et al.* 1994). Approximately two million US children under the age of six live in homes with decaying or deteriorating lead paint (CDC 1997).

The big declines in children's blood lead levels are undoubtedly a huge public health success story. It is widely acknowledged that it was regulatory actions aimed at the most highly dispersive forms of lead in the 1960's and '70's – specifically, the bans on lead in gasoline and paint and the prohibition of lead solder in food cans – that were the most significant contributors to this victory. But it is also widely recognized that in those poor, inner city communities where children continue to have high blood lead levels, it is the legacy of lead paint – rather than ceramicware or other lead-containing products – that is responsible. The CSC hopes that this more balanced perspective can find greater expression in future drafts of the report.

We appreciate the opportunity to comment on the draft report.

Sincerely,

MICHAEL R. KERSHOW

Counsel to the Coalition for Safe Ceramicware