

3
16

29

July 3, 1984

Rules Docket Clerk
Office of the General Counsel
Room 10278
Department Of Housing and Urban Development
451 Seventh Street S.W.
Washington, D.C. 20410

RE: Docket No. R-84-1165; FR 1748
Lead-Based Paint Hazard Elimination in Certain Residential Structures

Dear Sir/Madam:

In the May 4, 1984 Federal Register, HUD issued an ANPR concerning amendment to part 35 of its regulations regarding elimination of hazards due to lead-based paint in HUD-associated existing housing. According to the notice, HUD is seeking public comment, data and other experimental evidence that illuminate the issues and options.

The contribution of lead-based paint to blood lead levels found in children is questioned in the notice indicating that recent studies point to sources other than lead-based paint, namely: food, gasoline, household dust, etc.. The studies cited conclude that the principal determinant for declining mean blood lead levels is the reduction in lead content in gasoline. These studies remain seriously flawed and should not be used in HUD's evaluation of its current regulations concerning abatement of lead-based paint hazards in HUD housing.

According to HUD there are two types of changes in the nature of the lead problem which are relevant here. The first is the aggregate shift in blood lead levels in the population. The second is the trend in the incidence of children with elevated blood lead levels and lead poisoning levels. The primary source for this information is the NHANES II Report which shows a correlation between the reduction of lead in gasoline usage over the period 1976-1980 with a reduction of lead in blood over the same period.

It is true that gasoline lead levels declined over this period and it appears that blood lead levels have also declined. However, to suggest that all or even most of the decline in blood lead was caused by a reduction in gasoline lead, as has been implied, is simplistic and dangerous. It is simplistic because the analysis ignores the impact of other, concurrent private and regulatory initiatives to reduce lead exposure. It is dangerous because by erroneously attributing such a great proportion of the blood lead decline to a single source it endangers other programs which are far more meaningful in terms of reducing the likelihood of lead poisoning in children.

This position is also at variance with the findings of Dr. J. Julian Chisolm, a recognized lead expert and pediatrician from Baltimore. In 1982, Dr. Chisolm noted that, over the period, 1976-1981, the number of children in Baltimore with increased lead absorption did not decrease. Hence, if lead in gasoline usage had been the cause of elevated blood lead levels, then the number of cases would have been expected to decrease.

We would refer you also to a report which was prepared by an independent peer review group at the request of the U.S. Environmental Protection Agency. The NHANES II Time Trend Analysis Review Group reviewed the analysis from a statistical standpoint. While, in a narrow sense, the Review Group confirmed the correlation between gasoline lead and blood lead, it noted:

"the survey results and statistical analyses do not confirm the causal hypothesis" (Appendix II D, EPA Lead Criteria Document)

This Review Group strongly warned against using the NHANES II data for estimates of the impact of gasoline lead on blood lead beyond the limits of the data, i.e. 1980. Yet that is precisely what was done by the EPA Office of Policy Analysis when it used the NHANES II data to predict the blood lead levels of children in 1988 in its Draft Final Report, "Costs and Benefits of Reducing Lead in Gasoline". In warning against extrapolation beyond the four year period of the NHANES II data the Review Group stated:

"In general, the Review Group would warn that the weaknesses which have been discussed in the context of analyzing relationships within the four-year survey period become erroneously greater in any attempt to extrapolate beyond that period"

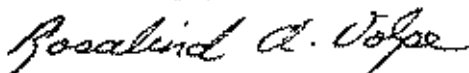
Furthermore, the research that the International Lead Zinc Research Organization and others have conducted indicates that the lead that was once used in paint and is still present in old, deteriorating housing, is far and away the primary cause of elevated blood lead levels in children.

Instead, LIA recommends that HUD should address the issue of the hazard presented from "intact paint". We agree with the Court of Appeals decision to uphold the District Court's ruling that HUD "undertake further rulemaking to establish appropriate procedures for the elimination of lead-based paint hazards in federally associated public housing, including so called tight paint".

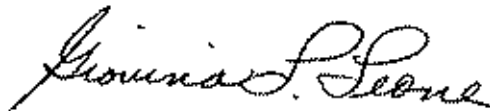
Long term planning of the elimination of the lead based paint hazard which is mandated by LPPA should include an extended plan for the removal of intact paint since eventually this paint may present an "immediate hazard" by reason of cracking, chipping, scaling, peeling or loosening.

The use of flawed data in HUD's evaluation of current lead-based paint regulations places children at risk by impeding further needed progress in abating lead paint hazards in older housing in urban areas.

Respectfully yours,



Rosalind A. Volpe
Asst. Director, Environmental Health



Giovina L. Leone
Asst. Director, Environmental Regulations