

March 19, 2019

City of Milwaukee Public Safety & Health Committee Members:

I am writing today to express my views on lead poisoning in the greater Milwaukee area from the perspective of a local public health official (Health Officer/Director, Greenfield Health Department), adjunct public health faculty (UWM Zilber School of Public Health), lecturer in epidemiology (UWM College of Nursing), and PhD candidate in community and behavioral health promotion (UWM Zilber School of Public Health). My collective multi-sectoral public health experience frames my comments below.

The Centers for Disease Control and Prevention (CDC) supports the statement that there is no safe level for blood lead. The actionable levels for lead poisoning intervention have changed considerably over time (from 60 mcg/dL in the 1960s to 10 mcg/dL in 1991, to 5 mcg/dL in 2012) based on the best available epidemiological evidence. Public health has worked diligently to identify and remediate sources of lead poisoning over the years, most commonly focusing on housing units with lead-based paint for abatement and remediation. This focus has worked to lower childhood lead poisoning rates in the greater Milwaukee area and across the country.

As a suburban community, Greenfield has not been spared from lead poisoned children during our 60+ year history. We routinely identify 3-5 lead poisoned children annually, despite the majority of our housing stock built after the 1978 elimination of lead from paint. Similarly, our water infrastructure (provided by Milwaukee Water Works per our retail customer affiliation) is also relatively new; per Milwaukee Water Works records we have only one lead lateral in our City. Yet we still investigate lead poisoned children each year, though typically at low levels of exposure. For the first time in a decade, however, we issued lead abatement orders in 2017 on an upper rental unit on the eastern half of the City due to laboratory evidence of lead-based paint; as part of the abatement, the windows, doors and trim were replaced in this rental unit and the child's lead level has decreased below actionable levels.

As a public health leader, I support the ongoing efforts of the Milwaukee Health Department to tackle the lead crisis within the City. I implore you to not lose focus on the prevention efforts that have achieved great results over the past several decades, including the targeting, identification and remediation of homes with lead-based paint across the City. The risks in the greater Milwaukee area are significant, and maintaining the course for prevention is vital for success.

As an academically-trained epidemiologist and public health researcher, I am familiar with the use of mapping to identify target areas for public health intervention. Mapping is a powerful tool, but maps can also be used to obscure reality. Historical lead maps created by the Milwaukee Health Department were tools to highlight targeted areas for intervention for greatest impact when resources are limited. Furthermore, using a “layers of risk approach,” mapping would likely identify other risk factors associated with lead poisoning, including race and Medicaid enrollment.

These layers of risk are often intrinsically linked when considering childhood lead poisoning including race, ethnicity, poverty, Medicaid enrollment, and quality of housing stock; these risks are further supported by epidemiological data. The Wisconsin Department of Health Services reported that African-American children made up only a quarter of children tested for lead but represented nearly half of those identified as lead poisoned in 2014. Similarly, Medicaid-enrolled children in Wisconsin were three times more likely to be lead poisoned; in 2014, 88 percent of all lead poisoned children statewide were enrolled in Medicaid.

The failure to value public health input, coupled with fundamental structural and management issues, led to the Flint water crisis. While Flint, Michigan, demonstrates that continued investments in reducing lead exposures through water is important, there is no direct comparison of Milwaukee to crisis in Flint at this time.

Holding this special committee hearing is testament to your valuing input from public health. Listening to public health leaders from Milwaukee and surrounding areas demonstrates the value given to public health officials. With the limited resources at our disposal, public health must continue to prioritize interventions related to the hazards we know to be the primary driver of lead poisoning.

Yours in Health,

A handwritten signature in blue ink that reads "Darren J. Rausch". The signature is fluid and cursive, with a long horizontal line extending to the right.

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