My name is Dr. Gwen DuBois. I am President of Chesapeake Physicians for Social Responsibility, an activist organization of 700 health care professionals who identify environmental justice as part of its mission, and a member of the Public Health Committee of the Maryland affiliate of the American Medical Association, MEDCHI. Both MEDCHI and Chesapeake Physicians for Social Responsibility, strongly support HB1233. This bill will align Maryland regulations with Federal CDC action guidelines regarding lead exposures in children age 0-6 and pregnant women. It will require MDE working with health departments to complete environmental investigations within 10 days of receiving blood lead level above 5 micrograms per deciliter and require the owner of the property to comply with recommendations within 30 days of receiving the report. In addition, because MDE must make an annual report we might better understand what the major sources of lead poisoning are in Maryland and create policy changes based on this evidence. All of these factors mean that this bill will expedite remediation of lead contaminated environments affecting children and pregnant women.

Lead is a documented neurotoxin. Common sources of exposure are peeling and chipping paint, drinking water, soil, and consumer products including makeup and toys. Children are the most vulnerable to this preventable danger. Children ingest more, absorb more, and the developing brain is more sensitive to the effects of lead exposure than the adult brain. No known threshold for the effects of lead including on IQ has been identified. There are no known safe levels for exposure to lead including to its effects on IQ.

At very high levels, lead exposure can cause vomiting, lethargy, seizures and death. At lower levels, even asymptomatic exposures can be responsible for decreasing IQ, increased distractibility, impulsivity, short attention span, and inability to follow directions, reduce a child’s intellectual, and academic ability. A recent study found hyperactivity in children whose levels averaged only 3.5 microgram per deciliter. Prenatal exposures have been associated with gestational hypertension in the mother, spontaneous abortions, low birth weight and impaired mental

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development in the offspring. Economic lifetime losses in the United States attributable to lead exposure have been estimated to be between $165-233 billion in the cohort of children 6 years of age or less in 2006 associated with an estimated collective IQ loss of 13 million points, 90% of which is estimated in the group with lead levels 2-10.

Primary prevention, which is removing the sources of lead before exposure occurs, is the most reliable and cost-effective way to protect our children according to a policy statement by the American Academy of Pediatrics. The authors reminded pediatricians that education on hand washing and dust control has no effect on reducing lead levels. The Academy goes on to urge pediatricians and parents to promote regulations to test children and housing both before and after abatement, and call for and, I say this loudly to this august body of legislators who can make this happen, “enhanced protection for children who live in lead-contaminated communities or near lead-emitting industries.” This bill does just that: legislate enhanced protection for children who live in lead contaminated communities.

Although I believe that a shortage of affordable, safe housing is an underlying problem that must be addressed, allowing our children to live in lead-contaminated housing is not an acceptable solution. Linking Maryland law to CDC reference levels for initiation of action will help keep our regulations current. By preventing future lead poisoning, children will more likely grow to their full potential. Isn’t that what we all want for our children?

Chesapeake Physicians for Social Responsibility and MEDCHI strongly urge the passage of House Bill 1233

Gwen L. DuBois MD, MPH
President Chesapeake Physicians for Social Responsibility
Member Legislative and Public Health Committees, Medchi
March 2, 2018

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