

In wake of Flint crisis, new proposal seeks to 'focus on the fix' for lead poisoning

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The crisis of lead-contaminated drinking water in Flint, Mich., continues to make headlines—but it's just the most prominent example of an "ongoing and needless tragedy of childhood lead poisoning," according David E. Jacobs, PhD, CIH, a noted authority on childhood lead poisoning prevention. Dr. Jacobs writes in the June *Journal of Public Health Management and Practice*.

The "debacle" in Flint should spur urgently needed but long-delayed action to address the continuing crisis of [lead](#) poisoning in the United States and around the world, says Dr. Jacobs, Chief Scientist at the National Center for Healthy Housing, Columbia, Md, and adjunct professor at the University of Illinois at Chicago School of Public Health. He proposes a three-point plan to identify and eliminate sources of lead exposure nationwide.

Three-Point Plan for Eliminating Lead: 'Find It, Fix It, Fund It'

Two new studies, also in the June issue of *JPHMP*, illustrate the deficiencies of current childhood blood lead screening programs and housing code processes that ignore lead poisoning and other chronic health issues. "Together, both articles demonstrate the need for more robust and effective responses to lead poisoning, which causes 675,000 deaths around the globe," Dr. Jacobs writes. He adds that at least 535,000 US children have elevated blood lead levels.

As the nation seeks answers about what happened in Flint, Dr. Jacobs believes a critical question has gone unasked: "How did that lead get into our pipes and our paint in the first place?" He points out that industrial groups and paint companies continue not only to make lead-containing products, but also to block public health efforts to stop these sources of lead contamination. "Those 'normal business operations' mean that these companies continue to make new lead-based paint in other countries, contaminating even more homes," according to the author.

Dr. Jacobs notes that, in 2000, he helped to craft a Presidential task force plan that would have eliminated lead hazards by 2010. "But Congress never funded it adequately, and as a direct result, the problem has dragged on needlessly, with much higher costs for property maintenance, special education, crime, health care, litigation—and, of course, human suffering."

In his commentary, Dr. Jacobs outlines a three-point plan that "focuses on the fix" for childhood lead poisoning—identifying and eliminating all sources of lead exposure:

- **Find It.** Comprehensive programs are needed to increase testing for lead in homes and pipes, as well as expanded screening of children at risk—especially among Medicaid-eligible children. Dr. Jacobs calls for adequate funding and staffing for effective efforts in every state and large city. He emphasizes the inadequacy of the current "medical model"—in which lead-exposed children aren't identified until after they have been poisoned.
- **Fix It.** Once lead hazards have been identified, corrective action needs to be taken immediately using proven interim methods. In addition, long-term full-scale programs are needed to eliminate all lead drinking-water pipes and all residential lead paint from the US housing stock. Dr. Jacobs also highlights the need for

special education assessment and programs for lead-poisoned children.

- **Fund It.** Dr. Jacobs also calls for accountability for companies that have continued to produce lead-contaminated products, long after the hazards were recognized. He writes, "Industry must help pay to help fix the problem, not just pay their lawyers to drag out court cases for decades and overturn verdicts that have held them accountable." He makes the case that fixing lead hazards is an "economically sound" investment, with a cost-effectiveness even higher than that of childhood vaccines. He also calls on Congress to end the disinvestment in communities and to appropriate the necessary funding.

Dr. Jacobs urges public and environmental health professionals, engineers, and housing professionals to insist on the necessary funding and effort to meet the continuing challenge of [lead poisoning](#). He concludes, "As the nation increasingly turns to its public health professionals for answers, we must speak clearly and forcefully, communicate accurately based on what the science tells us, focus on securing resources needed for solutions, and then make sure that both short and long-term fixes are really working."

Provided by Wolters Kluwer Health

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