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December 12, 1973

TO P. E. Robinson, J. Callaghan, M. Swetonic, J. F. Smith, J. F. Cole

FROM D. R. Lynam

Attached are the Recommendations of the four Work Groups at the Lead Conference held in Washington, November 12-13. The Recommendations of the Workshop on Other Sources of Lead Contamination have been distributed previously.

These Recommendations may be of value in assessing the role of LIA in pediatric lead poisoning as we are proposing for 1974.

D.R.L.

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COMMITTEE FOR THE ELIMINATION OF LEAD IN THE DISTRICT OF COLUMBIA

LEAD

OFFICE OF CHILD HEALTH ADVOCACY
CHILDREN'S HOSPITAL NATIONAL MEDICAL CENTER
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MEMORANDUM

TO: The Lead Conference Participants

FROM: The Committee for L.E.A.D.

SUBJECT: The Work Group Recommendations

Enclosed are the recommendations presented by the work group chairman at the final session of the Lead Conference. These recommendations as previously indicated represent the salient points discussed in each work group; and a more extensive report of the proceedings is to be developed.

At a meeting on November 30, 1973, the Committee for L.E.A.D. will review these recommendations and consider what further steps must be taken to maintain the momentum and interest developed at the Conference. You and your organization will be contacted shortly to discuss your role in the ongoing lead elimination activities and when to expect a more extensive report from the Conference.

Your continued support and input is so very important if we are to reach our goal of eliminating lead poisoning in the District of Columbia.

WORKSHOP RECOMMENDATIONS

HOUSING

1. That a team (health aides, social workers, etc) should be established to show tenants how to maintain their dwellings. Education - demonstration

2. That a unified District-wide effort be generated to establish a program by directing citizen and agency pressure upon funding authorities.

3. That the inspection for lead of all public and private dwellings prior to occupancy should be required and enforced.

4. That a lead priority should be established for those who need emergency housing based upon degree of blood lead elevation and diagnosis of disease.

5. That policy statements and commitments for rapid lead hazard reduction be obtained from NCHA, RLA and HUD concerning dwelling units which they own or lease.

6. That the Housing Division reemphasize its program of encouraging tenants to voluntarily make temporary repairs to reduce the immediate hazard, without decreasing the landlord's obligation to make the more permanent repairs required of him by the Code Enforcement Agency.

7. That the informational and education programs be greatly expanded to inform people of the causes and consequences of lead paint poisoning, of means to avoid them, of ways to decrease the hazards and of the rights of occupants. That information concerning lead based paint be included in notices posted on barricaded buildings.

8. That there be closer relationships between all agencies private and public to complement each other's activities including the establishment of an advisory committee made up of various agencies within and outside of the government to include a majority of parents.

9. That a separate lead paint unit be established within the Housing Division and that the number of inspector and inspector aides assigned to lead paint activities be increased to 1/6 of the total inspectional staff.

10. That a private non-profit corporation be established to perform emergency lead hazard reduction work at the City's request and to perform such other repairs as it may wish to engage in from time to time and that other means of expanding the supply of labor skilled in this field be promoted.

11. That the development of new means of permanently, rapidly and economically reducing lead hazards be encouraged and promoted.

12. That other lead sources should be explored, especially the exterior of buildings, to determine what code action can be required to reduce the hazards.

13. That tax incentives should be created for property owners whereby the property owner who removes the lead based paint can be allowed a dollar/dollar deduction on his tax returns.

14. That all agencies and health care facilities should be advised of the availability of the Hospital for Sick Children for emergency shelter while lead hazard is being reduced in the child's home.

WORKSHOP RECOMMENDATIONS

"OTHER SOURCES OF LEAD CONTAMINATION"

1. Until the question of possible adverse effects from low-level lead exposure is resolved, such exposure should be minimized wherever possible.

2. While this committee is concerning itself with other sources of lead, we must emphasize strongly the importance of reducing lead content in paint. The percentage in paint should not be more than 0.06%.

3. There should be a reduction in the total body burden of lead from all sources (including paint) by the reduction of products with lead wherever possible (i.e. gasoline, glazed ceramic ware).

4. The Department of HEW is advised to state formally which agency will act as the focus for coordinating all aspects of lead and trace metal poisoning.

5. The use of private automobiles in urban traffic should be reduced, and mass transist and car pooling encouraged.

6. Retrospective and prospective epidemiological studies should be undertaken to determine the effect of low-level lead exposure on the incidence and severity of infections in humans.

7. A comprehensive survey of dirt, dust and airborne lead levels in all parts of the urban area of Washington, D.C. should be undertaken.

8. A program emphasizing the importance of optimal nutrition in reducing susceptibility to lead toxicity in young children should be encouraged.

9. Educational programs emphasizing the potential hazard of lead from pottery or cooking ware, and the possible hazard of prolonged storage of acidic foods in containers that may release lead to food should be initiated.

10. The FDA should urge the Canning and Food Industry to establish manufacturing processes that will result in minimal levels of lead.

11. Authority (and funding) should be given to the Department of Human Resources to pursue the investigation of causes of poisoning in housing that shows negative for lead paint.

12. Federal EPA should establish an ambient air quality standard for lead as required by Sections 108 and 109 of the Clean Air Act so that the District of Columbia and other metropolitan areas are not pre-empted from removing lead from gasoline at a pace faster than the Federal government.

13. Federal EPA should establish an ambient air quality standard for PNA as required by Sections 108 and 109 of the Clean Air Act so that removal of lead from gasoline is not slowed by the PNA question since almost all PNAs come from non-automotive sources.

14. Since the EPA Administrator is about to reach a momentous decision on lead in gasoline, be it resolved that a committee of this workshop offer to meet with Administrator Train to discuss the proposed regulations prior to his decision.

15. After the Administrator's decision the members of this committee will issue a judgment report within 30 days. (All dissenting views to be presented in full.)

16. Responsible agencies should sharply increase their funding for independent research into the health effects of lead additives in gasoline and, at the end of two years, complete a systematic reevaluation of knowledge in the field.

WORKSHOP RECOMMENDATIONS

LEGISLATIVE, FINANCING/IMPLEMENTATION

Our workshop operated under the basic proposition that we are a child advocacy group and that there will be a continuing effort to effect the recommendations of this conference.

Primarily from that perspective we are grateful for the personal concern of Secretary Weinberger, Mayor Washington, Mr. Yeldell and the District Government.

Before detailing our recommendations I would like to call attention to the supplemental Fiscal Year appropriation hearing that will be held by Senator Magnuson in early December which will be asked to fund the recently signed lead poisoning bill described on November 12th by Senator Kennedy.

Our workshop has come up with a number of recommendations primarily focused on prevention by removal of the residential lead hazard.

1. We suggest that the D.E.D.'s Housing Inspection Division be given direction, authority and financial resources to perform its duties effectively in early detection of lead hazards. Some specific recommendations to improve the authority of the Housing Inspection Program to correct landlord code violations:

    a. Extend authority to contract without bids and to use a volunteer youth corps-Pride type organizations.

    b. Request from the D.C. Manpower Commission a shorter time allowance for the removal of the lead hazard by treating it as a health emergency.

    c. Require the Board of Hearing & Review to give priority to lead hazard cases.

    d. Spread the landlord's tax liability when repairs are required for lead decontamination over a longer period than two years.

    e. Explore tax incentives for landlords who abate problems.

2. We recommend improvement in the routine inspection of housing by including the lead hazard problem into the regular inspection program and that inspection of the whole building be required for multiple dwellings when lead contamination has been found in one of the units.

3. We recommend closer coordination between screening and treatment of DHR and housing inspections.

4. We recommend that RLA and National Capital Housing should be required to include removal of lead hazards in their maintenance programs and to maintain rental units at levels required of private landlords.

5. We recommend that inspection and removal of lead hazards be a condition for licensing of all day care facilities.

6. We recommend families in houses with lead hazards be given priority on the waiting list for public housing.

7. We recommend an ombudsman under private agency auspices to assist families faced with the problems arising from lead hazards.

8. We recommend a continuing steering committee to explore questions not resolved in this meeting and that may arise in the future.

9. We deplore retaliatory eviction and suggest adoption of a law by Congress making it illegal to evict or cause to be evicted occupants with children for the purpose of avoiding corrective maintenance ordered by the Department of Economic Development Division.

10. A housing unit should be inspected prior to each new period of occupancy.

WORKSHOP RECOMMENDATIONS

PARENT-CHILD RELATIONS AND COMMUNITY EDUCATION

Introduction: Any and all action taken should

A. Emphasize to the public that lead poisoning is a preventable disease and housing which contains lead based paint must be decontaminated.

B. Be a continuation and expansion of the present programs and new strategies for lead elimination should be developed concurrently.

Recommendations

1. An ongoing committee should be established by December 1st and should contain representatives from the agencies that sponsored the Conference along with representatives from agencies participating in the Conference, mothers of children with lead poisoning and concerned individuals knowledgeable of the District of Columbia's inner city problems. The Committee should address the following issues:

    a. Level of service needed to effectively screen and treat lead poisoning

    b. Community education for prevention

    c. How to coordinate the present level of service currently provided by programs and effective usage of funds for lead control.

2. To develop our concern for a dynamic program and to utilize the general sense of urgency, there should be created a Mayor's Task Force for Elimination of Lead Poison by 1975. This group should be responsible for concerted action and be headed by a responsible official. The Task Force should be interdepartmental, drawing from the Departments of Human Resources, Economic Development, Housing, Environmental Services, Public Safety, etc., private groups and federal agencies.

3. More extensive and creative use of the media should be developed by using a more systematic approach. Steps must be taken to

    a. Identify the specific educational outcomes - the skills or knowledge needed by the population to prevent and reduce the incidence of lead poisoning.

    b. Design the appropriate materials to reach the different segments of the population through the usage of the different forms of the media.

    c. Develop an approach to continuously evaluate the effectiveness of the media campaign and to develop new approaches as problems arise.

Efforts should be made to utilize to the fullest extent the available support from the Washington Area Advertising Council and the Washington Area Broadcaster's Association.

The prime time for television viewing for the different segments of the population should be identified so that the appropriate message may be presented.

Indirect education through soap operas, spot announcements by celebrities, street theater, puppet shows, newspapers, periodicals, neighborhood peer group meetings and all other possible channels of communication should be used to dissiminate lead poisoning prevention information.

4. A broader education thrust of the facts about lead poisoning - sources of lead contamination, screening procedure, treatment, identification of facilities for screening and treatment, housing code regulations and temporary and permanent procedures for deleading housing - must be made available to all sections of the community. Such groups as physicians in private practice, lawyers, teachers, landlords, nutritionists, health-care workers and social workers should become informed about and sensitive to the facts of lead poison. Information should include lead poison facts to new mothers in pre-natal and post-natal situations. Pamphlets and flyers could be distributed in grocery stores, laundromats, welfare checks, utility bills, through churches and many other ways.

   The education materials and approaches must be multilingual and in the vernacular of the groups to be addressed. School curricula from preschool to the university setting should reflect the dangers of lead poisoning.

5. A 24 hour hot line to respond to questions regarding lead poisoning should be developed.

6. Speaker's Bureau for professional, Civic and social organizational meetings.

7. A more coordinated relationship between the health providers in screening and treatment is necessary to provide more effective and responsive health care for lead poisoning victims. Consideration should be given to the need for night and weekend screening programs and a central lab which would provide test results quickly and efficiently.

8. Industry such as the paint manufacturers and retailer lead industries, the gasoline companies and others should take a more active role in community education and other services needed to prevent lead poisoning.

9. A one day institute on educational technology for the members of the permanent committee to discuss the use of educational technology and its value in eliminating lead poisoning should be set up.

10. There must be provision for emergency housing for lead poison victims.

11. There should be an ongoing effort to strengthen parent-child relationships in the District of Columbia. More parent-child multi-purpose centers are needed in all neighborhoods. Existing day care centers need more support. Child care aides for community outreach programs for increased services in follow-up clinics and individualized programs should be funded.

12. Funding is needed so that teams or pairs of visiting nurses (or public health nurses) and social workers may visit families more often and on a more individualized basis. Federal funding may be needed for abatement as well as for screening.