

Depite law, many children don't get lead tests

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When Susan Jordan discovered four years ago that her son, Stephen, suffered from lead poisoning, she joined a crusade to require universal screening in New Jersey.

Between doctor visits, the mother of three attended civic forums and legislative hearings on the dangers of lead, a material that has been found on the walls of homes in every county of New Jersey -- including the turn-of-the-century Victorian home in Ridgewood that Jordan once owned.

Jordan and others succeeded in getting Governor Whitman to sign a law in 1996 requiring health provider to test all children under the age of 6 for lead.

But despite the law, fewer children actually were screened the first year the measure took effect. A recently released report by the state Department of Health and Senior Services shows that between July 1997 and June 1998, 13,596 children were tested for lead poisoning. A year earlier, 17,011 tests were performed.

"We are concerned about that," said Dr. Steven Marcus, executive and medical director at the New Jersey Poison Information and Education System in Newark. "And we're looking at ways to change it."

But first, the experts say, they have to figure out why it's happening.

Some say it could be the doctors' fault, with some pediatricians still stereotyping lead poisoning as an urban problem. Others say it may be the fallout from changes in the health insurance system. A few wonder if parents are to blame. But most believe it's a combination of the three.

"The bottom line is that we still have thousands of kids getting lead poisoning in New Jersey," said John Weber of Citizen Action, a consumer advocacy group that fought for universal screening. "And we have thousands that we don't know whether they have low levels or high levels of lead exposure."

Of the 13,596 children tested in fiscal year 1998, 2,071 had blood levels above 20 micrograms' per deciliter-- the level considered by state officials to pose a health threat to children. That is a drop from 2,336 cases in fiscal year 1997.

Lead experts don't see the decline in lead cases as good news, though. Instead, they see it as just another indication that fewer children are being tested.

The report does not say how many of the children on Medicaid have been tested. Ed Rogan, a spokesman for the state Department of Human Services, said about half Of Medicaid-enrolled children have been tested for lead exposure.

But state officials say the report does not present an accurate picture of all the children who are being tested. It just provides a glimpse of those who are tested in state-sanctioned laboratories and a few private ones.

Leah Ziskin, acting commissioner of Health and Senior Services, said that the 1996 law mandated testing and required laboratories to report elevated levels above 20 micrograms per deciliter. (The federal Centers for Disease Control sets a tougher standard, at 10 micrograms per deciliter.)

She said the 1996 law did not require all laboratories to report when they screened a child. Regulations that require universal reporting were adopted last April.

"Put it this way: Until we get a management information system in place, there's still a missing piece," she said. "I'm glad we have the law and the regulations, but I can't give the numbers I'd like to because I'm not able to receive reports from all the labs on all of what I'm hoping are negative reports out there.

The state expects to have its new reporting system in place by July.

But some doctors say that even with the new system, the numbers may not change much There are too many barriers, they say.

"There is an important division between the practice of medicine and the politics of medicine," said Dr. Wayne Arthur Yankus of Midland Park, the immediate past president of the New Jersey chapter of the American Academy of Pediatrics.

Yankus said that depending on the health plan, managed care will not pay for the test, especially if it is performed in the doctor's office. So they opt to give the parent a referral for the laboratory, he said, and very often they don't go.

But Yankus said he and other pediatricians wouldn't necessarily refer every youngster who came into their office anyway.

"Our recommendation to our members, which is 1,700 members statewide, is that we should continue to give guidance to parents; and in those communities where we feel it's important [for the test] to be done, it should be done," he said. "We take a targeted approach, by and large."

Low lead levels, according to the *CDC*, can cause stomach pains and anemia. If a child is exposed over a long period of time, even at a low level, the poisoning can cause hearing problems, lower intelligence, hyperactivity, and attention deficits. Very high levels of lead in the bloodstream can cause seizures, brain damage that can lead to retardation, and even death.

Many people tend to associate lead poisoning with poor children. who eat lead-based paint chips that have fallen from ceilings and walls. But children also are exposed to lead by breathing lead dust in the air or placing their hands in their mouths after touching objects that have been contaminated by lead dust. They also can be exposed by drinking water or eating food that has lead in it.

The highest risk is for children who live in homes that were built before 1950. More than 35 percent of New Jersey homes were built before that date.

The problem, health experts say, is that lead-based paint was used widely in homes in those days.

"Because lead-based paint and other lead-containing substances are present Throughout the environment in New Jersey, all children in the state are at risk," according to the state report, which is the first since the law requiring lead screening for youngsters was enacted.

In homes where the ceilings are deteriorated, paint chips leave young children vulnerable. In other homes, layers of new paint or wallpaper generally encapsulate the lead-based paint. But when renovations are made, invisible lead particles can escape throughout the house.

"Someone called it urban mining when yuppies go mining the lead in the paint," said Marcus. "We've had patients from the exclusive communities in Bergen County, Union County, you name it. It's not just a disease of the poor inner-city child anymore."

For example, the Jordan's didn't live in a run-down tenement. Their home was a three-bedroom Victorian in the suburbs.

But the swank location didn't keep the couple's 2-, 3-, and 5-year-olds from testing positive for lead in their bloodstreams. The 3- and 5-year-olds had low-level exposure, but Stephen's lead level was at 40 micrograms per deciliter-- twice the amount the state considers dangerous and four times the *CDC* level.

These days, Stephen appears to be doing fine, his mother said. "We're fortunate that he's doing well in school and his intelligence seems to be on par with his brother and sister," she said.

Stephen occasionally returns to New Jersey to participate in a clinical trial funded by the National Institute of Environmental Health Science and offered by Robert Wood Johnson and Rutgers University.

Jordan, who has relocated to Indiana, said she had hoped that the campaign to bring universal screening would have helped other families before it was too late.

“It’s a shame because it can be avoided,” she said. “They will test for iron deficiencies, but they won’t test for lead exposure. It’s really an injustice.”

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