

Get The Lead Out Coalition and FLAC Response to City Presentation on 3/22

Mission Statement: Our Coalition's goal is to see a comprehensive and strategic plan passed to remove toxic lead from Milwaukee within 30 years.

The committee meeting of Public Health and Safety on March 22, 2019, was a valuable exercise in policy discussion. We are very pleased that a partial summary of our concerns were heard in full. The presentation is our testament to why we believe a strategic plan for LSL replacement is necessary and justified. The response of committee members indicates that some of those acting as stewards of the City take the issue of lead poisoning seriously. Thank you to the Common Council, City staff, consulting experts, and attendees from the public for participating in this important forum.

Arriving at an accurate and valid understanding of the mechanisms of lead poisoning is clearly a shared goal among activist-organizers, those in government, and the community at large. We have worked diligently to bring a previously neglected hypothesis for the source of toxicity into the public sphere. Our information is based on many hours of research, performed on a volunteer basis, by individuals with expertise on various aspects of the issue. We consider the recent meeting a strong success in terms of presenting compelling evidence in support of our goals.

Our Coalition welcomes the knowledge and resources that the various government departments can bring in addressing lead poisoning. Nevertheless there are specific points made during the City's presentation that we wish to address. This document intends to point out where the City's rebuttal often obscures the truth of Milwaukee's situation.

We have always acknowledged that lead paint is a risk to public health and agree that efforts to remediate paint must continue. Our advocacy on lead in water highlights the risk that over 70,000 lead laterals pose to our community. While it may appear advantageous for some to argue over the primary source of lead poisoning, we urge City officials to maintain focus on the larger picture that all lead is toxic. Our Coalition sees a pressing and urgent need to create a comprehensive plan to remove all sources of lead from our community.

The responses below are done in a chronological manner.

To Dr. Geoffrey Swain:

In response to North Avenue infant deaths: Our presentation on the infant deaths around and along W. North Avenue is a hypothesis of what may have occurred. We strongly feel that it was and still is the City's duty to establish a causal link for these infant deaths. We look forward to Dr. Swain's hypothesis for the unacceptable amount of infant deaths during this time period. As community members we are shocked to hear that City experts do not have this causal link established to date.

Dr. Geoffrey Swain claims that water main breaks would show infant mortality spiking evenly across the City. As stated by Dr. Geoffrey Swain at the meeting of Public Health and Safety on

March 22, 2019,: "If there's going to be a logical connection, it needs to be studied in an appropriate, rigorous method. You would expect if there was a correlation between infant mortality and water main breaks, you would see it across the whole City, not eight particular blocks." Our research has shown that City wide water main replacement projects and partial lead service line replacements correlate with lead poisoning cases and infant deaths. In 2018 the number of children diagnosed with lead poisoning increased in our city as did the number of water main replacement projects in 2018.

Dr. Swain is incorrect in his assertion that there is no connection between water main breaks and infant deaths. It is well established that water main replacement projects cause lead levels to spike in drinking water and that infant deaths can be attributed to high levels of lead in drinking water systems. We ask how Dr. Swain can so readily refute our hypothesis without rigorous, appropriate research. Denial is often a typical response to disconfirming evidence. Further distrust in City officials that are tasked with public health is fallout that we cannot afford. We count on our experts to have answers to tough questions especially when we are communicating about infant deaths in our community or the broader risk of lead to the entire city.

We ask that Dr. Swain review the work done by Miguel del Toral of the EPA on disturbances to lead service lines, as well as the work by Carrie Lewis formerly of Milwaukee Water Works on the relationship between water main replacement projects and elevated lead levels in drinking water. Finally we hope that Dr. Swain takes seriously the research by Dr. Marc Edwards as to the relationship between partial lead service line replacements and infant mortality as it has greatly influenced and guided our research here in Milwaukee.

- *(Del Toral, Miguel A., Andrea Porter, and Michael R. Schock. "Detection and evaluation of elevated lead release from service lines: a field study." Environmental science & technology 47, no. 16 (2013): 9300-9307).*
- *(Lewis, Carrie M., Lon A. Couillard, Patricia J. Klappa, and Terrence D. Vandebush. "Lead Water Service Lines: Extensive Sampling and Field Protocol Protect Public Health." Journal-American Water Works Association 109, no. 1 (2017): 34-41).*
- *(Edwards, Marc. "Fetal death and reduced birth rates associated with exposure to lead-contaminated drinking water." Environmental science & technology 48, no. 1 (2013): 739-746).*

About the map changes by the Milwaukee Health Department: Dr. Swain admits the density maps were changed by choice. He admits there were "no HIPAA changes" during the time period that the City altered the density maps.

The Coalition was told by Dr. Kowalik in November of 2018 that the maps were changed due to changes to HIPAA laws that required that the City remake the map with the data removed. It is important to note that these map alterations were subjective and came after public pressure in

relation to the seriousness of the lead issue in Milwaukee. If the City feels it was a HIPPA violation to show fewer than 10 children with elevated lead levels per square mile, why does the State still represent this data in their maps at the census tract unit when census tracts in Milwaukee are smaller areas than square miles?

Dr. Swain acknowledges that there are elevated lead levels across the City. Where was this made clear to the general public so that people in "grey areas" on the maps know that they too are at risk? We feel it is their responsibility to make clear to the general public of Milwaukee that they are at risk even if the City's map shows differently.

Dr. Swain cited the medical examiner providing documentation that indicated lead poisoning is not a cause of infant mortality is simply wrong and is illogical. This is due to the fact that the medical examiner does not test for lead in an autopsy unless the infant had a history of lead poisoning or was showing symptoms. There is no record of infant mortality due to lead because it is not normally tested. Again, we ask for further investigation into these infant deaths. Until then, no cause should be ruled out.

Dr. Swain stated that: "Infant deaths in Milwaukee are primarily due to complications of prematurity about 60%, secondarily to birth defects about 20%....15% to unsafe sleep issues," and further, "if lead poisoning at levels we see in the community...if they were driving infant mortality the medical examiner would know it and we would know it." As we just stated, the standard operating procedure for the medical examiner is to test for lead only if there was a known history of lead poisoning or if the infant was showing overt symptoms of lead poisoning. Additionally we must point out that the Milwaukee Health Department has been investigated in recent years for not performing proper follow-up with families whose children tested high for blood lead levels. How can Dr. Swain say this with such confidence when there is no specific research in Milwaukee that is conclusive?

In response to Dr. Swain's testimony about the North Avenue geographic area:

We feel Dr. Swain's explanation of the "spike" along North Avenue was mere semantics. The fact is that there were FAR too many dead infants in that area. Again, we seek a rigorous study into this matter. If this study does not show a spike, are we to believe this many dead infants in this area is normal? This is not a "normal" that our Coalition nor the community should accept.

To Superintendent Karen Dettmer:

We believe Sup. Dettmer's history review of lead service lines in Milwaukee is incomplete. Our research shows there are moral and legal issues that begin with Mayor Luddington's tenure (1870-1872, 1874-1876). In 1871, Mayor Luddington created the Milwaukee Water Works in order to consolidate Milwaukee's water systems into a single unified system. In 1872, Mayor Luddington mandated that homeowners must use lead laterals if they were to connect to this new water system, unless they were given a special waiver by the city clerk and Water Works. Mayor Luddington had a special interest in mandating the use of lead as he was invested in both the Wisconsin State Lead Mining Company and the Milwaukee White Lead Manufacturing Company.

He also was a large scale owner of residential properties, which would increase in value if connected to a unified water system. Luddington left these properties vacant and undeveloped until he became mayor, after which he was able to pay a small tax to the city to install the whole lateral. Mayor Luddington invested substantially in the railroads which the city paid to transport lead from western Wisconsin to the depot which he owned in Wauwatosa, from where it would then be brought into the city by train and by cart. Every step of the way, Mayor Luddington benefited greatly from the lead mandate. The mandate was renewed again by the Water Works in 1923 and persisted until 1951. The city installed while the homeowner paid taxes on the installation of the whole lead service lateral until 1962. At this point homeowners could choose between lead, copper or wrought iron.

In regard to public lead service line removals from 1951-1962: While City data shows that public service lines were removed, Sup. Dettmer acknowledges that the amount of properties where there are private lead service lines connected to a copper public side service lateral is not known. When will the City investigate this and correct those service lines which have 'private side lead' and newer 'public side copper lines' which may be causing increased lead levels due the galvanic effect?

Sup. Karen Dettmer confirms that after 1985 the homeowner could not connect to a public lead service line. The City is required to put in a copper lead service line on the public side. However, this does not exclude the connection of a copper service line on the public side to be connected to an existing private lead service line. Research shows this can cause the galvanic effect which increases the likelihood of lead leaching. This practice was only stopped in 2017. We feel the 32-year period from 1985 through 2017 must be rigorously investigated and corrected to keep residents of those properties safe.

In response to Sup. Dettmer's presentation regarding the lead service line replacement mandate that started in January of 2017:

We believe that this is an example of a half-measure. We call for a strategic and comprehensive plan to remove this toxin within a generation. While we understand this cannot be done in a day, we feel a generation is ample time to finance a real solution for this public health issue. It bears repeating that Milwaukee residents test over 3.5 times the national average. There are costs to inaction as well. The current City mandate could take upwards of 100 years (some of these pipes are older than that). The current mandate is inadequate as are the current industry standards that Sup. Dettmer mentions. As the "Freshwater Capital Of The World," we ask that Milwaukee take an aggressive leading role both locally and nationally on this issue.

Sup. Karen Dettmer acknowledges that partial lead service line replacement occurred along North Avenue in 2008 and 2009. We would like to know how the City plans to fix these partial lead service line replacements in this area and across the City. The EPA states that partial lead service line replacements puts people at risk.

Sup. Karen Dettmer stated: "Contention that a lead service line replacement associated with a water main project in 2008 and 2009 could be attributed to a 2012, 3 years later, to 2016 infant mortality rate is absurd." We reiterate, what is absurd to us is that credentialed professionals

working for this City have not conclusively studied the infant deaths in this area during that time period. To dismiss grassroots activists is easy. What we seek is conclusive evidence about his area from our public servants. Our hypothesis is evidence based. We are not aware of any hypothesis in 2019 from professionals working for the City. Denial is not an answer and we expect more. Additionally, we didn't make the argument that water main projects from 2008 and 2009 are linked to infant deaths in the period above. We are citing the water main breaks from 2015 and Water main replacement project, as well as road construction during the period in which infant deaths are shown on the map.

We believe that Milwaukee Water Works did not effectively engage with the Milwaukee Department of Disease Control and Environmental Health to ensure that the public's health would not be compromised by the pilot water main replacement project in 2015 and 2016 that Sup. Dettmer acknowledges resulted in lead spiking at the tap. We ask the City confirm this statement with the former director of the Department of Disease Control and Environmental Health during that time period. If we are to trust the expertise in our City departments it is critical we get to the bottom of the mistakes made by our public servants in the recent past regarding this issue. An independent audit of all of these issues, including subpoenas for those involved who may be gone now, is something we encourage to help restore damaged public trust.

In response to Martha Brown of DCD:

"If a house is built before 1962, we assume the house has a lead lateral." Assumptions are inadequate and simply leaving information with tenants shifts the responsibility to vulnerable populations to protect themselves from this toxin.

The City should have practiced a more proactive policy that completely removes lead service lines and paint prior to occupancy. After years of public pressure the City has improved their procedures as of July 2018. We ask the City to go to the homes that these services were not provided to prior to 2018 to correct flawed past policy.

In response to Martha Brown statement that: "there is no evidence that the city ownership has an impact on the lead risk of any of those vulnerable populations". The evidence for our claim is based off of the City's own internal documents highlighting the most at risk populations in the City of Milwaukee for lead poisoning. In the document "*Lead Evaluation Plan for Occupied City-Owned Residential Properties Prepared for the Milwaukee Common Council, July 1, 2018,*" it states that, "the risk of lead exposure is greatest for households that have entered into a lease with the City of Milwaukee and include children under the age of six and/or pregnant women. The tenancy of these households is most likely to be significantly longer than those who are required to vacate. We recommend that evaluation of lead hazards and a program to stabilize lead hazards identified through evaluation be focused on that segment of occupied properties. (<https://milwaukee.legistar.com/View.ashx?M=F&ID=6384413&GUID=A940FCA4-1A97-4D27-AC4C-8B2C5CF8C74F>).

Prior to this statement it states that: "DCD real estate staff and DNS inspection staff jointly visit each occupied property. During the visit, the property is inspected to determine whether it is

safe for continued occupancy, and the occupant is interviewed to determine whether the City will enter into a lease with the occupant. During this interview, occupants are asked whether the household includes pregnant women and young children". (<https://milwaukee.legistar.com/View.ashx?M=F&ID=6384413&GUID=A940FCA4-1A97-4D27-AC4C-8B2C5CF8C74F>).

City owned properties that have been inspected by the DCD real estate staff and DNS inspection staff should not have any lead based paint, soil risks, 'public or private side' lead laterals, and the premises should be free of lead plumbing. *All forms of lead should be removed to avoid harming residents.*

In response to Dr. Jeanette Kowalik of Milwaukee Health Department:

We appreciate Dr. Kowalik's national overview of studies regarding lead. They are useful when talking about the nation's problems regarding lead toxicity. Here in Milwaukee, we test over 3.5X the national average and children with the most extreme cases is rising here since 2013 as mentioned by Dr. Paradis in her testimony. We demand rigorous, Milwaukee-specific research to determine exactly what sources of lead are putting so many of our residents at risk. Simply put, Milwaukee has a bigger problem than the nation. The data we already have shows this.

The City contends that blood lead levels continue to decline. We applaud the fact that there has been a decline in blood lead levels, but wanted to draw attention to the fact that the City's own expert from Children's Hospital stated that the most extreme cases are rising. We want to again remind the public that our Health Department has been shown in recent years to be providing no follow-up to children who tested high for lead.

(<https://www.jsonline.com/story/news/politics/2018/09/14/milwaukee-lead-crisis-1-health-staffer-fired-1-quits-2-disciplined/1295711002/>)

Despite the declining rate of elevated blood level levels, the blood lead levels of this city remain unacceptably high and any increase must be taken seriously and objectively without predetermining which source may be causing these increases in 2019. Again, we call for our experts working for the City to conclusively and proactively determine what may cause this recent rise in extreme cases.

In response to Dr. John Meiman, Chief Medical Officer State Epidemiologist Bureau of Occupational and Environmental Health Division of Public Health:

We appreciate that outside experts acknowledge the unfolding scientific narrative of lead poisoning. According to Dr. Meiman, "The question of how much lead in water contributes to a child's exposure is an area of ongoing research not completely understood." Our Coalition believes that the living laboratory of Milwaukee is a suitable venue to gain further insight into this question which could save lives. We remain interested in a collaborative research effort involving government and community partners. Dr. Meiman also pointed out that the most significant lead in water risk is to infants between 0 and 6 months is lead in water. This view supports the EPA findings

that states that as high as 60% of lead poisoning occurring in infants is due to lead contaminated drinking water. This demands further local investigation.

In response to Dr. Gary Kirk, Chief Medical Officer for the Bureau of Community Health Promotion, Division of Public Health:

We appreciated this overview of infant mortality. Our Coalition concurs that any infant death is a tragedy. The concern at-hand specifically relates to the risk that lead service lines pose to Milwaukee infants (as well as the general public in broader terms). We await Milwaukee specific research on these infant deaths and recommend that the City of Milwaukee coordinates with the Medical Examiner to change the policy from testing infant deaths for lead only if there is a history of elevated blood lead levels or the infant showed symptoms prior to death, to that of a general toxicity review with a focus on lead. This data will give us the information needed to determine the role of lead in infant mortality in Milwaukee.

In response to Dr. Heather Paradis, Medical Director of Community Services, Children's Hospital:

The information provided by Dr. Heather A. Paradis from Children's Hospital of Wisconsin, Urgent Care about extreme levels of lead in children rising in our community is unacceptable. It should prompt our City to provide localized research and resources to identify causations of lead exposure, and to take aggressive actions to remove these hazards. The Health Department's work to reduce the risk of lead poisoning and decrease the number of children in our City with lead poisoning is incomplete because it primarily focuses on paint and fails to account for water. Dr. Paradis stated "Unlike other cities in the Great Lakes region, we have actually seen the number of children in our community who are hospitalized because of pediatric lead poisoning ... rise every two-year period since 2013. That's right, I said that the number of children in our community with the most extreme lead poisoning has risen since 2013." The worst cases of lead poisoning have been on the rise since 2013 and we believe that this is due to lead in our drinking water and not due to children ingesting more lead paint.

In response to Alderwoman Coggs questions to Dr. Geoffrey Swain regarding infant deaths along North Avenue:

Dr. Swain's response to Ald. Coggs question about the spike in infant mortality along North Avenue: "We don't all agree there was a spike along North Avenue." We demand Dr. Swain give his professional opinion for this specific area for this specific time publicly. Again, it is easy to use a title to dismiss grassroots volunteers. At the end of the day we need definitive answers from our experts instead of deflections. These conversations should not be held in private when we are discussing the death of infants in our City.

Our Coalition believes that the City has continually attempted to dismiss our findings and that these dismissals continue to distract from the issue of toxic lead whether it come from paint, soil or lead laterals. We would rather work towards solutions that benefit the entire Milwaukee community in a comprehensive manner. Following our presentation on March 22, 2019, Alderman Borkowski shared his belief that the only way to sort out this issue is “a forensic audit by an independent person with no horse in the race.” Our Coalition would like to see our public health professionals conduct this rigorous research. We believe this to be would be a wise use of public tax dollars. In order to restore and ensure public trust it is essential that the shortcomings of our Health Department in recent years are independently investigated and that people are held accountable for their actions (or inaction) as it relates to this public health crisis that is harming our City. The public needs to count on more than just words of those who work for the City. The harm done by the mismanagement of our public health officials over the past several years has yet to be corrected, the responsible officials have yet to be held accountable, making it difficult for the community to trust the current officials at their word.

Our Coalition reiterates the over 70,000 lead laterals in this city pose a health risk to the residents who drink water from them. Road construction, water main breaks, changes in pressure and any other factor that can disturb these old pipes can pose a health risk to people here. We believe the Freshwater Capital Of The World can and should proactively lead on this issue to protect the people of Milwaukee and live up to its own branding by creating a more efficient and safe means of delivering water to its people. We do not wish to continue a years long fight between sources of lead poisoning in our community which still tests over 3.5 times the national average. To us this is false narrative. We, as grassroots volunteers, are looking to help our City’s elected leaders to create a comprehensive and strategic plan to remove this toxin within 30 years. We look forward to working with Milwaukee’s public servants towards this solution.

Put simply, it is time to **Get The Lead Out**.

This response was authored by:

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