Black, Latino, and Asian-Pacific. These children are disproportionately exposed to lead, she states, "because the majority of Third World children living in the inner-city come from low-income families who live in old buildings poorly maintained by the landlords."

Official figures documenting lead's toll on minority children are difficult to obtain, as most surveys do not maintain statistics by race. However, one national study conducted between 1976 and 1980 by the National Health and Nutritional Examination Survey (HANES), indicates that 12 percent of all Black children and over 18 percent of children whose families earned annual incomes of less than $6,000 were found to have dangerous levels of lead in their blood. Only two percent of white children showed symptoms of lead poisoning.

Blaming the Victim

Connie Turner of Providence, Rhode Island, whose two year old son is undergoing treatment for low-level lead poisoning, angrily notes: "There is little regard among family practitioners for environmental health problems. Medical doctors are so misinformed or just ignorant of the origins of lead in children that they treat you like you're an unfit mother who doesn't know how to supervise her kids—like you're supposed to wash their hands every five minutes and keep toys out of their mouths—that's ridiculous!"

The results of lead poisoning are tragic: if it is not detected early enough and treated, lead poisoning can be fatal. Even low levels of lead in a child's blood can produce listlessness, delayed speech development, poor verbal processing, and decreased attention span—all symptoms which may go unnoticed in a toddler or young child. Once lead reaches serious levels, it can lead to severe brain damage, cerebal palsy, mental retardation, and even death.

Lead poisoning is often not discovered until children are in school, when they are unable to sit still in a classroom or make average scores on IQ tests. When the problem is discovered, children are often misdiagnosed as learning disabled and "tracked" into special education classes.

Dr. Jane S. Lin-Fu, a pediatrician at the Health Resources and Services Administration of the Department of Health and Human Services in Rockville, Maryland, claims that there is no reason for a health hazard such as lead poisoning to exist:

Deregulation brew

"There is no justification for not using these already proven methods for the prevention of lead poisoning."

"We spend millions of dollars to research complicated health issues that still don't have cures, yet we know where lead comes from in the environment and we know how to control its presence . . . There is no justification for not using these already proven methods for the prevention of lead poisoning."

Government Neglect: The Real Guilty Party

Why do thousands of inner-city children still fall victim to this silent killer if its causes are known and preventable? The answer might be best stated in terms of another instance of the government's so-called "benign neglect" of minority needs— except that the results of this neglect are far from benign.

Public outcry in the 1970's forced the federal government to establish several federal programs to deal with the problem. The Environmental Protection Agency (EPA) set goals for a phase-out of leaded gasoline, the Occupational Safety and Health Administration (OSHA) established standards to protect against exposure to lead in the workplace, the Department of Housing and Urban Development (HUD) placed limits on the use of lead paint in public housing, and the Department of Health and Human Services established a federally-funded lead screening program for inner-city children.

These programs drastically reduced the incidence of lead poisoning in the inner cities. However, the Reagan administration is quickly dismantling these programs. For example:

- In 1982 EPA Administrator Anne Gorsuch side-tracked the 1973 program initiated by EPA to phaseout leaded gasoline consumption—"for re-examination purposes."
- Thorne Aucter, former OSHA director, succeeded in weakening two key provisions of the lead standards set in 1978. Now, industries are no longer obligated to maintain the comparable rates of pay for the exposed worker. Moreover, industries now have the license to forgo engineering controls within the plant and can force workers to wear respirators, which are known to cause severe strain on the heart and lungs after prolonged use.
- HUD fired researcher Dr. Irwin Billick in 1982 after he demonstrated a direct correlation between lead poisoning and lead in gasoline. At the time, the administration was attempting to relax the regulation limiting the amount of lead in gasoline. Billick's report was considered "unwelcome" news.

- In a 1982 interview, James Corrigan, associate director of the Health and Human Services Office that administers the Maternal and Child Health Block Grants, claimed that the states would continue the federal lead screening and nutrition programs with "pronounced efficiency." The facts, however, are just the opposite: expenditures for lead prevention programs decreased by over 40 percent between 1981 and 1983.

Deadly Deregulation

The Environmental Protection Agency (EPA) has established that children's exposure to the lead emitted into the air and absorbed into the soil from lead industries and leaded gasoline is directly related to the amount of lead in their bodies. Leaded gasoline accounts for approximately 85 percent of the lead found in the air. The National Academy of Sciences estimates that 600,000 tons of lead are added to the environment each year as a result of pollution from lead industries.

In 1973, when EPA first announced its program to phase out leaded gasoline consumption, it projected that leaded gasoline would disappear from U.S. gas stations by 1984. Instead, in 1985 nearly half of the gasoline sold in the U.S. contained lead.

New standards have been set for 1986 which further reduce the amount of lead in gasoline.

Will these guidelines bring about the complete removal of lead additives in fuel in the near future? EPA has estimated that consumer demand for leaded gasoline will remain as high as 11 percent by 1990, and the agency refuses to take direct action to prosecute violations on the rules governing the use of leaded gas. Many people try to get around the higher price of unleaded gasoline by removing their catalytic convertors and using leaded gasoline. As a result, 16 percent of vehicles requiring *unleaded* gasoline are being fueled with *leaded* gasoline.

The EPA has also relaxed its standards for industrial pollutants. In 1984, lead smelters and battery industries alone contributed two-thirds of the lead emitted into the environment from lead industries. Under Reagan's general deregulation initiatives, industries are encouraged to profit and pollute— trading the health and future productivity of inner-city inhabitants for immediate profits.

Another Government Failure: Lead in Public Housing

The Department of Housing and Urban Development (HUD) has turned its back on the problem of lead paint in public housing. The Lead Poisoning Prevention Act of 1971 requires HUD to research and control lead poisoning in urban public housing. HUD's recent record of compliance with that legislation was so poor that in 1983 a federal judge ruled that the agency was not adequately protecting children from the hazards of lead in public housing. HUD responded to the ruling *not* by improving its efforts, but by promptly closing the Division of Environmental Hazards Research and gutting the Office of Environmental Quality, the two divisions delegated to address the lead problem. Adding insult to injury, in 1984 HUD conveniently cut funding for lead screening and issued a set of weakened standards that requires the agency to act only *after* a child has been screened and shows elevated blood lead levels.

James Thompson, D. C. Dept. of Human Services

In Washington, D.C., a technician takes a finger prick blood sample from a child for initial screening for lead poisoning.

Lead Screening Program Drastically Cut

The lead screening program of the Department of Health and Human Services, through which nearly 3.5 million children were examined from 1972 to 1981, was a major contributor to the detection and reduction of the incidence of serious lead poisoning in inner-city and minority children. But this program is also being gutted by the Reagan administration.

Early screening can point to essential preventative steps to combat the more serious effects of lead poisoning. For example, detection and treatment of low levels of calcium and iron in the diet can decrease the amount of lead absorbed. Moreover, the Centers for Disease Control (CDC) has recently confirmed the longstanding belief that lower levels of exposure may cause damage to young children, and have *lowered* their estimate of the level at which lead becomes toxic from 30 to 25 micrograms per deciliter. Once lead gets into brain cells, it can cause irreversible brain damage.

Lead screening was terminated as a federal program in the first year of the Reagan administration. It now exists as a part of the Maternal and Child Health Block Grant program administered by the states. The loss of funding created by this transition totalled $300 million. These funding cutbacks in the Department of Health have caused competition among crucial maternal and child health programs, leaving few resources for statewide agencies to conduct lead screening and provide nutrition for pregnant mothers and nutrient-deficient children. The cutbacks further deny resources to community groups for large-scale door-to-door or street corner lead screening and public education campaigns.

The exact figures of the expenditure on the individual programs as they exist under the states have been virtually impossible to obtain since the block grants became effective in 1981. Under the new program, states are not required to report the breakdown of funds allotted to each program.

James Simpson, public health advisor at the Centers for Disease Control, criticizes this aspect of the funding cuts— what he calls a system of "soft data": "Under the old federal program, we were required to