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The House Environment and Transportation Committee
In support of HB 229: Pesticides – Use of Chlorpyrifos – Prohibition

Chairman Barve, Vice Chairman Stein and members of the committee:

Good afternoon. My name is Patricia Archuleta and I am the parent of a young adult with an autism spectrum disorder and multiple related co-occurring neurodevelopmental conditions. Over the past 20 years, I have navigated these disabilities for not only my own family but have also supported countless other families of children and youth affected by autism and other neurodevelopmental disorders. My professional experience includes working to improve systems of care for this population. In that capacity, I have served on the Maryland Autism Workgroup as a gubernatorial appointee and continue to serve as an advisory committee member to the national American Academy of Pediatrics. In addition, I have led quality improvement initiatives funded by the federal Maternal Child Health Bureau targeting peer support for families of children and youth with autism and other developmental disabilities. Project partners for these initiatives have included the Department of Behavioral and Developmental Pediatrics at the University of Maryland, the Harriet Lane Clinic at the Johns Hopkins Children's Center, as well as numerous community-based pediatric practices in underserved area.

My son, Eli, is on the autism spectrum. He also suffers from a host of other related challenges, including Sensory Integration Disorder; Auditory Processing Disorder; Cognitive Disorder marked by deficits in Executive Function, Verbal Memory and Learning Fluency; Disorder of Written Expression (Dysgraphia); Obsessive Compulsive Disorder; Attention Deficit Disorder; and Mood Disorder marked by Anxiety and Depression. Since Eli was diagnosed at age 4, I have watched my child struggle to reach developmental milestones that other parents take for granted – language and cognitive processing skills that never come, motor and functional skills that take years to emerge, and social skills that decades later still elude my child. It is heartbreaking as a mother and days and night are often tainted by grief, though we soldier on.

In school, Eli required considerable supports and intensive services, accommodations, and modifications in order to participate in learning. It was a constant battle to secure appropriate special education services. Eli suffered social isolation and, at times, bullying from his peers. I have spent thousands of hours, dollars, and miles pursuing therapies for Eli – speech therapy, occupational therapy, physical therapy, applied behavioral therapy, cognitive behavioral therapy, dialectical behavioral therapy, psychiatry, and medications too numerous to mention. We often encounter months-long wait lists for services, if they are available at all, and even longer wait times for appointments with specialists.

Since adolescence, Eli's experience with anxiety and depression have intensified and resulted in trying to harm himself because he just does not fit in. Words cannot begin to describe the terror and panic of blocking your child from jumping out of a third floor window, as you pray that the mobile crisis unit arrives in time.

In my professional experience as Family Peer Support Specialist, I have worked with hundreds of parents and caregivers of children and youth with autism spectrum disorders and learning disabilities to help them navigate the emotional, physical, educational, financial, and relationship burdens that come with these debilitating diagnoses. Our families disproportionately suffer from bankruptcy, divorce, and mental health challenges, due to the sheer magnitude of this challenge.

You will likely hear from opponents of this bill that they want to keep chlorpyrifos in their toolkit for minimal and "judicious use". Please keep in mind that the "judicious use" of this nerve agent can lead to a lifetime of struggle and suffering for the neurologically impaired child and their family. It will affect both parent and child for the rest of their lives; it will be painful, costly, and mean a level of 24/7 care that is inconceivable to anyone with typically developing children. Many of these children will be dependent and require care for the rest of their lives, and certainly for the remainder of their parents' life, at which time it falls to the state to bear the burden of care for these individuals. I know of parents who are well into their 80s who are caring for adult children who will never mature beyond the age of 10, never be able to support themselves after their parents are gone; and others who have spent their lives and savings providing 24/7 care for their profoundly disabled children.

Just one chlorpyrifos exposure to a pregnant woman can result in unimaginable suffering for a child and family. Maybe her exposure came from pesticide drift across a field in the area where she lives, or the golf course nearby, or the farmers market where she purchases chlorpyrifos-treated apples, or the polluted water she drinks, or a family outing to a "pick your own" orchard. The simple act of living one's life should not result in damaging exposure to this toxic nerve agent.

Of course, I cannot say that being surrounded by cotton fields, which are routinely sprayed with chlorpyrifos in Arizona where we lived during my pregnancy and the first 8 years of life, caused his autism. But the EPA has said that the weight of scientific evidence linking chlorpyrifos exposure to autism spectrum disorders and neurodevelopment conditions is clear.

When you hear from opponents of this bill that they should be allowed to continue to use chlorpyrifos because they use it "judiciously"—please do not be lulled into any sense of safety. Please understand that the practice you are allowing to continue puts the lives of 1.3 million Maryland children at risk of devastating exposure to chlorpyrifos.

Please give HB 229 your full support, with no weakening amendments. Thank you.