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***“The scientific community and many political leaders now recognize that lead poisoning has been among the most important epidemics affecting children in the United States in the last century” ([Markowitz and Rosner, 2013: 16](#)).***

It is widely acknowledged in the peer-reviewed literature, by [global public-health professionals](#), and by government bodies that there is no safe level of lead exposure, and no safe level of lead in children’s blood.

The best science available has consistently pointed to the harm of low level exposures of lead, as measured in blood, to neurological development and health. For this reason, federal standards for blood lead levels of concern and lead consumption of concern are being continuously lowered. In 2021 [CDC lowered the Blood Lead Reference Value](#) from 5 µg/dL to 3.5 µg/dL. In turn, in 2022 [FDA lowered the Interim Reference Level for lead consumption](#) from 3 µg/day to 2.2 µg/day for children and from 12.5 µg/day to 8.8 µg/day for females of childbearing age.

While some actions have been taken to prevent childhood lead poisoning, the delayed regulatory response to this epidemic of childhood lead poisoning is very much an issue of [structural racism](#), the legacy of [redlining Black communities](#), and [racial segregation](#), as the lead-paint, tetraethyl lead, and lead plumbing manufactures created messaging that shifted responsibility away from industry and onto the parents of poor families in urban areas. Children deserve every opportunity to become successful in life, regardless of race or family income. Their ability to reach their potential should not be hindered by environmental toxins in their homes, communities, schools, and drinking water.

Lead poisoning is cumulative and results in lifelong and intergenerational health, behavior, learning, and economic impacts. Because the [half-life of lead in blood](#) is a mere 1 to 2 months, the timing window of detecting an exposure in blood is narrow. Because lead is also stored in bone and released back into blood during [pregnancy](#), the children of individuals who are (or were previously) exposed before becoming pregnant or during pregnancy can be poisoned *in utero* or from drinking breast milk. It is for this reason that the [FDA separately considers its Interim Reference Limits for “females of childbearing age”](#).

Infants who are served infant formula may consume a disproportionately greater amount of tap water than other children or adults compared to their body weight. In the preamble to the Lead and Copper Rule ([Federal Register - Volume 56, Issues 110-115 - Page 26470](#)), EPA maintains:

"EPA estimated in the proposal that the typical drinking water contribution to total lead exposure for an average 2-year-old child is about 20 percent (EPA, 1988c). The proportion of exposure due to lead, however, will vary with different levels of lead in the water and with variations in other lead exposures. For children with high levels of lead exposure from lead paint, contaminated soils and dusts near roadways or lead smelters, or other point sources of airborne lead, drinking water contributes a much lower, although still relevant, proportion of total exposure. For residents of houses and buildings with relatively new lead solder or lead service lines, drinking water can be the primary source of exposure, especially if the water is corrosive. **As such, the total drinking water contribution to overall lead levels may range from as little as 5 percent to more than 50 percent of children's total lead exposure. Infants dependent on formula may receive more than 85 percent of their lead from drinking water.** As exposures decline to sources of lead other than drinking water, such as gasoline and soldered food cans, drinking water will account for a larger proportion of total intake."

Lead was integrated into the built environment despite knowledge of its toxic effects. Due to the early adoption of lead plumbing in many communities in the United States, and through the efforts of organizations such as the Lead Industries Association (LIA), which managed to convince cities to require lead service through building codes, lead is now ubiquitous in drinking water distribution systems and premise plumbing, and can be found in water mains, service lines, soldered joints, goosenecks and pigtails, galvanized steel pipe, and fixtures.

This lead can become available for consumption through various processes, including the chemical corrosion of the pipes, fixtures, or soldered joints; particulates loosened due to vibrations or mechanical means; aging of the plumbing materials; chemistry and temperature of the water, water age, and use practices; and even through electrolysis resulting from pipe-grounded electrical systems. Numerous variables can affect the amount of lead at the tap on any given day, including water pH, temperature, duration time in pipes, road traffic, nearby construction, and pipe condition. This variability and the erratic nature of lead release (especially lead particles) makes water sampling problematic for identifying lead concentrations in tap water.

The EPA has failed to protect public health in the Lead and Copper Rule. By ignoring the EPA's own health-based standards for lead in water (the Maximum Contaminant Level Goal) which is zero, EPA has permitted millions of children to drink dangerous levels of lead in their drinking water while allowing water utilities to claim that the water they deliver is "safe".

Lead poisoning is cumulative and can come from a variety of sources. The role of drinking water as a source of lead has been minimized by EPA and health agencies. While other government agencies have also failed on lead and have refused to establish health-based standards, the EPA has an added responsibility to act to improve the Lead and Copper Rule now. Examples of federal deficiencies include EPA's "lead free" standard for plumbing, which continues to allow for the insertion of some lead in brand new plumbing materials, FDA's antiquated standard for lead in bottled water, the EPA's lead dust standard for homes and childcare facilities, [HUD guidelines](#) for home risk assessment that make water sampling optional, the continued use of lead in aviation fuels, and the lax timeline for product recalls by the Consumer Products Safety Commission.

EPA has the responsibility, as required by [Executive Order 12898 \(1994\)](#), to "make achieving environmental justice part of its mission by identifying and addressing, as appropriate, disproportionately high and adverse human health or environmental effects of its programs, policies, and activities on minority populations and low-income populations."

Correcting the wrongs of the past, including looking aside while lead devastated the health of millions of Americans over more than a century, must begin now. We cannot continue to allow lead to pollute drinking water.

We therefore demand a strong health-based approach in the Lead and Copper Rule Improvements, which must include the following:

1. **An enforceable health-based standard for lead at the tap, with a clear timeline for intermittent benchmarks that must be met to achieve full implementation.** There are two health-based standards available: EPA's Maximum Contaminant Level Goal (MCLG) of zero, and the American Academy of Pediatrics Council on Environmental Health of 1 ppb.

2. **Mandate a Filter-First Strategy** for all schools, childcares, hospitals, corrections facilities, juvenile detention facilities, after-school programs, and camps. The sole responsibility of water testing in these facilities should be to verify that the filters are installed and appropriately maintained. Testing should not be required in these facilities to justify the installation of filters.
3. **Specific health-based standards and required actions for schools and childcare facilities**, including a health-based Maximum Contaminant Level (MCL) of no greater than 1 ppb for all childcare facilities and schools, immediate blood lead screening of all children in schools, regardless of age, and childcare facilities where the lead in drinking water is found to exceed the health-based MCL. The rationale for immediate screening is the narrow window required for blood lead testing to identify an exposure. This is due to the short half-life of lead in blood, and the time-consuming process of taking water samples, performing the analysis, verifying results, and notifying schools, childcare facilities, and families.
4. **Transparency measures that include making the results of all water samples publicly available**, including all historic samples, in their raw form (not aggregated).
5. **Public education measures, including an EPA-provided fact sheet to accompany every drinking water report** that explains 1) how to interpret water sample results, 2) that there is no safe level of lead in drinking water or in blood, 3) follow-up steps to request with a healthcare provider if there are concerns, including blood lead screening, and 4) the limitations of blood lead screening and water testing.
6. **Transparency requirements for state agencies responsible for the oversight of implementation of all testing performed by water systems**, including reporting of all sampling results, the posting of all sample results online, defining the protocols followed for selection of sample locations and sample collection, and requiring clear and consistent definitions for all qualifiers used in the reporting of results.
7. **Requirements for water systems performing routine sampling**, including reporting all sampling results in their raw form (not aggregated), notifying residents and property owners of their sample results, providing information about how to interpret the sample results, steps to take to mitigate water results, and follow up steps to request with a healthcare provider if there are concerns, including blood lead screening.

Sincerely,

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**California State PTA**

**Colorado PTA**

**Connecticut PTA**

**European PTA**

**Florida State PTA**

**Free State PTA**

**Illinois PTA**

**Kentucky PTA**

**Louisiana Parent Teacher Association**

**Massachusetts PTA**

**Michigan PTA**

**Minnesota PTA**

**Missouri PTA**

**Montana PTA**

**New Hampshire PTA**

**New Jersey PTA**

**New Mexico PTA**

**NYS (New York State) PTA**

**North Carolina PTA**

**Ohio PTA**

**Oklahoma PTA**

**Oregon PTA**

**Pennsylvania PTA**

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