Ross Testimony on Lead in NYC

By ACSH Staff — July 1, 2003

Testimony to the New York City Council on the question of whether to tighten lead regulations, given June 23, 2003:

The ACSH is a public-health consumer-education organization, advised by a panel of 350 scientists and physicians. All of our work is peer-reviewed internally and published in independent, peer-reviewed scientific journals. We are about to celebrate our twenty-fifth year of promoting public health, here in New York and around the U.S.

We researched and wrote a report in 1997 entitled "Lead and Human Health," which was published in the journal "Ecotoxicology and Environmental Safety." This report was peer-reviewed by experts in toxicology and epidemiology. We updated this report in 2000. Our conclusions based on the data in these reports is as follows:

Lead remains an important environmental toxicant, especially for young children. It exerts its toxic effects in a wide variety of organ systems, but these effects are dependent on the level of exposure. Mere detection of any lead in a person's blood is not grounds for calling it "lead poisoning." Precautions need to be taken to prevent children from lead exposures, and children with blood lead levels (BLL) over 10 µg/dL should be evaluated for excessive exposure.

The levels of lead exposure among U.S. children over the past three decades have decreased dramatically thanks to multiple public-health efforts. Removing lead from paint and from gasoline have been the most important methods. Reducing workplace lead exposure has helped lower lead levels in adults at the same time. Best estimates are that BLL now for U.S. children are between 2.0 and 3.0 µg/dL, and for adults approximately the same. However, there may be between 3% and 4% of U.S. children with elevated BLL, i.e. over 10. The fraction of those with levels over 20, though, is in the 0.4% range.

Severe, symptomatic lead poisoning, generally due to BLL over 40, has essentially disappeared in recent years.

"Lead safe, not lead free" is an appropriate public health target: lead abatement in all older homes would be prohibitively expensive and be highly cost-ineffective, given the continuing diminution in national and inner-city BLL. Targeted screening programs and remediation of problem housing is the best way to proceed to limit lead damage. Children living in older, dilapidated housing need to be screened. Leaving intact lead paint alone is proper procedure in most cases in fact, disrupting intact paint can actually increase children's exposure to lead.
Public education as to personal/family hygiene and cleanliness will also assist in reducing children's exposure to lead in the environment. This includes dusting, toy- and hand-washing, and the realization that parental smoking raises children's BLL.

It is important to bear in mind that elevated BLL, as defined by the CDC, does not mean "lead poisoning." It is unclear how much actual harm results from slightly elevated BLL, i.e., between 10 and 15 µg/dL.

That being said, we must do everything that can reasonably be done to make sure that fewer and fewer children are exposed to unsafe levels of lead. This brings me to the reports issued by the New York City Dept. of Health and the Commissioner of Health, Dr. Frieden. In 2002, his report on lead in New York City called the city's approach a success, with annual dramatic reductions in children with slightly and moderately elevated BLL. He pointed out that lead levels in New York's children were in a "steep, steady decline." We are on the right track.

A new DOH report, issued by Dr Frieden and his colleagues on June 11th, two weeks ago, states that the drop in both prevalence of elevated BLL and newly identified cases has continued at similar levels, representing a drop of 79% in new cases since 1995. This equals a 20% annual decline in new cases, and a substantial number of these approximately one-quarter come from the new immigrant community, who have presumably been exposed in their prior residences and have not been adequately screened. There was a 14% drop in new cases in 2002, with a total of just under 4,000 being identified. Of these, 628 had moderately elevated levels, or slightly elevated on more than one occasion, triggering an environmental investigation and case monitoring.

By any measure, this decline in the number of youngsters with elevated BLL represents a public health success story. Why should the City change this approach? Who would benefit from new regulations, and who would suffer? New regulations would help very few kids and would cost many millions of scarce dollars. These dollars could otherwise be used for effective measures to improve the health and safety of New York's children. One area that should be improved is the low percentage of our city's kids who are screened at both one and two years of age; 31% is too low by far, yet even in this area New York City is ahead of the rest of the state.

Lead poisoning is a throwback to an earlier, less sophisticated time in our city's history. Having even one case is unacceptable, in my opinion. It's highly preventable.

But from a public health point of view, great strides have been made here over the past few years, as can easily be appreciated from a review of the Dept. of Health's summaries from 2002 and recently. This approach has been working without costing exorbitant amounts. Why should it be changed now? The American Council on Science and Health says lead safe should be our goal, with targeted screening for high-risk and known exposed children. The persistent fall in lead levels is a testament to the fact that the current regulatory approach is effective in protecting public health.

_Gilbert Ross, M.D., is the Medical and Executive Director of the American Council on Science and Health._
Responses:
July
2, 2003

I commend Gilbert Ross on his excellent and accurate testimony to the New York City Council on lead exposure. As with many other chemicals, some folks have intentionally misled and scared the public and many policymakers into believing that human exposure to...