

Catherine Dodd PhD RN

Please see attached comments from FACTS Families Advocating for Chemical And Toxics Safety



May 7, 2025 Comments on: DPR Pesticide Prioritization Process

I appreciate the opportunity to comment on proposed prioritization process. FACTS has supported DPR budget requests for the last 5 years in hopes that DPR would take seriously the part of its mission that is to protect the public. The presentation pointed out that in the last 10 years only 13 risk assessments had been completed and only 5 pesticides had been reevaluated. This has not protected the public and at the rate of 8 (maximum) assessments per year, the department will not be able to get through its current backlog for hundreds of years. The public believes that the government is protecting them from harm. Clearing that backlog needs to be a priority rather than approving new products! In order to meet the goal of eliminating priority pesticides by 2050, specific timelines should be rewritten as “deadlines” for completion lest timelines get stretched.

I’d like to associate myself and the organization I am a health advisor for, FACTS-Families Advocating for Chemical And Toxics Safety, with the specific suggestions included in the comments submitted by Californians for Pesticide Reform emphasizing some and adding some additional specifics.

First, a prioritized list already exists that was scientifically established by CA EPA’s OEHHA. I concur with the recommendation of avoiding a case by case chemical by chemical assessment and rather evaluate them by their MOA (mechanism of action) e.g. organophosphates and other cholinesterase inhibiting pesticides, pyrethroids and neonicotinoids as a class, look at pesticides that are more drift prone: fumigants, aerial sprayed and air blasted which endanger not only the applicators but entire communities.

CPR raises the ambiguity/subjectivity of “feasibility” which fails to measure the human health and economic costs associated with illness. Childhood cancer, early puberty, liver cancer, long-term pulmonary illnesses cannot be considered as “feasible” nor can long term soil degradation and pollinator colony collapse.

P. 9 “reported illness and incidents – how will illnesses caused by previous and multiple kinds of exposures be evaluated. New research must include delayed onset of illnesses associated with these chemicals.

p. 10 how will success of “mitigation” be measured?

P. 13 Staff generated priorities should have only 2 types: 1: Human Health and 2: Environmental Health including aquatic organisms, pollinators, terrestrial organisms & soil health

p. 15 Does the DPR PISP include delayed onset of illness many caused by epigenetic changes (see above).

p. 18 The “timelines” are unrealistic if the 2050 goal and public protection is to be accomplished. Bimonthly meetings with action agendas if not monthly are necessary.

p. 19/20 Suggest adding to the Advisory Committee a clinician who works with Ag communities and a soil health expert. No one with direct or familial ties to the industry must be considered for this committee lest there be a real or perceived conflict of interest.

Again, I urge consideration of specific recommendations made by CPR and I hope you will take all of these recommendations seriously, and work ambitiously to accomplish them. Those who worked on them, myself included worked for years (even decades) to get to this point. California has an opportunity to lead in this area and prevent further neglect of the public’s health.

Sincerely,

A handwritten signature in black ink that reads "Catherine Dodd RN". The signature is written in a cursive style.

Catherine Dodd PhD RN Health Advisor FACTS