



**Testimony of  
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**Bill 18-0064  
Lead Hazard Prevention and Elimination Amendment Act of 2009  
Committee on Government Operations and the Environment  
Council of the District of Columbia**

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Children's National Medical Center, a 283 bed not-for-profit academic medical center located at 111 Michigan Avenue, NW, has provided hope to sick children and their families throughout the Washington metropolitan region for more than 135 years. With Children's Hospital, seven primary care facilities, one outpatient center, two facilities providing specialty care services, and two pediatric practices located in the District of Columbia, Children's National is proud to provide convenient, high quality pediatric primary and specialty care to the District's children and families.

The Mid-Atlantic Center for Children's Health and the Environment, which serves the District of Columbia and the five states in the Mid-Atlantic region, is one of ten Pediatric Environmental Health Specialty Units in the US and is based at Children's National Medical Center. The Center has two goals: 1) the education of health professionals and others about the scientific and medical aspects of environmental health problems affecting children, and 2) providing advice to physicians, nurses, public health officials, parents, school professionals and others about children who have been, or may have been, exposed to environmental health hazards.

**Lead**

Lead is an important environmental health hazard that can adversely affect children. Primary prevention of lead poisoning; that is, the prevention of exposure, rather than identifying children after exposure; is the only way to conquer the lead poisoning problem. This means that dwellings must be screened at the time of turnover and individual residents need the capability to have their residence screened if they moved in prior to the effective date of the current legislation. If we find children who have already been exposed, which is what screening children does, then we are using children to identify substandard housing. This is immoral and unethical. Substandard housing needs to be identified and rendered lead safe, before rather than after children are exposed.

It is important to recognize that lead is toxic to individuals of all ages; however, lead is more toxic to children than to adults. Lead that moves from the mother into the fetus can

interfere with normal development. Also, the brain has not “finished” its development at the time of birth. In fact, brain development continues rapidly during the first three to four years of life and more slowly for a decade or longer. It is for this reason that the ingestion of lead during this time has such a great potential to do serious and permanent damage to the central nervous system. The manifestations of the toxicity vary with the age of the individual at the time of exposure, the amount of lead that one is exposed to and the length of time that the exposure continues.

In addition, because lead is chemically similar to the ubiquitous and extremely important chemical calcium, it replaces calcium in various bodily processes. Lead then exerts its toxic effects by inactivating crucial enzymes and halting biochemical pathways essential to normal functioning. The enzymes most sensitive to the effects of lead are in the organ system where we most commonly see symptoms of lead poisoning: the brain. Other organ systems are also at risk from lead toxicity due to enzyme inhibition and impaired iron uptake and processing. These systems include the kidneys, the auditory system, the reproductive system, and red blood cell production. Childhood lead poisoning is also associated with adult disease – high blood pressure, myocardial infarctions, and strokes.

### **Impacts from Lead-based paints**

While lead-based paint may be present in any dwelling built before 1978 and is highly likely to be present in dwellings built before 1951, it is deteriorating lead-based paint that presents the greatest hazard to children. Economically-disadvantaged families are more likely to live in older buildings with deteriorated paint, and thus have children who are more likely to have elevated blood lead levels. However, screening dwellings at the time of turn-over, at the time of sale or rental, and making that dwelling lead-safe before a child moves in is a relatively easy, quick and inexpensive process. Once done, the improvements may last many years and through many tenants in the case of rental housing.

Opponents of this legislation will assert that legislation requiring screening a dwelling and making it lead-safe will bring economic ruination to landlords in the District, severely limit affordable housing, and make it nearly impossible for families with children to obtain housing. All of these claims have been made in other cities where primary prevention systems have been implemented and none of these doomsday scenarios have come to pass. In spite of the fact that dozens of cities have passed primary prevention laws over the last several decades, not a single study has documented that lead laws were responsible for abandonment or decreased housing affordability or that landlords refuse to rent to families with children. When the US Department of Housing and Urban Development (HUD) required Section 8 housing providers to make their offerings lead safe, some argued that those owners would leave the program if they were forced to comply with the new regulations (Section 8 owners pay the cost of lead hazard control, not HUD). However, that program not only continues but has grown. Lead hazard control does cost money, just like any other kind of property maintenance. But it is a tiny fraction of an owner's operating costs and the benefits are enormous. The fact is that housing affordability, abandonment and property maintenance are driven by larger economic forces, not lead laws.

The City Council must also recognize that if primary prevention programs for lead poisoning are not implemented now, the City will be saddled with significant costs going forward. Either the limited expenses associated with inspecting and making a dwelling lead-safe can be paid now, or the City can absorb higher costs for educating children with learning disabilities, attention deficit disorder and behavior problems. Either the limited expenses associated with inspecting and making a dwelling lead-safe can be paid now, or the City can make do with a decreased tax-base because its citizens could not get the higher paying jobs because they had learning disabilities, attention deficit disorder and behavior problems. Either the limited expenses associated with inspecting and making a dwelling lead-safe can be paid now, or the City can spend more on police and incarceration because children exposed to lead are more likely to exhibit criminal behavior as young adults.

The proposal that you have before you is reasonable and prudent. It is good for children, it is good for landlords and home owners, and it is good for the District of Columbia. The proposal that you have before you deserves your support.

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