



Comment on “An Analysis of Glyphosate Data from the California Environmental Protection Agency Pesticide Illness Surveillance Program”

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LETTER

Comment on “An Analysis of Glyphosate Data from the California Environmental Protection Agency Pesticide Illness Surveillance Program”

To the Editor:

The article by Daniel A. Goldstein et al., “An Analysis of Glyphosate Data from the California Environmental Protection Agency Pesticide Illness Surveillance Program,” published in *Clinical Toxicology* volume 40, number 7 (1), was recently brought to my attention. It contains several misstatements about the pesticide illness surveillance program (PISP), for which I have served as lead scientist since 1987.

The article states that PISP “was created in 1982 as a clearinghouse for telephone reports of pesticide related illness. Concurrently, the reporting of pesticide-related illnesses to PISP was made mandatory for health care providers in California. The PISP is staffed on a county-by-county basis by a variety of medical and non-medical personnel. For each case reported, relatedness to the pesticides named is assessed as “possible,” “probable,” or “definite” with no provision made for recording calls as unrelated or as informational inquiries.” Throughout the article, cases are identified as “calls.” The authors repeatedly state that “PISP does not have procedures for classifying calls as unrelated to exposure;” they assert that “exposures were not validated,” and that “no information is recorded about preexisting or contemporaneous illness.” None of these statements is correct.

In fact, the California legislature enacted a requirement in 1971 that physicians report diseases or conditions caused by pesticides. The PISP was developed to investigate and track these reports. In situations with regulatory significance, the PISP occasionally records information on people who did not receive medical attention; but more than 90% of the cases concern effects that were evaluated by physicians. Requests for informa-

tion are never recorded in the PISP database; it is not “a clearinghouse for telephone reports.” The program first acquired a computer in 1982, so earlier records are relatively inaccessible.

Every case report is referred for investigation to the agricultural commissioner of the county where exposure is thought to have occurred. These professionals document exposure circumstances in detail. Biomedical scientists, who have always had physicians available for consultation, evaluate the investigation reports and assign relationship classifications based on the evidence supplied by investigators. From the beginning, PISP has evaluated some reports as unrelated to pesticide exposure, and some as supplying insufficient evidence to evaluate. When people request data on cases related to pesticides, as the Monsanto researchers did on February 15, 1999, we supply only those cases we evaluated as having at least a possible relationship; and we work with the requestors to identify the relevant data elements to include. We do not release clinical information on concurrent medical conditions, but we do consider it in case evaluation.

We welcome the opportunity to work with all interested parties to clarify relationships between pesticide exposure and health effects. We feel this goal is best served by careful attention to detail.

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