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July 13, 1959

TO MEMBERS OF THE EXECUTIVE COMMITTEE:

I am enclosing copy of a memorandum which we furnish health authorities and others interested, whenever publicity or other campaigns arise in connection with alleged lead poisoning of children. This is sent for your information in advance of our July 23 meeting when this subject will be discussed.

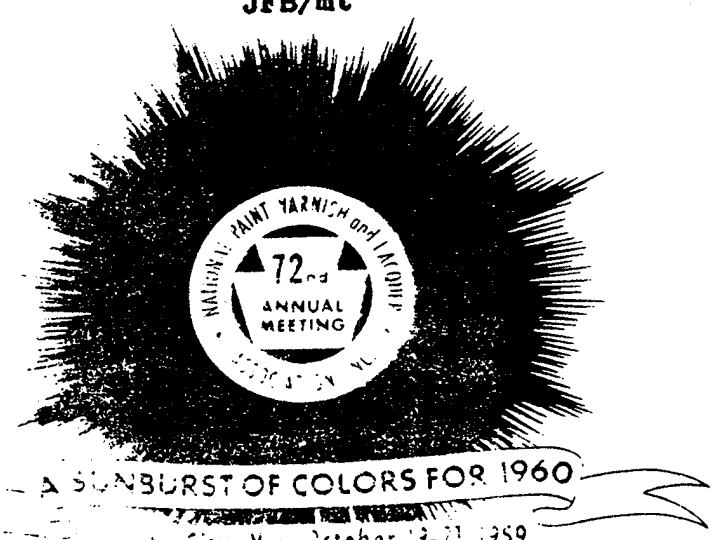
With warm personal regards,

Sincerely yours,

Joseph F. Battley

President

JFB/mt



MEMORANDUM ON LEAD POISONING IN CHILDREN

This memorandum is divided into three parts: (1) the steps taken by the Paint Industry to prevent lead poisoning in children; (2) basic causes of lead poisoning in children, and (3) steps which will aid greatly in preventing lead poisoning.

1. The Part The Industry Has Played

In 1954 the National Paint, Varnish and Lacquer Association, after approval by its Executive Committee, distributed to its members the recommendations for labeling products containing lead or other compounds that would be harmful. There was a voluntary acceptance by the Paint Industry of its responsibility to warn of hazards even before some laws were passed requiring that this be done. To a great extent the laws in effect in many states aimed at preventing lead poisoning parallel in marked degree the precautionary labels so approved, recommended and distributed. I attach two copies of these precautionary labels.

The industry has worked in close harmony with the United States Public Health Service and other agencies set up for the education of the public in the matter of lead poisoning and has distributed thousands upon thousands of pamphlets and brochures aimed at bringing home to parents and the general public, among other topics, the dangers of using lead paints for the painting of toys, the general dangers of lead poisoning in the home, and the detection of lead poisoning in the child. I attach a number of these brochures. I may say in passing that when Health Officials of the State of New Jersey received the brochures on "How To Prevent Lead Poisoning In The Home" and "Painting Toys and Childrens Furniture", they asked for and were given by the National Paint, Varnish and Lacquer Association, several hundred additional copies for distribution to all local health authorities.

The Association also sent the pamphlet on "Recognition of Lead Poisoning in the Child" to all of its 1500 members requesting that they forward the same to local physicians because of the aid it could give practitioners in reaching the proper diagnostic conclusions whenever lead poisoning was suspected in a patient.

The most recent cooperative effort of the National Paint, Varnish and Lacquer Association was accomplished in conjunction with the Lead Industries Association beginning last December. Faced with the belief that inadequate standards for diagnosis and reports of lead poisoning were prevalent, these two Associations called in for a conference in New York, leading toxicologists, pediatricians, and health department officials. These officials under the leadership of Dr. Howard M. Cann, Director of the National Clearing House for Poison Control Centers in the United States Public Health Service,

worked out a set of diagnostic criteria for lead poisoning in children which has been distributed as a bulletin by the Department of Health, Education and Welfare throughout the country for the use of physicians. I enclose two copies of this brochure.

These are merely highlights of the studies, policy and action of the Paint Industry as represented by the National Paint, Varnish and Lacquer Association, in fighting lead poisoning in children.

2. Basic Causes of Lead Poisoning in Children

On last November 6 and 7, the Lead Industries Hygiene Conference was held in Chicago, with some of the foremost toxicologists and experts in industrial hygiene and pediatrics in attendance. Detailed reports were made on the causes of lead poisoning in children and the best means of detecting and preventing such poisoning. Dr. Hugo Dunlop Smith, M.D. of the Department of Pediatrics, University of Cincinnati, stressed the fact that slum areas have contributed almost all of the cases of lead poisoning. (While he limited his remarks to Cincinnati in this respect, virtually all authorities elsewhere are in agreement with him). He drew a very graphic picture of the situs of the most cases of lead poisoning as follows:

> "As urban redevelopment has forced the destruction of old homes in one slum area, the more recent cases have come from areas which not too many years ago were among the more wealthy and better kept. No new paint has been added to these homes; instead, the explanation for the appearance of saturnism is the fact that the paint has been allowed to crumble and peel; that less well informed families now live in the area; and that socio-economic conditions frequently prevent sound child rearing. Thus, even though modern household paints may be essentially lead free, the threat of childhood lead poisoning will remain a public health problem for years to come.
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> The age spectrum of pediatric plumbism is virtually confined today to children between 1½ and 4 years of age. Unlike industrial lead poisoning, the pediatric disease remains a summer illness, striking almost invariably between May 1 and October 15. Whereas, children with lead poisoning manifest pica for a minimum of three months prior to their illness, a child who begins his chewing in August or September will not manifest toxicity until the following summer".

From the paper entitled "LEAD POISONING IN CHILDREN AND ITS THERAPY", by Dr. Hugo Dunlop Smith, M.D., Children's Hospital Research Foundation and The Department of Pediatrics, University of Cincinnati. Presented at a Lead Hygiene Conference sponsored by the Lead Industries Association, Chicago, November 6-7, 1958.

Dr. Anna M. Baetjer of the Johns Hopkins School of Hygiene and Public Health, reporting on Baltimore, showed basic agreement with Dr. Smith with respect to the places of residence of children who come down with lead poisoning. Speaking of 720 cases investigated by the Baltimore Health Department, between 1931 and 1958, Dr. Baetjer in a paper presented at the same Lead Hygiene Conference said: "The majority occurred among children between 1 and 3 years of age and were attributed to Pica associated with the ingestion of lead paint. The children came chiefly from families in the lower economic classes who resided in old houses where the interior wood and plaster had been coated with lead paint". (I attach a copy of the paper by Dr. Smith, but I do not have available a copy of Dr. Baetjer's paper.)

Dr. Huntington Williams, Health Commissioner of Baltimore, has stressed the fact that old flaking lead paint has been the primary cause of lead poisoning among children in that city and has distributed photographs illustrating this point. He advised parents to protect their children in cogent warning, and pamphlet which I attach hereto.

With all evidence pointing to the cause of most lead poisoning cases in children arising from a child's desire to eat old flaking paint, it would seem that since the paint industry has gone as far as it can in doing everything possible to educate the public in precautionary measures, and in labeling its products, the principal focus today should be on substandard dwellings where old lead paint should come off the interior surfaces and be replaced with modern, safe paint.

3. Steps To Be Taken

The steps that should be taken to produce the greatest benefit in preventing lead poisoning in children seem to be the following:

1. Let interested health authorities survey substandard dwellings to the end that flaking paint may be removed and safe paint substituted.

2. Let the diagnostic criteria of the Public Health Service be circulated among all pediatricians and toxicologists.

3. Let the publicity on lead poisoning have an educational background for parents.

4. Let the public health authorities and all others interested in preventing lead poisoning join with the Paint Industry in a cooperative movement for education and action to secure the objective mutually sought - namely the welfare and health of our children.