Public Hearing on Resolution 160089:
Regarding best practices followed by the Philadelphia Water Department as well as additional measures to prevent lead exposure due to household water service lines.

Testimony by:
Kevin Osterhoudt, MD, MSCE, FAAP, FAACT, FACMT, Medical Director,
Poison Control Center
The Children’s Hospital of Philadelphia

Joint Committees on Children & Youth and Public Health & Human Services
of the Council of the City of Philadelphia

Philadelphia City Hall, Room 400
Philadelphia, PA 19107
Monday, March 21, 2016 - 10:00 a.m.
My name is Dr. Kevin Osterhoudt and I am the medical director of the Poison Control Center at The Children’s Hospital of Philadelphia. First, I want to thank the members of the Joint Committees on Children & Youth and Public Health & Human Services of the Council of the City of Philadelphia for having this hearing on this important issue and I would like to thank you for allowing me to represent CHOP and testify.

The public health tragedy in Flint, Michigan has drawn front-page headlines and captured the nation’s attention. More than 8,000 children in Flint were exposed to lead after a budget-cutting decision to switch drinking water sources. A state of emergency was declared. $80 million in federal aid rolled in. And several Congressional hearings were held about the man-made disaster that was completely preventable.

Lead poisoning, however, has been harming children for more than a century, and deteriorating lead house paint remains the greatest threat. This has caused Pennsylvania to have some of the highest rates of blood lead levels among children in the nation.

I take care of plenty of lead’s victims. Most are poor, and many are minorities.

Recently, I spoke to the mother of a young child with anemia, behavioral problems, and a blood lead concentration higher than 50 micrograms per deciliter - more than 10 times what is considered acceptable. The dust inside the family’s house and the soil outside are laden with lead.

This is not unusual in Philadelphia or any other city with a lot of old housing. Paint used on the interiors and exteriors of homes contained large concentrations of lead through 1950.

Lead was removed from house paint almost entirely by 1978. It was also removed from U.S. gasoline. These public-health measures were important and powerful. During the period from 1976 to 1980, 88 percent of preschool-age children were found to have blood lead concentrations greater than 10 micrograms per deciliter; by 1994, less than 4 percent of children did. We’ve come a long way.

Still, in 2011, an estimated 37 million U.S. housing units still contained lead-based paint. And during the period from 2007 to 2010, approximately 2.6 percent of preschoolers were found to have blood lead concentrations greater than 5 micrograms per deciliter, according to federal data.

The latest reports are that the proportion of children with high lead levels in Flint has doubled, to 4 percent, and reached 6 percent in certain neighborhoods. But let’s
compare this with the long-standing environmental injustice across the United States. A startling 8 percent of Detroit preschoolers had high blood lead levels in 2013, according to Michigan’s Childhood Lead Poisoning Prevention Program, but there was little outrage in the national media about the cognitive and behavioral harm inflicted on them. In Philadelphia, more than 10 percent of children had high blood lead levels in 2014, according to state data. Meanwhile, 20 percent of children tested in Allentown and Altoona in the same year had high blood lead levels, but celebrity sightings were few in these communities, as were resources and solutions.

Across America, lead tends to burden poor and minority families who often lack the financial resources to escape. Removal of lead from the environment and primary prevention of the harms of lead poisoning are challenging propositions requiring creative thought and serious investment.

Our current form of lead surveillance, “screening” the blood of 1-year-olds and then going back to inspect the home, is misguided and puts us one step behind. We should be having homes inspected at the first prenatal visit, or upon move-in, and eliminating the hazards before in-utero exposure. Young children should not be canaries.

I would like leave you with some information about the value of Poison Control Centers. CHOP’s Poison Control Center, located in Philadelphia, is one of only two such centers in the Commonwealth of Pennsylvania. It houses registered nurses and pharmacists who are specially trained in toxicology to staff a 24/7 emergency hotline at no charge to callers. Funding for Poison Control Centers unfortunately has been victim to state and federal budget cuts for years. We need to stabilize this funding and make better use of this resource. A 2004 Institute of Medicine (IOM) report called poison centers the “2nd best investment the federal government has made, second only to vaccines” and a 2012 analysis found that they saved $14 for every $1 invested. Yet at CHOP, federal funding for our poison control center has declined by 40% since 2011, and state funding has also declined by more than 40% since 2007.

The Flint tragedy never should have happened, and it merits careful examination. But let’s not be complacent about the most dangerous lead villain lurking among us. Deteriorating paint and contaminated dust remain the greatest lead threat to American children, deserving at least as much notoriety and concern as the water in Flint.

Please consider CHOP and myself as a resource to City Council on the issue of lead exposure in children. Thank you for the opportunity to testify.