

## Rhode Island struggles to address lead poisoning problem

Advocates, government agencies propose opposing ideas to improve childrens' well-being

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Courtesy of FEMA



As a toddler, Childhood Lead Action Project employee Antoinette Dow's six-year-old son, who has been diagnosed with autism, began chewing on window sills, walls and other non-food material around the house. The mouthing behavior was a result of pica, a condition that caused him to chew on anything around him. Dow did not realize the chewing posed a health threat until her mother-in-law instructed her "to get him tested" for lead poisoning. *A blood test revealed a blood level of 15 micrograms of lead per deciliter of blood — 10 counts higher than what the Center of Disease Control deems safe. With that assessment, Dow's son was diagnosed with lead poisoning.*

"I felt awful," Dow said. "You should be protecting your child, and you're doing everything you can, but something still happens. It's kind of out of control of the parent unless they have the knowledge, they need to look for the right things."

**After the diagnosis, Dow hired a company to come into her Attleboro, Massachusetts home, which was built in the 1960s, to make it lead safe. After spending two-and-a-half weeks in a hotel, the family returned to their house believing their troubles were over. But there was a board in a closet that had not been removed, and Dow's son began biting on it.**

"His blood levels shot up to 47, which immediately sent us to Boston Children's Hospital," Dow said. "(That) was terrifying."

Dow's son's lead levels decreased with chelation therapy, which binds a solution to lead in the blood and removes toxins from the bloodstream. But Dow's fight to keep her son away from lead is far from over. Two years after the initial inspection, Dow said they "found a few more issues" in her home, which pose financial and logistical challenges.

Dow is far from the only parent in the region to struggle with old housing stock and its risk of lead exposure. A high percentage of Rhode Islanders experience lead poisoning in comparison to other states.

**According to the Rhode Island Department of Health, 80 percent of homes in the state were built before 1978 and therefore contain a high level of lead paint. The state has also exceeded the Environmental Protection Agency’s recommended lead levels in the water “10 times or more” in the last 25 years, [The Associated Press reported](#).**

Providence Water’s 2016 Annual Water Quality [Report](#) revealed that Providence exceeded the maximum lead levels allotted by the EPA in the latter half of 2016 — an excess that “triggered public notification and treatment technique requirements,” according to the report. Over the past 10 years, Providence Water has spent \$45 million replacing the city’s water pipes, [The Providence Journal reported](#).

But according to Laura Brion '04, executive director of the Childhood Lead Action Project of Rhode Island, the replacement of some Providence pipes is not enough to curtail lead poisoning in the community. When only some pipes are replaced, lead and non-lead metal pipes can interact and cause a corrosion in the pipes that adds more lead to the water, she added.

**It is important to take a holistic approach when examining the lead problem, Brion said. For example, her group helped to pass a “universal screening program” that mandates all children under six years old be screened for elevated lead levels annually.**

“There is no way you can tell that a child is lead poisoned unless you take a blood test,” Brion said. “Often kids are totally asymptomatic in the moment, even though permanent brain damage might be occurring as you’re just sitting there.

In addition to fighting for more comprehensive diagnostic testing, Brion is focused on helping communities that are frequently affected by lead poisoning.

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Foster children are among the most vulnerable to lead poisoning, Brion said. Article 15 of Gov. Gina Raimondo’s FY 2019 Budget seeks to address the overall well-being of foster children, but it may risk their lead safety, Brion said. The article reduces the safety standards for the houses of foster families to a “visual lead inspection,” which is intended to increase both the number of children placed in foster homes and the federal grant money that the Department of Children,

“According to the Programming Services Officer for Rhode Island DCYF Kerri White, Article 15 will ultimately help children. “Child safety is our number one priority. One of the best ways to ensure that our children thrive is by placing them with loving, caring foster families, and preferably with kinship providers,” she wrote in an email to The Herald, adding that potential foster families will be notified of any problems found during the visual inspection and informed of resources to help mitigate lead hazards. A follow-up visit will inspect whether any action has been taken, White wrote.

“This proactive inspection work, along with Rhode Island’s requirement that all children receive two blood lead screenings by 3 years of age, will help us continue to lower our lead poisoning incidence rate while also reducing a substantial barrier to licensing our kinship foster homes,” she wrote.

**But lead safety advocates stress that there are other ways to facilitate more efficient lead certification for foster families without sacrificing high standards.**

**“You can’t set this so you are pitting helping children against helping children,” Brion said. “There has to be a better way.”**

**In a follow-up interview with The Herald, Simon said foster children are some of the most vulnerable in the state, and that “adding lead to what else they’re being exposed to makes me sick.”**

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Peter Simon, associate professor of the practice of epidemiology and former pediatrician for the health department in Rhode Island, testified against the article at a House Finance Committee hearing. Simon told lawmakers that Article 15 is a “bad idea” he told the Herald.

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Simon said people who don’t understand lead’s “impact on life course” cannot understand how this reduction in safety standards will affect children. A 2016 University study by Simon and Patrick Vivier, professor of health services, policy and practice and professor of pediatrics, showed that even low levels of lead can affect children’s test scores.

Despite laws and regulations, Dow said the most important component of prevention is educating parents and getting kids tested.

“What I see the most on my Facebook and with other parents is them not wanting their kids to get a finger prick or blood drawn because it’s not fun. No one wants to see their kid in pain,” she said. “But it’s so important that they go through with it. That two seconds of pain is much better than brain damage in the long run.”