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Paint-Poison Danger To Children Fought

By JOSEPH P. FRIED

Small children who live in slum buildings and the landlords who own the property have a stake in a test project soon to be undertaken by the city in cooperation with a paint-industry trade association.

The test will be to determine the effectiveness and economic feasibility of using a nontoxic solvent to remove layers of old paint from the walls of deteriorating apartments.

Plans for the test were described last week by a city health official as he discussed a continuing controversy over whether the Lindsay Administration was moving with sufficient speed to meet the problem of lead poisoning in small children caused by paint and plaster bits that peel and flake from walls and railings in blighted apartments. Health officials acknowledge a danger because the paint and plaster is often eaten by youngsters.

The community groups charge that the city is not moving fast enough to develop a program to deal with the problem. Such a program, they hold, should include not only more thorough and systematic procedures for detecting lead poisoning in slum children, but also the removal of old coats of poisonous paint from apartments in blighted areas. This kind of

action would be expensive for landlords and would require city aid, leaders of the community groups acknowledge.

City officials contend that over-all they are moving as quickly as they can in the situation and that, in the matter of removing the old paint, economically practical procedures are still being investigated.

Although the cause of the peril—lead-based apartment paint—was outlawed here a decade ago, and the most recent coats of paint in deteriorating apartments do not contain dangerous levels of lead, falling paint and plaster chips in such apartments are still poisonous because the lead content from coats of older paint usually form a sizable part of such chips.

When small children eat the flaking pieces—as many youngsters between the ages of 1 to 5 do—they open themselves to a disease that can damage the kidneys and the blood and nervous system. In its advanced stages, lead poisoning can cause death or permanent mental retardation, cerebral palsy and epilepsy.

In fact, a top city health official has estimated that the extent of the situation here is even greater than

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City Project to Seek Way to End Paint-Poison Threat to Children in Old Houses

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estimated by the scientists' group, which has been striving to call the lead-poisoning situation to public attention.

Dr. Joseph A. Cimino, medical director of the Health Department's poison control center, estimated that there were 20,000 young children with undetected lead in their systems at a potentially dangerous level, and 5,000 others with undetected lead at an already dangerous level.

The scientists' group, the New York Scientists' Committee for Public Information, gives a more conservative estimate of 9,000 to 18,000 such youngsters with lead poisoning here.

The committee, formed a decade ago, disseminates scientific information needed to determine public policy. Its board of advisers includes well-known doctors and scientists such as Dr. Alan Guttmacher, the gynecologist who is president of Planned Parenthood-World Population.

In any case, all the parties in the controversy agree that the few hundred cases of lead-poisoned children that come to the Health Department's attention each year are only a small portion of the existing cases—a situation not limited to New York City.

To deal with the problem, the Health Department formed an internal task force last August, and a second group has also been formed that includes representatives of that department and of the Buildings Department, the Department of Rent and Housing Maintenance and Mayor Lindsay's office.

Also formed last August was a Citizens' Committee to End Lead Poisoning, representing about 20 slum-area organizations. It contends that the city task forces have been moving too slowly on the problem.

Health services, responded. "Within the resources we have available, we're moving as fast as we can."

Although the Health Department has the legal power to order the removal of old coats of heavily leaded paint if they are a health hazard, such an order "without a practical suggestion for executing it is worthless," Mr. Kent said.

As part of an attempt to find a practical suggestion, he said, the test with the nontoxic solvent will be carried out in an old building in about two weeks, in cooperation with the New York Paint, Varnish and Lacquer Association.

Costs and results of the method will be compared with those of other suggested ways of removing the danger of the old paint—by covering walls with plaster-board or wallboard or by burning or sanding the paint off.

The latter two methods are considered unfeasible by some because one is a fire hazard and the other would cause lead dust dangerous to workmen and tenants.

Whatever method is found least costly should be compulsory in slum buildings, with the owners receiving tax abatement or other financial aid to help finance the paint removal and resurfacing. Paul Du Brul, a spokesman for the citizens' committee, said.

Landlords of slum buildings can be expected to argue that the demanded paint removal can be carried out only with full city aid. These owners contend that controlled rents in such buildings have prevented them from fighting decay and have led to owner abandonments.

As a practical matter, in apartments where a child has been found suffering from lead poisoning, the Health Department has ordered loose paint scraped away and a new coat applied, officials say. But they admit that this is only a temporary solution because cracking and crumbling

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