Health Education Lead Poisoning Initiative

Legal / Federal Law / Non-Compliance Implications

Attorney General Richard Blumenthal

Attorney Howard Klebanoff, Special Education Law Expert

1) **Parent's Meeting with the Attorney General Richard Blumenthal** *(March 9, 2009)*

Focus of the Discussion: Parental Concerns about I.D.E.A. Compliance with Federal Law and the Legal Rights of Infants, Toddlers, Children and Youth with Disabilities Due to Lead Poisoning

2) **"A Call to Action Letter" to the U.S. Department of Health and Human Services – Centers for Disease Control to address Federal Law Compliance for Lead Poisoned Children.** *(December 8, 2007)*

3) **Legal Document on the Educational and Related Service Needs of Children Impaired due to lead poisoning.** *(October 23, 2007)*

4) **Division of Criminal Justice Testimony before the Public Health Committee on the Impact of Childhood Lead Poisoning** *(March 5, 2007)*

March 9, 2009 Meeting with the Office of the Attorney General

Focus of the Discussion: Parental Concerns about I.D.E.A. Compliance with Federal Law and the Legal Rights of Infants, Toddlers, Children and Youth with Disabilities Due to Lead Poisoning

Health **E**ducation **L**ead **P**oisoning Initiative

From Right to Left:
CT Attorney General Richard Blumenthal, **Dr. Vivian Cross**, ***Executive Director of the Foundation for Educational Advancement, Inc*, Lauren Main, *CT Parent and Child Advocate*, Attorney Lawrence Berliner, *Law Firm of Klebanoff and Alfano*, Leann Howell, *Executive Director of the American Lead Poisoning Help Association***

From Right to Left:
CT Attorney General Richard Blumenthal, **Dr. Vivian Cross**, ***Executive Director of the Foundation for Educational Advancement, Inc/.* Elizabeth Nkonoki-Ward, Continuing Education Coordinator, Lauren Main, *CT Parent and Child Advocate*, Attorney Lawrence Berliner, *Law Firm of Klebanoff and Alfano*, Tina Mazon, Consultant, Leann Howell, *Executive Director of the American Lead Poisoning Help Association***

National Center for Healthy Housing

December 8, 2007

Dr. Mary Jean Brown, Chief
Childhood Lead Poisoning Prevention Branch Centers for Disease Control and Prevention 4770 Buford Highway (Mail stop F-40)
Atlanta, GA 30341-3717

Dear Dr. Brown:

This letter is to recommend that the (CDC) Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) create a subcommittee to examine issues related to follow-up services for children with a history of lead poisoning. The undersigned support this recommendation and have collaborated in providing, herein, additional rationale for the subcommittee and recommendations regarding its charge and composition.

Problem Statement

The lead poisoning prevention community has necessarily focused on primary prevention for more than a decade, and our collective efforts have helped reduce childhood exposure to lead. Nonetheless, an estimated 250,000 children have elevated blood-lead levels (EBLLs)[t] according to data from the 2003-2004 National Health and Nutritional Examination Survey, and millions of children have a history of prior lead poisoning. Although primary prevention must continue to be a core strategy for the lead poisoning prevention community, we also must use our collective knowledge and influence to support those whose lives have been adversely affected by exposure to lead.

Lead poisoning causes neurological damage such as intellectual impairment, developmental delays, learning disabilities, memory loss, attention deficits, behavioral disorders, developmental disabilities, and other injuries that may adversely affect learning. Recent studies published by Miranda et al. suggest that the relationship between blood lead levels and cognitive outcomes are robust across outcome measures and at low levels of lead exposure. That study used educational achievement rather than aptitude as the educational outcome and found that a blood lead level of 5 ug/dL is associated with a decline in end-of-grade reading (and mathematics) scores that is roughly equal to 15%.[2]

It also is well known that medical intervention for a childhood lead poisoning event does not address the neurological damage that has already occurred, and this damage may adversely impact cognition through adulthood. New animal research suggests a potential positive association between increased, early intellectual stimulation and improved cognition in lead poisoned children.[3] Yet, parents of lead poisoned children struggle to get the proper comprehensive neurological assessments and services to which their children are entitled under federal law.

The ACCLPP has recognized the importance of timely and appropriate educational intervention for lead-poisoned children. In its 2002 report *Managing Elevated Blood Lead levels Among Children,* the ACCLPP included educational intervention among its case management guidelines. For example, the report recommended providing "long term developmental surveillance" for any child with a blood-lead level of >20 ug/dl or with "other significant developmental risk factors" - and that such surveillance encompass monitoring for "behaviors that interfere with learning" and for "emerging difficulties at critical transition points in childhood: first, fourth and sixth/seventh grades." Also, the report recommended referring an EBLL child "to early intervention/stimulation programs," and

referring a child who is "experiencing neurodevelopmental problems for a thorough diagnostic evaluation." Furthermore, with respect to educational interventions with caregivers, the report recommended repeating educational efforts "beyond a one-time intervention," and tailoring interventions to each child and caregiver. *See* Chapters 5-6. Nonetheless, it appears that lead-poisoned children are not receiving appropriate educational intervention and services.

Legal Background

The Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400 *et se*[g]• (IDEA) requires that schools provide a free and appropriate education to all students with disabilities - and includes "Child Find" provisions that obligate school systems to locate, identify and evaluate children suspected of having a disability. Unfortunately, IDEA's role in ensuring appropriate treatment for children with a history of lead poisoning is neither well understood, nor fully used by states and local school systems. Parents encounter difficulties navigating the system to obtain timely and appropriate educational services. Widespread noncompliance with IDEA's early intervention provisions (Part C), denies thousands of young children with lead poisoning crucial services at a critical early age during brain development.

` Marie Lynn Miranda, Dohyeong Kim, M. Alicia Overstreet Galeano, Christopher J. Paul, Andrew P. Hull, and S. Philip Morgan. "The Relationship between Early Childhood Blood Lead Levels and Performance on End-of-Grade **Tests.**" ***Environmental Health Perspectives.*** **Volume** 115, No 8. August 2007.

s G u i l e TR, Toscano DC, McGlothan JL, Weaver SA. Environmental enrichment reverses cognitive and molecular deficits induced by developmental lead exposure. Ann Neurol. 2003; 53:50-6.

Two sections of IDEA require appropriate educational services for lead poisoned children First, under Part B, "a child with a disability" ages 3 to 21 is eligible for special education services under one (or more) of 13 disability classifications. Lead poisoning is explicitly included under the "Other Health Impairment" classification, which states that:

> Other health impairment means having limited strength, vitality, or alertness .. . that results in limited alertness with respect to the educational environment that . . . is due to chronic or acute health problems such as . . . lead poisoning...; and adversely affects a child's educational performance.

34 C.F.R. § 300.8(c)(9)(emphasis added). Alternatively, a lead-poisoned child may be eligible based upon a primary disability under the "mental retardation" or "specific learning disability" classification. *See* 34 C.F.R. § 300.8(c)(6), (c)(10).

Second, Part C of IDEA pertains to children from birth to age three and contemplates, but does not explicitly mention, services based upon lead poisoning. Infants and toddlers are eligible for early intervention if they are experiencing, or have a condition with "a high probability of resulting in," developmental delays.

The regulation states:

> (a) As used in this part, infants and toddlers with disabilities means individuals from birth through age two who need early intervention services because they --
> (1) Are experiencing developmental delays . . .; or
> (2) Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

Note 1: The phrase "a diagnosed physical or mental condition that has a high probability of resulting in developmental delay," as used in paragraph (a)(2) of this section, applies to a condition if it typically results in developmental delay. Examples of these conditions include disorders reflecting disturbance of the development of the nervous system; . . . [and] disorders secondary to exposure to toxic substances, including fetal alcohol syndrome ... .

34 C.F.R. § 303.16 (emphasis added). Furthermore, Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § *794 et seq.,* requires that local school districts (including preschool programs) provide an appropriate education to students with disabilities. *See e.g.,* 34 C.F.R. § 104.31, § 104.35.

Affected families, educators, and clinicians need to understand the services to which lead poisoned children are entitled, and need help to overcome the institutional barriers to getting timely and appropriate educational services for lead poisoned children. These barriers include the following:

- States do not consistently list lead as an "other health impairment" for IDEA Part B services.
- State regulations typically do not include lead poisoning as a qualifying event for IDEA Part C early intervention services (see attachment: *50 State Survey of Fetal Alcohol Syndrome and Lead Poisoning Coverage for Early Intervention Programs).*
- Many children are overlooked for educational services based on clinical thresholds that fail to trigger timely educational intervention. That is, where IDEA services are triggered by a medical diagnosis based upon the clinical definition of lead poisoning, typically the clinical definition is several times higher than CDC's level of concern or action level. For example, in Connecticut, the early intervention program's automatic eligibility criteria for services is an EBLL of 45 ug/dl (see attachment), whereas, CDC's level may provide a more appropriate trigger for educational intervention.
- There is a lack of coordination between schools, medical providers, and parents regarding a disability caused by an health impairment.

Recommendations

Accordingly, the undersigned offer the following recommendations. First, we urge that CDC convene a subcommittee of the ACCLPP with the charge to:

1) Compile and review existing research related to the benefits of early intervention services for children with a history of impairment; and identify areas for new research;

2) Prepare model regulations for state agencies responsible for implementing special education services to ensure that they understand and include lead poisoning as a covered impairment under both Parts B and Part C of IDEA; and

3) Develop guidance for:
- Parents regarding the steps they can take to obtain services;
- Clinicians (physicians, psychologists, etc.) regarding appropriate neurological and cognitive tests to determine impairments as early as possible; and
- Educators and ancillary personnel (developmental therapists, social workers, psychologists, counselors, etc.) regarding the effects of lead on the brain and learning, and methods educators can employ to mitigate such effects through early intervention and special education.

Second, we encourage you to consider including on the subcommittee representatives with the following expertise, training and backgrounds:

1. Early intervention education (children from birth to age three);
2. Early childhood education (ages three to five/six);
3. Elementary and secondary education (K-12th grade);
4. Pediatrician (or developmental pediatrician) with expertise in treating children with lead poisoning;
5. Developmental therapist;
6. Neurodevelopmental specialist;
7. Neuropsychologist;
8. Parent of a child with lead poisoning;
9. Lawyer with expertise in Parts B and C of IDEA;
10. Lead poisoning policy expert;
11. Representative of the U.S. Department of Education Office of Special Education Programs;
12. Representative of the U.S. Department of Education Early Intervention Programs; Representative of the Office of Civil Rights, U.S. Department of Education; and Federal expert on Section 504 of the federal Rehabilitation Act.

We would be pleased to suggest specific candidates for subcommittee membership. Thank you, in advance, for your consideration of this request. We look forward to your feedback and to working with the CDC on this important issue.

Sincerely,

Rebecca E. Morley Executive Director
National Center for Healthy Housing

Written in partnership with:
Dr. Vivian Cross, Executive Director, Foundation for Educational Advancement, Inc.
Sue Gunderson, Executive Director, ClearCorps USA
Valerie Johnson, Executive Director, Urban Parent to Parent
Amy Zimmerman, Director, Chicago Medical-Legal Partnership for Children, Health & Disability Advocate

Attachment*: 50 States Survey of Fetal Alcohol Syndrome and Lead Poisoning Coverage for Early Intervention Programs, courtesy of A. Zimmerman, Health and Disability Advocates*

DPH Semiannual Childhood Lead Poisoning Meeting

Health Education Lead Poisoning Presentation

***Session Presenters:* Attorney Lawrence Berliner and Dr. Vivian Cross**

EDUCATIONAL AND RELATED SERVICE NEEDS OF CHILDREN IMPAIRED DUE TO LEAD POISONING

ATTORNEY LAWRENCE BERLINER
KLEBANOFF AND ALFANO, P.C.
WEST HARTFORD, CT

This is a summary of rights and is not intended to constitute specific legal advice regarding any child's circumstances. An attorney should be contacted for specific legal advice.

I. LEGAL RIGHTS OF INFANTS, TODDLERS AND CHILDREN WITH DISABILITIES

The *Individuals with Disabilities with Disabilities Education Act* (IDEA) contains two sections Part B and Part C that have relevance for children who are or may be impaired due to lead poisoning. 20 U.S.C. § 1400 *et seq.;* 34 C.F.R. Parts 300,303.In addition there are other state and federal laws that may provide the right to services, as well as civil rights and protections including the *Rehabilitation Act of 1973,* state statutes/regulations and the State Constitution.

1. IDEA- Part B

The IDEA Part B provides special education and related services for children ages three (3) to twenty-one (21) who have been identified as being eligible for such educational services. In order to qualify, a student must be evaluated by a team of qualified individuals in all areas of a child's suspected disability. The child's disability must adversely affect educational performance. If the student meets at least one of the thirteen (13) definitions of disability, then the student will be found eligible and an individual education plan (IEP) will be developed by a PPT which is a team that includes representatives from the child's school, the parents, and other knowledgeable persons. The IEP will provide specially designed instruction and if necessary related services such as OT, PT, counseling, school health services, parent training, speech services and/or social work services. The IEP is based upon the student's unique needs and should be designed to provide the student with a *free appropriate public education.*

If a child has a disability that is directly caused by lead poisoning, then the child most likely will be identified under the *OtherHealth Impairment* (OHI) category. 34 C.F.R. §300.8(9). However, a child with a lead based disability might have a primary disability under the *Specific Learning Disability* category, 34 C.F.R. §300.8(1); or quite possibly under the intellectual disability or *mental retardation* category. 34 C.F.R. §300.8 (6).

The IDEA has a *Child Find* requirement that obligates the local school district to locate, identify, and evaluate all children who have a suspected disability who are enrolled in the public or private schools within the school district. 34 C.F.R. §§300.111, 300.131. State regulations require a local school district to make a prompt referral to a PPT for any student whose behavior, attendance, or progress in school is considered to be unsatisfactory or at a marginal level of acceptance. RCSA §10-76d-7

2. *IDEA Part-C*

This section of the IDEA provides services to infants and toddlers with disabilities from birth to age three who have been identified as eligible for Birth to Three Services. In Connecticut, the Birth to Three System is located within the Department of Developmental Services (formerly Department of Mental Retardation). Services are provided by various local Birth to Three providers who are contractors to the Birth to Three System.

The services provided to infants and toddlers with disabilities are based upon a *Individual Family Services Plan (IFSP)* that is developed by a team, including the parents, to provide services to meet the developmental needs of each infant or toddler and may include consultation, training, assistive technology, audiological services, nursing services, nutrition services, OT, PT, psychological services, social work services, and/or special instruction. The services in the IFSP are based upon the unique needs of the infant or toddler. 34 C.F.R. §303.12

An *infant or toddler with disabilities* is defined as a child from birth to age two (2) who needs early intervention services because they are experiencing *developmental delays* based as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: cognitive development, physical development, communication development, social or emotional development, adaptive development; **or the child has *"a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay."* 34 C.F.R. §303.16(a). The comments on this regulation have construed the *diagnosed physical or mental condition that has a high probability of resulting in developmental delay* provision to include disorders reflecting disturbance of the development of the nervous system. 34 C.F.R. §303.16 Note No. 1.**

For an infant or toddler who has been exposed to lead an assessment of the cognitive, physical, communication, social and adaptive development by qualified professionals with appropriate diagnostic instruments and procedures would be one way to determine if the child has a diagnosed mental or physical condition with a high probability of a resulting developmental delay. Independent of this assessment procedure, the Birth to Three System has a comprehensive *Child Find* obligation to identify, locate and evaluate all infants and toddlers who may be eligible for Birth to Three System early intervention services by coordinating such efforts with state and local agencies that provide education, health, and social services, including referrals from parents, hospitals, school districts, physicians, day care programs, and other health care and social service providers. 34 C.F.R. §303.321.

In Connecticut, the Birth to Three System has established a *Diagnosed Conditions Lists* that established automatic eligibility for infants and toddlers who have certain genetic disorders, sensory impairments, motor impairments, neurological disorders, socio-communicative disorders, medically related disorders, and acquired trauma related disorders. The list includes lead intoxication greater than 45 ug/dL. If an infant or toddler does not have lead intoxication at that level the child may not be automatically eligible, but that does not mean that the child is automatically ineligible. Instead, parents should also focus on whether or not the infant of toddler has a developmental delay based upon the results of appropriate diagnostic instruments and procedures.

3. *Section 504 of the Rehabilitation Act of 1973, as amended.*

The provisions of Section 504 of the Rehabilitation *Act of 1973,* as amended, 29 U.S.C. §794 *etseq.,* proscribes discrimination on the basis of a person's mental or physical disability by programs that receive federal financial assistance. The federal law also applies to preschool, elementary and secondary education programs that receive federal financial assistance. 34 C.F.R. § 104.31. This regulation requires a federal fund recipient such as a local school district to provide an appropriate education to students with disabilities based upon the student's educational needs. If a student with a disability does not qualify for special education under the IDEA, then the student might receive services under the *Rehabilitation Act's* provisions based

upon an evaluation of the student's needs. 34 C.F.R. § 104.35. Generally, a local school district will convene a Section 504 Plan team meeting to review a student's circumstances, plan an evaluation, if necessary, and provide either services, accommodations or modifications based upon the student's needs. This plan could include modified schedules, alternative test settings, alternate assessment or tests, extra time to complete projects, reasonable modification of policy or procedures, and other reasonable accommodations to the student's disability.

II. <u>ENFORCEMENT OF RIGHTS</u>

The IDEA contains substantive and enforceable rights. In the case of a disputed IEP, Parents have both procedural safeguards and the student has a right to an IEP that provides a free appropriate public education. 34 C.F.R. §300.500 to 300.500.518. If there is a dispute over the IEP, the parents can request a hearing, mediation, or an independent evaluation in an effort to resolve their dispute. Similar rights exist for disputes over an infant or toddler's IFSP. 34 C.F.R. §303.400 to 303.425. The provisions of the *Rehabilitation Act of 1973, as amended,* can be enforced through a grievance filed with the agency, a formal complaint filed with the appropriate federal agency's Office for Civil Rights (OCR), or through an action filed in the federal court. **It is advisable to consult an attorney before filing any administrative or judicial complaints.**

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Also, below, I have included the amended IDEA Part C regarding early intervention for infants and toddlers with disabilities.

IDEA PART C– WEB-LINK

http://www.ihdi.uky.edu/nectc/idea04/PartCRegulations.pdf

:

<u>Part C of the Individuals with Disabilities Education Act,</u> as amended by the Individuals with Disabilities Education Improvement Act of 2004 (Act or IDEA), provides Federal funds to States to make available early intervention services for infants and toddlers with disabilities (from birth to age three) and their families.

In 2004, the Act was revised to:
(1) emphasize child find for underserved populations of infants and toddlers;
(2) increase accountability for the success of early intervention services;
(3) ensure a seamless transition for children and families when they exit from the Part C program to other appropriate programs;
(4) provide States with flexibility to provide early intervention services to children with disabilities who are age three and older;
(5) provide States with alternatives to dispute resolution under Part C's procedural safeguards;
(6) clarify certain definitions including specific early intervention services, qualified personnel, and natural environments; and
(7) streamline Part C grant application requirements.

Changes to the current Part C regulations (34 CFR Part 303) are necessary in order for the Department to appropriately and effectively address the provisions of the law and to assist State lead agencies and early intervention service programs and providers in implementing their responsibilities under the law.

Division of Criminal Justice

Public Health Committee - March 5, 2007 - S.B. No. 1340

Testimony of the Division of Criminal Justice
The Impact of Childhood Lead Poisoning

In Support of:

S.B. No. 1340 (RAISED) AN ACT CONCERNING A COMPREHENSIVE PLAN TO ERADICATE CHILDHOOD LEAD POISONING

Presented by Judith R. Dicine, Supervisory Assistant State's Attorney, Housing Matters Joint Committee on Public Health – March 5, 2007

The Division of Criminal Justice supports in its entirety Raised Bill 1340, An Act Concerning a Comprehensive Plan to Eradicate Childhood Lead Poisoning. This legislation is required to implement key elements and recommendations of the State's federally mandated Plan to Eliminate Childhood Lead Poisoning in Connecticut by 2010.

The State of Connecticut Department of Public Health reports that lead poisoning is one of the most common pediatric health problems in our state today. Pediatric lead poisoning can take place when a child swallows or breaths in lead contaminated dust or materials, such as lead paint chips. Once lead poisoning occurs, damage to a child's health can be permanent. The direct effects of pediatric lead poisoning can include development of reading disabilities, attention deficit, hyperactivity and behavioral problems (Needleman 2004, Brown 2002). Lead poisoned children require ongoing special medical care and can require special education assistance. The indirect effects of pediatric lead poisoning relate not only to the child, but to many others in ways difficult to quantify. Of special interest to the Division of Criminal Justice are the recent studies which have shown that an estimated 10% of juvenile delinquency can be attributed to lead poisoning (Korfmacher 2003). Juvenile delinquents have been found to be five times more likely to have elevated levels of lead in their bones (Needleman 2002). The cost of juvenile delinquency to the people of Connecticut is extensive: Citizens are victims of criminal behavior, which leads to complaints to municipal or state police departments, which may lead to arrest, referral to court, associated placements in residential treatment, and lost taxable income. The state Department of Public Health's Plan to Eliminate Childhood Lead Poisoning in Connecticut by 2010 is contained in Raised Bill 1340, and will work to eliminate pediatric poisoning in the first instance, thereby averting these resulting damages.

We respectfully highlight certain points of Raised Bill 1340:

Raised Bill 1340 provides for universal screening of Connecticut children to detect elevated levels of lead. The Division of Criminal Justice fully supports this important measure as it is useful not only for early detection and medical treatment, but also for the prevention of further poisoning by the identification of the sources of lead hazards through the related investigations triggered by elevated lead level detection.

Raised Bill 1340 also moves towards aligning Connecticut with

- the more stringent recommendations of the Center for Disease Control, by lowering the intervention level by the local director of health with a child poisoned by lead to 15mg/dl from the current 20mg/dl in certain confirmed cases; based on medical studies which show that even small amounts of lead in the body are unsafe.

- Lead-based paint hazards remain the primary source of lead poisoning exposure to children. The U.S. Centers for Disease Control and Prevention views that the comprehensive control of potential lead hazards in the housing stock is a key component in addressing the lead poisoning issue. Since lead paint was made illegal for residential use only in 1978, Connecticut's aging housing stock contains a significant amount of lead-based paint hazards. In fact, data shows that close to half of our housing stock was built before 1960. Owner occupied property is commonly well maintained, since the owner is both personally involved with and the beneficiary of good maintenance of the property. However, rental properties enormously vary in their maintenance by owners.
- Current Connecticut law states that paint in rental properties may not be in deteriorated condition; but there is no requirement, even in very aged housing, that deteriorated paint be corrected in a lead safe method, with the exception of when a property is under the order of a municipal director of health. Only a small percentage of housing ever gets under the direction of an order from a municipal director of health. As a result, lead hazards are often mismanaged, such as by removal of paint chips by an abrasive method like sanding, which frees lead dust and chips into the air and onto floors where a child can accidentally and easily be poisoned from it. Raised Bill 1340 establishes that deteriorated paint in residential rental property must be corrected using lead-safe work practices. These work practices are established methods in use by the U.S. Department of Housing and Urban Development, already in use on all federally subsidized housing in Connecticut. Raised Bill 1340 would also authorize the Department of Public Health to promulgate regulations to control abrasive paint removal from the exterior of buildings and structures that may contain lead-based paint. No such limitation exists under current law, and is needed to provide the commissioner and local directors of health with the ability to safeguard the public from these uncontrolled and thereby unsafe methods of exterior lead paint removal, avoiding the kind of neighborhood contaminations that have occurred many times in Connecticut. Finally, Raised Bill 1340 also establishes a crucial lead safe account in the General Fund, for purpose of providing financial assistance and loans for the remediation or removal of lead from residential real property.

In closing, Raised Bill 1340 is the comprehensive focus Connecticut needs to reach the necessary and attainable goal of preventing pediatric lead poisoning in our state. The Division of Criminal Justice supports Raised Bill 1340 and would be pleased to provide any additional information or answer any questions the Public Health Committee may have.

Thank you.

Needleman, HL (2004). Lead Poisoning, Annual Review of Medicine 55: 209-22
Brown, MJ. (2002). Costs and Benefits of Enforcing Housing policies to Prevent Childhood Lead Poisoning. Medical Decision Making, 22 (6):482-92.
Needleman, HL et al (2002). Bone Lead Levels in Adjudicated Delinquents: A Case Control Study. Neurotoxicology and Teratology 24: 711-717.
Korfmacher KS (2003). Long-term costs of lead poisoning: how much can New York save by stopping lead? http://www.afhh.org/aa/aa_state%20_local_lead_costs_NYrep.pdf

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