

WRITTEN STATEMENT OF

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CDC's Childhood Lead

Poisoning Prevention Program

The Honorable Denny Rehberg, Chairman
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
Committee on Appropriations, US House of Representatives

The Honorable Rosa DeLauro, Ranking Member
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
Committee on Appropriations, US House of Representatives

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Thank you for the opportunity to discuss the nation's Childhood Lead Poisoning Prevention efforts and why the Centers for Disease Control and Prevention (CDC) program must be restored. In FY 2012, CDC funding for lead poisoning prevention was reduced from \$29 million to less than \$2 million. Starting this summer, health departments across the country will be forced to end their lead poisoning prevention activities. Without CDC, parents will be unable to get the services they need to protect their children. The abatement and education programs at HUD and EPA will be unable to properly target their resources to the children and families who need them the most, all because CDC will be unable to carry out its surveillance mission, find lead poisoned children, adequately fund and staff local and state health departments, and most importantly, prevent poisoning in the first place.

I am one of the nation's authorities on childhood lead poisoning prevention and the former director of the Office of Healthy Homes and Lead Hazard Control at HUD. Currently, I am the Director of Research at the National Center for Healthy Housing (NCHH), an adjunct associate professor at the School of Public Health at the University of Illinois at Chicago and a faculty associate at Johns Hopkins University. NCHH is a national scientific non-profit organization dedicated to safe and healthy housing for children through practical and proven steps. I am also a board member of an industry group, the Lead and Environmental Hazards Association, comprised of instrument and product manufacturers, inspection and risk assessment firms, abatement contractors and parents. Today, I also represent the National Safe and Healthy Housing Coalition, a group of over 150 organizations. The country's strategy to eliminate childhood lead poisoning is articulated in the federal interagency strategy to address childhood lead poisoning, which I wrote for the President's Task Force on Environmental Health and Safety Risks to

Children in 2000.¹ I have also published many scientific studies to help identify and control lead hazards, such as the nation's largest and longest-term evaluation of lead hazard control covering 3,000 housing units in 14 jurisdictions across the country; that study showed modern residential lead hazard controls are effective and durable.^{2,3}

Recommendation

We urge Congress to restore CDC's funding for the Healthy Homes and Lead Poisoning Prevention Program to \$29 million as a distinct line item. The Administration's proposal to combine the CDC lead poisoning prevention and asthma programs and cut their funding in half will advance neither lead poisoning prevention nor asthma treatment, because the populations served, the mission, medical care and approaches are all necessarily very different.

Background on the CDC Lead Poisoning Prevention Program

In FY 2011, CDC funded 35 states and localities to carry out five core functions:

1. Screen children for lead poisoning;
2. Track incidence and causes;
3. Inspect the home and other exposures and remove the environmental threat;
4. Publish guidance for clinical and public health practitioners for evidence-based case management; and
5. Provide education to the public and health care providers.

¹ President's Task Force on Environmental Health Risks and Safety Risks to Children. Eliminating Childhood Lead Poisoning: A Federal Strategy Targeting Lead-based paint Hazards. Washington DC: U.S. Department of Housing and Urban Development and U.S. Environmental Protection Agency, February 2000.

² National Center for Healthy Housing. 2004. Evaluation of the HUD Lead Hazard Control Grant Program, Final Report, National Center for Healthy Housing and University of Cincinnati, Columbia, MD

³ Dixon S, Jacobs DE, Wilson J, Akoto J, Clark CS. 2012. Window Replacement and Residential Lead Paint Hazard Control 12 Years Later. Environ Res 113: 14-20.

CDC leads the national lead poisoning primary prevention efforts. Between 2008 and 2010, primary prevention efforts helped reduce by 200,000 the number of children who have been exposed to lead—saving at least \$7.5 billion through avoided loss in IQ and associated reductions in lost lifetime productivity,^{4, 5} not to mention the pain and suffering endured by families with poisoned children. CDC maintains a nationwide system for the collection and dissemination of data on lead poisoning cases, which is essential in properly targeting the nation's resources.

Number of Children at Risk

Today nearly 450,000 children⁶ still need help each year from their CDC-funded health departments and millions more are at risk, because 24 million homes have lead-based paint hazards.⁷ The adverse health effects of lead poisoning are well-known. In fact, the U.S. National Toxicology Program in NIH has published a new report showing the effects of lead are even more serious than previously thought.⁸ Lead causes cognitive and behavioral problems, such as attention deficit hyperactivity disorder and many other health effects. African American children are nearly three times as likely to be lead poisoned as are Caucasian children and poor children face double the risk.⁹ It costs \$38,000 to provide special education to a child with lead poisoning.¹⁰

CDC's Effective Response

⁴ Nevin R, Jacobs DE, Berg M, Cohen J. 2008. Monetary benefits of preventing childhood lead poisoning with lead-safe window replacement, *Environ Res* 106: 410-419.

⁵ Gould E 2009. Childhood Lead Poisoning: Conservative Estimates of the Social and Economic Benefits of Lead Hazard Control. *Environ Health Perspect* 117:1162-1167

⁶ In 2005-06, data from the National Health and Nutrition Examination Survey showed that an estimated 590,100 children 1-5 had blood lead levels ≥ 5 $\mu\text{g}/\text{dL}$; in 2007-08 that number increased to 646,400; in 2009-10 the number declined slightly to 442,000. Data from: National Performance Measures of Blood Lead in Children. Will Wheeler Presentation to the Advisory Committee on Childhood Lead Poisoning Prevention Nov 14, 2011

⁷ Jacobs DE, Clickner RL, Zhou JL, Viet SM, Marker DA, Rogers JW, Zeldin DC, Broene P and W. Friedman. The Prevalence of Lead-Based Paint Hazards in U.S. Housing, *Environ Health Perspect* 110:A599-A606, Sept 13, 2002

⁸ National Toxicology Program. Draft ntp monograph on health effects of low-level lead. October 14, 2011, National Institute Of Environmental Health Sciences, National Institutes Of Health, U.S. Department Of Health And Human Services

⁹ Centers for Disease Control and Prevention, "Update: Blood Lead Levels—United States 1991-1994," *Morbidity and Mortality Weekly Report*, U.S. Department of Health and Human Services/Public Health Service, Vol 46, No.7, Feb 21, 1997, p. 141-146 and erratum in vol 46, No. 26, p. 607, July 4, 1997. Also, Brody et al., Blood lead levels in the U.S. Population: Phase 1 of the third National Health and Nutrition Examination Survey, 1988 to 1991, *Journal of the American Medical Association* 272(4): 277-283, July 27, 1994 and Pirkle et al., The decline in blood lead levels in the United States, *Journal of the American Medical Association* 272(4):284-291, July 27, 1994

¹⁰ Korfmacher et al.

Between 1997 and 2008, CDC's lead program served 850,000 children with dangerous blood lead levels (greater than or equal to 10 µg/dL). In the most recent year, recipients of CDC grants tested more than four million children for lead and conducted case management for nearly 30,000 children. CDC funding paid for nurses, social workers, and environmental health professionals, assessments of the child's home and other sources of exposure, and referred property owners to remediation. The local programs also provide ongoing education and guidance to local officials, families, and health care providers to ensure that children receive appropriate care and, most importantly, prevent lead poisoning.

CDC's epidemiologists, blood lead laboratory proficiency program, and surveillance system are essential elements in monitoring and preventing the disease. Without the CDC's resources to collect and analyze the surveillance data, no one will know when, where or how children are getting poisoned and literally millions of children will be unnecessarily poisoned in the decades to come. It was CDC's program that first identified lead-contaminated toys as a source of exposure,¹¹ and CDC was first on the scene to address lead poisoning among refugee families.¹² Internationally, CDC headed the emergency response to the lead epidemic in Nigeria, where hundreds of children have died from lead poisoning.¹³

Conclusion

The CDC program has proven its cost effectiveness. It provides services that are sorely needed by the nation and by parents. It should be restored and funded as a distinct line item at \$29 million and allowed to do its job to protect children from an entirely preventable disease.

¹¹ Toys and other consumer products recalled. See <http://www.cdc.gov/nceh/lead/Recalls/allhazards.htm>

¹² CDC Refugee lead poisoning prevention tool kit for refugees. See" http://www.cdc.gov/nceh/lead/Publications/RefugeeToolKit/Refugee_Tool_Kit.htm

¹³ Dooyema CA, Neri A, Lo YC, Durant J, Dargan PI, Swarthout T, Biya O, Gidado SO, Haladu S, Sani-Gwarzo N, Nguku PM, Akpan H, Idris S, Bashir AM, Brown MJ. Outbreak of Fatal Childhood Lead Poisoning Related to Artisanal Gold Mining in Northwestern Nigeria, 2010. *Environ Health Perspect*. 2011 Dec 20. [Epub ahead of print]