

**Joint New York State Senate Standing Committee on Health**

**New York State Senate Standing Committee on Housing, Construction and Community Development**

Senator Brian Kavanagh

26th Senate District

Chair

Senate Committee on Housing, Construction,

and Community Development

Senator Gustavo Rivera 33rd Senate District

Chair

Senate Committee on Health

**PUBLIC HEARING** Childhood Lead Poisoning Prevention in New York State

Tuesday, November 30, 2021 at 10:00 AM

Legislative Office Building, 2nd Floor, Van Buren Hearing Room A, Albany, NY

**TESTIMONY PROVIDED BY** John T. Adams, Outcome Broker, GHHI Utica-Oneida County Site,  
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Hello and thank you for inviting me to speak before your committees today. My name is John T. Adams, and I am a Program Leader at Cornell Cooperative Extension Oneida County. I have been working upon the issue of Childhood Lead Poisoning in my community of Utica NY since May of 2010. Currently, I am working in the capacity of an Outcome Broker for the Green and Healthy Homes Initiative Utica-Oneida County site. My journey to this role included 9 years and 8 months, employed as a subcontractor, to the Oneida County Health Department's Childhood Lead Poisoning Primary Prevention Program (CLPPPP). In my almost decade of service in that capacity it has become clear that many of NY State's challenges related to the Lead Poisoning of its children are self-inflicted. It has also become abundantly clear that there are some misunderstandings to the issue of what is a Lead Poisoned Child and how laws and policies enacted in Albany, are actually practiced and implemented throughout the state.

To my first point, what consists of a Lead Poisoned Child? Any level of lead in the body is poisoning. The numbers we throw down on paper and in policy discussions are the basis of a formula. Essentially whatever the current number from the Centers for Disease Control and Prevention (CDC) is, means 97.5% of American children ages 1-5 are below that, and that for the remaining 2.5% of all American children ages 1-5, they are above that number. The bigger picture in all of this is a majority of that tiny 2.5% of American children with levels higher than the CDC's reference number call New York State "home." Why do we maintain that distinction here? What if only 2.5% of all American kids were HIV positive, but the majority of them lived in New York State, would you say that's okay and just live with it for decades? If only 2.5% of all American kids were contracting and suffering from COVID-19, and the majority of them lived in New York State, would we be okay with that and just accept it? If only 2.5% of all American kids suffered from depression and suicidal tendencies and the majority of them lived in New York State, would we be okay with that too? Everyone in this room understands the point I am trying to make. The point is, we have told the families and children of this State, we have declared to the rest of the Greatest Nation on Earth, that here in New York, protecting the health of children, protecting the potential outcomes of success and happiness, protecting the unrealized economic potential in the lifetime of our children is not a priority, protecting children from a neurotoxin proven to contribute to a life of crime and recidivism, and protecting children from something that robs them of the attributes the Great Architect of the Universe sought to instill within them, is simply not important to the leaders and government of New York State. This state has no process for Primary Prevention. Everything that is mandated, requires a child to be poisoned first. You can do better.

You must do better. As a citizen of New York and the father of 3 children, I beg you to do better.

To my second point, the implementation of public health code and public health law sanctioned by the State of New York, has created a checkerboard across the State. By that I simply mean that any vagueness of

policy or legal mandates allow for too much local interpretation and facilitates a constant distracting discussion about “political will” among health practitioners and community based organizations on the front lines of this public health battle. While I am most certainly here to advocate for increased funding to Local Health Departments (LHD) across the state, the increase in resource allocation should come with amended clarity of what is expected in return. The health of children and their prioritization should not be based on the whims and personalities of commissioners who come and go, and instead the prioritization of these poisoned children should be known to all through the execution of a legislative mandate that leaves no room for incorrect interpretation or the receipt of monies for work not performed.

Much of the testimony you will hear today will be filled with great examples of how we can do better with fighting and preventing this disease among our children. As we now recognize the importance of public health, as we now realize that the practitioners of public health are heroes and are there fighting to protect us, listen to what these fighters are asking you for. We are ready to fight and win this battle, but we need you to give us the weapons and policies needed to construct the plans, implement the designs and deliver a resounding victory against Lead Poisoning for the Children of New York State. I know you will do the right thing for the right reasons. May the Great Architect of the Universe bless you, and may the Great Architect watch over and bless New York State, thank you.