

Visit Report

Date:

December 5, 1973

Location:

Office of LIA
292 Madison Avenue
New York, New York

Persons Present:

Dr. V.F. Guinee, New York City Health Department
Mr. P.E. Robinson, LIA
Mr. J.F. Smith, LIA
Dr. J.F. Cole, ILZRO/LIA
Dr. D.R. Lynam, ILZRO/LIA
Mr. J. Callaghan, Hill & Knowlton

Subject:

Expansion of LIA Activities in Pediatric Lead Poisoning

Dr. Guinee was asked to meet with the staff of LIA and Hill & Knowlton to provide his thoughts on the possible role LIA may play to assist efforts to prevent pediatric lead poisoning. Dr. Guinee noted that most of the federal funds available in this area have been aimed at screening programs but that very little had been done in the area of housing repairs. He noted that the New York City program had an active housing repair program as part of their overall activities. The New York City repair program consisted of the replacement of door frames and window sills together with the use of wall board to cover up deteriorating walls. He noted that a screening program without an effective repair program would not really be effective in preventing pediatric lead poisoning. Dr. Guinee also noted that the mechanical devices used to determine the quantity of lead in paint on walls has been less than satisfactory. He pointed out that virtually every reading from machines in the dilapidated housing areas will give a positive lead reading. Therefore, it was his feeling that this device is no more useful than an inspection of deteriorated housing areas. A screening program in which blood lead analyses are taken, is, of course, of great value.

Dr. Guinee noted that the New York City program is based on an action level of 60 ug Pb/100G blood. The New York City program has been criticized because many feel that a level of 40 or even 35 should be cause for concern. However, Dr. Guinee argued that no one has shown an effect of blood lead concentrations below 80 and therefore he felt that to obtain maximum value from the screening program that action should be taken only on a worst-case-first basis. He noted that New York's screening program which has screened nearly 50% of all children residing in dilapidated areas showed initially that 3% of the population had blood leads of 60 or more. This percentage has been reduced to 2% in 1971 and 1% in 1972. He felt that any program using a 35 or 40 ug Pb/100G of blood as the action level would involve so many cases that it would be impractical to carry out a meaningful repair program, and, therefore, it was likely that nothing would be done.

Dr. Guinee suggested that LIA might best play a role by providing information and direction to cities and professionals concerned about pediatric lead poisoning. During the course of the discussion, it was suggested that a manual aimed at city officials be prepared which outlines the New York City experience and highlights the "worst-case-first" philosophy. Further, it was suggested that "Facts About Lead and Pediatrics" be revised and updated so as to make it more useful to pediatricians and nurses. It was also suggested that a series of seminars be conducted around the country and that other communications devices such as tapes and programmed learning techniques be considered.

It was left that Hill & Knowlton would prepare a program based on these discussions which would be submitted to LIA for consideration.

Sincerely,

Jerome F. Cole, Sc.D.
Deputy Director

cc: ✓ Mr. J. Callaghan
✓ Dr. D.R. Lynam
Dr. S.F. Radtke
Mr. P.E. Robinson
Mr. J.F. Smith
Dr. E.B. McCabe

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