

February 8, 2013

The Honorable Kathleen Sebelius  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Thomas R. Frieden, MD, MPH  
Director, Centers for Disease Control and Prevention  
1600 Clifton Road, MS – D14  
Atlanta, GA 30333

Dear Madam Secretary and Director Frieden:

As members of the CDC Advisory Committee on Childhood Lead Poisoning Prevention, we are charged with offering advice and guidance on scientific aspects of lead toxicity, and recommendations regarding improvements in national childhood lead poisoning prevention efforts. Earlier this year, our committee issued a report that highlighted the adverse neurodevelopmental effects of lead at very low levels, and that recommended public health actions to investigate and respond to childhood blood lead concentrations that exceed a “reference value”, currently corresponding to 5 µg/dL. It is estimated that approximately 500,000 children in the United States have blood lead concentrations that meet or exceed this value. Because lead exposure disproportionately impacts minority and low-income children, it represents a substantial contributor to health disparities and environmental justice concerns.

Years of experience have demonstrated the efficacy of CDC’s Lead Poisoning Prevention Program in reducing and mitigating childhood lead exposure in communities across the country. The essential elements of CDC’s federal program and the state and local programs it supports have included expert guidance and technical assistance in a) surveillance, identification and case management of children with harmful exposure to lead, b) inspection and remediation of the sources of elevated exposure, c) improvements in the quality of laboratory measurements of lead, and d) education of the public and health care providers on the importance of primary prevention. CDC’s Lead Poisoning Prevention Program analyses have been instrumental in guiding the actions of other federal entities, such as HUD and EPA.

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A well-established principle of public health practice holds that in the allocation of limited resources, precedence should be given to programs and interventions that offer the greatest return on human and financial investment. Judged by this metric, CDC's lead poisoning prevention programs have demonstrated unparalleled efficacy in the field of public health. Based on the findings of recent peer-reviewed cost-benefit analyses.<sup>1,2</sup> CDC estimates that between 2008 to 2010, the efforts of its national and state-supported programs to reduce lead exposure and its negative neurodevelopmental impacts in 3 million children yielded savings of \$26 to 57 billion in lifetime productivity earnings alone. Additional savings associated with decrements in lead-related behavioral disorders, juvenile delinquency, and the need for special education would increase this substantial benefit.

Unfortunately, the recent change in available resources diverges in an opposite direction from recent scientific advances demonstrating the health impact of very low lead exposures, and has the potential to widen existing health disparities. In light of this, and in response to recent programmatic cutbacks, our committee urges prompt action to restore and maintain the full scope of CDC's national and state-supported Lead Poisoning Prevention Programs.

Sincerely,

**Members of the CDC Advisory Committee on Childhood Lead Poisoning Prevention (listed below)**

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### References

1. Zax JS, Rees DI. IQ, academic performance, environment, and earnings. *Review of Economics and Statistics*. 2002. 84, 600-616.;
2. Salkever DS. Updated estimates of earnings benefits from reduced exposure of children to environmental lead. *Environ Res*. 1995 Jul;70(1):1-6.