

COMMENTARY

The Epidemic That Isn't

By Jeffrey L. Zelms

The latest round of publicity from the U.S. Environmental Protection Agency on lead in drinking water and the front-page attention given to it by the media show how popular — and at the same time how inaccurate — it has become to promote lead poisoning as an epidemic of major proportions.

One-sided reports appearing across the country have created fear in millions of people, fears that are largely unnecessary. These reports are based largely on careless reading or misinterpretation of new guidelines on lead published by the Centers for Disease Control.

The CDC's new guidelines establish a multitier system of assessing lead-exposure risks. The overall goal is to reduce children's blood-lead levels below 10 micrograms of lead per deciliter of blood (ug/dl). Most children's blood-lead levels are there already — the national average for U.S. children is 4 to 6 ug/dl, according to EPA, well below the 10-ug level and trending downward.

The EPA calls lead-exposure reduction an environmental success story. Yet, somehow, this 10-ug goal has been misinterpreted as the crossover point to lead poisoning. This simply isn't true. As a CDC official said at a lead industry health conference on Oct. 2, "We never intended for the 10 level to be considered 'lead poisoned'."

At levels above 10, the CDC recommends increased education and better efforts to monitor the child's environment, nutrition and hygiene. Only at levels above 20 is medical evaluation recommended, and medical treatment ordinarily administered only when a child is above 45.

By overlooking these critical facts, recent news stories have blurred the distinction between the relatively few cases of children with very high blood-lead levels — and in need of medical treatment for lead poisoning — and other children who may have blood-lead readings a few points above 10, but who would not be routinely even referred to a doctor under the CDC guidelines.

This confusion has resulted in lines in news stories like "it's an epidemic" and "we're going to poison every generation

CDC's previous standard, which used a single number — 25 ug/dl — as the dividing line.

By ignoring the complexity of the new system, some observers have simplistically recalculated the numbers of children above 10 and, comparing this number to those measuring above 25, declared an "epidemic" of lead poisoning. This sort of inaccuracy serves no good purpose. The worst of it is that those children who do have truly high blood-lead levels will now be lost in a sea filled with other children who do not really have a lead problem and do not need medical attention.

Preventive measures — not hysteria — should be the rallying cry of those interested in the real lead problem. Neighborhood blood survey programs are a must; so are yearly medical checkups for children. A few, simple steps can do much to lessen the risk of lead poisoning: damp-mopping floors, wiping windowsills, washing hands and faces before eating, keeping objects out of children's mouths and good supervision, for starters. Most parents had much more lead in their systems as children than their children have.

To concentrate expensive government and private actions on across-the-board "clean-ups" rather than on nutrition and other proven pro-child development programs is the real waste. Government must not mismanage the lead issue and allow it to become another health scare we all regret. Alar, dioxin and asbestos are sad reminders of that.

Jeffrey L. Zelms is president and CEO of the Doe Run Co., St. Louis County, and chairman of the Lead Industries Association.



until we've gotten the lead out of all the homes," which suggests that any lead in the blood is tantamount to lead poisoning. This is not the truth.

Many responsible scientists have criticized the CDC's guidelines as being too conservative, and based on studies that overstate the risks. This scientific controversy deserves to be resolved, but in the meantime, the CDC has clearly opted for a course of extreme caution.

The new multitier approach, with a 10 goal and different actions to be taken at 15, 20, 45, and 70 ug/dl levels, replaced