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To: Joint New York State Senate Standing Committee on Health and the New York State Senate Standing Committee on Housing, Construction and Community Development

Senator Brian Kavanagh, 26th Senate District

Chair, Senate Committee on Housing, Construction, and Community Development

Senator Gustavo Rivera, 33rd Senate District

Chair, Senate Committee on Health

Re: PUBLIC HEARING Childhood Lead Poisoning Prevention in New York State

Tuesday, November 30, 2021 at 10:00 AM

Legislative Office Building, 2nd Floor, Van Buren Hearing Room A, Albany, NY

Letter submitted by : Dr. Morri Markowitz, MD, Director of the Lead Poisoning Prevention and Treatment Program, Montefiore Medical Center, Bronx, NY,

and,

Director, New York State Department of Health's Downstate Regional Lead Resource Center

As a physician I have provided care for lead poisoned children and pregnant women for over 40 years. Clinical management is provided at our Lead Clinic at the Children's Hospital at Montefiore. In our NYS-DOH sponsored role as the Downstate Regional Lead Resource Center, one of three that cover the State, we support the ongoing efforts of local Departments of Health in their efforts at primary lead poisoning prevention and in the care of lead poisoned children and pregnant women. We are a main resource of knowledge, expertise and experience for this highly toxic metal.

In our clinic, the most common source of exposure that resulted in lead poisoning was from lead containing paint. The extensive use of this type of decorative paint during the mid-twentieth century in NYS has resulted, even now, in hundreds of thousands of children being at risk of ingesting lead paint or the dust derived from that paint.

New York City and Rochester have been in the forefront of local efforts to control this source of exposure by passing laws aimed at primary prevention, meaning, avoiding lead poisoning from occurring, by mandating landlord requirements to provide lead safe housing. NYC laws require the removal of lead based paint from all friction surfaces in apartments on turnover. However, as we learned in NYC, having laws on the books is only a first step. The executive branch must enforce those laws. When that happens then exposure is reduced and poisoning is avoided. But it begins with the law.

To my knowledge, NYS lacks the overarching laws that would be protective against lead exposure. To the contrary, the insurance industry was given a bye in writing policies that landlords could purchase in regards to lead paint risks. That reduced the availability of resources to provide care for lead paint damaged children.

Even where local laws exist they remain focused primarily on lead paint exposure in homes or preschools. Why are schools exempt? Lead poisoning occurs whenever a source is available and a child eats it. In recent years, news reports identified peeling leaded paint in NYC public schools in classrooms where young children sit for 6 hours a day 5 days a week, 40 weeks a year, year after year. Apparently, each Department of Education sets its own standards for inspection and remediation efforts of its buildings. Only lead testing of water in the NYS public schools has been mandated by the state; and even that only began systematically in recent years. While no source of lead should be available for ingestion by a child, or anyone else, there is a hierarchy of risk from sources of exposure and the development of lead poisoning. In our Lead Clinic, water is almost **never** the source of the elevated blood lead levels that ends up causing a referral to our Clinic. Over 70% of the time it is from lead paint, usually found in the primary residence. However, the presence of lead in a child's environment provides the potential for lead poisoning. It must be coupled with ingestion. That means that children who touch objects like floors, desktops, windowsills, pens, toys, etc., in rooms with lead paint derived dust, who then put their fingers in or by their mouths, may be ingesting lead repeatedly day after day, year after year. Are they poisoned? **We don't know**. Even when a school finds peeling lead paint in the kindergarteners' rooms there is no effort to test the kids to see if they've ingested sufficient lead to be detectable in their blood. They are not under any obligations to do so. For the school administrators, ignorance appears to be preferable than the potential liability of having been found to provide unsafe schools.

Just as the NYS mandates the rules pertaining to water lead testing, it should do so for lead paint hazard assessments. When found, **and it will be found given the age of many school buildings statewide**, the schools should be required to assist in the assessment of whether these exposures resulted in harm.

In fact, NYS requires that all kids have blood lead tests performed at ages one and two years. Why? Because at those ages most children have persistent non-nutritive hand-to-mouth activity. The State also requires that screening via questionnaire be performed at other times. When a question is answered affirmatively, e.g., the child lives in an old house with peeling paint, then blood lead testing should be performed. When a school finds peeling lead containing paint that's the equivalent of answering 'yes' to a key question on the screening questionnaire. Blood lead testing should follow. Non-nutritive hand-to-mouth activity doesn't end at age 3, it persists but in a smaller portion of the population. Think: nail biting and finger-sucking, chewing on pencils.

Finally, on this issue, there is no logical reason that such requirements be limited to public schools. All schools should be providing safe environments for their students and staff.

Thank you for your attention to this largely ignored but potentially impactful source of lead exposure in our schools.