

# The Politics of Poison

**Why One Out of Three Bedford-Stuyvesant Children are Growing Up in Housing that Impairs Their Cognitive Development**

**A PARTICIPATORY RESEARCH PROJECT FINDS THAT  
37% OF BEDFORD-STUYVESANT BUILDINGS TESTED HAVE  
HAZARDOUS LEAD LEVELS**



**By Amy Laura Cahn and Gabriel Thompson**



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Housing that Impairs Their Cognitive Development

By Amy Laura Cahn and Gabriel Thompson  
All photographs by Peiheng Tsai

Pratt Area Community Council  
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Established 1964 by a group of neighbors united by collective concerns about their community, the **Pratt Area Community Council (PACC)** is today a thriving multi-tiered not-for-profit organization that maintains a fundamental commitment to community organizing. PACC joins with residents of Bedford-Stuyvesant, Clinton Hill and Fort Greene and develops local leaders to maintain neighborhood diversity and stability while battling rampant displacement. To safeguard the integrity of these communities PACC prevents unwarranted evictions and foreclosures, improves distressed properties, preserves and develops affordable housing and creates opportunities for homeownership and economic advancement.

The **Benjamin Banneker Academy** in Clinton Hill, Brooklyn is a secondary school that emphasizes community development and activism. Named for an African-American who was one of the nation's greatest designers/engineers, the school draws upon community resources to equip students with the tools and resources usually available only to designers, urban planners and engineers. Using these tools, students engage in an ongoing inquiry-based, problem-solving process, acquiring the knowledge and skills best adapted to a multicultural, scientific, and technological environment. Banneker students develop into socially responsible, lifelong learners, prepared for the world of work and higher education and committed to community development.

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## EXECUTIVE SUMMARY

Cheri and David Lewis-Fontanez moved into their Brooklyn apartment on Myrtle Avenue five years ago. In the spring of 2003 their home was tested for lead dust in a participatory research project spearheaded by Pratt Area Community Council (PACC). With a fourteen month-old son, these parents were concerned, and the test results significantly increased their anxiety: the level of lead in their apartment was found to be more than 28 times the amount designated as the Environmental Protection Agency (EPA) safety threshold. (See Appendix A for lab results.)

Cheri and her family are feeling the effects of a failed policy, but they are by no means alone. Their son David, in fact, precisely fits the profile of lead-poisoned children in New York City, 94% of whom are children of color<sup>1</sup> – predominantly African American, Latino and Asian. Fully 43% of these children live in Brooklyn – the majority in the "lead-belt" neighborhoods of Bushwick, Bedford-Stuyvesant and Fort Greene.<sup>2</sup>

The Lewis-Fontanez residence was one of 59 central Brooklyn homes in 35 separate buildings tested, over a three-month period. This unique grassroots project teamed neighborhood residents and high school students and armed them with EPA-certified lead-sampling training (the map on page 4 depicts the 12 square-block Bedford-Stuyvesant area where most of the study was conducted).

These results should be cause for immediate government action:

- ◆ *over one-third* – 13 out of 35 – of the buildings tested were found to have one or more apartments with hazardous amounts of lead
- ◆ *32%* – 19 out of 59 – of the individual apartments tested had dangerous amounts of lead, many with levels well in excess of EPA safety thresholds. Of the 19 unsafe apartments nine had lead levels over 5 times the Federal threshold, six over 12 times the threshold, three more than 28 times, two greater than 50 times, and one apartment had a lead level *100 times the Federal safety threshold*
- ◆ *89%* of the hazardous apartments house children under six all, or part of, the time

The PACC/Banneker study coincides with an article in the April 2003 *New England Journal of Medicine* that delineates the devastating effects of even microscopic amounts of lead on children's intellectual development. Our study shows that at least one-third of the children in one concentrated area of Bedford-Stuyvesant are growing up in housing that represents a severe threat to their cognitive development – a circumstance that in all likelihood is replicated in other "lead belt" dwellings of the same stock, age and condition in poor areas of Brooklyn and throughout the city.

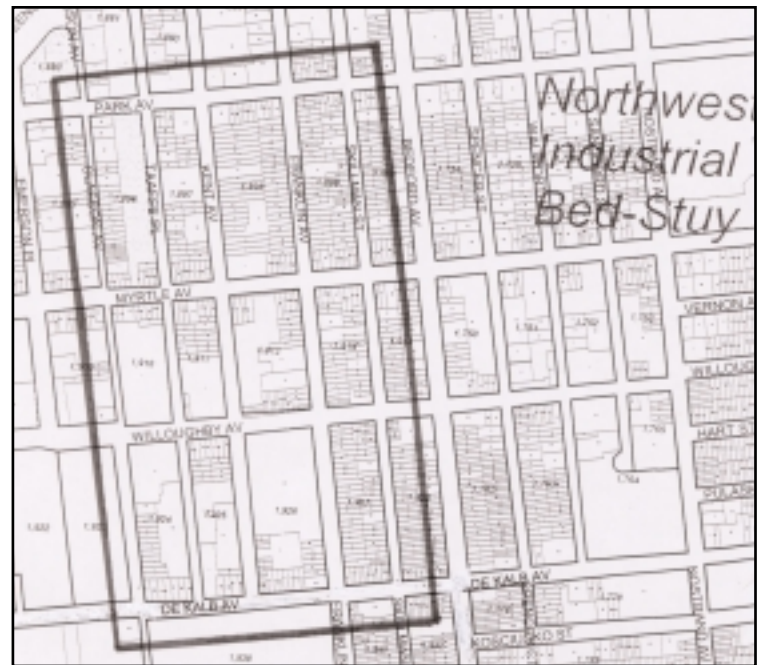


**Cheri Lewis-Fontanez and 14 month-old son David**

When I found out about the lead in my apartment I was concerned, but it wasn't until I received the lab printout that I realized that the conditions in my apartment must be addressed because of my son. They told me that a windowsill can't have more than  $250\mu\text{g}/\text{ft}^2$  of lead, so when the results were more than  $7,000\mu\text{g}/\text{ft}^2$  on my windowsill, I knew it was an excessive amount! It was surprising to find out how much lead was here, and how long it has been here. My son is 14 months old. As a Brooklyn mother in a middle-class home with serious amounts of lead, I am urging our City to address this issue, along with the fact that few to none of the landlords are taking care of the situation. Something must be done quickly!

## EXECUTIVE SUMMARY

MAP OF PROJECT AREA



The groundbreaking study published in April's *New England Journal of Medicine* finds that children's intellectual functioning is negatively impacted by blood lead level concentrations even below 10 micrograms per deciliter – the standard used by the Centers for Disease Control and Prevention (CDC).<sup>3</sup> In fact, the study finds that the most substantial I.Q. loss occurs at these lower levels, and that the rate of impairment diminishes as the blood lead level rises.<sup>4</sup>

Imagine, for a moment, an entirely different scenario. Imagine that 94% of the lead-poisoned children in NYC are white and from a high-income neighborhood such as Manhattan's Upper East Side. Imagine that a study discovers more than one-third of these children are living in hazardous housing at the same time that a respected medical journal publishes findings that demonstrate severe damage to children with low blood-lead levels previously believed by many to be safe. What would be the City's response?

The good news is that lead poisoning is preventable. But concerned citizens, parents and community organizations must manufacture the political will needed to protect our children – especially our poor children of color – and demand that the City of New York finally adopt policies that prevent lead poisoning, deriving its policies from the latest findings reported in the nation's most prestigious medical journal.

We strongly urge the City to immediately implement the following three recommendations, to rescue the thousands of predominantly African American, Latino, and Asian children who will be poisoned in the coming year if we maintain our current course.

1. New York City's Department of Health (DOH) must lower its definition of the lead poisoning threshold in accordance with medical research, making site investigation and intensive case management mandatory for every child tested at 5 micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ) and above. Updating the health code is a responsible policy change that, paired with aggressive screening and enforcement, has the potential to protect the health of all NYC children.
2. New York City must partner with community-based organizations to ensure the blood-lead screening of all children under six, particularly screening in vulnerable communities, with specific attention paid to children receiving Medicaid. DOH must also educate all doctors, and require that they post lead-screening information in their waiting rooms.
3. NYC's Department of Housing Preservation and Development (HPD) and DOH must abandon their current reactionary, complaint-driven orientation for a preventive approach targeting high-risk neighborhoods for regular inspection. Given the dramatic findings of both these reports, HPD has an obligation to develop a two-year plan for testing every apartment building in Bedford-Stuyvesant and similar areas. Such preventive measures not only ensure our children's health, but significantly reduce long-range medical, educational and rehabilitative spending.

# WHAT WE SHOULD KNOW ABOUT LEAD POISONING

Many react with disbelief when told that lead poisoning is still a danger. Though more than four decades have passed since New York banned lead paint production throughout the state, thousands of children each year continue to be poisoned by lead paint in New York City buildings.

## ***The Causes, Costs and Consequences of Childhood Lead Poisoning***

While lead can harm people of any age, children under seven are most vulnerable, absorbing four times the amount of lead as adults.<sup>5</sup> For toddlers, frequent hand-to-mouth activity increases the risk. When children ingest peeling paint and lead dust, they become susceptible to kidney damage, impaired hearing, behavioral problems and other irreversible developmental and cognitive harm.

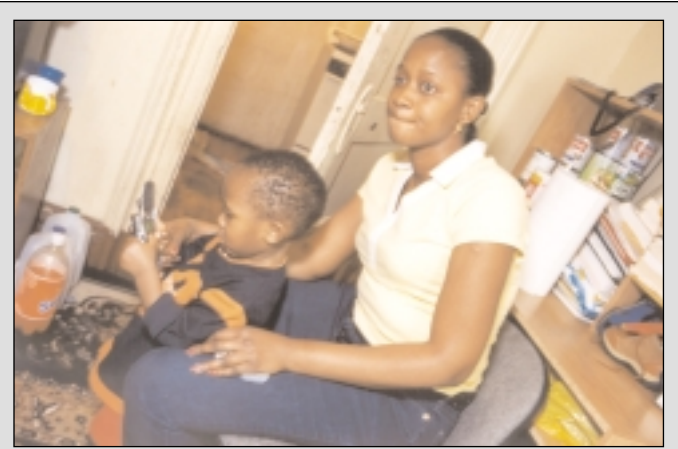
The more we study lead poisoning, the more we realize how little lead exposure it takes to cause irreversible damage. Prior to 1991, for example, the Centers for Disease Control and Prevention (CDC) used 25 micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ) as a touchstone for childhood lead poisoning. That year, however, based on new information, CDC revised its lead poisoning standard to 10  $\mu\text{g}/\text{dL}$ .<sup>6</sup>

Now newer studies demonstrate that children suffer negative consequences *below* the 10  $\mu\text{g}/\text{dL}$  threshold. A 2000 study by Bruce P. Lanphear, MD MPH, et al, cites a negative impact on children's math and reading skills at lead levels below 5.0  $\mu\text{g}/\text{dL}$ ,<sup>7</sup> and such studies are corroborated by evidence released in April of this year which "indicates a loss of 7.4 IQ points for a lifetime average blood-lead concentration of *up* to 10  $\mu\text{g}/\text{dL}$ ."<sup>8</sup>

Lead poisoning has been incontrovertibly linked, in many children, to:

- ◆ a serious decline in IQ<sup>9</sup>
- ◆ a rise in attention deficit disorder<sup>10</sup>
- ◆ the potential for violent behavior and drug addiction<sup>11</sup>

A 1993 study determined that "lead poisoning was the strongest predictor of disciplinary problems in school, which also were the strongest predictors of arrests between the ages of 7 and 22."<sup>12</sup> In fact, considering the cumulative costs of special education and long-term medical care, possible substance-abuse treatment or incarceration and the likely loss of productivity and wages, individuals,



### **Abby Bah and son Omar, 3**

When I first had my son Omar tested for lead he didn't have any. But then I moved to a new apartment, and when I took him back in he had a lead level of 13. This seemed very high—from 0 to 13! So I called the number they gave me for the Department of Health, 212-BAN-LEAD. When I called them and told them that I thought I had lead in my home they told me they couldn't help yet. The woman told me, "His level needs to be higher before we can do anything. Wait a little while and maybe it will go up." But I didn't want it to go up! I wanted someone to come out to test the home. When I told her this, she said that instead I should wash Omar's hands every 15 minutes and boil the water. Then I took him back and his level was 12, and again they said they couldn't do anything. I tried to keep things out of his mouth at home, but you know how babies are—they want to taste everything. I went back and had him tested two more times, but they said he still wasn't high enough. I was thinking to myself, What do I need to do? Feed my son spoonfulls of lead before they can help?!

# INTRODUCTION TO LEAD POISONING IN NEW YORK CITY

communities and the government assume a considerable burden of expense throughout the lifetime of each lead-poisoned individual.<sup>13</sup>

## *Environmental Racism: Who Gets Poisoned?*

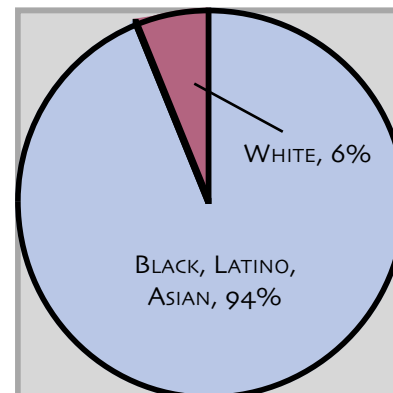
Lead poisoning is an issue that cannot be fully understood without paying particular attention to the racial and economic makeup of the children who undergo cognitive damage, the families that endure long-term emotional and economic distress and the communities that suffer loss of leadership. Without a doubt, in New York and nationally, low income people of color and immigrant populations disproportionately bear this burden.

Based on NYC Department of Health figures (10 µg/dL standard), the New York Public Interest Group (NYPIRG) reports that ***in the year 2000 at least 11,597 children were lead-poisoned in New York City, and from 1995-2000, 94.5% of lead-poisoned children identified in New York were Black, Latino, or Asian.***<sup>14</sup> Two-thirds of these children reside in just 23 of 51 Council districts - 21 of these 23 are represented by a council member of color.<sup>15</sup>

According to the Alliance to End Childhood Lead Poisoning, National Health and Nutrition Examination Survey data reveal that ***children in low-income families (less than 130% of the federal poverty level) are eight times more likely to be lead-poisoned as children in high-income families (above 350% of the poverty level),***<sup>16</sup> and ***nationally, 93% of children with acute lead poisoning receive Medicaid benefits.***<sup>17</sup>

Of New York City's lead-poisoned children, 43% come from Brooklyn alone. Within Brooklyn, the neighborhoods of Bushwick and Bedford-Stuyvesant have the highest concentration, especially along the "lead-belt" that runs from Fort Greene and Williamsburg up through central Brooklyn and into Queens.

ETHNICITY OF LEAD-POISONED CHILDREN BETWEEN 1995-2000 IN NEW YORK CITY



## Eric Howard Benjamin Banneker Student

I am not only a resident of the Bed-Stuy community, but I'm an EPA-certified lead technician. I recently spent six Saturdays of my life learning and testing many unfit houses in Bed-Stuy and Fort Greene. From the samples my fellow colleagues and I tested we found that 33% of the houses we tested were infested with lead. The amount of lead dust acceptable for a floor sample is 40 µg/ft<sup>2</sup>, and in one house we found 4000 µg/ft<sup>2</sup>, which is outrageous. This is especially ridiculous because my own home was found to have dangerous amounts of lead! This whole PACC-Banneker kinship has helped me grow and learn. It opened my eyes to the injustice being done to minorities in my area. Hopefully from our findings this will change. We are going to take this to City Council, to the Mayor, and if we have to, to the President.

## METHODOLOGY OF PARTICIPATORY RESEARCH PROJECT

*The Politics of Poison: Why One Out of Three Bedford-Stuyvesant Children are Growing Up in Housing that Impairs Their Cognitive Development* is based on the results of lead tests in 59 apartments in 35 separate buildings – all but 13 units in a 12 square-block area in northwest Bedford-Stuyvesant that represents 10% of the entire area.

The purpose of the project was to determine the extent of environmental dangers faced by the children of this low-income community of color by testing neighborhood homes for the presence of lead dust, widely acknowledged by medical professionals as the primary vehicle by which children become poisoned.<sup>18</sup>

In January and February of 2003, PACC organizers visited every building within the 12 square-block target area – roughly 200 in all – asking residents if they wished to participate in the study and have their homes tested for lead. If no one was home, organizers left informational literature describing the project. They also leafleted local schools and churches.

There was no specific criterion for the type of building tested; the homes tested varied from small, three-family unregulated apartments to large, rent-stabilized buildings. The building conditions also varied – some were physically distressed, while others were well managed and had no prior history of building violations. All buildings included in the study date back to the turn of the century, making them representative of the central Brooklyn housing stock as a whole and significantly increasing our chances of finding lead hazards.



Dennis Livingston, Director of Community Resources in Baltimore, instructing Benjamin Banneker Academy high school students on what to look for when visually surveying homes for lead hazards

At least one family member had to agree to have the home tested and to allow access on the testing date. A substantial percentage of tenants declined to participate in the project, citing two factors:

- ◆ they had no children of their own under seven and none that regularly visited their apartment;
- ◆ they feared retaliatory measures from the landlord (this worry was understandable, as the neighborhood is adjacent to rapidly-gentrifying Fort Greene, and displacement pressures have been dramatically on the rise).

A third unvoiced but significant factor is that many neighborhood residents are undocumented residents (though most of their children are citizens) and fear anything that could compromise their situations.

In March 2003 ten PACC members and staff and ten Benjamin Banneker students completed an eight-hour course conducted by ATC Associates, Inc, of Manhattan – an Environmental Protection Agency (EPA)-certified corporation that regularly trains individuals in lead-sampling techniques. Project participants were certified as "lead sampling technicians," enabling them to legally perform dust-wipe sam-

## METHODOLOGY OF PARTICIPATORY RESEARCH PROJECT

ples in homes. The trainer, David McAllister, is the former Director of the New York City Department of Health's Lead Poisoning Prevention Program.

Participants also underwent a full day of training provided by Dennis Livingston, Director of the Baltimore-based organization Community Resources and author of *Maintaining a Lead Safe Home*.<sup>19</sup> Participants spent one day in the field with Mr. Livingston, visiting homes and learning how to visually assess hazards and interview parents.

During April and May, certified participants tested the 59 units. Four to six dust wipe samples were taken at each unit. Testers also surveyed families to obtain data on the following categories:

- ◆ family's ethnicity
- ◆ presence in home of children under age six
- ◆ visible housing code violations
- ◆ access to/commonly-used type of health care
- ◆ history of children with known elevated lead levels
- ◆ history of children with asthma/respiratory problems
- ◆ parental awareness of and access to blood lead testing.

Along with recording data in a PACC-generated survey (Appendix B), testers utilized the Lead-Smart Chain of Custody forms provided by the Community Environmental Health Resource Center (CEHRC) of the Alliance to End Childhood Lead Poisoning. These forms are modeled on the standard chain-of-custody for lead sampling, but supplement the basic information to include the above demographic and housing condition data. This will ensure that the data PACC collects will be included in a national database of community lead sampling research.

All collection materials (dust wipes, gloves, tubes, templates) were supplied by Hometest, Inc./METS laboratories, and samples were sent to their laboratories in Maryland for analysis.

Testers used the EPA's guidelines for "criteria for a dangerous home."<sup>20</sup> The EPA guidelines for leaded dust clearance levels by wipe sampling are as follows:

- ◆ Floors : 40 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ )
- ◆ Interior window sills : 250  $\mu\text{g}/\text{ft}^2$
- ◆ Window wells : 400  $\mu\text{g}/\text{ft}^2$

A home that fails any of these dust wipes is considered unsafe.



### Maria Salvatierra with daughter Alejandra, 2

I don't think that it is right that we should have to grow up with poisoned children. When the students tested our apartment they found dangerous levels of lead in the kitchen, in the living room, and in the children's bedroom. Now me and my mother have to make sure that Alejandra doesn't play near the closet, but that is where she always wants to go. We need the City to force our landlord to keep the building in good shape. Now we need it all fixed. Alejandra needs it all fixed.

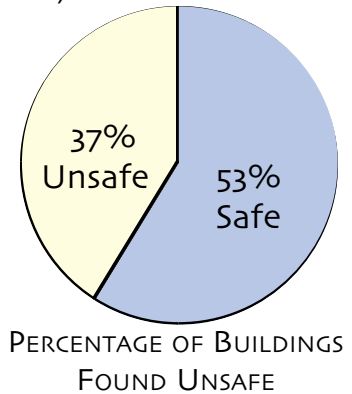
# KEY FINDINGS

## The Presence of Lead

Testers found hazardous amounts of lead in at least one apartment in 13 (37%) of the 35 buildings visited, and in 19 (32%) of the 59 individual apartments inspected.

Dramatically high levels of lead were found in the apartments that failed EPA safety guidelines (see graph below):

- ◆ 9 had lead levels greater than 5 times the federal threshold;
- ◆ 6 had levels 12 times greater;
- ◆ 3 had levels 28 times greater;
- ◆ 2 had levels 50 times greater, and,
- ◆ 1 had a level of *100 times* the federal threshold.



Also of concern was the number of apartments that were just under the EPA threshold. Fifteen homes contained lead that equals 80% or more of the threshold – a sufficient amount to be hazardous to a child.

## Demographic Profile of Residents in Hazardous Apartments

### Ethnicity:

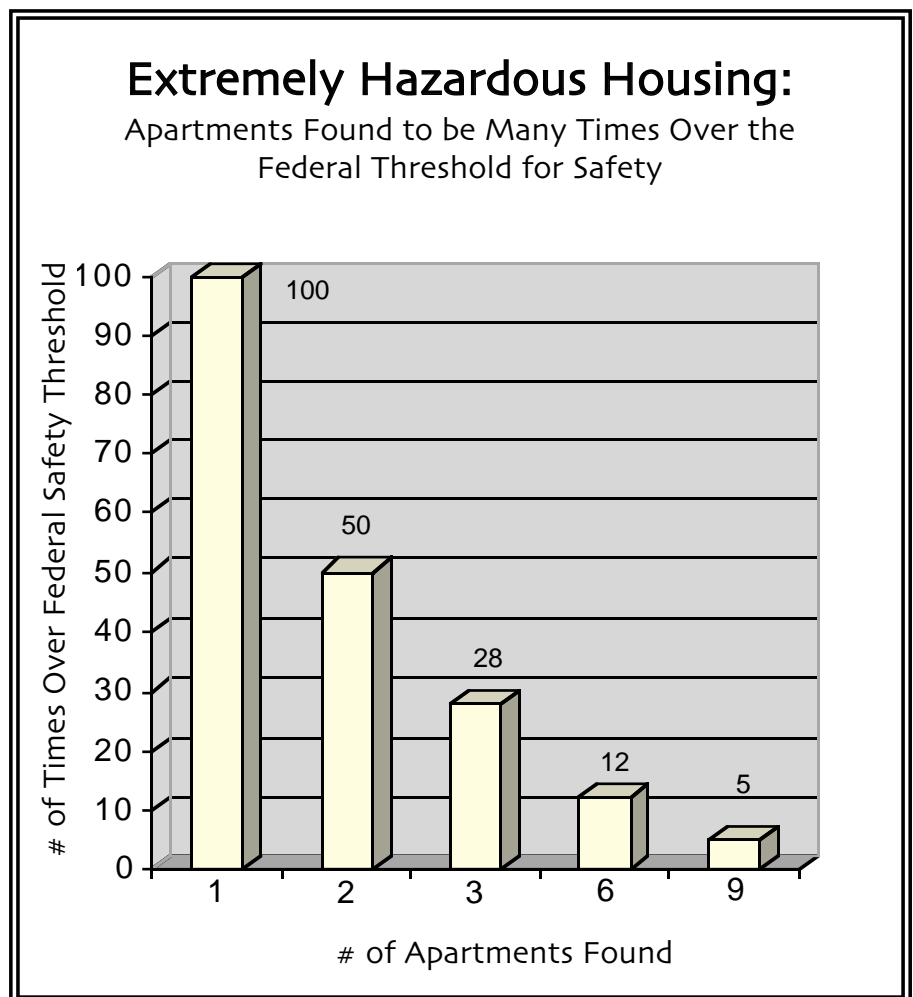
- 82% Latino
- 18% African American

### Health Coverage:

- 6% HMO
- 10% Private
- 57% Medicaid
- 20% Unknown
- 7% None

### Rental/Ownership:

- 6% Ownership
- 94% Rental



# CITY POLICIES THAT CONTINUE TO POISON OUR CHILDREN

## POLICY FAILURE #1:

“He’s not sick enough yet...you’ll have to come back.”

The Centers for Disease Control and Prevention puts the "level of concern" for lead toxicity at 10µg/dL, though in light of recent research<sup>21</sup> there is pressure from the medical community to lower this level. A study, cited above, in this April's *New England Journal of Medicine* offers evidence that there is *no* safe level of lead exposure for children. Richard L. Canfield, et al state that:

- ◆ "Children’s intellectual functioning" is negatively impacted by blood lead level concentrations even below 10 µg/dL, the Centers for Disease Control (CDC) level of concern.<sup>22</sup>
- ◆ IQ loss occurs at a greater rate below 10 µg/dL than it does above the CDC level of concern.<sup>23</sup>

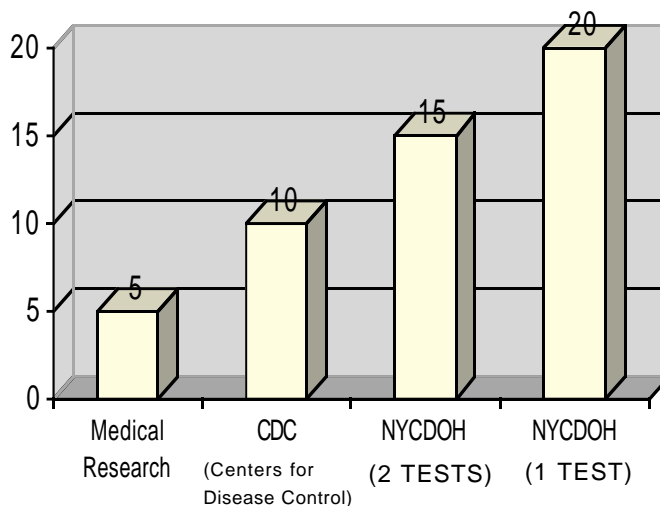
In 1970 New York City’s Department of Health created its Lead Poisoning Prevention Program (LPPP), with a mission to "prevent childhood lead poisoning in New York City children" through, among other things, "education and outreach" and "policy development to support continued improvement in lead poisoning prevention."<sup>24</sup>

In practice, DOH policies regarding lead virtually guarantee that children living in unsafe housing conditions become further poisoned before receiving assistance.

The DOH currently adheres to a lead poisoning threshold that is dramatically higher than both the outdated CDC standard and the level at which research shows children are negatively impacted (see graph below). Only children who test at 15µg/dL or above at 90-day intervals, or once at 20 µg/dL are considered "poisoned." This means that if a mother brings her child in for a test and finds that he or she has a blood lead level of 19µg/dL, she cannot have her child tested again for 90 days. This policy returns children to a clearly dangerous environment for 3 months or more before the DOH will take action.

### DIFFERING STANDARDS: MEDICAL RESEARCH ON LEAD VS. NEW YORK CITY DEPARTMENT OF HEALTH’S THRESHOLD FOR ACTION

Blood Lead Level,  
Micrograms per Deciliter  
(µg/dL)



## CITY POLICIES THAT CONTINUE TO POISON OUR CHILDREN

When she found that her son Omar's blood level was 13  $\mu\text{g}/\text{dL}$ , Abby Bah was told by a worker at the LPPP Education Unit that the Department of Health could not help her at all (see page 5). Instead of ordering an apartment inspection, the LLLP representative instructed Ms. Bah to "wash her child's hands every fifteen minutes" and "use cold water and then boil it for cooking."<sup>25</sup> When high school students tested Ms. Bah's home, they found levels of lead dust on the windowsill more than five times the threshold of safety. (See Appendix A) In fifteen minutes high school students were able to identify the source of poisoning and achieve a result that the Department of Health was unable to reach in more than a year – a year during which Abby's son Omar was getting sicker every day.

### Jedidah Baptiste

#### Benjamin Banneker Student

Sometimes the problems that surround us go unnoticed because we are too busy to look. Working along with PACC has made me realize that we must take the time to look, learn, and take action if we desire change in our community.

The lead project not only enabled me to learn about the problem at hand, but to aid in addressing it. Going into the homes of potentially lead poisoned children was a difficult but necessary task. We found that at least one-third of the homes were neglected. There was chipped and deteriorated paint, water damage, and lead levels that were beyond dangerous. I was appalled that such homes had toddlers or preschoolers in them. I was shocked that many of the children had not been tested for lead and that before we came the parents had not even known that their child was at risk.

I found that the housing situation was not always the fault of the landlord. Because of the many financial burdens that low- and middle-income homeowners face, they cannot address all of the issues. To fix the lead problem I believe that the community first must educate the residents of the area on lead and lead paint maintenance. Secondly, all landlords should become certified lead sampling technicians so that they can make sure the homes are safe. Lastly, I think the government should create a loan specifically for homeowners that can't afford maintenance. They should also change the poisoning level so that they can help a lead poisoned child early, before it reaches the point where nothing can be done.

Going out into the community to apply the skills that I learned has been very meaningful. I am inspired to continue fighting to heal the wounds caused by the many problems in society. This experience has convinced me that if the great minds—young and old—come together within our community we can bring about change.



# CITY POLICIES THAT CONTINUE TO POISON OUR CHILDREN

## POLICY FAILURE #2:

### NYC Children Aren't Being Tested for Lead

If there is reason to worry about the DOH's medically unsound definition of lead poisoning, the problem is compounded by the fact that NYC physicians routinely ignore the law when it comes to testing children.

Theoretically, young children in NYC are tested frequently, providing doctors with critical knowledge about possible hazards in the home. Indeed, in 1993, "New York State adopted screening regulations requiring all children to be tested for lead at ages one and two." In addition, "children at other ages under six are to be assessed at each child care visit and at least annually for risk of exposure to lead."<sup>26</sup>

In practice, however, NYC medical providers are seriously failing our children. According to the DOH's own figures, *only 27%* of the City's children are being tested at both age one and two, meaning that 73% of the time NYC doctors are in violation of the State's 1993 lead screening mandate.<sup>27</sup>

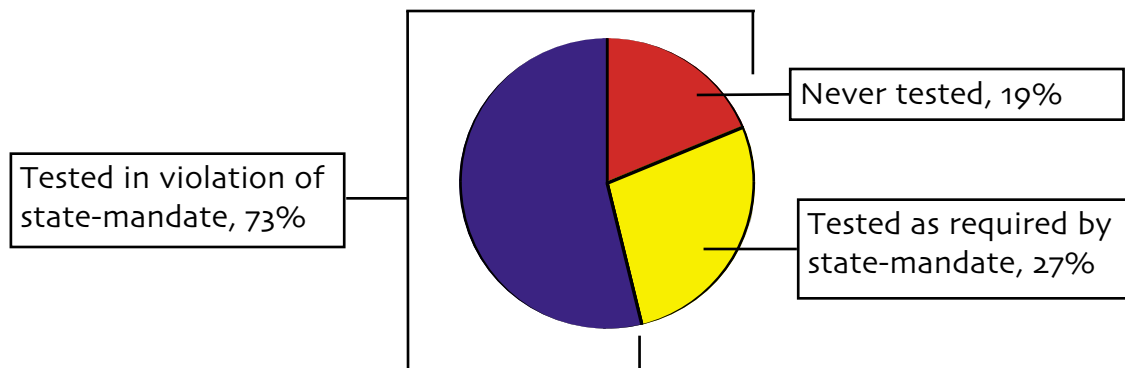
Perhaps most distressing, a full 19% of NYC children remain completely untested through ages one and two. One out of every five children is passing below the radar screen, and no one, including the DOH, knows how much lead these children are ingesting.<sup>28</sup>



**Ronald Popo**  
**Benjamin Banneker Student**

As part of the fact-finding mission, I learned how to take dust wipe samples, which is one way to measure the levels of lead. Some of the homes were in good order, but others were in disrepair. They were infested with cockroaches and had chipped paint and mildew. Many of these homes tested positive for lead. Worse yet, a few of these households had children living in them and they tested positive for poisoning. I think we need to change the lead policy we have. At this moment children with moderate poisoning with not receive aid. They only receive help if the poisoning is severe, when permanent damage has already occurred. I met a family who has been experiencing this problem. This is, in the end, why I am glad to be a part of the project.

NYC CHILDREN UNDER THREE YEARS OLD:  
3/4 AREN'T BEING TESTED ACCORDING TO STATE-MANDATE



## CITY POLICIES THAT CONTINUE TO POISON OUR CHILDREN

### POLICY FAILURE #3:

#### In Refusing to Adhere to a Preventive Model, the NYC Department of Housing Preservation and Development Uses Children as Lead Detectors

In New York City, children will continue to be poisoned unless the Department of Housing Preservation and Development (HPD) and the Department of Health take steps to prevent this from happening. As a matter of official policy, the DOH does not conduct inspections or initiate case management unless a child's blood-lead level reaches three to four times above the level research has shown to cause cognitive harm. Making matters worse, the DOH does a poor job of referring parents with lead-paint concerns to HPD, though the current problems of HPD's lead policy make this option less than perfect.<sup>29</sup>

While an effective program to prevent lead poisoning would include periodic, routine inspections for lead in high-risk areas, HPD will only respond to tenant complaints (who often, as we have seen, fear landlord retaliation and so remain silent) that conform to a specifically-worded format. HPD will take action, in fact, only when a tenant reports *peeling* paint. Simply mentioning the concern that there is lead paint in your apartment will get you nowhere, despite the fact that lead dust is the more insidious hazard.



#### Judith Guzman

I've always been very careful about keeping the apartment clean, so I thought I didn't have to worry about lead. I washed the windows, cleaned the floor...even though the landlord doesn't do anything here we've learned how to take care of ourselves. So I was surprised to find high amounts of lead in my apartment. I'm doing everything I can on my own, but now I guess I need a little help. Just because we have a landlord that doesn't like us, doesn't mean that our children should be poisoned, right?

Then, if HPD does agree to take action on a lead paint complaint, local laws allow inspectors significant time to follow up on code violations – the total "minimum enforceable deadline for HPD removal of violation" is 176-220 days.<sup>30</sup> Furthermore, when inspecting rental units concerning other code violations, HPD is not mandated to inspect for peeling paint or perform dust wipe sampling, even if a child under six is living in the apartment.

## RECOMMENDATIONS TO PROTECT OUR CHILDREN

### CORRECTIVE ACTION #1:

#### The Department of Health Must Lower Their Definition of Lead Poisoning to 5 $\mu\text{g}/\text{dL}$ , in Accordance with Medical Research

In 1991 the Centers for Disease Control revised its guidelines on lead poisoning, dropping the case definition from 25  $\mu\text{g}/\text{dL}$  to 10  $\mu\text{g}/\text{dL}$ . In response, one year later the New York City Department of Health amended the NYC Health Code's definition of lead poisoning from 25  $\mu\text{g}/\text{dL}$  to 20  $\mu\text{g}/\text{dL}$ . Eight years later, in 1999, the DOH finally began conducting environmental investigations for children who tested between 15-19  $\mu\text{g}/\text{dL}$  twice over a 3-month period.<sup>31</sup>

Though there is still a disparity between the CDC guidelines and DOH's threshold for action, a precedent has been set: in the past, the DOH has adjusted its own definition of poisoning when informed by the medical community of new findings that demonstrate negative effects to children with blood lead concentrations previously thought to be safe.<sup>32</sup>

Current medical research has demonstrated that children with blood lead concentrations *below 10  $\mu\text{g}/\text{dL}$*  are negatively impacted – and to a far greater degree – than previously imagined. In light of these new findings, the DOH should immediately adjust the City's definition to include all children that test at 5  $\mu\text{g}/\text{dL}$  or above. This simple adjustment will help fix a policy that has allowed the poisoning of countless children like Omar Bah, who was forced to spend over one year of his life ingesting lead dust because the NYC Health Code stated that he was not yet sufficiently poisoned to merit attention.



#### Hector Rivera PACC Community Organizer

It's incredible how many homes I've seen that were falling apart. I've lived in this neighborhood for more than 10 years and knew that we had our fair share of problems...but I had no idea how much lead we'd find! When I was taking the dust tests parents would watch me anxiously, and wanted to know the results as soon as possible. When we got the tests back from the lab, it was difficult to tell so many families that their children were at risk. But it's better to know about a problem and do something about it than to just pretend it doesn't exist. Before we came out, so many children were in danger--and that's just in the small area we tested. There's a lot of homes we never got to. Something has to be done for them, too.

## RECOMMENDATIONS TO PROTECT OUR CHILDREN

### CORRECTIVE ACTION #2:

#### NYC Must Undertake a Massive Effort to Test Children for Lead Poisoning

It does not seem unreasonable to ask the City to comply with the existing State mandate to test each child's blood-lead level twice before the age of three. DOH, in partnership with community-based organizations, can take several steps to insure this:

- ◆ Provide all NYC doctors with educational materials and the legal requirements on lead testing, and require them to post screening regulations in English and in translation, depending on the needs of the service area.
- ◆ Plan and implement targeted blood-lead screening in vulnerable communities, paying specific attention to children receiving Medicaid. The DOH can support community-based screening initiatives through funding and the provision of medical personnel. In addition, the DOH should reinstate mobile screening units addressing the health needs of vulnerable communities.
- ◆ Initiate an outreach model such as Rhode Island's successful Lead Poisoning Prevention Program, which uses a pediatric public health tracking system to generate reports of untested local children under 15 months old. The RI DOH has also created partnerships with managed care plans to identify unscreened children, and with Women, Infants and Children (WIC) agencies to reach out to the parents of untested children.<sup>33</sup>

#### **Samuel Fatuga**

#### **Benjamin Banneker Student**

While working with PACC on the lead testing I learned a lot of things. I learned that in most urban neighborhoods in Brooklyn the lead poisoning rate is high. I also learned that the government had issued an article on lead entitled "Title X." By the end of the course we were all certified lead sampling technicians, which meant that we could take dust wipe samples and then send them to a lab. When I first started I was a little skeptical about the program, but later on when we actually went to the houses I was really determined to help people. When Gabe told us that 33% of the houses we tested were positive and had high levels of lead, I felt like I had really played a part in helping the families. Personally, this program showed me how to dedicate myself to something other than football.

## RECOMMENDATIONS TO PROTECT OUR CHILDREN

### CORRECTIVE ACTION #3:

## NYC Department of Health and Department of Housing Preservation and Development Must Shift to Preventive Model, Targeting High Risk Neighborhoods

An effective program to prevent poisoning is remarkably simple, involving the *shift from secondary prevention to primary prevention*. Secondary prevention focuses on testing children for lead and then treating those that are poisoned, as well as correcting the hazardous condition. But as exposure to lead frequently causes irreversible damage, the model is fatally flawed, and health care professionals have agreed on a new model: primary prevention. Primary prevention involves testing a child's home environment before they are harmed, instead of allowing children to be exposed and then attempt to treat them after the damage has already been done.

New York City must begin the shift from complaint-based action to primary prevention, conducting targeted campaigns to correct code violations and abate lead from low-income neighborhoods of color. This initiative can be facilitated by developing guidelines for simple, effective and financially accessible interim control measures (e.g. window replacement and encapsulate paint) and by providing training in these techniques for low-income homeowners and contractors. HPD should, however, follow through on abatement in a timely fashion when landlords are unwilling to take corrective measures. Our laws need to change to eliminate time lags in code enforcement, and to support proactive identification and correction of code violations.

In Bedford-Stuyvesant, where over a third of all residential dwellings are known to be hazardous, HPD must develop and implement a 2-year plan to test every apartment building. This will provide an outreach model that can be used in adjacent high-risk neighborhoods like Bushwick, and elsewhere in the city, like Washington Heights.

In crafting a primary prevention model, New York City can look to Milwaukee, Wisconsin and Los Angeles County, California for innovative strategies for action. The Milwaukee Lead Pilot Project Ordinance targets two "economically distressed areas...with exceptionally high childhood lead-poisoning rates" with a comprehensive program of "landlord outreach and education, code enforcement, subsidies for lead-hazard control, and a community registry for lead-safe housing."<sup>34</sup> The Milwaukee Low-Cost Window Abatement project addresses one of the main sources of lead exposure, with guidelines for a variety of abatement strategies and follow up testing over three years.<sup>35</sup>

In its Systematic Code Enforcement Program, Los Angeles County looks at code violations as a whole.

Neighborhood children in one of the apartments found to contain dangerous amounts of lead



## RECOMMENDATIONS TO PROTECT OUR CHILDREN

The program "requires every residential rental property with two or more units to be inspected at least once every three years" and units with significant violations to be inspected annually. Los Angeles funds the hire of additional housing inspectors with a \$1.00 per unit fee from property owners.<sup>36</sup>

## CONCLUSION

The single most important fact about lead poisoning is also the most obvious: *lead poisoning is preventable*. Children who are lead poisoned become forever impaired; once they have ingested lead, they are never able to reach their full potential. But lead poisoning is not an inevitable tragedy. The thousands of children who have been lead poisoned during the past twelve months are not suffering because we lack the tools to protect them. We *do* know how to eliminate this childhood disease – if we choose to make this elimination a goal.

How could we knowingly fail to prevent needless cognitive damage to our children in their first years of life? We must pose this question to the Department of Health, to the Department of Housing Preservation and Development, to New York City as a whole. We need to rethink the policies that continue to poison thousands of children, the policies that ignore thousands more who are not sufficiently poisoned to receive support from City agencies, and the thousands who are not being screened for lead at all. We must end the policies that rely on children to be our lead detectors and allow for action only after irreversible damage has already been done. In short, we must heed the advice of the medical community, and adopt a preventive model that works to make homes safe for their inhabitants *before* their children are irrevocably damaged.



### **Trisha Samuel, Benjamin Banneker Academy**

Initially, I thought that lead poisoning was no longer an issue that presented a threat to my community. I didn't realize the impact my lead technician training would have on the lives of the tenants whose homes I've tested. As we began testing the apartments I realized the probability that these homes were full of lead. The paint was cracking and the ceilings were infected with mildew in most of the housing quarters. One of the apartments in particular had an infant staying there during most of the week. At that stage lead poisoning is such a health threat. That was very disturbing to me.

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# APPENDICES

## APPENDIX A: LAB RESULTS OF FOUR APARTMENTS

The following results were analyzed and compiled by Hometest, Inc./METS laboratories, an environmental testing company located in Maryland.

The EPA guidelines for leaded dust clearance levels by wipe sampling are as follows:

- ♦ Floors : 40 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ )
- ♦ Interior Window Sills : 250  $\mu\text{g}/\text{ft}^2$
- ♦ Window Wells : 400  $\mu\text{g}/\text{ft}^2$

### CHERI LEWIS-FONTANEZ, 509 MYRTLE AVENUE, APARTMENT 2-L

| Sample # | Surface     | Location    | Total Pb $\mu\text{g}$ | Area $\text{ft}^2$ | Pb $\mu\text{g}/\text{ft}^2$ | Times over threshold |
|----------|-------------|-------------|------------------------|--------------------|------------------------------|----------------------|
| 1        | Floor       | Kitchen     | <10.0                  | 1.00               | not detectable               | n/a                  |
| 2        | Floor       | Living Room | <10.0                  | 1.00               | not detectable               | n/a                  |
| 3        | Window Sill | Kitchen     | 1777.5                 | 0.25               | 7110.0                       | 28.5 Times           |
| 4        | Floor       | Bathroom    | <10.0                  | 1.00               | not detectable               | n/a                  |
| 5        | Window Sill | Bedroom     | 274.1                  | 0.25               | 1096.4                       | 4.5 Times            |

### ABBY BAH, 13 HALSEY STREET, APARTMENT 3

| Sample # | Surface     | Location | Total Pb $\mu\text{g}$ | Area $\text{ft}^2$ | Pb $\mu\text{g}/\text{ft}^2$ | Times over threshold |
|----------|-------------|----------|------------------------|--------------------|------------------------------|----------------------|
| 1        | Floor       | Bedroom  | <10.0                  | 1.00               | not detectable               | n/a                  |
| 2        | Floor       | Kitchen  | <10.0                  | 1.00               | not detectable               | n/a                  |
| 3        | Floor       | Bathroom | <10.0                  | 1.00               | not detectable               | n/a                  |
| 4        | Window Sill | Bathroom | 332.4                  | 0.25               | 1329.4                       | 5.25 Times           |
| 5        | Floor       | Entry    | <10.0                  | 1.00               | not detectable               | n/a                  |

### NAME WITHHELD, 121 WAVERLY AVENUE, APARTMENT 1

| Sample # | Surface     | Location | Total Pb $\mu\text{g}$ | Area $\text{ft}^2$ | Pb $\mu\text{g}/\text{ft}^2$ | Times over threshold |
|----------|-------------|----------|------------------------|--------------------|------------------------------|----------------------|
| 1        | Window Sill | Kitchen  | 76.8                   | 0.25               | 307.2                        | 1 Time               |
| 2        | Window Sill | Kitchen  | 39.8                   | 0.25               | 159.2                        | n/a                  |
| 3        | Floor       | Entry    | 3951.0                 | 1.00               | 3951.0                       | 100 Times            |
| 4        | Floor       | Bedroom  | 1035.3                 | 1.00               | 1035.3                       | 26 Times             |
| 5        | Window Sill | Bedroom  | 578.7                  | 0.25               | 2314.8                       | 9.25 Times           |

### MARIA SALVATIERRA, 944 KENT AVENUE, APARTMENT 1-L

| Sample # | Surface     | Location | Total Pb $\mu\text{g}$ | Area $\text{ft}^2$ | Pb $\mu\text{g}/\text{ft}^2$ | Times over threshold |
|----------|-------------|----------|------------------------|--------------------|------------------------------|----------------------|
| 1        | Floor       | Bedroom  | 103.9                  | 1.00               | 103.9                        | 2.5 Times            |
| 2        | Window Sill | Bedroom  | 12.2                   | 0.25               | 48.8                         | n/a                  |
| 3        | Floor       | Bedroom  | 24.5                   | 1.00               | 24.5                         | n/a                  |
| 4        | Window Sill | Bedroom  | 799.0                  | 0.25               | 3196.0                       | 12.5 Times           |
| 5        | Window Sill | Kitchen  | 149.0                  | 0.25               | 596.0                        | 2.25 Times           |

# APPENDICES

## APPENDIX B: PACC'S SURVEY OF PARENTS

### HOME LEAD TESTING SURVEY - APRIL 2003

PRATT AREA COMMUNITY COUNCIL  
BENJAMIN BANNEKER SCHOOL

DATE: \_\_\_\_\_ TENANT PHONE #: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ UNIT #: \_\_\_\_\_

COLLECTED BY: \_\_\_\_\_

ARE THERE CHILDREN UNDER SIX WHO SPEND SIGNIFICANT TIME IN THIS UNIT?  
(besides those living in the apartment)

\_\_\_\_\_ YES

\_\_\_\_\_ NO

ARE THERE ANY PREGNANT WOMEN OR WOMEN OF CHILDBEARING AGE IN THIS UNIT?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

DO YOU KNOW THAT YOUR CHILD IS SUPPOSED TO BE TESTED FOR LEAD?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

HAS YOUR PHYSICIAN OR CLINIC TESTED YOUR CHILD/CHILDREN?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

HOW MANY TIMES HAVE THEY BEEN TESTED?

DO YOU KNOW THE RESULTS OF THE TEST?

(for example: high levels, low levels, recommendations from your doctor)

TYPE OF HEALTH CARE:

\_\_\_\_\_ PRIVATE INSURANCE

\_\_\_\_\_ HMO

\_\_\_\_\_ MEDICAID MANAGED CARE

\_\_\_\_\_ NO HEALTH CARE

NAME OF ROOMS TESTED:

NAME OF ROOM USED FOR BLANK SAMPLE:

## ABOUT THE AUTHORS OF THIS REPORT

Amy Laura Cahn works with the PACC organizing department as a campaign researcher, concentrating on issues of anti-eviction protection and environmental justice. Concurrent with her ten years experience as a theatrical lighting designer and technical director in New York, Rhode Island and Louisiana, Ms Cahn has been an activist on multiple fronts, including LGBT rights, prisoner rights, and women's health. She is currently completing her bachelor's degree at Hunter College, with a focus on urban policy and documentary film. Ms. Cahn will serve as a human rights observer in the West Bank and Gaza in June and July of 2003.

Gabriel Thompson is the Director of Organizing at PACC. In this capacity he oversees three neighborhood campaigns for social justice: Displacement Watch—a direct action anti-eviction project; Predatory Loan Prevention—aimed at protecting Bedford-Stuyvesant homeowners from dishonest lenders; and Pueblo Sin Plomo/Neighborhood Without Lead—an environmental justice initiative begun in 2003. He has written articles for *The Nation* and *Clamor* magazines, and his writings have also been published in the *San Jose Mercury News* and *Los Angeles Times* newspapers. He graduated from the Johnston Center for Integrative Studies in Redlands, California, in 2001.

## ABOUT THE PHOTOGRAPHER

Peiheng Tsai has worked in New York City as an architect since 1996. In 2000, she began practicing photography as a side interest. Having been trained as an architect, her photography focuses primarily on architecture, urban spaces, and the various activities that go on in built environments. For Peiheng Tsai, photography is a tool to explore how the building environment interacts with and influences our life experiences and social behaviors.