

ONE HUNDRED FOURTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**  
COMMITTEE ON ENERGY AND COMMERCE  
2125 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-6115  
Majority (202) 225-2927  
Minority (202) 225-3641  
February 22, 2016

Mr. Nick Lyon  
Director  
Michigan Department of Health and Human Services  
Capitol View Building  
201 Townsend Street  
Lansing, Michigan 48913

Dear Mr. Lyon:

We are writing to request information on the Michigan Department of Health and Human Services (MDHHS) role in preventing and addressing the drinking water crisis in Flint, Michigan. MDHHS is responsible for coordinating the State's lead poisoning prevention and surveillance efforts and receives federal funds in furtherance of these goals. It is important that we understand those efforts and how they played a role in the current crisis.

Lead exposure can cause serious damage to the heart, kidneys, reproductive system, and brain.<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup> In 2012, the Centers for Disease Control and Prevention (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

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<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>2</sup> World Health Organization, Lead Poisoning and Health ([www.who.int/mediacentre/factsheets/fs379/en/](http://www.who.int/mediacentre/factsheets/fs379/en/)) (accessed Feb. 3, 2016).

<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.pdf](http://www.cdc.gov/nceh/lead/publications/Educational_Interventions_Children_Affected_by_Lead.pdf)).

safe for children. The CDC recommends follow-up and interventions to reduce lead exposure for children with blood lead levels at 5 µg/dL or more.<sup>4</sup>

MDHHS receives federal funding that can be used for lead poisoning prevention programs through two federal grants, both issued through the CDC.

The Childhood Lead Poisoning Prevention Program, designed to eliminate childhood lead poisoning in the United States, provides funding to state health departments to screen children for elevated blood level levels.<sup>5</sup> Through this program, the Michigan Department of Community Health (part of MDHHS) was awarded three-year funding for lead poisoning prevention programmatic activities in 2014.<sup>6</sup> In FY 2014, the state of Michigan received \$327,353 funds for these efforts.

Michigan's Healthy Homes and Lead Poisoning Prevention (HHLPP) program, funded by this CDC grant, supports the "coordination of lead poisoning prevention and surveillance services for children in Michigan." Genesee County, where Flint is located, receives funding for "community-based, prevention activities which include the identification of young children at risk for blood lead poisoning."<sup>7</sup>

CDC also provides funding to states through the Preventive Health and Health Services Block Grant to address public health needs in locally defined ways.<sup>8</sup> One of the goals of this grant is to provide money to address environmental health issues, including assessment of children's blood lead levels.<sup>9</sup> In FY2015, Michigan received nearly \$6 million from this grant.

Despite receiving funding for these 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.

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<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](http://www.cdc.gov/nceh/lead/acclpp/lead_levels_in_children_fact_sheet.pdf)) (accessed Feb. 3, 2016).

<sup>5</sup> Centers for Disease Control and Prevention, *CDC's Childhood Poisoning Prevention Program* (Feb. 9, 2015) (online at [www.cdc.gov/nceh/lead/about/program.htm](http://www.cdc.gov/nceh/lead/about/program.htm)).

<sup>6</sup> Centers for Disease Control and Prevention, *CDC's Childhood Poisoning Prevention Program Funding* (Dec. 9, 2014) (online at [www.cdc.gov/nceh/lead/funding.htm](http://www.cdc.gov/nceh/lead/funding.htm)).

<sup>7</sup> Michigan Department of Health & Human Services, *Health Homes and Lead Poisoning Prevention: General Information* (accessed Feb. 3, 2016) (online at [www.michigan.gov/documents/CLPPPgeninfo\\_155622\\_7.pdf](http://www.michigan.gov/documents/CLPPPgeninfo_155622_7.pdf)).

<sup>8</sup> Centers for Disease Control and Prevention, *Preventive Health and Health Services Block Grant* (Apr. 15, 2015) (online at [www.cdc.gov/phhsblockgrant/](http://www.cdc.gov/phhsblockgrant/)).

<sup>9</sup> Healthy People 2020, *Environmental Health* (accessed Feb. 3, 2016) (online at [www.healthypeople.gov/2020/topics-objectives/topic/environmental-health](http://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health)).

In July 2015, MDHHS undertook an assessment to determine if children in Flint were showing elevated blood lead levels by examining data from May 2011 to April 2015. The internal report found 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.”<sup>10</sup> The report noted that “even compared to the previous three years, the proportion of first-time EBL [elevated blood-lead levels] is highest during summer 2014.”<sup>11</sup> In order to conduct this assessment, MDHSS used data provided through the Childhood Lead Poisoning Prevention Program.<sup>12</sup>

In reaction to the report, Robert L. Scott, the data manager for Healthy Homes and Lead Poisoning Prevention within MDHHS noted, “I think, that the water was not a major factor here.”<sup>13</sup> This MDHHS report was shared with the office of Governor Rick Snyder and the MDHHS Director over the summer of 2015.<sup>14</sup> It is unclear whether any actions were taken to address the growing crisis at this point. An email two months later among MDHHS officials stated, “Flint’s water supply is not an imminent public health problem but a public confidence problem due to the many groups getting involved and controversial reports/media coverage on it.”<sup>15</sup>

In September 2015, Dr. Mona Hanna-Attisha, a researcher and director of the pediatric residency program at Hurley Medical Center in Flint, Michigan, contacted MDHHS about her findings of significant increases in her patients’ blood lead levels.<sup>16</sup> She held a press conference

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<sup>10</sup> *Michigan Ignored ‘Conclusive Evidence’ Of Flint Lead Poisoning, Researcher Says*, Huffington Post (Dec. 21, 2015).

<sup>11</sup> *State’s top doctor admits ‘missed opportunity’ for earlier Flint response*, Detroit Free Press (Jan. 23, 2016).

<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>13</sup> Email from Robert L. Scott, Michigan Department of Health and Human Services, to Nancy Peeler Michigan Department of Health and Human Services (July 28, 2015). This email was produced in response to FOIA request #2015-557 by Dr. Marc Edwards, Virginia Tech.

<sup>14</sup> *State’s top doctor admits ‘missed opportunity’ for earlier Flint response*, Detroit Free Press (Jan. 23, 2016).

<sup>15</sup> Email from Mikelle Robinson, Michigan Department of Health and Human Services to Corinne Miller et al., Michigan Department of Health and Human Services (Sept. 23, 2015). This email was produced in response to FOIA request #2015-557 by Dr. Marc Edwards, Virginia Tech.

<sup>16</sup> Email from Mona Hanna-Attisha, Director, Pediatric Residency Program, Hurley Medical Center, to Michigan Department of Health and Human Services Staff (Sept. 16, 2015).

on September 25, 2015, to announce these findings.<sup>17</sup> Her 1,746 test results showed that the number of Flint children with elevated blood levels jumped from 2.1 percent in 2012 and 2013 to 4 percent in 2015. In some zip codes, the increase was as high as 6.3 percent.

Initially, State officials suggested that Dr. Hanna-Attisha's data didn't match their own. 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>18</sup> In response to press requests on Flint's lead levels, an MDHHS official proposed this response: "While the trend for Michigan as a whole has shown a steady decrease in lead poisoning year by year, smaller areas such as the city of Flint have their bumps from year to year while still trending downward overall."<sup>19</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>20</sup> By October 16, 2015, Michigan officials announced plans to switch Flint's water system back to its original Detroit water source.<sup>21</sup>

This series of events raises many questions about the adequacy of the lead testing and surveillance efforts conducted by MDHHS, and may provide important lessons moving forward on how best to conduct such surveillance not only in Michigan but throughout the country.

To assist in our inquiry, please provide the following documents and information at your earliest convenience:

1. Please provide all grant documents and reports submitted by the MDHHS under the CDC's Lead Poisoning Prevention Program.

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This email was produced in response to FOIA request #2015-557 by Dr. Marc Edwards, Virginia Tech.

<sup>17</sup> *State's top doctor admits 'missed opportunity' for earlier Flint response*, Detroit Free Press (Jan. 23, 2016).

<sup>18</sup> *Id.*

<sup>19</sup> Email from Robert L. Scott, Michigan Department of Health and Human Services, to Angela Minicuci and Nancy Peeler, Michigan Department of Health and Human Services (Sept. 25, 2016). This email was produced in response to FOIA request #2015-557 by Dr. Marc Edwards, Virginia Tech.

<sup>20</sup> *Who Poisoned Flint, Michigan?*, Rolling Stone (Jan. 22, 2016).

<sup>21</sup> *Flint reconnects to Detroit water, may take 3 weeks to clear all pipes*, MLive (Oct. 16, 2015).

2. What funding has MDHHS received through the Childhood Lead Poisoning Prevention Program in the past three fiscal years? How has MDHHS used that funding? Has any of that funding been dedicated to blood lead level testing in Flint?
  - a. According to the MDHHS website, Genesee County receives funding for “community-based, prevention activities which include the identification of young children at risk for blood lead poisoning.”<sup>22</sup> How has that funding been used?
3. How has MDHHS used the funding it has received from the Preventive Health and Health Services Block Grant in the past three fiscal years? Please provide a detailed description of how such funds have been used.
  - a. Has MDHHS used any of the funding provided by the Preventive Health and Health Services Block Grant for monitoring of children’s blood lead levels, either in Flint or elsewhere in Michigan? If so, please explain in detail how these funds were used.
  - b. Does MDHHS plan to use any of this block grant funding for blood lead level testing or monitoring as the State responds to the current crisis in Flint?
4. The July 2015 MDHHS memo confirmed a spike in blood lead levels in the summer of 2014, after the city switched to the Flint River water source; however, MDHHS officials originally claimed that this spike was “seasonal and not related to the water supply.”<sup>23</sup>
  - a. What led MDHHS to compile the July 2015 report?
  - b. What was the basis for MDHHS’s conclusion that the spike was not related to the water supply?
  - c. Did MDHHS seek technical assistance from the CDC or any other experts in interpreting blood lead level results? If not, should the agency have considered seeking such assistance?
  - d. Please provide all documents and communications related to this report.

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<sup>22</sup> Michigan Department of Health & Human Services, *Health Homes and Lead Poisoning Prevention: General Information* (accessed Feb. 3, 2016) (online at [www.michigan.gov/documents/CLPPPgeninfo\\_155622\\_7.pdf](http://www.michigan.gov/documents/CLPPPgeninfo_155622_7.pdf)).

<sup>23</sup> *State Data Confirms Higher Blood-Lead Levels in Flint Kids*, Detroit Free Press (Sept. 29, 2015).

5. The July 2015 report listed as a source "Data for the City of Flint was provided by the Childhood Lead Poisoning Prevention Program at the Michigan Department of Health and Human Services."<sup>24</sup> How is that data compiled? What data was provided to assist in compiling the July 2015 report?
6. In September 2015, State officials received Dr. Hanna-Attisha's findings that Flint children's blood lead levels had increased significantly following the switch to the Flint River. State officials suggest it is different from their own data, which showed "no increase outside the normal seasonal increases."<sup>25</sup>
  - a. How was MDHHS conducting blood lead level testing? How was that different from Dr. Hanna-Attisha's methodology?
  - b. What steps, if any, did MDHHS take to verify Dr. Hanna-Attisha's findings?
  - c. Please provide all documents and communications related to Dr. Hanna-Attisha's findings, including documents related to any efforts to verify or refute her findings.
7. According to a release by the U.S. Department of Health and Human Services, CDC and the Agency for Toxic Substances and Disease Registry (ATSDR) are working with the State to determine the number of children who have been exposed to lead.
  - a. Please explain the current process being undertaken to determine how many children have been exposed to lead.
  - b. When will the screening process be completed?
  - c. Once the screening is completed, what are the next steps?
  - d. Given that the neurological and behavioral impacts of lead exposure in children are irreversible and often take years to detect, what is the agency's plan to monitor children's lead levels and provide appropriate interventions over the long term?

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<sup>24</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>25</sup> *State's top doctor admits 'missed opportunity' for earlier Flint response*, Detroit Free Press (Jan. 23, 2016).

8. Has MDHHS implemented any changes to its methodology for blood lead level testing? If so, please explain.
9. In 2012, the Centers for Medicare & Medicaid Services (CMS) revised its policy with respect to screening Medicaid eligible children for lead poisoning to align with the CDC recommendations.<sup>26</sup> The CDC encouraged targeted screening in states that have sufficient data to demonstrate that universal screening is not the most effective method of identifying exposure to lead.
  - a. What is the State's lead screening plan for Medicaid beneficiaries? Has the State changed lead screening practices in light of the revised 2012 guidance?
  - b. A base level of lead screenings and support services are required for children under the age of 21. Has the State opted to support any lead screening or support services for other populations in the Medicaid program?
  - c. What services are available to Medicaid beneficiaries found to have elevated blood levels?
  - d. Please provide the incidence of elevated blood levels among the Medicaid population.

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

Sincerely,

  
Frank Pallone, Jr.  
Ranking Member

  
Gene Green  
Ranking Member  
Subcommittee on Health

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<sup>26</sup> Memorandum from the Centers for Medicare & Medicaid Services re: Medicaid Lead Screening and EQRO protocols (Mar. 30, 2012) (online at [www.medicaid.gov/federal-policy-guidance/downloads/cib-03-30-12.pdf](http://www.medicaid.gov/federal-policy-guidance/downloads/cib-03-30-12.pdf)).

Mr. Nick Lyon  
February 22, 2016  
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Diana DeGette  
Ranking Member  
Subcommittee on Oversight  
and Investigations



Paul D. Tonko  
Ranking Member  
Subcommittee on Environment  
and the Economy

cc: Chris Priest, Medicaid Director  
Department of Community Health