



*Getting to the
Root of the
Problem*

Hunger Action Network OF NEW YORK STATE

October 8, 2009

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Dear Ms. Clemons:

We urge that the Governor approve the Gantt-Robach (A.6399-C/S.6350-B) *Childhood Lead Poisoning Primary Prevention and Safe Housing Act*. This legislation will move the state to preventing, not responding to, lead poisoning.

Hunger Action Network represents many poor children. As many as half of the 2 million people our state's network of emergency food programs feed each year are children. Due to the incredibly low-level of the welfare grant, many welfare participants – along with other poor households – are forced to live in substandard housing. For example, in Monroe County a family of three with children heating with gas has a shelter allowance of \$397 per month, while the HUD 2008 Fair Market Rent for a two-bedroom apartment is \$773. In fact, local advocates in Rochester have pushed the county to raise the shelter grant. By enabling poor families to move out of substandard housing, medical costs related to treating lead poisoning among children will reduce and tax dollars will be saved.

This long overdue legislation is critical to correcting a matter of gross environmental, racial and economic injustice, namely that the state's minority and low-income children remain at far greater risk of lead poisoning than non-minority children in non-poverty areas. Additionally, we want to emphasize that the legislation is structured to assure that no unnecessary or uncontrollable costs are incurred. In fact, signing this legislation will trigger New York State's eligibility for several million dollars in HUD funding from which it has previously been excluded.

Each year some 5,000 children are newly identified as lead poisoned in New York State, about half outside of New York City. Experts believe many more children are poisoned each year but go undetected since not all eligible children are screened for lead as required under law. Current law requires local health departments to look for the source of lead only *after a child has been identified as lead poisoned through a blood test*.

This bill will help address racial and income disparities with respect to children harmed by lead poisoning. Department of Health data confirm that although lead poisoning at the statewide level has dropped considerably over the last decade, lead poisoning persists at very high rates in a small number of neighborhoods ("high risk areas" or "hot spots"). Based on the 2001 Department of Health data, one of every three African-

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American children under age five living outside of NYC lived in one of the 36 (out of over 1600) zip codes identified by the state as a “high risk” zip code. Based on the 2001 data, an African American or Latino child under age 5 was up to nine times more likely to be exposed to lead-paint hazards than a non-minority child. More recent data just made available by DOH shows that the concentration of lead poisoning cases in a small number of geographic areas is a persistent pattern. In 2005, nearly 40% of the new incidences of lead poisoning outside of New York City came from only 22 zip codes.

Part of the lack of progress has been due to the fact that inspections for lead hazards in buildings have largely been viewed by health officials as a “housing” matter and by building inspectors as a “health” matter. In the absence of legislation like A.6399, which requires health and building officials to work together to develop “primary prevention” plans in areas of persistent lead poisoning, the lack of a clear responsibility and enforcement authority has kept us from adequately protecting children. As a result, since the early 1990s more than 200,000 children have been clinically identified as having been poisoned and permanently injured by lead, and tens of thousands more children have undoubtedly been poisoned but not been identified.

Indeed in the City of Buffalo where, after New York City, the highest number of the state’s children poisoned by lead reside, and where more than 90% of the African American children lived in high-risk zip codes in 2001, there were no lead-hazard inspections available to concerned parents until a child had already been poisoned and irreversibly damaged by lead. Only after such a poisoning would the local county health department conduct an environmental assessment including a housing inspection. In fact, such an inspection would not even occur under the current Public Health Law unless the elevated blood lead level was twice the 10µg/dl level established by the Centers for Disease Control.

In 2005, there were 266 children poisoned by lead in only six of the city’s zip codes. This legislation is structured to dramatically change that result by authorizing inspection in these high-risk areas without a child first having to be found to have an elevated blood lead level. Additionally, the legislation would finally lower the intervention level to that recommended by the CDC.

This legislation will require the state to develop childhood lead poisoning prevention plans for the top 30 “hot spots” for lead, identify the sources of lead in these communities and require elimination of lead hazards before children are poisoned. The bill would also improve children’s lead screening and reporting and provide modest tax credits to assist low income property owners in capital improvements to eliminate lead hazards. And most important during a time of budget strains, this legislation **will not add financial burdens to local governments**, while enabling the state to access federal HUD grants for the first time to offset costs of implementation while also reducing health care, special education, juvenile and criminal justice costs.

Since New York began regularly testing young children in the early 1990s, more than 200,000 children have been identified as being lead poisoned. The vast majority of the children who have been poisoned outside of New York City live in “pockets” of lead poisoning located in just a few cities (Buffalo, Rochester, Albany, Amsterdam, Schenectady, Newburgh, Yonkers, Syracuse, and Utica). Overwhelmingly these children are poor and African American or Latino.

The Childhood Lead Poisoning Primary Prevention and Safe Housing Act targets the solution to the problem by using the Department of Health’s data mapping capabilities and builds upon current pilot programs. When fully implemented, this legislation will prevent tens of thousands of New York’s most vulnerable children from the life-long damage caused by lead poisoning.

We don't need to inspect all seven million housing units in New York State. We know where the problems are; we know how to effectively identify lead hazards; and we now know how to control those hazards with cost effective measures. But we must act decisively and we must act now to preserve our State’s most precious, yet vulnerable, assets — the children of New York State.

This legislation is crafted to assure that the state is not providing a blank check to solve the problem. This legislation accommodates the state's cost concerns by specifically including language:

- 1) Assuring that New York State will not be subject to any new responsibilities for which funds have not been appropriated,
- 2) Protecting local municipalities and counties from unfunded mandates,
- 3) Placing a realistic cap on the tax credits available to owners of buildings for making their properties lead safe.

Moreover, as noted above, this legislation includes provisions that will authorize New York State to apply for \$6 to \$7 Million in federal HUD lead hazard control funding that NYS has been unable to compete for since 1998 due to lack of sufficient authorization.⁵

We urge the Governor to sign Gantt-Robach (A.6399-C/S.6350-B) – *the Childhood Lead Poisoning Primary Prevention and Safe Housing Act* – into law.

Sincerely,

Mark A. Dunlea
Executive Director