



March 13, 2019

City of Milwaukee Common Council
Public Safety and Health Committee
Chairman Bob Donovan

Dear Chairman Donovan:

My name is Marcos De La Cruz, I am a pediatrician and the clinical director of the lead outreach program at Sixteenth Street Community Health Centers. I have been a pediatrician at the clinic for eleven and a half years and the lead program clinical director for the last seven. By serving in both roles, I have a unique perspective on the clinical effects of lead on children and the ongoing problem we have with lead poisoning in the city. In my role as the clinical director of our lead program, I work closely with our lead outreach workers and receive reports on the outcomes of their home visits with families enrolled in our lead program. The families enrolled consist of patients who have tested high in our clinic and WIC (lead levels greater than 5) and children that are found to have elevated leads through our neighborhood outreach work. These reports in combination with my clinical experiences and conversations with families provide a first-hand perspective on the lead problem that continues to negatively impact our children.

Given the Flint water crisis, there has been increased attention around lead pipes and water as significant risk factors in our neighborhoods. It's important to note that according to the EPA, the conditions of the home (i.e. older built homes with lead-based paint and window conditions) are identified as the biggest drivers of lead poisoning. We have found this to be true in our work as well. Lead from paint, including lead-contaminated dust, is one of the most common causes of lead poisoning we identify in the homes of our patients.

Admittedly though, it is difficult to measure the effect of lead in water pipes when our outreach workers conduct a home visit. In most cases, we identify the location of the home to be on a lead lateral and have no further ability to make a numeric measurement or assessment of the water.

That being said, our outreach workers and I have noticed that conditions of the home continue to be a major risk factor and the most noted common denominator in many of our enrolled families. Other drivers include our patient population's use of imported pottery to cook, poor nutrition (i.e. not eating enough iron-rich foods or overconsumption of milk), candies/foods imported from other countries, and the occupations of family members in the households (such as in the auto mechanic and construction fields). Like the water problem, some of these risk factors are not measurable but should not be ignored when addressing the lead problem with proper education.

Our lead outreach program is most responsible in implementing the plan we set forth in helping reduce this variety of household risks. While distributing and installing water filters has been a successful intervention, we continue to see those same families who use filters return with elevated lead levels. Because we see this time and time again, I would argue that addressing non-water drivers may be a stronger contributing factor in our lead poisoned children. Our 20-year experience tells us lead from paint, including lead-contaminated dust, is the major contributor, and measures to fully abate homes



and permanently remove the major root cause and source will result in the biggest health improvement for the kids in the community we serve.

Dr. Marcos De La Cruz
Pediatrician, Sixteenth Street Community Health Centers