## ONE HUNDRED FOURTEENTH CONGRESS

## Congress of the United States

## House of Representatives

## COMMITTEE ON ENERGY AND COMMERCE

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February 17, 2016

Dr. Thomas R. Frieden Director Centers for Disease Control and Prevention 1600 Clifton Road Atlanta, GA 30329-4027

Dear Dr. Frieden:

We are writing to request information on the Center for Disease Control and Prevention's (CDC) Childhood Lead Poisoning Prevention Program. In light of recent events in Flint, Michigan, we seek to better understand our federal investment in lead poisoning prevention and surveillance. Additionally, as the incident in Flint has shed light on widespread problems of elevated blood lead levels in children in cities throughout the country, we seek to examine whether additional authorities or resources are necessary to address this major public health challenge.

Lead exposure can cause serious damage to the heart, kidneys, reproductive system, and brain. According to the World Health Organization (WHO), at its most severe exposure levels, lead attacks the brain and central nervous system to cause coma, convulsions, and even death. Lead exposure is particularly harmful to the developing brains and nervous systems of young children—even low levels of exposure are associated with irreversible neurologic damage and behavioral disorders. In 2012, CDC lowered the "reference level" for lead poisoning from 10 micrograms per deciliter to 5 micrograms per deciliter, in recognition of a growing scientific consensus that no amount of lead in the blood is safe for children. The CDC recommends

<sup>&</sup>lt;sup>1</sup> Centers for Disease Control and Prevention, *Very High Blood Levels Among Adults—United States*, 2002-2011, Morbidity and Mortality Weekly Report (Nov. 29, 2013).

<sup>&</sup>lt;sup>2</sup> World Health Organization, Lead Poisoning and Health (www.who.int/mediacentre/factsheets/fs379/en) (accessed Feb. 3, 2016).

<sup>&</sup>lt;sup>3</sup> Centers for Disease Control and Prevention, *Educational Interventions for Children Affected by Lead* (Apr. 2015) (online at www.cdc.gov/nceh/lead/publications/Educational\_Interventions\_Children\_Affected\_by\_Lead.pd f).

follow-up and interventions to reduce lead exposure for children with blood lead levels at 5  $\mu g/dL$  or more.<sup>4</sup>

The CDC's Childhood Lead Poisoning Prevention Program currently provides funding to 29 states, the District of Columbia, and five cities for lead poisoning prevention and surveillance activities.<sup>5</sup> The purpose of the program is to assist public health authorities in building surveillance capacity to identify high risk areas and implement appropriate, population-based interventions wherever needs are identified.<sup>6</sup> The program has experienced decreased funding in recent years, from a funding level of nearly \$30 million in FY2011, down to \$17 million in FY2016.<sup>7</sup> Additionally, while the program was funded exclusively through budget authority in 2011, the program receives all of its current funding from the Prevention and Public Health Fund.<sup>8</sup>

Michigan's Department of Health & Human Services (MDHHS) is a recipient of grant funding under the Childhood Lead Poisoning Prevention Program. According to the MDHHS website, the State uses the CDC grant to "support the coordination of lead poisoning prevention and surveillance services for children in Michigan." It appears that with the help of funding under this program, MDHHS tracks elevated blood lead levels in children less than six years of age by county. 10

Despite receiving funding for blood lead level monitoring and surveillance capabilities, MDHHS failed to appropriately detect and respond to rising blood lead levels in children after the city of Flint switched the city's water supply to the Flint River.

<sup>&</sup>lt;sup>4</sup> Centers for Disease Control and Prevention, *Fact Sheet: Blood Lead Levels in Children* (online at www.cdc.gov/nceh/lead/acclpp/lead\_levels\_in\_children\_fact\_sheet.pdf) (accessed Feb. 3, 2016).

<sup>&</sup>lt;sup>5</sup> Centers for Disease Control and Prevention, *PPHF 2014: Lead Poisoning Prevention-Childhood Lead Poisoning Prevention—Financed Solely By 2015 Prevention and Public Health Funds* (online at www.cdc.gov/nceh/lead/funding.htm) (accessed Feb. 3, 2016).

<sup>6</sup> *Id*.

<sup>&</sup>lt;sup>7</sup> House Appropriations Committee, *Division H—Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2016* (Dec. 15, 2015).

<sup>&</sup>lt;sup>8</sup> *Id*.

<sup>&</sup>lt;sup>9</sup> Michigan Department of Health & Human Services, Healthy Homes and Lead Poisoning Prevention (online at www.michigan.gov/mdhhs/0,5885,7-339-73971\_4911\_4913---,00.html) (accessed Feb. 3, 2016).

<sup>&</sup>lt;sup>10</sup> Michigan Department of Health & Human Services, 2013 Data Report on Childhood Lead Testing and Elevated Levels (July 28, 2014) (online at www.michigan.gov/documents/mdhhs/CLPPP\_2013\_Data\_Report\_502175\_7.pdf).

In July 2015, a report from MDHHS warned that lead poisoning rates "were higher than usual for children under age 16 living in the City of Flint during the months of July, August and September, 2014," shortly after the switch to the Flint River water supply. 11 The memo found that "even compared to the previous three years, the portion of first-time EBLL [elevated bloodlead levels] is highest during summer 2014." This data was shared with the office of Governor Snyder and the MDHHS Director over the summer of 2015. It is unclear whether any actions were taken to address the growing crisis at this point.

In September of 2015, Dr. Mona Hanna-Attisha, a researcher and director of the pediatric residency program at Hurley Medical Center in Flint, Michigan, announced her findings that the percentage of children in Flint with lead poisoning doubled since officials switched the city's water supply to the Flint River, from 2.1 percent to 4 percent.<sup>13</sup> In some zip codes, the increase was as high as 6.3 percent.

Initially, State officials dismissed Dr. Hanna-Attisha's data, and claimed that this blood lead level spike was "seasonal and not related to the water supply." An email from a MDHHS spokeswoman to other state officials states, "MDHHS epidemiologists continue to review the 'data' provided by a Hurley hospital physician that showed an increase in lead activity following the change in water supply." The email goes on to say that the state had looked at "five comprehensive years [of data] and saw no increase outside the normal seasonal increases." <sup>15</sup>

State epidemiologists then reviewed Dr. Hanna-Attisha's data and reached her same conclusions: the switch to Flint River water was causing elevated blood lead levels in Flint's children. <sup>16</sup> By October 16, 2015, Michigan officials announced plans to switch Flint's water system back to its original Detroit water source. <sup>17</sup>

<sup>&</sup>lt;sup>11</sup> Michigan Ignored 'Conclusive Evidence' Of Flint Lead Poisoning, Researcher Says, Huffington Post (Dec. 21, 2015).

<sup>&</sup>lt;sup>12</sup> Michigan Department of Health and Human Services, *Elevated Blood Lead Levels Among Children* < 16 Years of Age: City of Flint, May 2011-April 2015 (July 27, 2015). This report was produced in response to FOIA request #2015-557 by Dr. Marc Edwards, Virginia Tech.

<sup>&</sup>lt;sup>13</sup> Our Mouths Were Ajar': Doctor's Fight to Expose Flint's Water Crisis, CNN (Jan. 22, 2016); State Data Confirms Higher Blood-Lead Levels in Flint Kids, Detroit Free Press (Sept. 29, 2015).

<sup>&</sup>lt;sup>14</sup> State Data Confirms Higher Blood-Lead Levels in Flint Kids, Detroit Free Press (Sept. 29, 2015).

<sup>&</sup>lt;sup>15</sup> State's Top Doctor Admits 'Missed Opportunity' For Earlier Flint Response, Detroit Free Press (Jan. 23, 2016).

<sup>&</sup>lt;sup>16</sup> Who Poisoned Flint, Michigan?, Rolling Stone (Jan. 22, 2016).

<sup>&</sup>lt;sup>17</sup> Flint reconnects to Detroit water, may take 3 weeks to clear all pipes, MLive (Oct. 16, 2015).

We seek CDC's assistance to better understand how the State of Michigan used its three-year funding from CDC and why Michigan officials failed to detect and respond to rising lead blood levels in children after the city of Flint switched the city's water supply to the Flint River.

The gravity of the situation in Flint, Michigan has brought to light equally troubling circumstances across the United States. Congress banned lead water pipes 30 years ago, but between 3.3 and 10 million older pipes remain in use throughout the country. <sup>18</sup> In the last fifteen years, a number of cities – including Washington, D.C., Durham and Greenville, North Carolina, Columbia, South Carolina, and Jackson, Mississippi – have reported unsafe levels of lead in their drinking water. <sup>19</sup> In addition to lead in the water supply, some four million children in the United States live in homes that have lead-based paint that can result in lead poisoning. Lowincome and minority children are disproportionately affected by these conditions. <sup>20</sup>

According to recent news reports, eleven cities in New Jersey have a higher proportion of young children with dangerous lead levels than Flint, Michigan. Eighteen cities in Pennsylvania reported higher levels of lead exposure than Flint, with nearly a quarter of all children testing above the 5  $\mu$ g/dL reference level in some cities. According to the most recent CDC data, Pennsylvania, New York, Ohio, Illinois, Massachusetts, and New Jersey have the highest reported numbers of children with blood lead levels at or above 5  $\mu$ g/dL.

These children are at risk for serious intellectual, behavioral, and academic deficits, with lifelong and irreversible consequences.<sup>24</sup> We seek to understand whether our federal investments in lead poisoning prevention and public health surveillance are up to the task of addressing this public health challenge and whether additional resources are merited.

<sup>&</sup>lt;sup>18</sup> Unsafe Lead levels in Tap Water Not Limited to Flint, New York Times (Feb. 8, 2016).

<sup>&</sup>lt;sup>19</sup> *Id*.

<sup>&</sup>lt;sup>20</sup> Centers for Disease Control and Prevention, *Fiscal Year 2016 Justification of Estimates for Appropriation Committees* (www.cdc.gov/budget/documents/fy2016/fy-2016-cdc-congressional-justification.pdf).

<sup>&</sup>lt;sup>21</sup> Why 11 N.J. Cities Have More Lead-Affected Kids Than Flint, Michigan, NJ.com (Feb. 3, 2016).

<sup>&</sup>lt;sup>22</sup> 18 Cities in Pennsylvania Reported Higher Levels of Lead Exposure than Flint, Vox (Feb. 3, 2016).

<sup>&</sup>lt;sup>23</sup> Centers for Disease Control and Prevention, *Number of Children Tested and Confirmed BLL's*  $\geq$ 10  $\mu$ g/dL by State, Year, and BLL Group, Children < 72 Months Old (Jan. 11, 2016). The most recent data is from 2014. Data is not available for all states.

<sup>&</sup>lt;sup>24</sup> Centers for Disease Control and Prevention, *Fiscal Year 2016 Justification of Estimates for Appropriation Committees* (www.cdc.gov/budget/documents/fy2016/fy-2016-cdc-congressional-justification.pdf).

To assist our inquiry, please provide the following information and answers to the following questions at your earliest convenience:

- 1. Please provide all grant documents and reports submitted by the MDHHS under the CDC's Childhood Lead Poisoning Prevention Program.
  - a. Please provide all grant documents and reports submitted by all other state agencies under the CDC's Childhood Lead Poisoning Prevention Program in the past five years.
- 2. According to news reports, Michigan state data confirmed a spike in blood lead levels after the city switched to the Flint River water source as early as July 2015; however, MDHHS officials originally claimed that this spike was "seasonal and not related to the water supply."<sup>25</sup>
  - a. Was this a reasonable conclusion to draw?
  - b. Did MDHHS seek technical assistance from CDC in interpreting blood lead level results at any point in 2014-2015? If not, should they have sought such assistance?
- According to a release by the U.S. Department of Health and Human Services, the CDC has presented recommendations for lead testing in children to the MDHHS. CDC has recommended that all children 6 years of age and under be tested by April 1, 2016, and that subsequent services are identified for children who have a blood lead level of 5 μg/dL or more.<sup>26</sup>
  - a. Please provide additional detail on these recommendations, and what subsequent services should be recommended for children who have a blood lead level of 5  $\mu$ g/dL or greater.
  - b. Given the prevalence of blood lead levels of 5 μg/dL or more in many cities beyond Flint, Michigan, will CDC be issuing similar recommendations to other states, cities, or municipalities that have documented elevated blood lead levels in children?
- 4. Tragedies like Flint, Michigan underscore the importance of CDC's role in providing funding and technical assistance for surveillance of blood lead levels through the Childhood Lead Poisoning Prevention Program. Surveillance to detect high risk areas

<sup>&</sup>lt;sup>25</sup> State Data Confirms Higher Blood-Lead Levels in Flint Kids, Detroit Free Press (Sept. 29, 2015).

<sup>&</sup>lt;sup>26</sup> U.S. Department of Health and Human Services, *Press Release: Federal Effort Delivering Progress on Priorities to Bolster Flint Recovery* (Feb. 2, 2016).

and "hot spots" is the key to designing appropriate and timely public health interventions to address this public health challenge. Yet funding for the program has declined significantly since FY2011, and according to news reports, twenty-one states do not submit any kind of lead surveillance data to the CDC.<sup>27</sup>

- a. Please provide a briefing for Democratic Committee staff on the history of the Childhood Lead Poisoning Prevention Program, historic funding levels, and programmatic activities conducted by recipients under the grant.
- b. Given the emerging consensus that no level of lead in the blood is safe in children, should the program be expanded to ensure that all major cities and all states have robust surveillance capabilities? If so, what additional resources does the agency need to expand the program?
- c. Are there any additional resources or authorities that the agency needs to address the public health challenge of lead poisoning in children?
- 5. According to one reporter who contacted the six cities currently receiving funding from the CDC under the Childhood Lead Poisoning Prevention Program—Houston, Philadelphia, Los Angeles, Washington, DC, Chicago, and New York City—only two were able to provide lead exposure data at the neighborhood level.<sup>28</sup> The other four recipients did not make blood lead level results easily accessible to the public.<sup>29</sup>
  - a. Is this an accurate characterization? Are grant recipients not required to make results of blood lead levels available to the public?
  - b. Would CDC consider making this a grant requirement or recommendation in the future? Could greater transparency in lead surveillance programs provide actionable and relevant information to families in high risk areas about potential lead exposure issues?
  - c. Additionally, according to the article, some grant recipients are only reporting lead exposure incidents where the level of lead in the blood is 10  $\mu g/dL$ , instead of the 5  $\mu g/dL$  reference level established by the CDC in 2012. 30 Should health departments be reporting lead exposure incidents using the 5

<sup>&</sup>lt;sup>27</sup> America Does a Terrible Job Tracking How Many Kids Have Lead Poisoning, Vox (Feb. 5, 2016) (online at www.vox.com/2016/2/5/10922708/lead-poisoning-children).

<sup>&</sup>lt;sup>28</sup> 18 Cities in Pennsylvania Reported Higher Levels of Lead Exposure than Flint, Vox (Feb. 3, 2016).

<sup>&</sup>lt;sup>29</sup> Id.

 $<sup>^{30}</sup>$  Id.

μg/dL reference level? What can CDC do to encourage or require such reporting?

- 6. According to news reports, even those states that submit data regularly to the CDC on blood lead levels do not appear to submit comprehensive or complete data. Some states appear to be providing results based on very small sample sizes, making it difficult to draw any conclusions about whether they are representative.<sup>31</sup> In Texas, for instance, only 184 children were tested for lead poisoning in 2014, although the state's population of kids under six exceeds 2 million.<sup>32</sup> States such as Alabama appear to only test kids that they suspect have been exposed to lead, as opposed to more broad-based testing.<sup>33</sup>
  - a. Does CDC require or recommend that states use any particular sampling or testing methodologies to ensure that results are representative? Does CDC provide any guidance on who should be tested or what data should be reported to the CDC? Should health departments be using larger sample sizes in order to provide the public with a more accurate picture of lead hazards in their communities? What can CDC to encourage or require states to use larger or more representative sample sizes?

Thank you for you work on this critical challenge. Your prompt assistance is appreciated. If you have any questions, please contact Una Lee of the minority committee staff at (202) 225-3641.

Sincerely,

Frank Pallone, Jr. Ranking Member

Gene Green
Ranking Member

Subcommittee on Health

<sup>&</sup>lt;sup>31</sup> America Does a Terrible Job Tracking How Many Kids Have Lead Poisoning, Vox (Feb. 5, 2016) (online at www.vox.com/2016/2/5/10922708/lead-poisoning-children).

<sup>&</sup>lt;sup>32</sup> Untold Cities Across America Have Higher Rates of Lead Poisoning Than Flint, Washington Post (Feb. 4, 2015) (online at www.washingtonpost.com/news/morning-mix/wp/2016/02/04/untold-cities-across-america-have-higher-rates-of-lead-poisoning-than-flint).

<sup>&</sup>lt;sup>33</sup> America Does a Terrible Job Tracking How Many Kids Have Lead Poisoning, Vox (Feb. 5, 2016) (online at www.vox.com/2016/2/5/10922708/lead-poisoning-children).

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