CHILDHOOD LEAD POISONING-CONFERENCE KEYNOTE

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When I was asked to present the opening remarks at this, another conference on lead poisoning, I approached the task with mixed emotions, largely because we've all seen these conferences come and go throughout the year all over the country, with no measurable benefit to the thousands of children annually afflicted by lead poisoning. But what are these conferences designed to accomplish? Should the purpose be merely to inform? If so, why do we always see the same faces? Should they stun us with the enormity and complexity of the problem, so that we are paralyzed into activity? This seems to be the most frequent effect. Or should they serve to stimulate, organize and mobilize individuals and diverse political forces into a concerted, planned frontal attack on the problem?

I subscribe to the latter purpose, and I believe that the time is long overdue for us to commit ourselves to the task of planning for complete eradication of childhood lead poisoning.

Essential to the eradication of childhood lead poisoning is a more concerned attitude among health professionals toward the problem. One measure of this neutral attitude is the current controversy engaged in by health professionals over the description of the victim of lead poisoning. Some prefer to describe the child as having an increased body burden of lead rather than lead poisoning, although no one really knows what chronic, asymptomatic elevated lead exposure will do to developing brain and other body tissue.

The recent U. S. Public Health Service statement that "a blood lead level of 50-79 ug.% may not be associated with lead poisoning but a blood lead of 80 ug.% required immediate hospitalization and treatment with chelating agents" suggests some confusion in concept as well as terminology.

Our failure to eliminate lead poisoning hazards for children is rooted in the fact that it is primarily a disease of the urban poor and minority groups. It is very likely that if industrialists' children, doctors' children or legislators' children were afflicted with this illness, significant steps would have already been made toward its eradication.

All of us today who are attending this conference can be assumed to be concerned, in fact even shocked, by the needless death and physical destruction which lead poisoning causes. Many and varied attempts have been employed in the past to understand and combat the lead poisoning problem but most of the efforts have been short-lived and unsustained because they do not deal with the basic problem of the lack of housing for the urban poor. I believe what is needed is not more lead poisoning conferences, but a decision at this point and time, a commitment in fact, to eradicate lead poisoning in the next decade. This may seem like a very ambitious undertaking and, in fact, it is, but nothing short of total commitment to the eradication of lead poisoning will be sufficient. All other steps are at best pitiful charades enacted by people who know they will be ineffective.

Eradication of the disease is not impossible if one looks at the causes. Dr. Chisolm has described the causative factors resulting in epidemic lead poisoning as a triad consisting of a

child, a parent and a place. The child is described as a toddler with exaggerated oral activities, but the age of greatest mortality with lead poisoning is between 12 and 24 months; this age period is when more than 50% of all toddlers of all classes will engage in mouthing and ingestion of non-food substances in their environment. The parent may be a mother with inadequate resources to cope with her family's needs. But the place is always the same--a neglected slum housing unit with lead flakes within easy reach of a child's grasp. We will always have toddlers with us, and we will probably always have parents with varying emotional and economic resources, but we must not continue to have the place.

Eradication of lead poisoning must begin with simultaneous immediate, intermediate and long term approaches.

Immediate steps such as screening of all children at risk in lead belts are available and are currently being carried out by all too few cities and states. Other immediate steps include widespread education about the hazards of peeling paint and plaster, with involvement of the community as an integral part of any organized program. The mothers of children with lead poisoning are a valuable source of information and education of other members of the community. Such educational approaches should be utilized in many settings and should strive to reach the family before the child is toddler age.

Intermediate steps include the effective handling of housing code violations by the creation of special courts to deal with these problems in order to shorten the interval between recognition of the violation and court enforcement. This court should be staffed by knowledgeable judges and lawyers to expeditiously deal with housing code violation. Other intermediate approaches could

involve the training of teams of (unskilled) unemployed men to go into dwellings identified as having hazardous interior surfaces and removing the layers of paint and plaster in preparation for resurfacing and/or repainting. This must be a part of a concerted attack on lead poisoning and should be funded using tax incentives for the landlords.

Some long term approaches include the creation of a National Task Force on Lead Poisoning with the specific responsibility to develop a phased attack on the problem, including systematic elimination or repair of lead infested dwelling units and planned replacement by new low income housing units. In this connection, the current practice of allowing planned and funded low income housing units to be delayed by local, political and jurisdictional disputes is disgraceful.

Should you now say to me that this would be too expensive, let me remind you that conservative estimates of the cost, the treatment and institutionalization of children who sustain brain damage from lead poisoning through age 60 are in the neighborhood of over $100,000 per child, wheras the cost of repair of interior surfaces is in the neighborhood of $2,000 per house. We are already spending the money. It is a question of how we choose to spend it.

In summary, lead poisoning is a serious health problem afflicting over 100,000 children each year in the United States. We know the causes, we possess the resources and we can develop the methods to eradicate it. All we need is the commitment to do so.