

Testimony of Muriel D. Wolf, M.D.

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As a pediatrician I have cared for children in the District of Columbia for over forty years; and I have cared for children with lead poisoning for over 30 years. Today there are many well informed participants who will testify about nutritional requirements for school children; they will talk about school breakfast and school lunch programs and about obesity. They will talk about recreational activities for our children. So today I will talk about an environmental health hazard for our children whether they are at home or in the school environment. And that environmental health hazard is exposure to lead and the health effects of lead poisoning. There are other well qualified persons who will testify about other environment exposures that cause serious health problems for children like pollution and asthma and the effects of pesticides and other poisonous chemicals.

I have cared for children with lead poisoning for over 30 years, and I have seen all the serious effects of lead on our children. Not only is there lead in the homes of our children, there can be lead in the school environment. We need to have a lead safe environment for our children both at home and at school.

Back in the 1970's when I first became involved with issues of lead poisoning, I remember sitting in the cafeteria of the Garrison school; we were discussing the problem of lead poisoning. I looked up at the ceiling of the cafeteria, and there it was---peeling lead paint. Paint which could peel off and fall on the child's plate of food. Those older school buildings built before 1978 have lead paint in them, and if

the paint is peeling that paint is a hazard to our children. Fortunately since 1978 lead paint is no longer allowed, but we still need to be observant that no hazard of peeling or chipping lead paint exists in our older school buildings---an intact wall with lead paint would not be a hazard, but chipping or peeling paint would be a hazard. That is why it is so important to continue to monitor our schools frequently to deal with peeling and chipping paint. Even more recently I visited a day care center where there was peeling and chipping paint; fortunately the center moved because of other code violations.

Another risk for lead poisoning in the schools can come from the drinking water. Should the pipes or drinking fountains have lead in them, then that lead can be another serious hazard as the lead leaches out into the water. The lead level in the water must be monitored as well. There are other discussants who will go into this issue later.

So why are we so worried about the lead in the school environment? Lead in dust and peeling paint from older buildings or even high levels in water, both in homes and schools, can cause serious health problems. Lead can cause developmental delay and attention deficit hyperactivating disorder (ADHD)-those children who have trouble sitting still and concentrating in school or lead may cause attention deficits where the child cannot concentrate even though he is not hyperactive (ADD).

Higher levels of lead in the body can cause encephalopathy with brain swelling and seizures and death. Should the child survive the encephalopathy, he will go on to have significant developmental delay, even to the point of mental retardation. I have seen children with mental retardation from lead poisoning. Lead poisoning can cause kidney disease, hypertension, hearing loss, growth failure, anemia and speech delay.

A level of 10 mcg/dL has been accepted by CDC as an elevated lead. More recently studies have shown that even levels of 5 to 9 have resulted in loss of potential IQ with cognitive deficits and learning disability.

Canfield and associates published their work in the New England Journal of Medicine and showed that a change of blood lead from 1 to 10 mcg/d/ can lower the IQ by 7.4 points in a child ages 3-5. Other researches in the United States, in Australia, and in Europe have found similar effects of even low blood levels on IQ and learning.

We need to find the lead hazards before our children are poisoned and before their cognitive ability and development are affected—before they develop a learning disability.

We need to be assured that our children are in a lead safe environment where the paint hazard of peeling and flaking paint are frequently monitored and where the drinking water is also monitored. In April 2010 legislation was passed in the District of Columbia to monitor homes; we need that monitoring in the schools.

Thank you Councilmembers Cheh and Gray for letting me speak to you on behalf of our children.

Muriel D. Wolf, M. D.

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