STATE OF NEW YORK)
) SS.
COUNTY OF NASSAU)

IRVING H. MAUSS, M.D., being duly sworn, states as follows under oath:

1. I am Professor Emeritus of Clinical Pediatrics at the Cornell University College of Medicine and Chairperson Emeritus of the Committee on Environmental Health of the Long Island Section of the American Academy of Pediatrics. I am a Fellow of the American Academy of Pediatrics and the New York Academy of Medicine, and I have also served as member of the National Committee on Environmental Health of the American Academy of Pediatrics.

2. On May 25, 1999, I signed a letter, along with several other prominent physicians, addressed to New York City Council Speaker Peter Vallone and copied to the members of the City Council. This letter requested that the Council provide an opportunity for thorough review of any proposed new legislation on lead paint control. We urged the Speaker to support only the safest inspection, maintenance and repair practices for lead paint. (Print-out of letter is attached.)

3. Unfortunately, we received no response to our request. Moreover, the City Council provided so little advance notice of its two Committee hearings on the proposed bill that I was unable to attend either of them despite my strong concern about the matter.

4. I have practiced pediatrics more than half a century. In this practice, I have experienced at first hand the changes that have occurred in the clinical picture of lead intoxication. In the 1950's, we were looking for manifest signs and symptoms of this illness, which would not

become apparent to the examining physician until blood lead reached exceedingly high levels such as 80 micrograms per deciliter (µg/dL) or higher. At that level of contamination, children could become convulsive and comatose, and even die.

5. Since then, we have learned that much lower blood lead levels of lead can adversely affect virtually every organ-system in the body: hematopoietic (blood-forming), skeletal (posture and stature), sensory (hearing and vibratory sense), digestive (even the health of teeth), renal (kidney) and, most especially, the central nervous system (brain).

6. Central nervous system deficits are often subtle, but they are the most significant threat of lower level lead toxicity. It is now known that blood lead at 10 µg/dL, which is the "action level" identified by the federal Centers for Disease Control, can interfere with normal brain development in fetuses, babies, toddlers and children through the age of six and older.

7. Blunted intellectual functioning from lead poisoning is a personal and societal tragedy, and one which can be prevented by eliminating children's exposure to this highly toxic substance.

8. Unfortunately, Local Law 38 of 1999 allows landlords to avoid the important New York City Health Code standards for control of the toxic dust and paint chips that are generated when work is undertaken to remove lead-based paint from a dwelling. It also contains very lengthy enforcement deadlines that could allow a child to remain in an environmentally hazardous, lead-contaminated environment for prolonged periods. This runs counter to the goal of preventing young children from exposure to lead-based paint.

9. Effective measures to prevent children's exposure to lead are particularly critical because too many children are not identified at an early stage of exposure. Despite the efforts of

health professionals such as myself on behalf of lead screening programs, many physicians resist participating in lead screening programs. This is a serious problem even when such screening is mandated by law. For example, it is required that all children enrolled in Medicaid be tested for blood lead, a requirement that is overwhelmingly ignored. Physicians cite their reluctance to draw blood from children, and some raise the objection of the expense and allocation of resources.

10. Consequently, even though mandatory screening laws are in place, one cannot rely on lead screening to identify children who are being exposed to lead-based paint hazards in the home. Too often, such children are not identified until they already have unhealthful levels of blood in their bodies.

11. We must remember that lead poisoning is a human-made disease that is preventable. Here is a situation where "an ounce of prevention is worth a pound of cure," since the damage done by the lead persists even if the child undergoes therapy to remove lead from his or her body. No "cure" reliably overcomes the residual effects, and remediation after the fact often proves to be far more expensive than prevention would have been.

12. Given these considerations, it is clear that the New York City Council did not obtain and evaluate sufficient information on the potential for adverse environmental health impacts from Local Law 38 of 1999. The reasonable conclusion, based on what is known about childhood lead poisoning and the need to prevent exposure to lead-contaminated paint and the lead-contaminated dust often generated by such paint, is that Local Law 38 of 1999 very likely will have adverse environmental effects. The City Council should have examined those effects in a full environmental impact statement process before taking any action to adopt this Local Law.

Respectfully submitted,

/s/ Irving H. Mauss, M.D.
IRVING H. MAUSS, M.D.

Subscribed and sworn before me
this 23 day of September, 1999.

/s/ Susan M. Perone
NOTARY PUBLIC
SUSAN M. PERONE
NOTARY PUBLIC
STATE OF N.Y., NASSAU CTY
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