



MOUNT SINAI
SCHOOL OF
MEDICINE

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September 30, 2008

The Honorable David A. Paterson
Governor
State of New York
The Executive Chamber
New York State Capitol
Albany, NY 12224

Dear Governor Paterson:

We write to you as members of the New York State Advisory Council on Lead Poisoning Prevention, and as pediatricians who have devoted many decades of our lives to combating childhood lead poisoning, to urge you to sign into law A.6399-C/S.6350-B, the Childhood Lead Poisoning and Safe Housing Act. This Act has recently passed both the Assembly and the Senate.

Your signing into law of the Childhood Lead Poisoning and Safe Housing Act will be an extraordinary act of leadership. As you already know, this action will end a terrible social and medical injustice that for far too long has fallen disproportionately upon the poorest children of New York State.

Although much progress has been made against lead poisoning in New York and across the United States, lead poisoning is still epidemic in New York's children. In 2005, the most recent year for which full data are available, a total of 2,283 children in New York State (exclusive of New York City) were newly identified with blood lead levels of 10 micrograms /deciliter or above, corresponding to an incidence rate of 11.8 per 1,000 children tested for blood lead in that year (data from New York State Department of Health).

Almost all childhood lead poisoning results from ingestion by toddlers of lead paint chips or lead-contaminated dust derived from lead-based paint in older, often poorly maintained housing. Lead poisoning occurs most frequently among poor children and children of color living in inner-city communities.

Lead, even at blood levels as low as 10 micrograms, causes damage to the developing brains of infants and young children. The results of this childhood brain damage are loss of intelligence (IQ), disruption of behavior, and shortening of attention span. These effects are permanent. They are not treatable by any form of medication or by any other treatment currently available. The long-term consequences of early brain injury caused by lead are dyslexia, increased school drop-out rates, increased risk of criminal behavior and increased rates of incarceration.

We have estimated that the costs to New York State of the medical treatment, the special education, the incarceration and the lifelong decreases in economic productivity that occur in children with lead poisoning exceed \$2 billion each year. Some of these costs fall on the Medicaid budget, some on the Education budget, some of the budget for the Department of Corrections, and some – in the form of decreased tax revenues from damaged members of our society – on the general budget of our State.

The Childhood Lead Poisoning and Safe Housing Act would fundamentally change the way in which the State of New York deals with childhood lead poisoning.

Current public health law in New York is focused primarily on identifying cases of lead poisoning that have already occurred and on attending to the needs of children who have already become lead poisoned. This outmoded approach allows poor children who live in deteriorated inner-city housing to serve as “canaries”. When one of these children develops lead poisoning, the home in which the child lives is deemed to be contaminated with lead, and action is taken. This approach is wrong. It is after the fact. It is socially unjust. It perpetuates long-standing disparities in health, in educational attainment and in economic success that have persisted for far too long across racial, ethnic and economic sectors within our society

By contrast, the Childhood Lead Poisoning and Safe Housing Act would shift the State to a pro-active focus on preventing lead poisoning at its source. The Childhood Lead Poisoning and Safe Housing Act would establish a series of lead paint poisoning prevention measures, including an annual, maximum tax credit worth \$1,500 per property owner and \$5,000 per taxpayer for lead reduction remedial efforts, a screening process for children and pregnant women who are at the most risk, and the creation of guidelines by the Health Department to effectively inspect for lead poisoning conditions.

We understand that some members of the State Department of Health maybe concerned that the legislation will increase the workload of local health departments. We understand that there are technical concerns about providing tax credits to make the environment of children "lead-safe" before they are poisoned. We understand that our State is facing challenging financial burdens, especially in the aftermath of the recent shocks to the financial markets.

Those challenges notwithstanding, there are fundamental issues of disease prevention and social justice here. Simply put, do we allow children, especially poor children and children of color to continue disproportionately to be lead poisoned, to continue to serve as "canaries, to continue to be brain damaged and then to become burdens upon our society, or do we take intelligent action to prevent lead poisoning before it happens? Is the investment worth the cost? This is the question.

Sincerely,



David N. Broadbent, MD, MPH, FACPM, FAAP



Philip J. Landrigan, MD, MSc, FAAP

cc: Jonathan Cohen, MD, Special Advisor to Governor David A. Paterson
Members, the Governor's Advisory Council on Childhood Lead Poisoning
Assemblyman David Gantt
Senator Joseph Robach
Richard Daines, MD