

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 or at 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]

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

Maira 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-Helmrs, 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