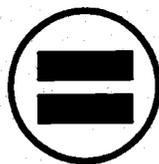

**Portland's Silent Epidemic:
Lead Poisoned African American &
Latino Children**

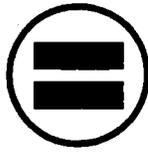


The Urban League of Portland

Our Children



Our Destiny



The mission of the Urban League of Portland is to assist African Americans and others in the achievement of parity and economic self-sufficiency through advocacy, community problem-solving, partnerships and conducting programs designed to strengthen the growth and development of individuals, families, and communities.

Portland's Silent Epidemic:
Lead Poisoned African American & Latino Children - Third Edition
©December 1996

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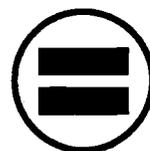
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INTRODUCTION

In the United States, lead poisoning is one of the most common childhood diseases, and children of color are disproportionately its victims. Portland is no different.

Despite federal restrictions on lead use, many low income and children of color in Portland continue to live, learn and play in lead contaminated environments. Ingested and inhaled by children, lead causes many serious health problems including heart disease and possibly cancer. Lead can also cause neuro-behavioral problems such as Attention Deficit Disorder. As a result, in addition to causing health problems, Portland's childhood lead poisoning epidemic also steals education and economic opportunity and parity from primarily low-income and people of color, families and communities – the populations served by the Urban League of Portland.

Portland's childhood lead poisoning epidemic is preventable. What is lacking is a properly designed, funded and executed lead poisoning prevention and education program. Public ignorance and political indifference are the obstacles. The Urban League of Portland's role in stopping childhood lead poisoning is to inform and educate the community we serve, and to mobilize community and political support to fund and create an effective childhood lead poisoning prevention effort.



CHILDREN AT RISK: HEALTH PROBLEMS & DIMINISHED QUALITY OF LIFE

57 million of the 100 million housing units in the United States contain lead-based paint.

Nearly 1 in 10 Latino, Native American and African American children residing in Oregon have lead concentrations in their blood greater than the federal acceptable level². African American and Latino children in Oregon are three times more likely than their white counterparts to be poisoned by lead.

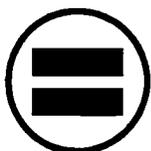
According to the 1990 Census there are 1,751 Latino and 4,155 African American children under 6 years of age in Portland. A Portland State University (PSU) study suggests that populations have increased by 7% for African Americans and 30% for Latinos since 1990. After adjusting for these population increases, an estimated 650 Latino and African American children in Portland are lead poisoned. Lacking an effective campaign to end childhood lead poisoning, every six years there will be several hundred additional lead poisoned small children in Portland.

Childhood Lead Poisoning Can be Serious and Permanent

Children's growing bodies absorb lead easier than adults and the health impacts are much greater. From conception through five years, children are most at risk from suffering a wide variety of lead caused biological and neuro-behavioral problems. Lead can elevate blood pressure, decrease fetal growth, impair vitamin D synthesis, cause kidney dysfunction, damage the heart and cause nerve dysfunction, anemia, brain damage and possibly cancer³.

Medical problems are not the only effects of lead poisoning. Low concentrations of lead can contribute significantly to anti-social behavior, such as hyperactivity, delinquency and aggression⁴. Childhood lead poisoning can cause neuro-behavioral problems, resulting in lower IQ scores and behavioral problems.

The lead poisoned child is more likely to have difficulty learning in school and to experience more social problems in all settings, including school and home. These impacts can be life altering. According to the American Academy of Pediatrics,



4-5 million U.S. children are lead poisoned.

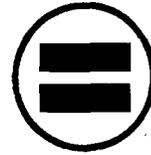
childhood lead poisoning causes reduced educational attainment, diminished job prospects and reduced earning power.

As adults, lead poisoned children are also more likely to have a criminal history^s. Lead poisoning disrupts the health, happiness and economic prosperity of those afflicted, their families and their communities.

Even though there is no safe threshold for lead in children, the Centers for Disease Control (CDC) states that the goal of lead poisoning prevention programs should be to reduce children's blood lead levels below the federal acceptable level of 10 micrograms per deciliter (10ug/dl). Today, the *average* level for all children in the United States is under 6 ug/dl^s.

According to Oregon Health Division, all children should be screened for lead poisoning at 12- and 24-months of age. Currently, very few children, especially those most at risk, are screened.

Since 1993, Medicaid providers are required by federal law to screen children under six years old. Despite this requirement, in 1995 Medicaid doctors in Oregon screened less than 7% of the children who should have been screened for lead poisoning.



LEAD SOURCES & EXPOSURE ROUTES

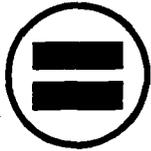
Lead is present in virtually every Portland household. A bluish-gray metal, lead has been mined and used for thousands of years. Lead does not break down or biodegrade. During the twentieth century, lead has been used in many common products including bullets, batteries, gasoline, household water pipes, ceramics, medicines (primarily so-called traditional remedies such as Azarcon, Greta and Payloh), copper pipe and tin-can solder, fishing weights, wine bottle seals, faucet fixtures, paint, and pigment in plastic products such as mini-blinds, ink, crayons and comic books.

Many uses of lead have been banned in the United States within the last twenty years. For example, lead was banned from house paint in 1978, pipe solder in 1986, and was eliminated from gasoline on January 1, 1996. Although banning lead from many consumer products (especially gasoline and house paint) has decreased the frequency and probably the severity of lead poisoning, children continue to be poisoned in their homes.

In Multnomah and Washington counties, children are overexposed to lead primarily from lead-based paint chips and dust from both interior and exterior sources. Other significant lead sources include contaminated soil, drinking water and hobby supplies such as solder and ceramic glaze. Lead can also enter homes on the clothing of workers, including plumbers, remodelers and painters.

Lead-based Solder, Pipes and Faucets

Lead pipes, lead-based copper pipe solder and faucet fixtures are the primary sources of lead in drinking water. As water stands in pipes, lead from one or all of these sources leaches into water (acidic water supplies increase lead leaching from pipes and solder). Eliminating or reducing lead exposure from water conveyance systems involves either replacing lead-based pipes and solder, chemically increasing the alkalinity of the water supply or some combination of both.



In Portland, more than 600 African American and Latino children under six years old are believed to be lead poisoned.

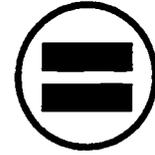
Water from the Bull Run Reservoir, metro-Portland's primary water source, is slightly acidic, causing lead to leach from lead pipes and solder. As a result, Portland fails the federal Lead and Copper Rule (LCR) set by the Environmental Protection Agency. To reduce lead exposure, the LCR requires large water providers to construct and operate a corrosion control treatment facility by January 1997. To comply, the Portland Water Bureau is building a facility to chemically increase alkalinity and will temporarily fund a lead-based paint education program.

Lead-based Paint

For decades lead was added to exterior and interior paint. Although banned in house paint since 1978, lead paint is present in most American homes. According to the U.S. Department of Housing and Urban Development, 57 million of the 100 million housing units in the United States contain lead-based paint on interior or exterior surfaces. As a result, lead-based paint is a significant source of lead exposure for the estimated four to five million U.S. children who suffer from lead poisonings. Investigations by Economics and Engineering Services, Inc., a Portland Bureau of Water Works consultant, indicate that 60% of lead poisoning cases in Multnomah and Washington counties were caused by exposure to lead-based paint through ingestion or inhalation of paint chips, contaminated soil, dust or air.

Children residing in houses or apartments built before 1978 are especially at risk for lead poisoning. Intact lead-based paint does not pose a health threat. When chipped, peeled or blistered, however, lead-based paint chips and dust become available for ingestion, inhalation or both. Dilapidated housing is where most lead poisoned children reside.

While dilapidated dwellings or buildings being renovated are the likeliest sources of lead-based paint exposure, older dwellings in good condition can also be sources of lead dust. Painted house parts that are subject to abrasion may cause lead dust, for example window channels, door jambs and cupboard doors.

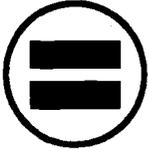


Past paint scraping or peeling may leave the soil around buildings contaminated with lead dust that can be inhaled, ingested or taken up by food crops and eaten.

Ideally, *all* sources of lead should be removed from homes. In the short-term, at least, this is not likely to happen due to the incredible cost of abatement. Therefore, preventing lead poisoning will involve a combination of lead source removal and protective practices.

Protective practices include: running water before drinking; damp mopping window sills and floors several times a week; covering lead-based paint with latex paint; and frequent washing of children's hands and toys.

The advantages of protective practices are low-cost and immediate benefits. Unfortunately, these efforts do not remove the lead threat, which may poison the children of future tenants or home owners. Therefore, when childhood lead poisoning prevention efforts stress non-removal practices such as improved housekeeping and encapsulation, we must remain committed to education, screening and to providing supplies until lead sources are eliminated through normal renovation and replacement. This may take several decades or longer.



Sources of Lead Include:

- batteries
- household water pipes
- pipe solder
- faucet fixtures
- tin-can solder
- plastic mini-blinds
- ink
- crayons
- comic books
- traditional remedies
- fishing weights
- paint dust and chips from house paint manufactured before 1978

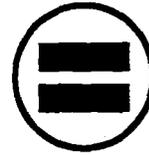
CURRENT PREVENTION EFFORTS

Childhood lead poisoning prevention efforts in Multnomah County are anemic. The OHD will spend approximately \$210,000 per year in '96 and '97 toward lead poisoning prevention. This money, a grant from the CDC, is spent on community education and outreach, blood lead screening, case management for children with high blood lead levels and administration.

The OHD uses most of its sparse resources screening Latino and African American children for lead poisoning (OHD screened approximately 2,500 children in 1995). Outreach results are mixed. Screening in Latino Head Start programs have been relatively effective. Efforts to screen African American children, however, have not. This failure is due largely to a lack of informational outreach to African American communities and an inability to reach African American children in Head Start programs.

An Oregon Medical Assistance Program official estimates there are currently 75,000 Oregon children under six years enrolled in Medicaid. Medicaid providers are minimally required to lead-screen all children at 12 and 24 month "well baby" exams. Nearly 25,000 one and two year olds should be screened annually by OMAP providers. More frequent screening is required for children deemed at higher risk based upon a form filled out by parents. The annual screening rate should probably exceed 30,000 of these 75,000 children. According to the OMAP official, only 1,410 billings for lead screenings were submitted to OMAP in 1995.

Some community clinics, such as the North Portland Nurse Practitioners Community Health Clinic, receive donated lab services for lead screening. As a result, the clinic tests children who they believe are at risk of lead poisoning.



Seller and Landlord Notification

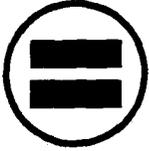
This year, new disclosure laws designed to educate and protect the public go into effect. At the federal level, HUD and EPA are jointly implementing the Residential Lead-Based Paint Hazard Reduction Act of 1992 -- or Title X (ten) as it is commonly known. Title X requires:

- Sellers and landlords to disclose any known lead-based paint hazards in homes. They are also required to relinquish results from any lead tests that were performed before sale or lease.
- Sellers and landlords must give buyers and renters a pamphlet about household lead dangers. The pamphlet was produced by HUD, EPA and the Consumer Product Safety Commission.
- Training and/or licensing requirements for lead removal and control personnel (improper removal can increase exposure).

Over the next two years, OHD will receive \$460,000 from EPA to implement Title X.

Portland Bureau of Water Works Lead Program

Beginning in 1997, the Portland Bureau of Water Works (PBWW) will launch programs to comply with the federal Lead and Copper Rule. The PBWW proposes to chemically increase water alkalinity and design and fund programs to provide water testing and community lead education. A large portion of the lead education effort will focus on lead-based paint because it poses the greatest threat to children. This program is in lieu of *severely* increasing the alkalinity of drinking water. PBWW suggests that this education effort should end in five years. A committee, primarily representing government agencies, is currently meeting to develop the program.



Lead Poisoning Causes:

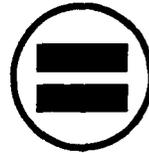
- high blood pressure
- kidney dysfunction
- retarded fetal growth
- heart damage
- nerve dysfunction
- anemia
- brain damage
- lower IQ scores
- hyperactivity
- aggression

PROTECTING OUR CHILDREN NOW

Blood lead screening identifies who is already affected. Preventing childhood lead poisoning requires aggressive efforts to interrupt lead exposure pathways before children are poisoned. While aggressive lead poisoning prevention programs have begun in other states, there currently is neither a comprehensive plan nor funding to eliminate childhood lead poisoning in Oregon. Costs to create and run such a program cannot be calculated until the program is designed.

Protecting Oregon's children from lead poisoning will require developing programs that provide the following:

- Culturally targeted education and awareness campaigns
- Free residential home lead testing
- Legal resources, e.g. counsel about landlord requirements, tenant rights and personal injury claims
- Building code changes, including 100% lead-free faucets in new construction
- State and local ordinances requiring rental property owners to eliminate lead threats and protect tenants who paint over lead-based paint when property owners refuse to comply
- Material resources, such as free lead-free paint for low-income people
- Health care providers need to ensure that all children are screened for lead
- Governor Kitzhaber should direct the Oregon Department of Environmental Quality to identify current and past industrial sources of lead, such as battery processors, and eliminate any threat these lead sources represent to nearby residents
- Through OMAP, Governor Kitzhaber needs to direct Medicaid providers to include lead screening in all 12 and 24-month checkups.



These efforts will not succeed unless they are championed by political and community leaders and properly funded.

Currently, lead poisoning prevention programs are federally funded through agencies such as EPA, CDC and HUD. To date, these agencies have not provided enough funding to develop an effective local program. The Portland Bureau of Water Works will provide approximately \$400,000 annually for the next five years to augment current poisoning prevention programs in the Portland area. While the PBWW proposal represents a huge increase in funding, there still will not be enough money to fund an effective childhood lead poisoning prevention effort. Unfortunately, PBWW plans to discontinue funding this effort in five years.

The Oregon Health Division and local government agencies should work together to increase funding for childhood lead poisoning prevention. Increased funding sources should be long-term, unlike the current short-term and piecemeal sources. A small surcharge on housepaint, for example, is one possible source of funding.



LEAD-FREE CHILDREN: COMMUNITIES AND AGENCIES MUST END THE SILENCE

There is no reason for this epidemic to continue. What is lacking is the political and public will to fund and stop childhood lead poisoning. Silence is complacency. Local and state elected leaders and agency representatives must commit themselves to ending childhood lead poisoning.

While increased funding is needed, money alone will not end childhood lead poisoning. Successful community outreach must involve social service organizations, civic groups, churches, schools, medical clinics and businesses. Parents need to protect their children. Community and church leaders must inform their members. Elected officials should provide leadership and funding. Anything short of a community commitment will result in lead poisoned children.

Our children equal our destiny. It is an issue of priorities. Lead in paint, soil, pipes, faucets and solder in and surrounding homes, schools, day care centers, churches and other buildings continues to threaten tens of thousands of Portland children. We owe these children our promise to end childhood lead poisoning in Oregon before the beginning of the 21st century.

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6. Schwart and Levin 1992, p.43
7. *Comprehensive Evaluation of Alternatives For Lead and Copper Reduction*, Portland Bureau of Water Works, Sec. 3, pg 3 – August 1995 Draft Final Report
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