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# *Committee Meeting*

of

## ASSEMBLY REGULATORY OVERSIGHT COMMITTEE

*"Testimony concerning the delay in the  
implementation of the Lead Hazard Control Assistance Act"*

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**LOCATION:** Committee Room 14  
State House Annex  
Trenton, New Jersey

**DATE:** March 13, 2006  
12:00 p.m.

**MEMBERS OF COMMITTEE PRESENT:**

Assemblyman William D. Payne, Chair  
Assemblyman Alfred E. Steele, Vice Chair



**ALSO PRESENT:**

James F. Vari  
*Office of Legislative Services*  
*Committee Aide*

Nicole A. Brown  
*Assembly Majority*  
*Committee Aide*

Kristin Antonello  
*Assembly Republican*  
*Committee Aide*

*Meeting Recorded and Transcribed by*  
The Office of Legislative Services, Public Information Office,  
Hearing Unit, State House Annex, PO 068, Trenton, New Jersey

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ASSEMBLYMAN WILLIAM D. PAYNE (Chair): Good morning.

I'd like to welcome all of you to the Regulatory Oversight Committee meeting today.

We, today, will discuss an extremely important area, and that is the Lead Hazard Control Assistance Act, and also those related matters to this particular area.

Before we go forward, I'd like to call the roll.

I might mention that we--

We'll call the roll.

MR. VARI (Committee Aide): Okay.

Vice Chairman Steele.

ASSEMBLYMAN STEELE: Here.

MR. VARI: Chairman Payne.

ASSEMBLYMAN PAYNE: Here.

I might mention this -- the fact that we have Commissioner -- Assemblyman Barnes, who had a very serious personal matter that he had to attend to today. And Assemblyman Thompson is currently in a Health Committee hearing at the moment. And he will get here as soon as he can.

But we're going to proceed here with this hearing.

I'd just like to make a statement, if I may.

The really major concerns that we have in this area of lead poisoning -- I'll be very frank about it -- is not a new problem. It's a problem that has existed in our state, and elsewhere, for many, many years. And it's rather befuddling, rather -- very, very unnerving -- the fact that we

have not yet been able to resolve the problem of lead poisoning, lead contamination, particularly among our youngsters.

New Jersey has one of the highest levels of lead contamination of any state in the country. And my city of Newark, and probably Camden, have the very highest. The percentage of lead-burdened children residing in New Jersey is almost twice the national average. African-American children are almost five times as likely as Caucasian children to be lead-burdened. Almost three-quarters of all reported cases of childhood lead poisoning fall within the jurisdiction of the following 13 local health departments: Newark, Paterson, Irvington, East Orange, Jersey City, Middlesex County, Elizabeth, Passaic City, North Bergen, Trenton, Plainfield, Cumberland and Camden counties.

You might note that there is a great similarity between most of the areas that we mentioned. They remind me of third-world villages, where children suffer from uncontrolled illnesses, but -- where they have no funds to deal with them. The difference between that is the fact that we do have funds -- we have problems here in the State of New Jersey and elsewhere -- to alleviate or eliminate this problem. And as I say, unlike those other third-world places -- villages that do not have the funds -- we do have them.

I have to ask -- because I'm appalled, I'm angry about what's happening, I'm angry about the fact that 5,000 youngsters in the State of New Jersey, last year, were discovered to have lead poisoning, added onto those who have already been suffering. I'm concerned that these children are brain damaged, and that there are more and more every day.

The fact that we have millions of dollars that are available for abating this problem, and we have a very difficult time, apparently, in spending the money to clean up the problems-- To date, we have \$16 million in funding and programs. But only \$600,000, I believe, has been used -- has been spent.

We have another program -- \$3 million from HUD moneys, where only \$350,000 has been spent in three years. Yet, these children continue to be brain damaged. Children are most at risk at ages 3 and under. And their organs can be permanently damaged. Even relatively low levels of lead in children's bodies can lower intelligence and increase hyperactivity and aggression. In higher levels, it can cause deafness, blindness, kidney failure, and even death.

I don't understand how it is that we can find a solution to polio, small pox, etc., and here we have a situation where we know the answers-- And I have to question whether we have the will to resolve this problem.

The children that are suffering predominantly are minorities or African-Americans. I don't know whether that has anything to do with it. But I do know if we have the will, we can resolve this problem. It's not as if it's a mystery. We know what causes the problem. We know that since '78, I believe, we have prohibited or eliminated lead in paint. But there are homes throughout the State of New Jersey which still have lead paint in them. Every county in the state has at least 10,000 homes built before 1978. The children are living in these places.

I am not satisfied. Maybe some legislators are pleased with what's going on. I'm not satisfied with the lack of progress that we're

making. Children are dying, children are not able to live. And, I'm sorry, I have to come down on the side of the youngsters, not on the side of the bureaucrats. And I have to say that I'm simply-- It's a complex problem, but there are a lot of other complex problems. But tell that to the parents, tell that to the children, tell that to the teachers who have these children in their classrooms. Tell that to them, that it is a complex problem.

We used to say we didn't have the money. We have the money to do this now. We need to find answers to this.

I have to say, I was elected to serve the public. And part of the public that I serve are these people that are suffering needlessly from lead poisoning -- blood poisoning. I've seen some of these children. I've gone to some of the classrooms in the city of Newark and elsewhere. And the teachers are at their wits end.

The fact is, we can solve this problem. And I am confident that those who are responsible, now, for addressing this problem will do it with all great speed and urgency. And some heads will roll if they have to. The people who are responsible for saving the lives of these children, preparing them for the future-- If they're not doing their jobs, we don't need any further stories about -- "Well, it's complex. It's going to take awhile. We gave out a number of kits for mothers to take care of their children. And of the kits that we gave out, only 500 were used, or thereabouts." I don't know what it is. If, in fact, the mothers do not know how to use these, then they need to be taught.

If we don't spend the money that we have, it's going to be lost. We know that. And if the money is lost, the children are lost. And we simply have to stop that. And I know that we are going to be able to come

up with some answers to these problems. Because I think you may be able to tell that I'm slightly disappointed, I'm slightly disturbed, and I'm appalled really at the conditions that exist, especially when a situation that we have identified how to resolve--

We have to have the will, and we have to do it. We have to let this State and this nation know that we have as much concern for those youngsters who live in the inner city as we have elsewhere. We have as much concern for those who are poor in our society as elsewhere. So I'm asking for us to really concentrate our efforts here to try to resolve the problem that has really been burdening our society for much too long.

I'm very honored to have Commissioner Susan Bass Levin here to give her testimony. And I have to say that I do appreciate the fact that the Commissioner has come in with very little sleep. I think that she's made a sacrifice to be here with us today. And I'd like to ask Commissioner Susan Bass Levin to please come forward to give her testimony. She is the Commissioner of the Department of Community Affairs.

Thank you very much for being with us today.

**COMMISSIONER SUSAN BASS LEVIN:** Thank you, Mr. Chairman and Assembly members.

I'll make a few comments and then answer your questions.

The Lead Hazard Control Act, as you know, is the first of its kind in this country, combining several different initiatives: inspection and property maintenance requirements, funds for the abatement of lead hazards, emergency relocation, education about the dangers of lead poisoning, and a publicly accessible online registry of lead-safe housing. The State's goal is to eliminate childhood lead poisoning by the year 2010.



As the Assemblyman said, last year, approximately 5,000 children in New Jersey under the age of 17 tested a blood level deemed *concerning* by the Centers for Disease Control. And I share your concern, and your anger, and your disappointment. This cannot happen here.

I'd like to briefly talk about several different elements of the program, tell you where we are, tell you where I think we need to go.

First, on inspections: We estimate that there are over 1.95 million homes in New Jersey, built prior to 1978, that present a risk of lead hazards. Now, they don't all have lead hazards in them, but we use 1978 as the cutoff point. Of these, 1.9 million are one- to four-family homes, and 38,000 are multifamily buildings with more than four units.

As of August 2005, the Division of Codes and Standards at the Department began conducting inspections for lead hazards as part of our existing multifamily housing inspection program. That program inspects 850,000 multifamily dwellings that have three or more units. And inspection is required at least once every five years.

What we did as of August was add a special lead hazard test as part of that overall inspection program. To date, 77,000 -- 77,427 to be exact -- multiple dwellings have been inspected for lead hazards. Thirty-seven units have applied for and received exemptions. That could be because they were built after 1978, or they presented certification that they were lead-free.

Inspectors not only look for visible lead hazards -- peeling paint, for example -- but they have special training, and they are there also to educate landlords so that they can comply with the lead hazard rules and train their own staff so that they know what to look for.

I do want to point out that one- and two-family homes are not subject to inspection, either as part of the multiple dwelling inspection or as part of the Lead Hazard Control Act. Although the majority -- the vast majority of the pre-1978 units are, in fact, one- and two-family homes.

We did set up a special enforcement process to ensure that if there is a lead hazard found during a routine examination, they're addressed expeditiously. Ordinarily, reports are filed electronically, a letter goes out, there's a reinspection, some time goes by. However, if there is a lead hazard noted in the building, the inspector writes the notice right on the spot, hands the notice to the landlord, and reinspects within 10 days, rather than within the normal time of 60 days. We have approximately 32 units that have been found to date that have lead hazards. They have all been abated within the 10-day period.

We also made a change. Initially, the program was set up to have the Division of Community Resources -- which is where the lead hazard program is housed -- to maintain the online registry. In order to free up a staff member in that Division, we moved the online registry to the Division of Codes and Standards, since they do the inspections. That online registry is available. You can go to the Web site, click on, and find those homes that are, in fact, lead-safe.

A second part of the program is relocation. And the Emergency Lead Poisoning Relocation Fund targets any family with a child under 6 years old with a blood level that's deemed dangerous by the local board of health. We were able to provide-- We are able to provide assistance, temporary relocation facilities, relocation expenses, security deposits, rent payments, and subsidies for permanent housing.

Now, the initial design of the program -- which is referred to in the *Star-Ledger* article -- limited processing to families with children with blood levels at twice the Federal limit -- that is 40. That has been changed. I want to assure you of that. Relocation assistance is now available to families where the blood level is 10 or greater. I should tell you that for the most part, the county and local health departments keep records if it's 20 or greater. However, that won't stop us from providing assistance to a child that is in the 10 to 20 range.

On abatement, the Lead Hazard Control Act Fund provides low-interest deferred payment loans to homeowners and property owners for the abatement of lead hazards, up to \$150,000 per unit. Initially, any owner-occupant with a household income under 50 percent of the median income for the area could qualify for a loan with provisions for forgiveness. In response to concerns raised by many housing advocates, we are in the process of changing the guidelines so that an owner-occupant with a household income of up to 80 percent of median income can qualify for loan forgiveness.

We've also eliminated the upfront loan closing costs, which are certainly a deterrent to a family that is in a crisis. So they are-- At this point, the loan closing costs will, in fact, be picked up as part of the program.

To date, we've provided relocation assistance to everyone who has applied to us -- but that's just four families -- and loans to 11 families. But we know the need is great, and the demand will increase with increased awareness.

I recognize that the low numbers of people served might seem discouraging. But I would ask that we recognize that this is just the beginning of the education process. People need to know that these resources are available. They need to know they can get help. Parents, teachers, health-care workers, religious leaders, community members need to know not just the dangers of lead poisoning, but also that the State has these resources available.

The Lead Safe New Jersey campaign was launched in the Fall with public service announcements, bus ads, outreach. I know that we have not done enough yet, but we will.

Since I've been back at the Department -- in January -- I've taken steps to address the shortcomings of the program and ensure that we continue to raise public awareness. We've changed the program guidelines to reach more children in need of location, provided funds for closing costs, liberalized the income guidelines, and realigned staff.

Today, an online training module is available to all 115 local health departments covering these programs. These health departments are really the first line of defense against lead poisoning, and their awareness and referrals are key. Doctors, community health centers report the data to the local health departments.

Rather than scheduling training sessions all across the State, which would be very expensive and time-consuming, this online module training session is available from here, going forward. You click onto our site, you click to the module, and you will be trained as to what all of our programs are.

Although, today, it goes live for the health departments, we intend to promote this service to community organizations, to community health organizations, to religious institutions so that they are all aware of what our programs entail.

We have upcoming mailings planned to pediatricians, to lenders, to landlords, to retailers, to realtors. We're looking for creative ways to do grassroots outreach to at-risk communities through local organizations, events, and training sessions. We intend to send out a request for proposal to community organizations so that they can help participate in the outreach efforts. Posters and brochures will be placed in schools, community health centers, hospitals, CAP agencies, DYFS field offices, wherever we can put a poster up to increase awareness of the services.

We'll work with municipal and county governments, and legislative offices. In short, a full-scale education and outreach effort -- which was contemplated by the legislation -- is a priority, is in planning, and is underway.

We're also looking for ways to make the program easier to administer. In a response to a request for proposal, five local health departments -- Cumberland County, East Orange, Elizabeth, Paterson, and Newark -- will directly administer the relocation funds. We will provide the funding to them. People will be able to go into those offices and get the relocation funding directly on-site. We anticipate adding additional local health departments to the direct relocation process so that, again, we can streamline our efforts.

DCA is committed to making this program successful. I want to assure you of that. We are disappointed about the progress of the program. We know the need is there, but we know that we need to let people know that these resources are available.

I'm confident that given the opportunity, we'll reach our goal of wiping out childhood lead poisoning by the year 2010.

I'm here to answer any of your questions.

ASSEMBLYMAN PAYNE: Thank you.

The numbers are really staggering about the problem. And the success, or lack thereof, is very, very dismal, to be honest with you. And I'd like to know--

I often hear that we -- when people come before these committees, that they have plans of how we're going to do -- in the future, we're going to do this, and do that, etc., etc., etc. And the question I always have is, why is it-- Why does it take a hearing, or something like that, before -- for people to come before us and say, "Well, we're planning to do this"? It's one thing if the problem has not been there for quite awhile.

I don't know whether or not-- I don't know-- Let me just say this to you. It doesn't seem as though the problems of lead poisoning has been attacked as aggressively as it should have. It doesn't seem as though it's been on the front burner.

It almost reminds me of Katrina. A hurricane came through and tore off the façade, and we saw what was beneath that. We saw the way people were living, etc. If it had not been for Katrina, people would have lived on the bottom rung of society forever. And nobody would have cared, nobody would have known about it. Now it's been ripped off, and

people are saying maybe something should be done about it. But then, even that is beginning to abate, because the people are now being thrown out of the hotels where they're living. People now are not being treated-- There are still dead bodies, etc.

The question I have is whether or not this situation that impacts on the poor and minorities is enough to cause people to move as aggressively, to solve this, as possible. It seems as though those kinds of problems that impact -- the worst problems impact here.

We've got money. We've got \$16 million available. And we've spent what? How much of the \$16 million have we spent?

COMMISSIONER BASS LEVIN: We actually have \$12 million available. We've spent about \$1.2 million.

Let me say a couple of things in response, if I might. First of all, although I welcome the opportunity to be here today, it was not this hearing to cause us to make changes in the program. When I came back to the Department in January, I met with various division heads. And in this instance, the division head of Community Resources expressed concern about the way the program was going.

It is a program that requires, as a start-up, a lot of drafting of legal documents. That had to be done before we could start promoting the program. But once we started promoting the program this Fall, we frankly expected that there would be much more of an immediate response, and there wasn't.

The staff members-- I met with the staff members who are involved with this program and, right from the beginning, started planning

a much more aggressive approach that has already started. The online training for county health officials is going on today.

I am as surprised as you are that people did not immediately take advantage of this program. But I do think that it's about getting the word that the funds even exist. And that requires a grassroots effort. That requires going to the CAP agencies, the churches, the community institutions, so that people know that it exists.

ASSEMBLYMAN PAYNE: Commissioner, you said that you're surprised that people didn't respond as aggressively or as quickly as they should have.

We do know that there are conditions of people living in poverty -- that there needs to be, very often, much more aggressively--

COMMISSIONER BASS LEVIN: I agree.

ASSEMBLYMAN PAYNE: We don't just treat buildings.

I understand-- I forget the number of home testing kits that were distributed with great fanfare.

ASSEMBLYMAN STEELE: Five hundred.

ASSEMBLYMAN PAYNE: I think it was more than that -- great fanfare at one point. And people were surprised that only -- and I think 32 or whatever -- very small number of mothers took advantage of that.

I think that we need-- Certainly, we in government need to understand that people who have -- who are living with day-to-day kinds of problems of simple existence are not going to be able to respond the same way that many of us who are not under those kinds of conditions-- I mean, their life is totally consumed with just survival alone. And for us to give out



X numbers of these kits, and then wonder why not very many people responded to it, to me, is-- It is disappointing that our leadership didn't think beyond that. It really is. We can't expect people who are totally consumed, as I say, with just barely surviving, to be able to take advantage of this. We have to go far and above it.

And if we have \$16 million, and we've expended virtually nothing, something is wrong there. Usually, it's a case -- and it will be in the future -- that there is no money there. That's usually the case. But we have quite a good deal of money, and it's not been utilized. We have some towns that have one lead inspector, etc., etc.

Do we provide money for this-- Does this program provide money to pay for inspectors in these various towns? I see there's a report here about East Orange, for instance, as an example of having some problems.

COMMISSIONER BASS LEVIN: No, this program does not provide money for inspectors. However, all multifamily dwellings, three or more units, are inspected through the Department of Community Affairs. And that inspection does cover the lead inspection.

The gap in the program is, if you have a one- or two-family unit, you are not inspected under the Department. By statute, you are not covered by that inspection. And, in fact, the largest number of units fit in that one- and two-family home.

We have found that in the larger units, the landlords-- First of all, if they have a violation, they abate it almost immediately rather than paying the fine. And, in fact, many of them have already had lead

abatement programs. So the real problem is in the one- and two-family units -- one- and two-family homes.

ASSEMBLYMAN PAYNE: So it seems to me-- What percentage of these youngsters live in these one- to two-family homes that are not covered by whatever we're doing? I mean, is it a small percentage, a large percentage? Has anyone ever--

COMMISSIONER BASS LEVIN: Well, let me back up just a moment.

The bill doesn't cover one- and two-family homes for inspections. However, it does cover relocation and remediation in the one- and two-family homes. I just want to make that clear.

And a very large-- I don't know the number, but a very large proportion live in one- and two-family homes.

But we will pay-- I just want to make this clear. The bill does cover relocating the children and the families, as well as remediation. It's just that we're not picking them up in our DCA inspection.

ASSEMBLYMAN PAYNE: Well, don't you think we should?

COMMISSIONER BASS LEVIN: Yes, but the bill would have to be changed for that.

ASSEMBLYMAN PAYNE: Well, of course. Then have you recommended, perhaps, or anybody in the Department recommended that maybe the bill be changed to include these one- and two-family -- where the majority of where these youngsters live? I mean, that seems to be--

COMMISSIONER BASS LEVIN: Yes, the bill initially covered one- and two-family homes. And then, at the very end of the process, it was taken out. I don't know why.

ASSEMBLYMAN PAYNE: Well, I think that we need to look very seriously at that.

If a good portion of the youngsters that are living in one- and two-family homes are being poisoned-- Once they are poisoned, then we take action. And that's something that just, for me, doesn't sit very easily. I mean, we wait-- Someone said that we wait until a child comes to school poisoned by lead, then we determine they live in a house that is poisoned by lead. We should not use the children as barometers. We should not use the poisoning of these youngsters as a barometer as saying, "Oh, yes. The house they live in has--"

COMMISSIONER BASS LEVIN: I agree with you.

ASSEMBLYMAN PAYNE: And so I guess what we need to do is have some legislation that will include those youngsters who are -- those families that are exposed to that poison.

Some of this seems to be very elementary. It seems very, very elementary -- the solutions to some of these problems. And I truly hope--

You're just back-- The law was signed in January of 2004. And I guess we've been getting ourselves ready for that. This is two years later, and we're still getting ready to get the thing going. And I don't really see any real -- any reason for not having moved any further. I mean, it's really-- When you see the amount of money that we have, and then the miniscule amount that has been expended, it tells me-- One way you can interpret is, why? Why are these children, why are these towns, why are these people not being cared for? I mean, that's what it seems to boil down to, to me. And I think that's an area that we really need to take very, very seriously.

Again, I come down on the side of those children who go to school every day, don't learn, are hyperactive, the teacher is trying to deal with them. And why? Simply because they live, maybe, in a one- or two-family home where they've ingested poison. And we say, "Well, they live in a one-family-- We haven't inspected the home." This, to me, is just mind-boggling.

But I trust that we will be able to-- In fact, I'm sure that you will make sure that your Department, and whomever is responsible for this-- If, in fact, they have not-- If they're there, they have not been doing their jobs. I don't think we should give them a pass. I really don't. If there are people there who are responsible for the implementation of this, and we find that they haven't been doing their job, I don't think they should get a pass. Because under somebody's watch, we've had 5,000 more children that have been discovered with lead poisoning. And I don't think that we should let the people continue saying, "Well, I was getting ready." Because it's a permanent handicap for these children.

And it impacts, as I say, on the classroom. Talk to a teacher who has young kids in her class who come from these neighborhoods. Talk to them. And they'll tell you, "I spend more time with that child than I do with all the rest of them." Why? "It's been discovered that -- now we've found out that they have lead poisoning."

We have to be preventative about this thing. We really do. And I trust that, with your leadership, and the leadership of those who are directly responsible for this program, that we won't come back next year and say, "We have \$14 million left. We should have spent it." And we

won't come back saying, "We've only found two or three homes, or 25 homes."

Please, we've got to do much better at keeping always in mind not those of us who are bureaucrats or in the Legislature, but those youngsters who are victims of this. That's really where I come down.

I'd like to ask Reverend Steele if he has any questions.

ASSEMBLYMAN STEELE: Thank you, Mr. Chairman.

I just wanted to get a point of clarification. Though the bill does not cover one- and two-families, are you saying that those are the target areas where the problem exists? Or are you saying that it's just not covered by law?

COMMISSIONER BASS LEVIN: No, I'm saying that the inspection portion of the bill only applies to three or more. So if we're inspecting a property, we can determine -- we will determine if there is a lead hazard. Once we determine there's a lead hazard, we now have a system in place that the inspector will give the occupants information about our relocation and our loan programs. So there is now a direct connection.

But we're not inspecting one- and two-family homes. So, therefore, we don't -- (a) we don't know there's a problem; and (b) there isn't a direct inspector there who can give out information.

Those children who might unfortunately suffer from lead poisoning might be diagnosed by a doctor, or a teacher could pick up signs. And our goal now, even without the inspection ability, is to do very intensive grassroots marketing to make sure that people know that these funds are available. But a large number of-- What I was saying is, a large

number of these units that were built pre-1978 do have lead paint in them. And they--

ASSEMBLYMAN PAYNE: And they're one- and two-story places.

COMMISSIONER BASS LEVIN: And they're one- and two-story homes. And, oftentimes, they're owner-occupied. So the owner lives in one unit, rents out the other. But they're not making much money on this. They're, oftentimes, barely getting by. So they may not have the funds available to remove the lead paint, to remediate the problem. They may not even know about it, because they may not have the sophistication that a landlord, who has a multifamily apartment, has, because that landlord is in the business.

ASSEMBLYMAN STEELE: Right. So, actually, your point is not only just the inspection, but also the education component that the one- and two-family dwelling needs to know -- that funds are available for them if the problem exists.

COMMISSIONER BASS LEVIN: Yes.

ASSEMBLYMAN STEELE: And under the present bill -- the law -- because you don't have that data, then therefore, there's-- Does the municipality, who has become the education component -- are able to reach out to those who have the one- and two-families and say-- They're being inspected, because every time a person -- whether it's a tenant who relocates -- the department is reinspecting, through the local--

COMMISSIONER BASS LEVIN: Right, assuming it's a rental. The one-family home that might be owner-occupied, and not even be a rental, wouldn't get any inspection.

ASSEMBLYMAN STEELE: Let me-- I follow your point.

COMMISSIONER BASS LEVIN: Okay.

ASSEMBLYMAN STEELE: If the bill was amended to include one- and two-families-- Do we have the manpower, from the State's standpoint, to do the inspections? And I raise that question, because to change the law and not to increase the staff simply does not really give us what we're looking for.

COMMISSIONER BASS LEVIN: We would have to carefully look at it. Remember, it would only be pre-1978, so that limits your stock that you would do. In many of these cities, as Assemblyman Payne suggested, they already do these inspections.

ASSEMBLYMAN STEELE: Sure.

COMMISSIONER BASS LEVIN: So I think we would want to make sure that we have a cooperative effort, and we're not duplicating initiatives that are already going on.

We've already started the outreach to many of the local municipalities so that those that are doing inspections now have information from us so that they know about our programs as well.

ASSEMBLYMAN STEELE: Right. And I know, of course, Paterson is one of those towns. And I know that even before we actually codified the law, Paterson was actually leading the state in having the toughest lead paint law perhaps in the nation.

COMMISSIONER BASS LEVIN: Yes.

ASSEMBLYMAN STEELE: So it's one of those areas that has been very near and dear to us. Because we realize that, being on old city -- and understanding that what was done then is now a detriment to others.

And the permanency of the situation-- So I'm glad to hear that there is a relocation process taking place in Paterson.

COMMISSIONER BASS LEVIN: Right. In Paterson, and the other five communities, they will actually be able to provide the relocation funding directly. So if a resident comes in, or if the building inspector there determines there is a problem, they will be able to work right through the local office to have the relocation assistance. And our goal is to increase that throughout the state. People are most comfortable going into their own community.

ASSEMBLYMAN STEELE: And I think, to just touch a valid point-- I think we really need to be intentional in our methodology as to how we're going to educate people. Because I don't know whether the mail-in kits, those things are really going to be effective. Sometimes, unfortunately, we have to go where people are at -- either call people to a location -- where they can really make a difference.

So I'm glad to hear that grassroots are getting involved in this process. We may have to take it right to the site and do whatever we need to do to bring parents who are already--

COMMISSIONER BASS LEVIN: Exactly.

ASSEMBLYMAN STEELE: --sometimes working a job-and-a-half and yet, at the same time, making sure that they pay their rent and everything else in the process. So we really need to make sure that we are very intentional in our method of reaching them with ways that are going to accomplish the objective that we need.

COMMISSIONER BASS LEVIN: The kit--



ASSEMBLYMAN STEELE: And I just wanted to commend you on coming back on board and this -- the change that you made. Because I believe that we are going to see some fruit from that.

COMMISSIONER BASS LEVIN: The kits are distributed from the Department of Health. And I'm told that you take the kit home, and then you have to mail the results back in. You don't bring the kit back anywhere. You mail it. So just think about how many of us have to mail something back -- what the odds are that we actually take that extra step to mail it back.

ASSEMBLYMAN STEELE: Right. And that's a valid point. And most of the time, what do we do with the kit? Do we use it or lose it? It becomes-- And I think the issue is too serious for us to not follow through on the process, with full participation, to make sure that we walk people completely through this process. Because it could come to the detriment of our children when we fail to do that.

COMMISSIONER BASS LEVIN: We will also be working directly with community groups. We are going to send out a request for proposal so that community groups respond to us, so that we get a broad geographic spread. For example, in Paterson, we know we have Paterson covered on the relocation through the local. But in other places, we may not have that coverage. So we'll be looking to work directly with various nonprofit organizations like Citizen Action, and perhaps CAP agencies, who can add this to what they are already doing.

ASSEMBLYMAN STEELE: Great.

ASSEMBLYMAN PAYNE: Commissioner, thank you.

You mentioned the Department of Health distributed these. I think it's 30,000 free, in-home lead poison testing kits -- 30,000 -- Department of Health. You're the Department of Community Affairs. There's the Department of Health and Human Services. There are so many departments doing fragments of these things that it really creates a great deal of problem. And not only in this area, but other areas as well. It's just -- one person handles this part, etc.

So I think we need to look at, perhaps, another reorganization. The Governor needs to look at a-- Somebody needs to look at a reorganization. But putting it with those related kinds of responsibilities, into the same Department--

But let me just say this, just to keep it fresh in our minds. According to these reports that there was \$16 million amassed in the programs -- were signed into law more than two years ago. And there's a combined pool of \$16 million. Of that number, \$600,000 of \$16 million was given out. And they are the largest programs in the nation dedicated to cleaning up lead contaminated housing and getting children out of danger until cleanup is complete.

To date, the combined pools have given out less than \$600,000, and are so understaffed that they temporarily limited applications for relocation assistance to families with children whose blood level is twice the Federal limit. The question would be, why is that accurate?

COMMISSIONER BASS LEVIN: Well, to take each one of those, there's approximately \$12 million available. We have spent about a

million dollars on relocation and remediation, and another \$600,000 on a variety of things: education, staffing, appraisals, different testing.

What was the last comment? I'm sorry.

ASSEMBLYMAN PAYNE: Six hundred thousand -- so understaffed that children with twice the level--

COMMISSIONER BASS LEVIN: Initially, the program was set up -- in September when it started -- to only provide relocation for children at twice the level, meaning 40 and over. That has already been changed. That is unacceptable.

ASSEMBLYMAN PAYNE: What is the level now?

COMMISSIONER BASS LEVIN: Ten and over.

ASSEMBLYMAN PAYNE: And even 10-- We know that 10 is damaging to a child's health.

COMMISSIONER BASS LEVIN: Well, the Centers for Disease Control say 20 and over. That's why, when they said twice the Federal limit-- Twenty is really the Federal limit. But 10 to 20 -- they say children are at risk. Especially if you're looking at a 6-year-old, if you're looking at a young child, that kind of continued exposure -- even at 10 to 20 -- we believe is unacceptable. And so we have changed the program to bring the level down to 10 for relocation.

ASSEMBLYMAN PAYNE: So you feel that even though today you mentioned -- I think it was mentioned that we provided relocation assistance to just four families. Over what period of time, and what families?

COMMISSIONER BASS LEVIN: The program actually started in the Fall. I think there were seven applications. So we have

processed all the applications. I do want to make that clear. Of the seven applications, one person changed their mind. They didn't want to go through with it. One person didn't call back. And there was some other glitch with the third. So I do want to make clear that if the applications come in, we're ready, willing, and able. And now we're hunting down applications. You're absolutely right. We are very aggressive. The best point of contact is the local health department, since they know the children that are affected.

Initially, there was some concern about the privacy of that information. But we've worked that issue through. We're also working with the Department of Health so that we will help distribute the test kits. So those sorts of walls are definitely being broken down.

ASSEMBLYMAN PAYNE: Are these complicated application forms? I mean, are they something that can be filled out -- one sheet?

COMMISSIONER BASS LEVIN: The relocation form is pretty easy. The form for remediation is much more difficult. That's why we're providing training to the health departments, and why we want the community agencies involved. We want to train the community agencies so that they can help fill out the forms.

ASSEMBLYMAN PAYNE: Can they simplify the forms? I mean, the--

COMMISSIONER BASS LEVIN: The forms are fairly simple. It's just that you need a lot of data. You're looking at income. So they need to bring in a lot of information.

It's like when someone goes for a Section 8, and they have to bring all these forms. And then they go home, and have to bring more forms.

But we want to provide assistance. And that's why the community agencies are so important, because they're the ones often dealing right with the members of the community. They're right there.

ASSEMBLYMAN PAYNE: Let me-- I know that you have another meeting that you have to go to.

There are some organizations that already-- I think I recently visited with and had, for the first time -- got some in-depth knowledge about the Newark Emergency Services for Families. I don't know if you've ever heard of that organization -- Newark Emergency Services for Families.

I would suggest that that might be an organization that could be replicated around the state. We've had a lot of studies and things over the years, and obviously people have-- We don't need any more studies about these things. We need to find out how to implement. We need to -- how to save these 5,000 kids per year. We need to do things of that nature.

And I would certainly make-- Try to use-- You mentioned using community organizations -- using organizations such as that. And I would specifically recommend them. They're doing a job. They are, in fact, doing a job not only in this area, but in other areas that would be helpful. And I would recommend strongly that we meet with them and find out whether they could be of assistance to your organization.

More than 200 tests were positive. There's a key point. Of these tests that were sent in, I think-- Thirty thousand tests were sent out.

Only 528 were produced. And less than 2 percent-- Of the kits that were budgeted, only 2 percent were used in the first year.

But more than 200 of the tests were positive for lead. Sixty-seven exceeded the Federal safety limit. And one test showed a lead level at least 25 times the threshold, according to a spokesman for the private Maryland laboratory the State hired to analyze the samples. Despite the immediate risks to young children, the lab did not contact any health departments in New Jersey, because "That's the way the client, New Jersey, wanted it." Not a single health department was contacted, although they found, of the 67 positive tests that exceeded the Federal safety, one at least 25 times the threshold. This organization -- the Maryland -- the BTS Laboratories did not contact a single health department in New Jersey, despite the risks. Because that's the way the client wanted it.

Could you speak to that?

COMMISSIONER BASS LEVIN: Assemblyman, I wish I could speak to that, but I don't know enough about it. That was something the Department of Health must have arranged. And I'm just not aware of the details. I can certainly inquire and speak to Commissioner Jacobs, and let you know -- send you a letter back and let you know about it.

ASSEMBLYMAN PAYNE: I would certainly hope that this company is not doing business with the State of New Jersey anymore. And I see that--

What responsibilities does Meryl Whites (phonetic spelling) have for the program? Any?

COMMISSIONER BASS LEVIN: None.

ASSEMBLYMAN PAYNE: The Department of Health and Senior Services -- is that where--

COMMISSIONER BASS LEVIN: Yes, for the test kit program.

ASSEMBLYMAN PAYNE: Good.

So for the test kit program, Health and Senior Services, right?

COMMISSIONER BASS LEVIN: Yes.

ASSEMBLYMAN PAYNE: For the testing-- What is this? That's the same department, Health and Senior Services, right? That's Jacobs.

COMMISSIONER BASS LEVIN: Yes.

ASSEMBLYMAN PAYNE: Your Department handles the-- Which part of this--

COMMISSIONER BASS LEVIN: We handle the inspections of the multifamily buildings. We handle the relocation program, the remediation, providing loans or forgivable loans to remediate the properties. And we handle the education programs so that people are aware of the dangers of lead poisoning and what resources are available, now, through the State.

ASSEMBLYMAN PAYNE: Thank you.

COMMISSIONER BASS LEVIN: I hope that clarifies it.

ASSEMBLYMAN PAYNE: Well, thank you very much.

I do have some other questions, but I think I will conclude now.

I would suggest, however, that -- and I think I will speak with our Committee -- there needs to be a task force on this whole effort. Because if part of it is in Health and Senior Services, and part of it is in the Department of Community Affairs, part of it is in the other departments,

then we really -- Human Services -- we really need to find out -- get a handle on this thing. Because what happens is that people fall through the cracks -- not just the cracks, they fall through the chasms that exist in our society.

Those of us who are not subjected to that kind of thing -- we just go right on. And we read about things like this, and say, "Oh, my God. Isn't that terrible?" But when you come face to face with these kinds of problems, we realize the urgency of having to do something about it. And we want to put a face on this.

I think we really need to have some kind of way that kids who are dangerously impacted by this, who live in one- and two-story homes -- one-, two-family homes are not-- There's no inspection there. I mean, this just boggles me. But we're going to see what we can do under this new administration. We're going to see whether or not we can streamline things and get things done, rather than talk around in circles.

COMMISSIONER BASS LEVIN: Well, that has already happened with the Department of Health. And now we are dealing directly with the local health agencies. In the past, they reported up to the Department of Health. The Department of Health talked to us. We now are-- The Department of Health made the arrangements, and we're dealing directly with the local health agencies. And our staff, and the Department of Health staff, is looking at how we can better consolidate these two programs. If we're going to use local grassroots efforts to promote the relocation and remediation, it would make sense for those same grassroots organizations to be promoting the use of the test kit, and explaining how the test kit works, and perhaps having a central place for the test kit to come back to.



So you're absolutely right. And there is already a different approach. We've had those conversations. Because we know that we need to do a better job here.

ASSEMBLYMAN PAYNE: Can someone in your Department get back to us and let us know some of the outreach that you're doing, and identify some of the organizations, and whatnot?

COMMISSIONER BASS LEVIN: Of course.

ASSEMBLYMAN PAYNE: If you can get back to us on that--

COMMISSIONER BASS LEVIN: Absolutely.

ASSEMBLYMAN PAYNE: --I'd really appreciate it. And also whether or not there has been any change in the number of folks that are using these tests, these home kits kinds of things. I'd really like to know whether or not there's been any increase in that. So if anybody can give us some kind of up-to-date figures on those-- I don't want to rely, necessarily, on the public newspaper publishers.

And I suppose I would need to talk to Dr. Jacobs. Can someone find out whether or not this BTS Laboratories company--

COMMISSIONER BASS LEVIN: We'll find out. I'll talk to Dr. Jacobs, and I will let you know.

ASSEMBLYMAN PAYNE: All right. Please.

Thank you very much. Thank you for coming.

COMMISSIONER BASS LEVIN: My pleasure. Thank you.

ASSEMBLYMAN PAYNE: Next, Ms. Mary Coogan, please -- Associate Director of Children of New Jersey; American Civil Liberties Union.

M A R Y C O O G A N: Thank you, Chairman Payne, Vice Chairman Steele.

My name is Mary--

ASSEMBLYMAN PAYNE: Red on? (referring to PA microphone)

MS. COOGAN: Thank you.

My name is Mary Coogan. I'm the Assistant Director of the Association for Children of New Jersey. I'm here on behalf of my office, as well as the American Civil Liberties Union.

Robin Dahlberg, who you had originally asked to speak, unfortunately has a case, and she is in South Dakota today.

So the testimony that I present is on behalf of both organizations.

For the last six years, the ACLU and ACNJ have worked collaboratively with the administrator of New Jersey's Medicaid program, which is the Division of Medical Assistance and Health Services, to increase the number of Medicaid-enrolled children screened for lead. We, too, share your anger and believe that if there is a will, there's a way.

And there was a report that Robin Dahlberg wrote -- and I believe copies of this were mailed to all members of the Legislature, but I have additional copies here -- which sets forth the work that was done with certain pilots, which I think you will find interesting, in terms of collaborative efforts and how they can actually make a difference.

We targeted preschool programs in high-risk areas for education. We audited the medical records of the children enrolled in these programs to identify those that had not been screened. We audited the

records of health-care providers to ensure that they were screening all patients who needed to be screened. As a result, the numbers of Medicaid-enrolled 1- and 2-year-olds tested for lead doubled, from 25 percent to 45 percent, over a four-year period.

As a result of our work, we gained an in-depth understanding of lead poisoning in New Jersey and New Jersey's lead poison prevention program. New Jersey's children, as you indicated earlier, are at a greater risk of childhood lead poisoning than most other children in the country. In dozens of communities throughout the state, the rate of poisoning is four or five times the national average. In municipalities such as Bridgeton, East Orange, Irvington, Millville, Orange, and Paterson, between 8 and 10 percent of all 3-, 4-, and 5-year-olds suffer from lead poisoning.

Yet, New Jersey does not have a functional, statewide childhood lead poisoning prevention and treatment program. An estimated 18,000 New Jersey children under the age of 6 are lead-burdened. Only one-third of these children have been identified. Of that one-third, roughly one-half are not receiving necessary follow-up treatment.

As currently configured, New Jersey's program is divided between four principal executive agencies: the Division of Medical Assistance -- which I already mentioned -- the Department of Health and Senior Services, the Department of Community Affairs, and the Department of Education. The department of Medical Assistance and the Department of Health share the responsibility for identifying and treating lead-burdened children. The Department of Health and the Department of Community Affairs are responsible for the identification and abatement of homes and buildings contaminated with lead. The Department of

Education, among other things, sets standards for health examinations for children that they must have to enter public school, including the Abbott districts.

None of these agencies, with the exception of the Division of Medical Assistance, has prioritized childhood lead poisoning prevention. And none, including the Division of Medical Assistance, effectively collaborates or communicates with its sister agencies. I think you recognized that earlier in your comments -- both of you. This inability to prioritize, communicate, and collaborate has resulted in the following deficiencies, among others.

Department of Health's failure to implement the State's 1996 Lead Poisoning Abatement and Control Act: The Act requires the Department of Health and Senior Services to implement a program to control lead poisoning, maintain a computerized surveillance system to track lead testing and treatment, and conduct a public information campaign about the dangers of lead poisoning. Ten years after the Act was passed, the Department of Health and Senior Services has yet to complete any of these tasks.

The Department of Education's failure to include lead screening in its proposed standards for health examinations for children attending Abbott preschools: DOE recently made proposed standards available for comment. Although our work with the Division of Medical Assistance demonstrated that preschool programs can play a vital role in the identification of lead-burdened children, DOE's standards make no mention of lead screening.

The failure of the Department of Health and Senior Services, and the Division of Medical Assistance, to collaborate effectively in the treatment of lead-burdened children: Federal and State law makes the Department of Health and Senior Services and the Division of Medical Assistance jointly responsible for providing corrective treatment to lead-poisoned Medicaid-enrolled children. Yet, neither agency has written guidelines on how the agencies are to work together. As a result, some children receive no follow-up treatment.

The delay in the implementation of the Lead Hazard Control Act is simply further evidence of the inability to prioritize, collaborate, and communicate. We are here today to stress the urgency of a joint and swift action to implement the programs established by this Act. And I'm pleased to hear both of your comments that, I think, you agree.

We have identified the following impediments to implementation: There is no entity or individual within the Executive Branch holding the four executive agencies involved in lead poisoning prevention accountable for their failure to fulfill their statutory responsibilities. And we have written to Governor Corzine asking that he appoint such a person.

DCA has not allocated sufficient staff to administer the Lead Hazard Control Act. In October 2005, DCA officials estimated they needed 10 properly trained persons -- implementation specialists to administer the Act. At that point, they had three. As of mid-March 2006, there are six, and not all have the appropriate skills and training. We ask that DCA take immediate steps to staff the programs mandated by the Act with 10 adequately trained individuals.

The Department of Health and Senior Services and local health departments are not adequately assisting DCA in its administration of the programs mandated by the Act. And it appears from the Commissioner's comments that some steps have been made to rectify that, which is good. The 1996 Lead Poisoning Abatement and Control Act requires local health departments to investigate the homes of every child identified as lead-burdened, and to determine the source of the child's exposure. And that would apply to multifamily homes or single-family homes.

It further requires that the local health departments order the abatement of any home or housing unit determined to contain a lead hazard. In 2003, the year for which we have the most public -- recent public data, 35 percent of all such properties were abated -- those, meaning they were identified as having a problem, but they only abated 35 percent.

Anecdotal evidence suggests that many properties are not abated because landlords and homeowners do not have the necessary financial resources. The Department of Health and Senior Services and local health departments should establish a procedure to refer every single one of those homeowners of lead contaminated property to the Department of Community Affairs to apply for funding under the Act.

The Department of Health and Senior Services and the local health departments are not compelling recalcitrant landlords and property owners to abate. If a property owner fails to abate, the local board may arrange for the abatement at the owner's expense. If the local health department fails to enforce the abatement laws, the Department of Health and Senior Services may move to enforce them. And the citations of the statutes are right in our comments. Many local health departments do not

enforce the abatement laws because they do not have the resources to do so. As far as we know, the Department of Health and Senior Services has never attempted to assist them. Perhaps the Department of Community Affairs should explore the possibility of providing local health departments with the resources to abate the properties of homeowners who refuse to do it themselves. In addition, the Department of Health should take a more aggressive stance towards these individuals. Every property owner who does not abate should be prosecuted.

The process for applying for funds is sufficiently complicated that many eligible property owners cannot complete it. DCA-designed applications for funding are long and technical. That doesn't mean that the information is not necessary, and we appreciate it. And I think the Commissioner also spoke to that, in terms of trying to engage local nonprofits and perhaps some of the legal services offices who could assist people with the technical problems. But, again, I don't think it's a matter of getting that paperwork done. It's a matter of getting people to the table to apply. And as you indicated, mailings, and passing out test kits and things are not going to help people who are in a constant state of crisis.

Public education efforts have been inadequate. Many homeowners are unaware of the programs mandated by the Act. The Department of Health and Senior Services, the Department of Community Affairs, and the Division of Medical Assistance should implement -- develop and implement a comprehensive statewide public education plan to make the public aware of the dangers of lead poisoning, the need to have children screened for lead, and the availability of funds to abate hazardous properties. Currently, each agency is engaged in its own public education

efforts. And we just heard it explained how DCA is going to start their own, but they do not coordinate, and they have not coordinated. And I think, as a result, they are duplicating a lot of efforts, and a lot of staff resources are not being properly utilized.

The funds made available by the Act to expedite the abatement of lead hazardous homes are vitally needed. While children may be exposed to lead through a variety of sources, lead-based paints and lead-contaminated dust in older homes are the most common sources. And as you heard earlier, in terms of New Jersey and the buying of houses, I think that's been clearly stated.

New Jersey's failure to have a functional childhood lead poisoning prevention program comes at a significant cost to both the state taxpayers and the children who must rely upon programs for services. Lead in young children adversely affects the development of their central nervous system, causing learning disabilities -- as you pointed out, Assemblyman Payne -- irritability, hyperactivity, attention deficit disorders, mental retardation, and behavioral problems. Unless lead poisoning is diagnosed early and treated properly, the damage is permanent. Lead poisoned children are more likely to fail in school, spend time in the criminal justice system, and to earn significantly less throughout their lifetimes than their healthier counterparts.

According to the United States Department of Health and Human Services, each lead-burdened child who is not diagnosed and treated in a timely manner costs the state in which he or she resides roughly \$5,000 per year in medical, special education, and other services. And assuming



that we are roughly talking about 18,000 kids currently lead-burdened, the State is spending about \$93 million per year.

I guess my final comments -- if you have not had a chance to read the report that Robin Dahlberg wrote-- The work within the childcare community and in the Abbott preschools-- We had two pilots in Irvington and Camden. And, again, I just reiterate what you said earlier. Where there's a will, there's a way.

In Irvington, for example, the mayor decided this was going to become a priority. The city council made it a priority. The local department of health made it a priority. And then they went to the schools, and we did some training with them. And then what the directors of the daycares -- the preschool programs did is, they worked with the parents -- not that they prevented any parent from enrolling their child in school without a lead screening, but the constant reminder-- The parents then got their children tested.

And we were also able to get the filter paper test approved, which is less intrusive. But it is in getting the children tested that I think you then can get the source identified. And it's another way to find the homes that need to be abated. But the efforts need to be coordinated, and we need the follow-up.

Thank you for your interest in this. It's important.

ASSEMBLYMAN PAYNE: Thank you very much. We really appreciate it.

Certainly there's a need for collaboration with these departments. I'm always astounded when I hear about departments involved in various kinds of issues that -- neither one is talking to the other

-- none of them are talking to the other. And it absolutely makes no sense. Government has grown and lost its focus, I think, in some of these instances. And I hope that we'll be able to have some impact on bringing about the kinds of collaborative efforts that are necessary to really address this problem. I just don't want people to ever lose sight of what we're talking about. Very often, we talk about the problem, but we lose sight of the bottom line, the end result. And that's that child that's been damaged for the rest of their life. I really think that's where we have to focus all of our efforts and be as concise about it as we can.

Thank you for your--

MS. COOGAN: Thank you.

And I know I speak for the Association for Children -- I think also for the ACLU -- if we can be of any assistance, please call us.

ASSEMBLYMAN PAYNE: Thank you.

Now, Ms. Kim Gaddy and Dave Pringle, the New Jersey Environmental Federation.

Good afternoon.

**KIM THOMPSON GADDY:** Good afternoon, Assemblyman Payne and Assemblyman Steele.

My name is Kim Thompson Gaddy. I'm a resident of Irvington, New Jersey, and Environmental Justice and North Jersey Organizer for the New Jersey Environmental Federation.

I would like to start by stating that the Lead Hazard Control Assistance Act clearly is an environmental justice issue. The EJ movement, in New Jersey, is a global movement that's challenging the disproportionate burden of pollution and environmental degradation born by communities of

color and low-income people. And racial disparities in health link to these exposures.

As a parent of three, and a resident of Irvington, and former resident of the city of Newark-- I have a 21-year-old godson who has irreversible brain damage due to the residence of where he resided on Huntington Terrace, in the city of Newark.

We were able to get him the kind of education by-- They transported, actually, to a school in Paterson, New Jersey. But the jobs that he will have for the rest of his life are routine-oriented jobs. His future was totally changed by lead poisoning and housing stock in the city of Newark. So that is a serious concern of mine.

And I've heard a lot of statements here this morning from the DCA -- Susan Bass Levin, Commissioner. I recall, as the chief of staff to Councilwoman Crump, in the city of Newark, we worked with many groups and collaborations to establish safe -- lead-safe houses in the city of Newark. So the opportunities and the people from the real grassroots levels are present in these communities.

What is her definition of *grassroots*? Who is she reaching out to? The local health departments are a start, but they aren't the individuals where the information needs to be presented to. It is those local groups like Quest, Inc., International Black Women's Congress, Weequahic Park Association, Ironbound Community Corps. I mean, I can go on to name a list.

So the process within itself is flawed. To say that there are RFPs that are going to be available-- If the information is not presented to those individuals who have the ability and the connections to submit those

RFPs, here we go again with this communication problem, and really not reaching the grassroots people. They use that terminology like they're really going to come out and address the grassroots community, but they don't. So I think that that's a serious issue.

And you have stated, Assemblyman Payne, about DCA and the need to improve the communications process.

And I do want to also admit that there needs to be some kind of collaboration process included in this so that they can bring everybody to the table in the targeted communities so the talk can begin. Because you can, again, reach out to the wrong individuals and think you are doing a great job. But, oftentimes, the right people that need to be at the table, that need to have the information, aren't the ones that the table.

So I just think that these are some of the serious issues that we need to address. And I don't want to keep belaboring the point, and going on, and repeating some of the other issues.

But I do want to thank you, because I was wondering what was happening with this. It's a great concept, great bill. We know we need it, but now we need action. And we need action now.

ASSEMBLYMAN PAYNE: Thank you very much, Ms. Gaddy.  
Reverend Steele.

ASSEMBLYMAN STEELE: The previous speakers spoke of a pilot program that was in Irvington. Were you familiar with that program? And do you have any comments on the--

MS. GADDY: Yes. Irvington is one of those townships that have one of the highest lead rates in the northern region. And Mayor Wayne Smith, and those representatives, dealt with the early childhood

centers and the daycare centers, because that's where we need to start the process -- early on in the life of the youngster. So we're very active in Irvington.

But, again, this information wasn't even communicated to some of those groups that were a part of that process. And that's why I came down to actually speak, because I'm a resident. So we're doing great things in Irvington. We want to be a part, and we want to help. But, again, we too are not receiving the information.

ASSEMBLYMAN STEELE: Thank you.

DAVID PRINGLE: Thank you, Mr. Chairman.

Thank you for holding this hearing and for (indiscernible) to call attention to it.

We are obviously very happy to work with the Assembly Majority, and Senator Rice, and Citizen Action -- to help get this bill into law two years ago -- and are very disappointed the DCA hasn't been implementing it more quickly. And while we recognize that there's been a transition--

That said, before the transition, there's a year-and-a-half. It doesn't take a year-and-a-half to come up -- to implement a law like this, especially when it's addressing a problem.

Lead poisoning is, arguably, the most documented and confirmed link between the environmental pollutant -- causing devastating impact, not just in theory. But if it did, in fact, get in blood-- It's so well-known, but it deserves emphasis. Lead is getting into blood. It's because of human action. It clearly lowers IQ, among many other developmental

disorders. And it has, not just on that individual -- but incredible societal impact.

This is happening disproportionately in communities of color, in areas of low income that are already -- as you pointed out, Mr. Chairman -- struggling too often to survive. So government needs to help here and go the extra yard, more here than virtually anywhere else. And it doesn't seem that, to date -- although I have been heartened by the Commissioner's words today -- that that message has gotten through to DCA over the past two years.

What makes this even more frustrating is what we know -- as well-documented in studies as this problem is, it's just the tip of the iceberg. We're only testing a fraction of kids, even though we have mandatory lead testing in this state. Too many children don't get tested for lead. The knowledge of even pediatricians, let alone the execution -- making sure those tests happen -- is incredibly lacking.

At the same time, as we study lead more, it's becoming more of a problem. There's been, about 10 times over the last 50 years, that-- What society has deemed, through government, as the acceptable level of lead in blood has been lowered. We're now saying it's 15. I would be shocked if 10 years from now, that level isn't lower than it is today. And I'd be shocked if 20 years from now the level isn't lower than what it is today.

So we really need to be changing the whole emphasis here, from-- There's no acceptable level of blood -- of lead in blood. Yes, obviously, the higher the level, the more corrective action -- the faster.

I applaud you for bringing this to the attention -- and urge the Committee to stay on top of it.

I'd also like -- and I know this certainly isn't the motive of this Committee. But especially in light of the budget situation, and despite our disappointment that these funds haven't been used more effectively and more aggressively, it shouldn't be misinterpreted as the need not being there. Because when folks do find out about these opportunities, they will take advantage of them. So I think we all need to make sure that others don't see this as an opportunity to raid unused funds to feed a budget gap. Because, clearly, that is not the nest that needs to be walked away from today. It's how to use these funds better, not give others an opportunity to raid those funds.

I know Citizen Action is going to be making some very specific recommendations on how we can implement the program better. We certainly support those.

Kim mentioned a lot of the community groups. We need to talk to those health departments. But there are so many folks closer to the ground that really need to be plugged in here.

The one point I know that Citizen Action is going to make, that I'd really like to emphasize, is lower the income eligibility. We need folks that-- If you're 80 percent of the median income, you already have enough problems. We should be giving folks a leg up. And we should be more generous in the grants than are being offered in the program to date.

So with that, I know you have many other folks testifying.

Thank you, again, for taking the charge on this. And I urge you, and all of us, to continue working with DCA in keeping their feet to the fire.

ASSEMBLYMAN PAYNE: Thank you very much.

ASSEMBLYMAN STEELE: I just wanted to say you can rest assured that this Committee and any other legislators are not going to be looking at the utilization of those funds for anything other than what they've been designated for.

MR. PRINGLE: Thank you.

ASSEMBLYMAN PAYNE: I was going to--

You mentioned that the mandatory lead testing is lacking, or not being followed, etc. It is my understanding that pediatricians, as you mentioned, are supposed to, by law -- when they come in contact with a youngster who has -- who manifests lead poisoning, or lead in their blood -- that they are supposed to report that, even if a child goes to the physician for an unrelated matter. Every child under a certain age is supposed to be tested by a pediatrician for lead in their blood.

Is that right?

MR. PRINGLE: My understanding is that when the testing occurs, and the standard is violated, we're doing a pretty good job, at this point, of addressing that. Clearly, we could be doing better.

But a lot of folks aren't even getting tested, even though there is a mandatory testing law. And I think that there's a big gap there; that we need the Department of Health to really step up-- We need pediatricians to really step up, and they haven't been doing so.



ASSEMBLYMAN PAYNE: Some of them say that it's just another step that they have to do, that they have enough work to do as it is.

MR. PRINGLE: Right. And they do, but again with lead-- There's something -- a cold, strep throat, a lot of these things -- yes, they are problems that need to be dealt with. But we're talking about-- I mean, there's nothing more clearly documented than lead in blood -- drop in your IQ, and having devastating impacts to the individual and society at large, more than the vast majority of other problems a doctor treats. And more attention, therefore, should be put to this.

ASSEMBLYMAN PAYNE: We have to find a way to keep this an in-your-face type of thing. This has to be kept in the face of people. Because there are so many different areas of concern in our society that people kind of let this go by. I don't intend to let this die. I mean, if we have to bring busloads of children down here who are suffering from lead poisoning, we'll have to do that. But we need, also, to have your suggestions.

I was going to ask whether or not you had some recommendations or suggestions as to how we could pursue this. And that would be very helpful if you could--

MR. PRINGLE: We'll follow up with you and get that to you.

ASSEMBLYMAN PAYNE: Thank you very much.

I don't like to just have hearings for the sake of having hearings. I want to see something come out of them. And if we have to demonstrate, if we have to stop the buses in the middle of the street, or do whatever it is-- You mentioned-- Someone mentioned that this is a--

I think you did, Ms. Gaddy, that this is part of civil rights. I mean, one of the environmental, civil-- We did not get our civil rights in this country by just talking about it. There were some other methods that were used. When the talk didn't work, there were other methods that were used.

And I think the danger to these children is so serious that there needs to be far more dramatic actions taken if the government doesn't do its job.

I want to thank you both for coming.

MR. PRINGLE: Thank you very much.

ASSEMBLYMAN PAYNE: Mr. Jim Walsh.

**J I M W A L S H:** Good afternoon.

ASSEMBLYMAN PAYNE: Good afternoon.

MR. WALSH: I'm Jim Walsh. I'm the Assistant Program Director for New Jersey Citizen Action.

We really have a commitment to eradicating childhood lead poisoning. We share the concerns that have been brought up by this Committee today, because every time there is a child who is poisoned by lead, we have failed that child. And I'm very happy to see that your Committee is taking this very seriously in working to do this.

The first part of my testimony addresses some of the larger impacts on children, which have already been covered pretty extensively in this hearing. So I'm not going to go into those right now.

But one of our concerns that has been recently addressed by Mr. Pringle from the Environmental Federation is the funding for this

program. And the funding for the Lead Hazard Control Assistance Fund must not only be maintained, but it needs to be increased.

As knowledge for this program increases, there's going to be a greater demand for the resources in this Fund. And we've heard today that the Department of Community Affairs has expended \$1 million of \$16 million. And of that, there's been a very small number of grants and loans expended. So we're going to need dramatically more resources to deal with this problem than what has been put there. The money is significant, but there is going to need to be more expenditures in this area.

It's very penny wise and--

ASSEMBLYMAN PAYNE: Excuse me.

MR. WALSH: Yes, sir.

ASSEMBLYMAN PAYNE: If they're unable to spend more than \$300,000--

MR. WALSH: Yes, sir.

ASSEMBLYMAN PAYNE: Either somebody else needs to be put in control, or what have you.

MR. WALSH: Well, I'm going to make some recommendations that we think will help to improve how this program is being used. And we will get to the point, when \$16 million-- When we're coming back to this Committee saying \$16 million is not enough.

ASSEMBLYMAN PAYNE: No question.

MR. WALSH: We need more resources for this. And I wanted you to be ready for that when we come back here and ask for more money. Because it will be needed.

We have the-- I have the confidence that Commissioner Bass Levin is taking this very seriously and is looking into that issue.

We met with the Commissioner and various members of DCA several weeks ago to discuss our concerns with this program and also to offer our assistance in any way that we can to help make this program successful. Once again, we are confident that steps are being taken to address things currently.

I guess the biggest things that we have-- One is to-- We would like to see an increase in eligibility in grants from 50 percent of the median income to 100 percent of the median income. The commission is saying that they will increase it to 80 percent of the median income, which leads me to believe that they're looking at the data provided by HUD, that HUD actually considers low-income individuals at 50 percent of the median income, and moderate income individuals at 80 percent of the median income for the county.

We're concerned, though, that 80 percent isn't high enough, because of the raise in property taxes, heating bills, and housing costs in the state -- that even moderate income families won't be able to afford to take on additional loans that would be required. Which is why we're asking that the rate be increased to 100 percent of the median income.

We also think that targeted outreach and publicity of the Fund, through State agencies and community organizations, is critical to this program. And we've seen the Department has started taking steps to do that. We want to see those efforts continue.

Specific areas where we see important relationships being built -- which we discussed with the commission -- was in working with local

health departments. And we're very happy to see they've taken those steps to start doing that, particularly because a local health department is required -- is notified when any child is -- has a blood lead level of 20 or higher. So there is a list -- a very extensive list of lead-poisoned children the State of New Jersey has. And finding out where those people live, and who owns the house they're in, and getting those repairs done, and the information in the hands of those people is key to making sure that these cleanups are happening.

ASSEMBLYMAN PAYNE: Excuse me.

MR. WALSH: Yes, sir.

ASSEMBLYMAN PAYNE: And, again, this is why we need the coordination. Because you have one department finding out, another department not doing-- I mean, it's absolutely asinine.

MR. WALSH: You're absolutely correct. And we need to have more coordination and communication between departments. And we're happy to see that those steps are starting to be taken.

We also think that DCA should work to form a closer relationship with Housing and Urban Development. Housing and Urban Development works in a variety of programs, servicing low and moderate income families. One in particular-- HUD sells homes that have been put up for foreclosure, and does a lead test in each of those homes, and provides information to homeowners about the presence, or lack of presence, of lead that those tests find. It would be very easy to, along with the results of that test, say, "And here is where the State can provide you resources to clean it up once you buy the home."

We'd also like to see -- and with a conversation I had today with a member of DCA -- greater collaboration within the Department of Community Affairs, within its own programs. And I've been assured by a member of the Department that they are doing -- taking steps to make sure those happen.

One specific recommendation we have is with the low-income weatherization program. The Department of Community Affairs already goes into low-income communities and works with people in those communities to reduce their energy usage. It would be very easy to go in and do a dust swipe test, while those other inspections are being done, and provide that household with information about the actual -- the Lead Hazard Control Assistance Fund.

And we know there are other programs in other areas that this coordination needs to happen. I think that Assemblyman Payne's talk about a task force is very important in working with this development. We also really would like to see the Department work with community groups, faith-based organizations, and focus those efforts on first-time home buyer programs. Any efforts to support low- and moderate-income families, and also groups that work with pregnant women and children under 6 years of age -- we think those are the key areas for the Department to target its grassroots efforts in getting this information into communities and those organizations.

We're very happy to see the NJN special that was put out and the radio advertisements that have been happening about this program, but think that there needs to be more concentrated effort done to support the air campaign that's going on, on the ground. As many of you know, when

you're running for office in an election, having those radio ads are important, but having the people on the streets, knocking on doors, talking to people about the election is actually what makes it happen. And we want to see more of that sort of activity going on.

Another major concern that New Jersey Citizen Action has is with the State's capacity to handle lead abatements. As the knowledge of this Fund increases, there's going to be a greater demand to have the work of lead abatement done in your home. And without a plan to increase capacity, we can see a situation where the fund is not able to be used, because homeowners simply can't find somebody available to do the work.

At the last meeting, the statewide Interagency Task Force of Lead (*sic*) -- this is a collaboration of government and nonprofit agencies that are working to eradicate lead poisoning -- there were concerns that homeowners in South Jersey are actually having that difficulty, now, finding people to do lead abatements in homes. And so we'd like to really see some efforts done to address capacity before it becomes a larger problem, statewide.

We'd also like to bring to this Committee's attention Senate Bill 440. This has been introduced by Senator Rice to increase the fees on realtors in order to add additional funds to the Lead Hazard Control Assistance Act.

We ask the Committee to support this initiative, but, also, we'd like to recommend an amendment to this initiative. We'd like it to ensure that every homeowner is aware of resources that are available in the Lead Hazard Control Assistance Fund at the time they purchase a home.

As you may be aware, homeowners who are in homes that were built before 1978 are already required to have a disclosure signed about whether the presence of lead-based paint exists or doesn't exist. And they must also be given a booklet, that's produced by the Environmental Protection Agency, that goes into lead, what are the problems associated with it, what cleanup can be done. It would be very easy to also add a piece of paper with every home transaction and every home sale about the resources available through this program, and get that information into the home buying process, so that every home buyer is being made aware of this program and the resources that are available to it.

We believe that this hearing will hopefully help to make some of these changes bring about-- But ultimately what needs to happen is increasing the funds to the program and increasing grassroots outreach to organizations at the community level; and better collaboration among State, and Federal agencies, and local agencies.

Thank you very much. We're very committed to helping make this program work in whatever way we can.

ASSEMBLYMAN PAYNE: Thank you very much.

Any specific ways that you think would be helpful -- that would be helpful to us, also.

Mr. Vice Chairman.

ASSEMBLYMAN STEELE: No, I just wanted to thank you for your information. In terms of the implementation process, I think, at this point, that should really be the focus.

There's been, really, no true facts shown where we're actually maximizing what we have in place -- before, I would be a little hesitant



about coming up with revenues. I mean, let's focus on the fact that we have not implemented the process. We need to be focused on that. If additional money is needed, obviously that will be something to look at. I don't know whether we need to be looking at additional money when we're not actually utilizing what we have.

I think that, oftentimes, when we focus on what we need, as opposed to what we're doing, we actually lose focus on the fact that children, at present, have a problem. And it's not a money problem. My point is it's not a money problem. It's not that if we need-- If we don't have these additional funds now that we can't do this. What's happening is that we have funds now, and we are not doing this. And I think that's what we need to focus on.

ASSEMBLYMAN PAYNE: It is a two-pronged thing. Governor Corzine talks about growing the economy -- that there's an immediate problem -- fiscal problem now. We have to deal with growing the economy so that down the line it will, in fact, be able to take care of itself.

It's the same thing here. I know that it's a two-pronged approach. It's very similar to the testimony that we got the other day on Darfur. There was a woman here who talked about -- even though in Sudan, right now, there's this genocide going on, etc., and that there are warring factions -- she was talking-- It was Blanche Foster. I think she's the Director -- talking in terms of a reconciliation process to take place once the war stops. Even though, right now, there's an immediate need to stop the killing, etc., etc., etc., she is thinking down the line so that there will be

some kind of process in place that, once the people started to stop killing each other, there will be--

You're talking the same thing. Even though we immediately -- we may have \$16 million that is not being used now, the demand-- Once we get the word out there, the demand is going to increase exponentially. And so we understand that.

MR. WALSH: That is exactly it. It can't just be-- I think that one of the problems we're focusing on right now is because there has been so much shortsightedness in planning. Like the Commissioner said, we expected more people to just get into the program. And it's not happening. And making sure we have a long-term plan in place to eradicate childhood lead poisoning is key and critical, which is also what we talked about -- the capacity building in this program too, and the great need to do that. Because we need to be looking further out into the future, as well as addressing the current problems we have right now, that we're experiencing with the implementation of this program. We believe, at Citizen Action, that the Department has changed its course and is very aggressively, now, working to market and outreach this program. We look forward to working with the Department to do that. And we just are looking outward to the future, when this program does get the (indiscernible) and usage. That \$16 million is going to be the tip of the iceberg of what we're going to need to eradicate this problem.

Thank you very much.

ASSEMBLYMAN PAYNE: We serve on the Budget Committee, as well. And when you say \$16 million is the tip of the iceberg,

many of us on the Budget Committee are saying that we could use part of that \$16 million and put it someplace else.

MR. WALSH: Well, that's the last thing we would want to see happen. There should be no action in the Legislature to remove funds from this program.

ASSEMBLYMAN PAYNE: You can be sure of that.

Thank you very much.

MR. WALSH: Thank you.

ASSEMBLYMAN PAYNE: Mr. Arnold Cohen.

MR. WALSH: Mr. Cohen actually had to leave. He asked me to give you a copy of his testimony.

ASSEMBLYMAN PAYNE: I thought you looked like Mr. Cohen. I was going to say-- (laughter)

All you guys in environmental action look alike to me. (laughter)

Thank you very much.

I really would just like to say that we really want to make sure that government does not grow so big that it becomes so involved in all of the intricacies, and the different agencies, and things of that nature. Once you start looking at it, you find that departments don't talk with each other, and that there--

I don't know who has the lead on this. I guess the Department of Community Affairs has the lead on this lead abatement program. However, there are other component parts to it. The other departments have some area of responsibility, as well. And as we've seen here today, there needs to be greater collaboration between the various departments.

And also, what I try to underscore over and over again is, at the bottom of all this are children that are unnecessarily being damaged for life, unnecessarily -- that we have a way to resolve this. I mean, it's not like we're trying to find a way -- what causes this. We know exactly what causes it. And what keeps it perpetuating is that there's the lack of will, I think, to really just get at it and resolve the problem.

As I said before, Jonas Salk came up with a solution for solving polio. And we found a way to eradicate smallpox, and other things like this. And they had to do a lot of research to find out. We know that there's dust in the air -- miniscule particles of dust in the air coming from venetian blinds that have lead paint on them, etc. And we know that young little children that nibble on the woodwork, etc.-- That's where it's coming from. We know where it's coming from, we just have to have the focus and the direction to take care of it.

And I, frankly, do not like the business where some people say, "Well, we knew it was going to take a long time." What are you talking about? Tell that to the parent who has a child who was poisoned by it. We knew it was a complex problem. And it may take another 20 years. I'm pleased-- Somebody said, "I'm pleased with the progress." What progress? There's a lack of progress.

But, anyway, we're going to do everything we can. And as I said before, I don't want to just have hearings for the sake of hearings. I'd like to have something concrete come out of them. And if you have some concrete suggestions or measures that you can make to us, then we would welcome that.

Thank you very much.

This hearing is concluded.

**(MEETING CONCLUDED)**