**TESTIMONY FOR THE HEARING RECORD**

**Council of the District of Columbia**
**Committee on Public Works and the Environment**

**Bill 17-0936**
**Lead Hazard Prevention and Elimination Act of 2008**

**October 1, 2008**

**Presented by:**
Muriel D. Wolf, MD – Senior Pediatrician, Child Health Center and Attending in Pediatrics and Pediatric Cardiology, Children's National Medical Center
Associate Professor of Pediatrics, George Washington University School of Medicine

I am Muriel D. Wolf, MD, Attending in Pediatrics and Pediatric Cardiology, senior pediatrician in the Child Health Center at Children's National Medical Center, and Associate Professor of Pediatrics at George Washington University School of Medicine. I have cared for lead poisoned children in the District of Columbia for over 30 years. I have worked with the Lead Poisoning Prevention Division of the Health Department to help identify the sources of lead that are poisoning our children.

As an advocate for children, we were successful in advising the mayor to select a strong coordinator to oversee all of the District agencies that deal with lead poisoning. The number and severity of children with lead poisoning in D.C. may have decreased over the last 30 years, but still even in 2007, over 700 children under age 6 were documented with elevated lead levels, and it is these children that alert the city to discover the source of the lead poisoning. Since only 1/3 of the children under age 6 were tested in 2007, there could be another 1500 children with elevated blood lead levels, children who will suffer the effects of lead poisoning. It is time for us to stop placing children in environments where lead is prevalent—the potential lead hazards must be identified before our children are poisoned.

Lead in dust and peeling paint from older houses and community buildings and lead acquired from dirt outside these buildings are the major sources of lead poisoning for our children. Lead exposure and the absorption of lead can cause neurological damage with symptoms from developmental delay to ADHD to encephalopathy with seizures and death. Lead poisoning can cause renal disease and hypertension; it can cause severe anemia and growth delay.

In 1970, 70 mcg/dl was considered a toxic level for blood lead. By 1978, with more research and clinical information available, 40 mcg was considered a toxic blood lead level by the CDC, and by 1991, the CDC lowered the toxic blood lead level to 10 mcg/dl. Now, within the past year, the CDC has acknowledged, because of research and clinical information obtained in the United States, Europe, and in Australia, that even blood lead levels below 10 mcg /dl can cause cognitive and developmental delay.

Among those published studies is the work of Richard Canfield and associates who published their work in the New England Journal of Medicine. They showed that a change from 1 to 10 mcg/dl can lower the IQ level 7.4 points in a 3 or 5 year old. They also reported that each increase of 10 mcg /dl of blood lead was associated with a fall in IQ of 4.6 points.

We need to find the lead hazards before our children are poisoned and before their development and cognitive abilities are affected—before they develop learning disabilities, speech disorders, renal

disease or attention deficit hyperactivity disorders (ADHD). No longer should the children be placed in environments where a lead hazard is likely.

Thank you, Councilmember Graham, for letting me speak on behalf of our children.