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## Bordeaux Added to Pesticide Blacklist



© USDA

Vineyard sprays blamed for shocking levels of banned chemical traces found in children.

By Wine-Searcher staff | Posted Wednesday, 10-Feb-2016

Living in a famous wine region like Bordeaux sounds idyllic, but a recent investigation shows it's not such a hot idea – especially if you have kids.

This Sunday the center of [Bordeaux](#) will see a "marche blanche", or white march, a protest against pesticides following shocking revelations this week on the French national TV documentary program Cash Investigations. The two-hour program used detail from a leaked government database listing agricultural pesticides purchased over the years 2008-2013. Data revealed that the Bordeaux region is among the highest consumers of pesticides in France.

The department of Gironde, where Bordeaux is located, is one of three areas of France marked black on a map of France created using the leaked data by the team behind the Cash Investigation documentary named "Produits chimiques, nos enfants en danger", or "Chemicals, our children at risk".

The documentary revealed that France is the highest user of agricultural pesticides in Europe, with 65,000 tonnes sprayed annually – 3320 in Gironde. The vast list of pesticides revealed that many, still on the permitted list, were labeled as potentially carcinogenic or toxic in other ways.

The other "black" areas included parts of the [Pays Nantais](#) and [Champagne](#) wine regions.

The authors of the documentary also showed a map of Gironde indicating 132 schools located close to vineyards and deemed "sensitive sites". They selected 20 children from five different schools and sent strands of their hair for analysis at a laboratory in Luxembourg that specializes in analysis of pollutants in hair.

The results of the tests on the Bordeaux children's hair showed horrifying levels of more than 40 potentially dangerous pesticides, some of them featuring on banned lists of chemicals. It was noted that some pesticides, banned in France more than a decade ago, were still present as particles in the air.

The program revealed that, in Gironde, the risk of a child contracting leukemia was 20 percent higher than the national average. And, childhood cancers in France have increased by 1 percent each year since 1980. Other serious childhood problems including autism are on the increase too.

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So is there a link between pesticide use and infantile cancers? Research revealed in 2013 by French scientists concluded that yes there is, without doubt. The program makers were reluctant to blame vine-growers and agriculture in general, admitting that these people are suffering too.

Instead they turned to the world's major chemical companies and proceeded to confront several including the German company, Bayer, inventor of synthetic aspirin and the largest supplier to France of what it calls *produits de protection de la plante* or crop protection products – pesticides.

In May 2014, Wine-Searcher reported the story of a [school in Bourg](#) where pupils and teachers were taken ill after the nearby vineyards were sprayed with chemical fungicides. And, last September we reported on an uproar in Sauternes over [child cancer rates](#) and probable links to pesticides. There have been several reported cancer deaths of vineyard workers reported in France over the past few years and directly related to pesticide use.

Last week's investigative program on a major TV channel has caused much more polemic and consternation, prompting the march this coming Sunday in Bordeaux.

The Marche blanche contre les pesticides is organized by various environmental groups. Communications about the march, which include a Facebook event page, underline the wish to stop the denial and "omerta" of the various wine institutions. A short interview about the program with Bernard Farge, president of the Bordeaux official wine organization, the CIVB, in the Bordeaux regional newspaper, Sud Ouest, provided little response and there has been no official comment about the program from the CIVB.

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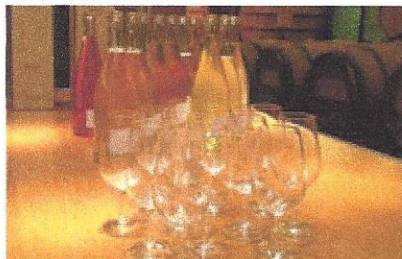
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### • Comments

Malcolm Reeves wrote:  
10-Feb-2016 at 20:54:55 (GMT)

It would be good if the story gave some names of the chemicals, the levels found in the population including children, and what are some accepted maximum levels. Without figures the knowledge gained from such a story is of a meagre kind and instead rates as scaremongering rather than informative.

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A Program of  Lucile Packard Foundation  
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## Childhood Cancer Diagnoses Rise in Northern California Counties

September 23rd, 2015

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California's rate of childhood cancer diagnoses has risen by 6% since the 2000-2004 time period, reaching 17.5 per 100,000 in 2008-2012. California's upward trend in the rates of new cancer diagnoses of children/youth ages 0-19 closely mirrors that of the nation, but in a number of northern California counties, rates have risen precipitously between 2000-2004 and 2008-2012. Though not tested for statistical significance, in Napa and Marin counties, rates rose by 69% and 58%, to reach 22.8 and 21.5 per 100,000, respectively—the highest in the state. In San Mateo, Sacramento, Sonoma, and San Francisco, all counties with incidence rates of about 20 per 100,000, rates rose between 20-39% during the same period.

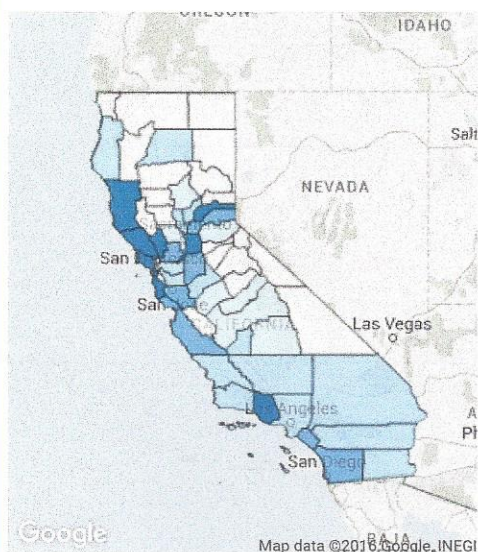
The state's childhood cancer diagnosis rate varies by ethnicity: white children have the highest rate (19.2 per 100,000), compared to Native American children, who have the lowest (12.2 per 100,000). When it comes to cancer survival however, white children have the highest five-year survival rate (84%) compared to African American children, who have the lowest survival rate (75%).

Similar to adults, survival disparities for children with cancer may be associated with socioeconomic status, health coverage, early diagnosis, quality of care, and genetic factors.

To ensure that all children afflicted with cancer have the best possible health care, policies should prioritize providing care in the context of a "medical home," supporting pediatric centers of excellence, supporting quality of life services, and working toward a unified, efficient, and comprehensive payment

### Childhood Cancer Diagnoses

Year(s): 2008-2012



#### LEGEND

##### Rate per 100,000

- ☐ No Data
- 13.7 to 15.5
- 15.6 to 17.5
- 17.6 to 19.5
- 19.6 to 22.8

California: 17.5

**Definition:** Number of new cancer diagnoses per 100,000 children/youth ages 0-19 over a 5-year period.

**Data Source:** Surveillance, Epidemiology, and End Results (SEER) Program. (2015). *Research data (1973-2012)*. National Cancer Institute; U.S. Cancer Statistics Working Group. (2014). *United States cancer statistics: 1999-2011 incidence and mortality web-based report*. Centers for Disease Control and Prevention and National Cancer Institute.

Courtesy of kidsdata.org, a program of the Lucile Packard Foundation for Children's Health

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## Napa County has highest cancer rates children.....Sonoma not far behind...

February 6, 2016  [Uncategorized](#)

### Napa County has highest cancer rates for children

Napa County has the highest cancer rate for children in California according to statistics. [Childhood deaths from cancer are 22.8 deaths per 100,000 people](#). Sonoma doesn't fare much better at 17.5 childhood deaths per 100,000 children. For adults, normal cancer rates are 424.94 deaths per 100,000 people. Napa county rates [second in the state with 488.9 deaths](#) and Sonoma at 448 deaths per 100,000.



BREAST CANCER AWARENESS MONTH

## Breast cancer: Learning the stunning news



OCTOBER 14, 2015 6:00 PM • TIM CARL  
[NEWSROOM@NAPANEWS.COM](mailto:NEWSROOM@NAPANEWS.COM)

A woman living today has about a 1 in 8 chance of being diagnosed with breast cancer at some time during her life, according to the American Cancer Society. But even though the five-year survival rate has been steadily increasing over the last few decades, hearing that she has breast cancer is a devastating moment — even for someone working in the medical field.

“When my doctor told me that my mammogram had something that needed a biopsy, I was stunned,” said Elaine John, CEO of Queen of the Valley Foundation in charge of philanthropy. “I prayed that this would be just a false alarm. But the urgency in the radiologist’s voice told me something was wrong.”

After that appointment she walked to her car and pondered what to do next.

“It was a Friday night and one of our daughters was coming over with her boyfriend for dinner. I sat in my car for a long time and then called a friend who’d gone through breast cancer,” she said. “She provided comfort and told me that I needed to have patience.

“I hung up the phone, took a deep breath and headed to the florist’s to pick up flowers for that night’s dinner. But that whole weekend I felt anxious. I didn’t want to alarm my family so I held off telling anyone. Each day that passed was hard, the waiting and worrying was awful.”

That weekend, John also began to regret not being screened more regularly.

“I had been screened nearly every year, as is recommended,” she said. “But at the time some data was being thrown around in the press that questioned the value of yearly screens, and besides, there was no history of breast cancer in my family. Time passed and by then I had skipped 2½ years. Eventually my gynecologist insisted.”

By the day of the biopsy, she’d told her husband. Later, after the procedure, they both learned that she had stage 2 breast cancer.

“I was numb when my doctor told me the news,” John said. “I couldn’t really even understand what he was actually saying. My mind kind of went blank, and all I could think about was my husband. My two daughters. My work.”



John had spent nearly her entire life finding ways to pay for innovative medical care, and now she was on the other side.

"I knew the statistics for treating breast cancer were actually pretty good, but I couldn't stop thinking about all the possible negative outcomes and how I should have never skipped my screening," she said.

She's right, according to Angie Carrillo, a representative for the California division of the American Cancer Society. Yearly screening is important.

"With breast cancers that are found while still confined to the breast, the five-year survival rate is 99 percent," Carrillo said. "If the cancer has spread to surrounding tissues or lymph nodes under the arm, the survival rate is 85 percent. If the spread is to lymph nodes above the collarbone or to distant organs, the survival rate falls to 25 percent. Thankfully, 61 percent of all breast cancers today are found before they spread, but we still need to get that number up. Way, way up."

Incidence levels of breast cancer seem to be stabilizing.

"The good news is that after increasing for more than two decades, female breast cancer incidence rates began decreasing around 2000, then dropped by about 7 percent from 2002 to 2003, due in great part to the decline of hormone therapy after menopause," said Carrillo.

"Since 2004, overall female breast cancer incidence rates have been stable. Death rates from breast cancer have been declining since about 1989, with larger decreases in women younger than 50. These decreases are believed to be the result of earlier detection through screening and increased awareness, as well as improved treatment."

Breast cancer is the most common cancer among American women, except for skin cancers.

"In the United States, in 2015, an estimated 231,840 new cases of invasive breast cancer are expected to be diagnosed among women; about 2,350 new cases in men," Carrillo said. "In Napa County alone, there were an estimated 115 breast cancer cases in 2014. There were also an estimated 20 deaths in Napa County from breast cancer in 2014."

"We are making great strides in the detection and treatment of cancer," Carrillo said. "Today there are over 14 million cancer survivors in the U.S., alone, and our goal is to eliminate cancer as a major health concern in the coming years."

Like the American Cancer Society, John had also spent much of her time trying to find ways to help improve health outcomes. But unlike in the past, now she needed to include her own health in those efforts. Without delay, she sought the best treatment plan available.

"Before I started down the path, I got three different opinions from three different hospitals," she said, "But in the end, I found that the Queen of the Valley has some of the best care in the world, which I had always believed anyway."

| Mitigation Measures <sup>1</sup>  | Implementation Procedure  | Monitoring Responsibility | Monitoring / Reporting Action and Schedule  | Monitoring Compliance Record (Name/Date) |
|---|---|---------------------------|---|--|
| <p>Even with mitigation measures imposed, this impact remains significant and unavoidable.</p>  |   |                           |   |  |
| <p><b>AO-4:</b> To lessen air quality nuisances from exposure to adjacent heavy industrial uses, the following measures shall be implemented prior to construction of new residences near barge loading/unloading areas:</p> <ul style="list-style-type: none"> <li>◆ Prior to occupation of the project by sensitive receptors (e.g. residents), the applicant will develop a detailed site plan that includes features to reduce dust nuisance exposures to future project residences located near industrial activities. These features shall include the following: <ul style="list-style-type: none"> <li>◆ Wind break in the form of mature trees with sufficient density to reduce wind flow. BAAQMD recommends consideration of tiered plantings of trees such as redwood, deodar cedar, and live oak to reduce TAC and PM exposure.</li> <li>◆ Buffers to avoid placement of residences near or adjacent to active or planned active industrial uses. Adequate buffers shall be determined through site-specific studies that take into account designs for new residences and anticipated future industrial activities or establish a 200-foot buffer.</li> <li>◆ Install and maintain air filtration systems of fresh air supply either on an individual unit-by-unit basis, with individual air intake and exhaust ducts ventilating each unit separately, or through a centralized building ventilation system. The ventilation system should be certified to achieve a certain effectiveness, for example, to remove at least 80 percent of ambient PM<sub>2.5</sub> concentrations from indoor areas. The air intake for these units shall be located away from areas producing the air pollution (i.e. toward the south).</li> <li>◆ Require rerouting of nearby heavy-duty truck routes.</li> <li>◆ Enforce illegal parking and/or idling of heavy-duty diesel trucks in the vicinity.</li> </ul> </li> </ul> <p><b>AO-5:</b> The County shall review plans for new restaurants in neighborhoods with residences to ensure that these uses install kitchen exhaust vents in accordance with accepted engineering practice, and shall install exhaust filtration systems or other accepted methods of odor reduction.</p> | <p>Project Applicant is responsible for implementing this mitigation measure as stated.</p> | <p>Planning Dept.</p>     | <p>Planning Dept. approves site plan incorporating mitigation measures as stated prior to issuance of residential building permits.</p> |  |
| <p><b>GREENHOUSE GAS EMISSIONS</b></p>  |   |                           |   |  |
| <p><b>GHG-1a:</b> To lessen GHG emissions associated with the project, as part of phase one the applicant shall construct and lease retail space to an on-site market that also sells fresh, locally grown produce. The applicant shall provide for rental subsidies if needed to ensure long term tenancy of a market providing on-site access to fresh food, thereby reducing VMT for project site residents and from food distributors. Even with mitigation measures imposed, this impact remains significant and unavoidable.</p>  | <p>Project applicant is responsible for implementing mitigation measure as stated.</p>      | <p>Planning Dept.</p>     | <p>Prior to issuance of Certificates of Occupancy for Phase I.</p>  |  |