

April 22, 2002

MEMO TO: Advocates for Lead Poisoning Prevention and Health Care for Low-Income Families

FROM: Don Ryan, Alliance to End Childhood Lead Poisoning Jane Perkins, National Health Law Program

RE: Sign-On Letter to Secretary Thompson re: Medicaid Blood Lead Screening

[See below for full text of letter]

The group sign-on letter protesting the planned retreat on lead poisoning screening for children served by Medicaid was delivered to HHS Secretary Thompson today.

The response to our electronic alert has been overwhelming. A total of 50 national organizations and almost 200 regional, state and local organizations joined in calling on Secretary Thompson to block the planned retreat of federal leadership and oversight on Medicaid screening. In addition, more than 200 individuals, including many staff of state and local health and housing agencies co-signed the letter. We greatly appreciate the rapid response from such a broad range of organizations and individuals.

A copy of this letter and all the co-signers is available at [www.healthlaw.org](http://www.healthlaw.org) or at [www.aeclp.org/medicaid.doc](http://www.aeclp.org/medicaid.doc)

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We will keep you apprised of developments on this front. If you have the time and energy, please call your Representative in Congress and urge them to sign onto the letter to Secretary

Thompson that Representatives Menendez and Gutierrez are now circulating to voice Congressional opposition to this policy change. If you don't know your representative's number, you can call the main switchboard at 202-225-3121 and ask to be connected.

[See below for full text of letter, or [click to view](#) in PDF Format]

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April 22, 2002

Honorable Tommy Thompson  
Secretary  
Department of Health and Human Service  
Hubert Humphrey Building  
200 Independence Avenue, S.W.  
Washington, DC 20201

Dear Secretary Thompson:

We, the undersigned 473 national, regional, state, and local organizations and individuals, call on the Department of Health and Human Services (HHS) to ensure that children are screened and treated for lead poisoning under Medicaid, as federal law requires.

Achieving the national goal of protecting all children from lead poisoning requires concerted effort by many sectors, most critically action to make housing safe from lead hazards. As the program serving the health needs of our most vulnerable children, Medicaid's role is essential to the national prevention equation: screening low-income children at risk for lead poisoning and providing the services needed to those found poisoned.

Children served by Medicaid are undisputedly at the most elevated risk for lead poisoning. Medicaid enrollees account for an estimated 93% of severely lead-poisoned children and 60% of all children with elevated blood lead levels.

It is equally clear that low-income communities of color bear the brunt of this disease.

National health data confirm poisoning rates eight times higher among low-income children than children from upper-income families, while African-American children are at five times higher risk than white children. In highest risk neighborhoods in many cities, one-third of preschool children are poisoned by lead, a shameful statistic and a formula for school failure.

Despite wide knowledge of these facts, screening for lead poisoning by state Medicaid programs is abysmal. In 1998 GAO found 81% *noncompliance* with blood lead screening requirements. Since that time, only eight states have reported screening rates above 20 percent. It is now painfully clear that the vast majority of lead-poisoned children served by Medicaid are never identified. As a result, poisoned children do not receive the services they need and lead hazards in their homes are left in place to poison siblings and future occupants.

Given these failures, we are strongly opposed to the Centers for Medicare and Medicaid Services' (CMS) plan to walk away from the problem by terminating the federal role in setting minimal protective standards for Medicaid blood lead screening. As you noted in your confirmation hearings before the Senate Finance Committee, we must strive to bring greater focus and resources to reduce the health disparities that persist in this country for minority and other under-served communities. The continuing poisoning of low-income children demands leadership by HHS, not abdication of federal responsibility.

We call on HHS to:

- maintain protective standards for lead poisoning screening and treatment that account for variations in risks and patterns of lead poisoning across the country;
- maintain the *State Medicaid Manual* §5123.2.D.1. in its current format and do not allow states to adopt a plan that allows less than universal screening of Medicaid-eligible children until new recommendations for targeting Medicaid screening are provided by the federal Advisory Committee on Childhood Lead Poisoning Prevention;

- follow CDC guidance in setting lead screening standards for age and risk factors and rely on the recommendations of the federal Advisory Committee on Childhood Lead Poisoning Prevention in making subsequent revisions to the *State Medicaid Manual* to accommodate appropriate targeting of Medicaid lead screening services, and disseminate their recommendations and CMS policy to the states in a letter to State Medicaid Directors;
- require states to report blood lead screening data annually and to hold states accountable;
- insist that states develop reliable and representative data on prevalence rates to identify communities and populations at elevated risk; and,
- immediately authorize Medicaid payments for analyzing samples to identify lead paint chips and dust hazards in a poisoned child's home to guide corrective action.

The ultimate solution to lead poisoning may well require Medicaid to play a larger role in prevention. We urge you to take these immediate steps to give meaning to President Bush's pledge to "Leave No Child Behind."

Sincerely,

### **National Organizations**

Don Ryan  
Alliance To End Childhood Lead Poisoning – Washington, DC

Jane Perkins  
National Health Law Program – Chapel Hill, NC

Nancy McFall Jean

Alliance for Children and Families

Patricia Thompson  
Alliance for Fairness in Reforms to Medicaid – Washington, DC

Mary Crosby  
American Academy of Child and Adolescent Psychiatry

Molly Hicks  
American Academy of Pediatrics – Washington, DC

Doreen Croser  
American Association on Mental Retardation

Robin Dalberg  
American Civil Liberties Union – New York, NY

Darryl Alexander  
American Federation of Teachers

Leslie Antoniel  
American Group Psychotherapy Association, Inc. – New York, NY

Jeff Huebner, MD  
American Medical Student Association – Reston, VA

Lizbet Boroughs  
American Psychiatric Association

Don Hoppert  
American Public Health Association – Washington, DC

Mary Goldman  
Americans for Democratic Action – Southern Pennsylvania

Pat Gallagher  
The Ark

Liz Savage  
The Arc of the United States – Washington, DC

Hilda Crespo  
The ASPIRA Association – Washington, DC

Stephen Pfeiffer, PhD.  
Association for the Advancement of Psychology

Barbara Allen  
Child Welfare League of America – Washington, DC

Ana Margarita Tenorio  
Children's Environmental Health Network – Washington, DC

Karen Florini  
Environmental Defense – Washington, DC

Kenneth A. Cook  
Environmental Working Group – Washington, DC

Julie Ward  
Epilepsy Foundation of America

Judy Waxman  
Families USA – Washington, DC

Janis Connallon  
Family Voices – Washington, DC

Virginia Ruiz  
Farmworker Justice Fund, Inc – Washington, DC

Claire L. Barnett  
Healthy Schools Network, Inc – Albany, NY

Elise Miller, M. Ed.  
Institute for Children's Environmental Health – Langley, WA

Sue Swenson  
The Joseph P. Kennedy, Jr. Foundation – Washington, DC

Lynn Kersey  
Maternal and Child Health Access

Lee Wasserman

National Lead Assessment and Abatement Council – Livingston, NJ

Marianne Takas  
National Association of Child Advocates – Washington, DC

Kellye M. Nelson, MPH  
National Association of Community Health Centers, Inc. – Washington, DC

Tom Bryant  
National Association of County Behavioral Health Directors

Hilary Shelton  
NAACP – Washington, DC

Elizabeth Priaulx  
National Association of Protection and Advocacy Systems – Washington, DC

David Inoue  
National Association of Public Hospitals and Health Systems – Washington, DC

Pat Johnson  
National Association for Children's Behavioral Health

Eileen Meier  
National Association of School Nurses – Washington, DC

Libby Kuffner Nealis  
National Association of School Psychologists – Bethesda, MD

Francesca O'Reilly  
National Association of Social Workers – Washington, DC

Nick Farr  
National Center for Healthy Housing– Columbia, MD

Stephen A. Weil  
National Coalition for Lead-Safe Kids – Olney, MD

Andy Igrejas  
National Environmental Trust

Gideon Anders and Catherine M. Bishop  
National Housing Law Project – Oakland, CA

Rebecca E. Fox  
National Partnership for Women & Families – Washington, DC

Joel R. Reynolds  
Natural Resources Defense Council

Susan Munro  
Steans Family Foundation – Chicago, IL

Richard Rabin  
Task Force on Child Lead Poisoning

Zakia Shabazz  
United Parents Against Lead – Richmond, VA

**Regional, State, and Local Organizations**

Carol Fanconi  
Advocates for Children and Youth, Inc. – Baltimore, MD

Charles Vukotich  
Allegheny County Health Department –Pittsburgh, PA

Fayette Endstrom, MD, FAAP  
American Academy of Pediatrics – Maryland Chapter

Jeff Huebner, MD  
American Medical Student Association – Reston, VA

Mary Goldman  
Americans for Democratic Action – Southern Pennsylvania

Redick C. Loring  
The Arc of the Midlands – Columbia, SC

Peter Beilenson, MD  
Baltimore City Health Department – Baltimore, MD

Arlene Prather-O'Kane, RNC  
Black Hawk County Health Dept. – Waterloo, IA

Thomas Plant  
Boston Childhood Lead Poisoning Prevention Program – Boston, MA

Jean Zotter, Esq.  
Boston Urban Asthma Coalition – Dorchester, MA

Meera Dep  
California Women's Law Center

Terri L. Stangl  
Center for Civil Justice – Saginaw, MI

Ronald R. Jones  
Center for Community Action for Primary Prevention – Columbia, MD

Abigail English, JD  
Center for Adolescent Health & the Law – Chapel Hill, NC

Marcel J. Casavant, MD, FACEP, FACMT  
Central Ohio Lead Clinic – Columbus, OH

Edward H. Hancock, MD  
Central Va. Lead Poisoning Prevention Program – Lynchburg, VA

Roberta Hazen Aaronson  
Childhood Lead Action Project – Providence, RI

Ellen J. Shemitz

Children's Alliance of New Hampshire – Concord, NH

Judith Solomon  
Children's Health Council – Hartford, CT

Teresa Holtrop, MD  
Children's Hospital of Michigan

Morri Markowitz, MD  
Children's Hospital at Montefiore – Bronx, NY

Mae Le  
Chinese Progressive Association – New York, NY

Joe Squillance  
Citizens for Missouri's Children – St. Louis, MO

Whitlynn Battle  
Citizens Lead Education and Poison Prevention Organization – Birmingham  
Mothers' Environmental Coalition of Alabama

Pri de Silva, MSW  
Coalition for Community Health – Los Angeles, CA

Larry Gross  
Coalition for Economic Survival (CES) – Los Angeles, CA

Kären Ahern

Coalition for Environmental Safe Schools – Bainbridge Island, WA

Ruth Ann Norton  
Coalition to End Childhood Lead Poisoning – Baltimore, MD

Mishelle Macias  
Colorado Lead Poisoning Prevention Program

Jonathan M. Stein, General Counsel  
Community Legal Services, Inc. – Philadelphia, PA

Dennis Livingston  
Community Resources – Baltimore, MD

Amy McLean Salls  
Connecticut Citizen Research Group – Hartford, CT

Shirley Berget  
Connecticut Legal Services, Inc – Willimantic, CT

Stephanie Pollack  
Conservation Law Foundation

Luz Gomez Pardini, MPH, RD  
Contra Costa County Health Services – Martinez, CA

Chris Kippes, MS  
Cuyahoga County Board of Health

Angela Smith  
Department of Building and Housing Development – Harrisburg, PA

Lynette Stokes, Ph.D., MPH, Chief  
DC Department of Health Environmental Health Administration – Washington, DC

Reid Steinkraus  
Douglas County Health Department CLPPP – Omaha, NE

Hazel Brown  
Duval County Health Department CLPPP – Jacksonville, FL

Chris Hoebelheinrich, RN, BSN  
Early Head Start – Omaha, NE

Betty Richter-Reba  
East Brunswick Community Housing Corporation

Beverly Baldinger  
Edgecombe-Nash Preventive Maintenance Program – Rocky Mount, NC

John Roberts  
Engineering Plus – Sammamish, PA

Stuart Greenberg  
Environmental Health Watch – Cleveland, OH

Sue Bull  
The Family Tree Baltimore, MD

Janvier Gasana  
Florida Alliance to Eradicate CLP – North Miami, FL

Paul Haan  
Get the Lead Out – Grand Rapids, MI

Vicki Veltri  
Greater Hartford Legal Assistance, Inc – Hartford, CT

Ed Petsche  
Greater Minneapolis Day Care Association – Minneapolis, MN

Ellen Yacknin, Esq.  
Greater Upstate Law Project, Inc – Rochester, NY

Clare McGorrian  
Health Law Advocates, Inc. – Boston, MA

Neil Gendel  
Healthy Children Organizing Project – San Francisco, CA

Sue Charette  
Healthy Homes = Healthy Kids, Detroit Project

Linda Kite

Healthy Homes Project (SAJE) – Los Angeles, CA

Jeremy M. Giller  
HELP Lead Safe Center – Providence, RI

Emily Bormann, RN.C BSN  
Home Care Connection – N. Humboldt, IA

Rene Iannarelli  
Home Caring Services, Inc. – Burlington, IA

Arnold Cohen  
Housing & Community Development Network of New Jersey

Marlene Garza  
Housing Rights Center – Los Angeles, CA

Tom Neltner  
Improving Kids' Environment – Indianapolis, IN

Elyse Pivnick, MCP  
Isles, Inc. – Trenton, NJ

Erin Farley  
Jose Luiz Gonzalez – Chico, CA

Riyaz Kanji  
Kanji and Katzen – Ann Arbor, MI

Gary Goldstein, MD  
Kennedy Krieger Institute – Baltimore, MD

Jane Zehnder-Merrel  
Kids Count in Michigan – Lansing, MI

Diane E. Thompson  
Land of Lincoln Legal Assistance Foundation, Inc. – East St. Louis, IL

Justine Maloney  
LDA

Skye Schulte  
Lead Action Collaborative – Boston, MA

Cecile Fowler  
Lead Hazard Control Program – Phoenix, AZ

Moir A. Singer, Director  
Lead Safe Pittsburgh – Pittsburgh, PA

Claire E. Curry, Esq.  
Legal Aid Justice Center – Charlottesville, VA

Ellen Johnson  
Legal Aid Services of Oregon – Hillsboro, OR

Linda Garibaldi  
Legal Services of New Jersey

Julia Richmond  
Los Angeles County CLPPP

Beth Butler  
Louisiana ACORN

Steve Bradberry  
Louisiana Environmental Justice Project

William Quigley  
Loyola University New Orleans

Saulo Colón  
Make the Road by Walking – Bushwick, NY

Susan Thornfeldt  
Maine Lead Action Project – Portland, ME

Sue Heller  
Manchester Lead Abatement Project – Manchester, CT

Kenneth Bakari  
Married African-American, Inc. – Nashville, TN

Gail Larson, RN, BSN, PHN

Maternal Child Health – Warren, MN

Joan Gallagher, LBSW  
Maternal Child Health of SW Iowa

Jenny Laurie  
Met Council on Housing – New York, NY

Pamala Alfonso  
Metropolitan Tenants Organization – Chicago, IL

Susan McParland  
Michigan Assoc. for Children with Emotional Disorders – Southfield, MI

Amy Murphy, MPH  
Milwaukee Health Department – Milwaukee, WI

Susan Berson  
Minnesota Children's Health Environmental Coalition – Hopkins, MN

Kathleen Devore Jones  
Montgomery County Health Department – Montgomery, NC

Rebecca Perkins  
NEIGHBORS United For Progress – Centreville, IL

Jerome Miller  
Neighborhood Services Department – Phoenix, AZ

Carol DeLaurier  
New Hampshire Childhood Lead Poisoning Prevention Program

Staci Berger  
New Jersey Citizen Action

Cordell Cleare and Carol Hill  
New York City Coalition to End Lead Poisoning – New York, NY

Megan Charlop  
New York City Coalition to End Lead Poisoning – New York, NY

Gail H. Miller, Staff Attorney  
New York Lawyers for the Public Interest – New York, NY

Bonnie Frederickson  
Nobles-Rock Public Health – Worthington, MN

Ed Norman  
North Carolina Childhood Lead Poisoning Prevention Program

Jack Holtzman  
North Carolina Justice and Community Development Center – Raleigh, NC

James B. Callen  
Northeast Ohio Legal Services – Youngstown, OH

Janet Varon  
Northwest Health Advocates – Seattle, WA

Gilda D. Gillim  
NYCCELP

Ted McClure  
Occupational Lead Poisoning Prevention Program – State of California

Patricia Barnes  
Ohio CDC Association

Dan Rutt, MPH  
Ohio Public Health Association

Lorey Freeman and Mickey Ryan  
Oregon Law Center – Portland, OR

Melissa A. Taylor  
Pb X, Inc. – Pittsburgh, PA

Colleen McCauley  
Philadelphia Citizens for Children & Youth – Philadelphia, PA

Gwen Soderbeck  
Pine County Public Health – Sandstone, MN

Robert E. George

PPCI Lead Paint Division – Rochester, NY

Chester Van Dellen, Jr.  
Property Profiles, Inc.

Susan Gough, RN, BSN  
Priority Health Services, Inc. – Warren, MI

Gregory Luce  
Project 504 – Minneapolis, MN

Sidney J. Socolar, PhD  
Public Health Association of New York City – New York, NY

Kyra Kazantzis  
Public Interest Law Firm & Legal Advocates for Children and Youth – San Jose, CA

Bryan Hetherington  
Public Interest Law Office of Rochester – Rochester, NY

Marc Steinberg  
Public Justice Center – Baltimore, MD

Jane Chase  
Regional Center for Independent Living – Rochester, NY

Susan Gauer, CPA  
Robert Half International – Richfield, MN

James Campbell  
Rochester General Hospital – Rochester, NY

David Broadbent, MD  
Rochester Lead Free Coalition – Rochester, NY

Suzette Baez, MPH  
Rockland County Department of Health – Pomona, NY

Barbara Miller and Mitch Killbrew  
Silver Valley People's Action Coalition

Susan Sarvay, PA-C  
St. Francis Hospital and Medical Center – Hartford, CT

Judy Riehl  
St. Louis Lead Prevention Coalition

Fernando Serrano, M.A.  
St. Louis University School of Public Health

Deb Knutson, PHN  
Steele Co. Public Health – Owatonna, MN

Katherine Cairns  
Summit Health Group – Minnesota, MN

Cecile Murray, RN  
Tri-Town Head Start – Johnston, RI

Jeff Wigren  
Twin Cities Metro Asthma Coalition – Saint Paul, MN

Juan Parras  
Unidos Contra Environmental Racism – Houston, TX

Lisa Blok  
United Parents Against Lead – East Syracuse, NY

Cynthia Mendy  
United Parents Against Lead of Virginia – Richmond, VA

Jeannie Gothard, MSN, RNC  
Unity Health Care – Muscatine. IA

Kristin Joyner  
United Parents Against Lead of North Carolina

Jill A. Hanken  
Virginia Poverty Law Center – Richmond, VA

Karen Swenson  
VMH Community & Home Care – Waukon, IA

Michelle Lowe, RN, BSN

Visiting Nurse Association of Dubuque – Dubuque, IA

Mary Sliney  
The Way Home – Manchester, NH

Greg Spiegel  
Western Center on Law and Poverty, Inc. – Los Angeles

Peggy Shepard  
West Harlem Environmental Action, Inc. – New York, NY

Selma Goode  
Westside Mothers – Detroit, MI

Virginia Paine, RN, MPH  
Woonsocket Head Start – Woonsocket, RI

Lynn Pinder  
Youth Warriors – Baltimore, MD

**Individuals/Organizational affiliations are provided only to identify individual co-signers**

Edward Acosta, LCSW  
Primary Care+

Sheila Akinleye  
Sustainable Cities Fellow – Los Angeles, CA

Barbara Allen  
Springfield, OR

Catherine M. Anderson

Debra J. Anderson  
Crow Wing County Health Department – MN

Alana Aronin  
Aronin Consulting – Farmington Hills, MI

Cindy Aves  
AmeriCorps: Philadelphia Health Corps, La Salle Neighborhood Nursing Center

Katharine and Clinton Bamberger

Carole Ann Beaman, Ph.D.  
Detroit, MI

Cornelia L. Beard  
Saint Louis County Health Department CLPPP

Lisa Belanger, MSN, FNP  
Health and Human Services Dept. – Portland, ME

Eydie Bell

Jonathan Bennett  
New York Committee Occupational Safety and Health

Erik Bernstein  
Childhood Lead Poisoning Prevention Program – Miami-Dade, FL

Barbara Bez, Esq.  
Family Investment Program (FIP) Legal Clinic – Baltimore, MD

Jamie A. Blumke  
Saginaw Lead Initiative Program – Saginaw, MI

Gavriela Bogin-Farber

Joanne Bolland, Public Health Nurse  
McLeod County Public Health – Glencoe, MN

Lynn Bolnick  
Lynn Bolnick Communications – St. Louis Park, MN

Patricia Bophey  
Finger Lakes Resource Center – Rochester, NY

Dena B. Bowen  
Nineteenth Street Baptist Church

Jenny Brady  
Pacific Palisades, CA

Kate E. Breiter  
Indiana Legal Services, Inc. – Bloomington, IN

Glenn Brown  
Northville, MI

Mary Jean Brown, ScD, RN  
Harvard School of Public Health – Boston, MA

Paula Bruland, LCSW  
Blue Cross Blue Shield – Nebraska

Carol L. Carnett  
Legal Aid Bureau, Inc. – Towson, MD

Cynthia Carrow

Sara Cauffiel, CHES  
Calhoun County Health Department

Matthew J. Chachere  
Northern Manhattan Improvement Corporation

Bobbi Chase  
Citizen's Environmental Coalition (NYS)

David Coffey  
Health Educator – Sante Fe, NM

Carolyn Coe  
Sibling of a Lead Poisoned Child – Dover, NH

Christina T. Coenen, MSN, NP, RN  
Summit County Health Department

Andrea Cooksey  
Houston, TX

Joseph Cooper

Linda Cooper, RN, BSN, MPH, MHA  
Community Health Advocacy Team – Marshalltown, IA

Margie Coons  
Wisconsin Childhood Lead Poisoning Prevention Program

Margit Coons  
Coral Gables, FL

Maria Columna

Maria Cordero  
Miami-Dade County Health Department – Miami, FL

Susan K. Cummins, MD, MPH  
National Academy of Sciences

Larry Dale  
Newman and Associates – Denver, CO

Beth Dammann

Kinda Danko  
New Hampshire

Mary T. Deems, MPH  
California Department of Health Services – Oakland, CA

Dave Dempsey  
Michigan Environmental Council – Lansing, MI

Susan Dery, RN  
Child Health Services – Manchester, NH

Nicholas A. DeRosa  
Utica, New York

Linda Drey, RN, BSN  
Siouxland District Health Department

Stephanie Donlon

Richard DiPentima, RN, MPH  
Manchester Health Department – Manchester, NH

David Dube, PHSX  
Phoenix, AZ

Paulette Dunbar  
Haslett, MI

Barbara Edinberg  
Bridgeport Child Advocacy Coalition – Bridgeport, CT

Virginia Eernisse  
Alvin, TX

Jim Ericson  
Mecklenburg County Health Department – Charlotte, NC

Cynthia Gill and Pierre Erville  
Silver Spring, MD

Maureen Famiglietti, RN, PNP  
Central New York Lead Resource Center – Syracuse, NY

Donald Fast, MPH  
City of Long Beach Department of Health and Human Services – Long Beach, CA

Becky Felling  
McLeod, MN

Pamela C. Folz  
Latin American Community Center – Wilmington, DE

Joel Forman, MD  
Pediatric Environmental Health Specialty Unit – New York, NY

Rick Freas  
City of Phoenix

H. Susan Freireich, MPH  
Lead Education Program – Somerville, MA

Dana Gaskins

Shara Godiwalla, MPH  
National Center for Healthy Housing – Columbia, MD

Andrew Goldberg  
New York Public Interest Research Group, Inc. – New York, NY

David Goldsworthy  
California Dept of Health Services CLPPP

Dr. John Graef  
Harvard University

Beth Grazino, RN  
VNA of Care New England

Patricia Halle  
Maryland Disability Law Center – Baltimore, MD

Bonnie Hamilton, DOPH  
Delhi, NY

L. Rogers and Antonia M. Hardy

Ester Harlow

Gloria W. Haynie  
Social Policy Committee of LWV/RMA

Linda Helland  
Mendocino County Public Health Department – Ukiah, CA

Dawn M. Hill  
Lead Safe Charlotte – Charlotte, NC

Carol Hinkle, RN, MS  
Michigan Dept. of Community Health – Brighton, MI

Karen Hipkins  
Berkeley, CA

Richard S. Hobs, PhD.  
Freeland, WA

Kathy Hochsprung, LPN

Anne Hoff, R.N., M.S.N, P.N.P.  
City of Berkeley Health Dept. – Berkeley, CA

Rosie Horner  
Irvington, NJ

Ira Horowitz  
Ohio Help End Lead Poisoning

Delegate James Hubbard  
Maryland House of Delegate District 23 – Bowie, MD

Teresa A. Hubley, MPA, PhD  
Institute for Public Sector Innovation – Augusta, ME

Sharon Hudson, RN, MSN, CNM  
Royal Oak, MI

Glenda Humprey  
Lead Abatement Supervisor, Lead Inspector and Risk Assessor

Traci Johnson

Catherine Jordan, Ph.D.  
University of Minnesota - Minneapolis, MN

Katarina Juhaszova  
Johns Hopkins University Student - Baltimore, MD

Ken Kahle  
Tamarac Medical

Cynthia A. Kahn, MD  
Development Pediatrician

Annemarie Kampwerth, PHJC  
Lake County, Indiana Lead Task Force

Larry P. King M.D.

Jeann Kirkton, C.R.N.A

David Kliegman  
Okanogan Highlands Alliance

Tina M. Koenig

Genine Kuykendal  
Children's Environmental Health - Minneapolis, MN

Susan LaFlash

Lorna Landry, RN  
Bow, NH

Carol Lawrence, RN  
Anne Arundel County Department of Health

Jamie Layton  
Mecklenburg County Health Department - Charlotte, NC

David Levy  
Professor - University of Baltimore

Roger Lewis, PhD, CIH  
St. Louis University School of Public Health

David H. Lew  
State of Oregon Department of Human Services - Portland, OR

A.J. Lewis, PhD  
Psychotherapist - Carson, NM

Patrick MacRoy, MA  
Rhode Island Department of Health

Eleanor Maguire  
Dartmouth-Hitchcock Pediatrics – Nashua, NH

Sophia Manning

Professor Roger D. Masters  
Foundation for Neuroscience and Society – Hanover, NH

Suzanne Mattei  
New York State Trail Lawyers Association

Mark Matulef, PhD., JD, PHM  
Silver Spring, MD

Evelyn A. Mauss, ScD.  
Natural Resources Defense Council

Irving Mauss, BS, MD  
Fellow of American Academy of Pediatrics

Pat McClaine, RN, MPH  
National Center for Health Housing – Columbia, MD

Lynne McDevitt  
Parent advocate in Pennsylvania

Joycee McGee  
Forsyth County Health Department – Winston-Salem, NC

Naomi Mermin  
New England Lead Coordinating Committee – Boston, MA

Pat Mickel  
Erie Tenant Council – Erie, PA

Howard Mielke, Ph.D  
Xavier University of Louisiana – New Orleans, LA

Kathleen Millian  
Terris, Pravlik and Millian, LLP – Washington, DC

Damalier Molina  
De-Lead – Delaware

Connie Montover, RN  
Marshalltown, IA

Courtney Morrow  
Alliance for Consumer Rights

Marilyn Mullane

Michigan Legal Services – Detroit, MI

George W. Naumburg, Jr., MD  
North Salem, NY

Herbert Needleman, MD  
University of Pittsburgh School of Medicine

Andrew Nelson  
Massachusetts Lead Abatement Program – Boston, MA

Eliza Nevin

Dan Newman  
Crystal, MN

Kathy Nowak, PHN  
McLeod County Public Health

Sandra Nutter

Akron Health Department Childhood Lead Poisoning Prevention Program – Akron, OH

Lauri Oehrlein  
Crow Wing, MN

J. Wallace Oman  
Law Offices of J. Wallace Oman – San Francisco, CA

Karen Orlando  
HUD Nurse Coordinator – Harrisburg, PA

Maria del Pilar Ortega  
Johns Hopkins University – Baltimore, MD

Tina Paddock  
Individual whose family was displaced by toxic lead waste - McMinnville, OR

Peter Palermo  
City of Pittsburgh Department of Public Health CLPPP

Jennifer A. P. Paris  
New Hampshire Public Health Laboratories

Christine Park, MD  
Cedars-Sinai Medical Center - Los Angeles, CA

Donald Passal, MD  
Saginaw Cooperative Hospitals, Inc - Saginaw, MI

Dr. Roland A. Pattilo  
Morehouse School of Medicine - Atlanta, GA

Jerome Paulson, MD, FAAP

Associate Professor of Medicine, GWU School of Med - Washington, DC

Thomas Perez  
Director of Clinical Law Programs at UM

Pat Peterson  
Department of Housing and Community Affairs - State of Vermont

Julie Petix  
New Jersey Department of Health and Senior Service - New Jersey

Lauren Phelps, MPA  
Ohio Department of Job and Family Services

Suzanne Phillips  
Carson, NM

Gail Phoenix  
Auburn, ME

Dr. Janet Phoenix  
Arlington, VA

Nancy Pineles  
Silver Spring, MD

Sandra V. Piquet  
Parent of lead poisoned children - Ormond Beach, FL

Barbara J. Polivka, PhD. RN  
Ohio State University - Columbus, OH

Sara Pothast  
Marshalltown, IA

Senator Don Preister  
Nebraska State Senator District 5 - Omaha, NE

Heather Prigge, PHN

Paul Pusey  
Delaware Office of Lead Poisoning Prevention

Gina M. Pupo, BSN, M.Ed.  
Pinnacle Health System CLPPP - Harrisburg, PA

Cynthia Rafenstein, RN, BSN, M.Ed.  
Kenosha County Division of Health

Wayne Rawlins  
Miami, FL

Linda Remillard

Kristin Rinehart-Totten

New Haven Legal Assistance

Phyllis Roberts, RNC, BSN

Zaida Rodriguez  
De-Lead - Delaware

Charles Rooney, PhD.  
Citizens for Wayne County (Detroit) Youth

Dr. John Rosen  
Professor of Pediatrics - Bronx, NY

Mia Rosenblatt  
Cambridge, MA

Neal Rosenblatt  
Kentucky Lead Poisoning Prevention Program

Joseph and Marilyn Rousseau

Claudia Rumfelt-Wright

Diana Rupprecht  
St. Louis Lead Prevention Coalition

Dennis A. Salmen, RS  
Mecklenburg County Health Department – Charlotte, NC

Kyu Kyu San, MD, M.Ed.  
Akron Health Department Childhood Lead Poisoning Prevention Program – Akron, OH

Johanna Sanchez  
Community Health Promoter – Los Angeles, CA

Lydia Sandoval

Thelda Saffo  
Housing/Consumer Law Unit – Baltimore, MD

Marilyn R. Saunders, RN

Joseph Schirmer  
Wisconsin Division of Public Health

John E. Schrider, Esq.  
Legal Aid Society – Cincinnati, OH

Richard Serpe

Janet M. Shannon  
Michigan Public Health Institut

Kathleen Shapley-Quinn, MD  
Alamece County Health Department – North Carolina

Kevin, Anne, Kate and Elizabeth Sheehan  
Parents and Lead Poisoned Children – Dover, NH

Craig S. Sherrick  
Health Officer – City of Harrisburg

Wendy Shields  
Johns Hopkins School of Public Health – Baltimore, MD

Victor W. Sidel, MD  
Montefiore Medical Center – Bronx, NY

Sara Sierschula

Tom Skeese  
Gahana, OH

Amanda Slagle  
Arlington, VA

Sara J. Slawski

Lisa Smestad  
Minneapolis Environmental Services – Minneapolis, MN

Beverly Smith, C-ARNP  
Child Health Director – Davenport, IA

Claudia M. Smith, RN, MPH, PhD.  
University of Maryland School of Nursing – Baltimore, MD

Katrina Smith Korfmacher, PhD  
Rochester, NY

Marilynn Smyth, RN, MSN  
Ambulatory Nursing and Community Outreach – Detroit, MI

Bentonne Snay  
Coral Gables, FL

Shari Sprong  
Massachusetts Prevention Center – Boston, MA

Sherin Stahl  
Yale Lead Program

Noel Stanton  
State Laboratory of Hygiene – Madison, WI

Terry Staudenmaier  
The Abell Foundation – Baltimore, MD

Allen Steckenrider  
Baltimore, MD

John Steen, IV  
Johns Hopkins University – Baltimore, MD

Nancy Steveson  
Marshalltown Area United Way – Marshalltown, IA

Tiffany Stone  
Coalition to End Childhood Lead Poisoning – Baltimore, MD

William R. Straughn, III, MD, FAAP  
Dartmouth-Hitchcock – Manchester, NH

Patrick E. Strodel  
Lead Safe, LLC – Skaneateles, NY

Lauren Sturm  
Lawrence, KS

Ana Suero-Lopez  
Baltimore City Health Department – Baltimore, MD

Peggy Sullivan, PhD  
Dennison Associates, Inc

Anne Swerlick

Florida Legal Services, Inc

M.L. Tanner  
South Carolina Childhood Lead Poisoning Prevention Program – Columbia, SC

Nicole Tews  
Intern at Michigan Public Health Institute

Lisa Ann Thomas  
Buffalo, NY

Narda L. Tolentino, MSPH  
Retired Epidemiologist

Sandy VanSant  
Little Silver, NJ

Marybeth Vergara  
The Trust for Public Land – Los Angeles, CA

Thomas M. Vernon, MD  
National Center for Lead-Safe Housing – Philadelphia, PA

Dr. Jacson W. and Florence Wagner, MD, PhD  
Lopez Island, WA

John Walburn, MD  
University of Nebraska Medical Center – Omaha, NE

Corinne Walentik, MD, MPH  
St. Louis University School of Medicine

Carmela Warne  
Somerset Medical Center – Somerville, NJ

Loraine Wasserman, RNS  
Area 10 Medicaid

Anita Weinberg  
Illinois Lead Safe Housing Task Force

Howard L. Weinberger, MD  
Central New York Lead Resource Center – Syracuse, NY

Robbie Welling, MS, MPH  
California Department of Health Services

Bertina Wentworth-Helmets, PhD  
East Lansing, MI

Julianne West, RN  
Kansas City, Missouri Health Department CLPPP

Sherry Wilkens  
University of Cincinnati-Dept. of Environmental Health – Cincinnati

Carolyn Willmer, MS  
Phoenix, AZ

Terri Wilson

William Wiley  
Empower Baltimore Management Corporation – Baltimore, MD

Lore Wintergreen

Peter N. Wood

Thomas Wood, R.S.  
Mecklenburg County Health Department – Charlotte, NC

Joanne Yeager Dull  
Baltimore City Health Department – Baltimore, MD

George Yocher  
Delaware

Sherylin Young  
Public Health Nurse from California

Teresa Young  
Portsmouth Health Department, Lead-Safe Virginia Program

Rebecca Zeligman

Virginia D. Zerpa  
Public Health Educator II – Milwaukee, WI

Susan F. Zinn  
Lead Counsel for Children in Texas