

**“LEAD EXPOSURE IN D.C.: PREVENTION, PROTECTION,
AND POTENTIAL PRESCRIPTIONS”**

**UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM**

**SUBCOMMITTEE ON FEDERAL WORKFORCE,
POSTAL SERVICE, AND THE DISTRICT OF COLUMBIA**



**TESTIMONY OF CHRISTOPHE A. G. TULOU
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Good afternoon Chairman Lynch, Ranking Member Chaffetz and members of the Subcommittee. My name is Christophe Tulou and I am the Acting Director of the District Department of the Environment (DDOE). Thank you for the opportunity to present testimony today about our ongoing efforts to prevent lead exposure in the District of Columbia.

As an environmental toxin, lead steals that which we most treasure in our children – their potential. It diminishes their capacity to succeed in school. It harms their ability to enjoy productive lives. It diminishes their chances of gaining and maintaining a good job. Therefore, I want to make clear that preventing childhood lead poisoning in the District of Columbia is a top priority for Mayor Adrian Fenty and the District Department of the Environment.

DDOE believes that there is no safe level of lead in the human body and that even levels less than 10 micrograms per deciliter can cause cognitive difficulties for children. We know that lead, no matter the source, has a harmful cumulative effect on the human body, making it critical to eliminate every incidence of exposure to lead a child may have. No lead level is acceptable, and every source of lead must be targeted.

The District's Response to the Lead-in-Water Crisis

Let me now turn to the period of 2000-2003 when the District experienced an unfortunate lead-in-water crisis. As you are aware, there have been serious discrepancies and differing accounts of the number of children exposed to lead in 2003. As the agency charged with responding to every incident of lead poisoning in the District, DDOE has invested considerable time and resources in looking back at this period.

DDOE undertook a rigorous data review to determine if reported instances of children with elevated blood lead levels were missed in 2003. This particular year was targeted because it is the year that another Congressional panel had alleged a large gap between the number of blood lead screenings reported by the District, and the number screened in adjacent years. The critical question for DDOE was: Why does it appear there were approximately 6,000 fewer blood lead

level screenings in 2003, and does that mean a large number of children with elevated lead levels may have been missed?

After a thorough review I am pleased to say that DDOE did receive those screening reports, and most importantly, the overwhelming majority of children with elevated levels did indeed receive District services. DDOE's initial conclusion was that there were ten cases that appeared to involve blood lead levels of 15 µg/dL or more and appeared not to have been tracked by the District. However, further analysis revealed that out of the ten DDOE had initially believed may not have received case management services, five had either received case management services, did not require case management services because their blood lead levels were in fact not elevated or their levels had been indeed recorded in LeadTrax. Still, all ten properties have been inspected, notified if they failed the inspection, and have been given thirty days to correct the violations, if any exist.

The District's Current Efforts to Reduce Infant and Childhood Lead Exposure

Since 2003, DDOE has undertaken several initiatives and process changes to further reduce infant and child exposure to lead-based paint in the District. Most importantly, in 2008, Mayor Fenty signed into law an innovative measure that makes prevention of lead poisoning the policy of the District. The new law calls for mandatory lead testing for homes that will be occupied by children and holds landlords accountable when they behave irresponsibly.

The District's new lead law has allowed for the creation of a vigorous new enforcement program that works with the Childhood Lead Poisoning Prevention Program (CLPPP) to implement orders to eliminate lead-based paint hazards, and conduct proactive strategies in geographic hotspots for lead poisoning. In prior years, no enforcement was possible without an expensive risk assessment to determine whether chipping and peeling paint was a lead hazard. Now, the law makes those conditions in a pre-1978 home a presumptive lead hazard that is enforceable by DDOE, thus shifting the burden to the landlord to prove to DDOE and the tenant that deteriorating conditions are safe.

Also, the 2008 law consolidated lead enforcement authority in a single agency, DDOE. Accordingly, once a lead-based paint hazard is identified, DDOE is able to issue very quickly a Notice of Violation or an Order to Eliminate Lead-Based Paint Hazards.

The new law also sets a national precedent by requiring landlords to test their property for lead hazards and to document that the property is cleared *before* renting their property to a tenant who is pregnant or who has children under the age of six. DDOE has also expanded its complaint response for citizen reports of unsafe work practices and unsafe property conditions. More than ever, residents can expect a timely response when they witness dangerous renovation practices occurring in their neighborhoods. Additionally, DDOE works with the affected parties to ensure compliance with the specific property, as well as any other property units that the contractor may work on, or that the owner/property manager controls.

With regard to surveillance and the tracking of elevated blood lead levels in children, DDOE has established broad quality assurance programs to ensure that there are no future data discrepancies like those reported in 2003. District labs have been contacted and directed to submit their test results not only to DDOE's database, but also to a separate, "read-only" backup server. Periodically, to verify that the records in both are identical, the CLPPP can then compare the records in its current database with the records in that protected server, and thus provide a new measure of data integrity.

In addition, since late 2007, the District has become one of only three jurisdictions in the country to require its lead inspectors to routinely take water samples as part of the follow-up investigation of a poisoned child's home. If lead is found in the water supply, DDOE urges at-risk residents such as pregnant women, nursing mothers, and parents of children under the age of six to consult their physicians, and possibly take such extra safety precautions as regularly cleaning and replacing aerators, using the first water of the day for a purpose other than drinking and using certified water filters if reconstituting milk or food for an infant.

Another District initiative that has garnered national recognition from the Center for Disease Control's Advisory Council is the District's program for providing some services to families

with children who have blood lead levels between 5-9 ug/dl. Upon discovery of blood lead levels in this range, the District sends a contractor who goes to the home and provides education to the family on reducing home lead levels.

DDOE has also undertaken a proactive campaign to target the highest risk areas of the city for enforcement and a comprehensive lead compliance property registry currently being developed. If a child is identified with an EBL and they live in a multi-family property, the owner/manager is contacted to ensure lead-based paint compliance for *all* their units, not just the unit potentially responsible for the EBL condition. Another promising initiative is DDOE's data sharing process with local Medicaid officials to ensure that Medicaid children are screened for lead poisoning on time. Other jurisdictions that have implemented this strategy have seen double-digit jumps in screening rates.

DDOE also participates in two monthly working groups – one community-based and the other federally mandated – to explore, create and refine lead poisoning prevention activities. It hosts an interagency task force of more than one dozen DC agency representatives for the purpose of ensuring the coordination of government activities and resources.

Finally, since 2003, the District's lead program has strengthened its relationship with the District's Office of the Attorney General (OAG). Today, OAG attorneys participate as full partners in the District's efforts to prevent lead poisoning and eliminate lead-based paint hazards. OAG attorneys actively follow up on enforcement cases where the property owner has failed to comply with an Order to Eliminate Lead-Based Paint Hazards. Since the summer of 2007, OAG has initiated at least thirty cases against property owners, all of which have resulted in consensual or judicial orders of abatement, or other dispositions resulting in abatement.

Conclusion

As my testimony indicates, the District is fully committed to eliminating lead exposure in the District of Columbia. Much progress has occurred since 2003 on the lead poisoning prevention

front in the District, with blood lead levels and the number of lead poisoning cases continuing to decline.

The District's efforts to reduce instances of childhood lead poisoning have been robust, successful, and continuous and the District is vigorously improving its efforts to limit children's present and future exposure to lead-based paint hazards. The District has expended significant resources to understand the extent of any problems that may have occurred in 2003 and ensure that the mistakes of 2003 are never repeated. Still, this administration knows that the large number of homes that still have lead paint in the interior means that the prevention of lead poisoning will continue to be a significant issue for many families and their children. We also acknowledge that we must do everything we can to be vigilant in our monitoring of the District's pre-1978 housing stock and the quality of our water supply.

Thank you again for the opportunity to testify and I look forward to answering any questions you may have.