

U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON SCIENCE AND TECHNOLOGY

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August 3, 2009

Mayor Adrian M. Fenty
Executive Office of the Mayor
Government of the District of Columbia
1350 Pennsylvania Avenue, N.W.
Suite 316
Washington, D.C. 20004

Dear Mayor Fenty:

The Subcommittee on Investigations and Oversight is investigating several issues related to the 2003-2004 lead in water crisis in Washington, D.C. We have been particularly interested in the role played by the Centers for Disease Control and Prevention (CDC). You may recall that *The Washington Post* broke a story in January 2004 revealing that D.C. and federal authorities knew that houses serviced by lead lines were carrying water into homes with lead levels as much as 20 times that allowed under the Safe Drinking Water Act.¹ The CDC joined other Federal agencies in responding to this public health crisis and published a paper in March 2004, coauthored by CDC and Washington, D.C. Department of Health (DOH) officials that suggested there was no danger to children or the public from the elevated lead levels in water.² With that CDC publication, the public's concern for this issue died down.

During the course of our preliminary investigation, the Subcommittee has discovered that the District of Columbia government and the CDC failed to collect or analyze all data from 2003 on the public health risks associated with lead in D.C.'s water. In fact, they knew of serious questions regarding a major gap in the blood lead level (BLL) test data they relied upon in the March 2004 paper, before that report was published. Further, the Subcommittee has been told by CDC officials of problems in the management of the D.C. lead reporting system. This should have set off warning bells that CDC could not rely on the numbers being provided for public health statements.

¹ David Nakamura, "Water in D.C. Exceeds EPA Lead Limit; Random Tests Last Summer Found High Levels in 4,000 Homes Throughout City," *The Washington Post*, p. A1, January 31, 2004.

² "Blood Lead Levels in Residents of Homes with Elevated Lead in Tap Water — District of Columbia, 2004," Morbidity and Mortality Weekly Report (MMWR) Dispatch, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Vol. 53 / March 30, 2004. Co-authors of this report came from CDC, the U.S. Public Health Service and the D.C. Department of Health.

It has long been a puzzle why the District reported a significant drop in the number of BLL tests for children younger than 72 months (six years) of age. In 2002, almost 16,000 children were tested for lead exposure; in 2003, the number dropped to just a little over 9,000. The Subcommittee wrote to each of the labs that analyzed BLL tests for the District in 2003 and has a new and more complete number. According to the reports provided to the Subcommittee, those labs reported to DC at the time that they tested a total of 13,758 individual children in 2003 not the 9,229 reported by the District of Columbia and CDC. Further, the labs provided test results to the DC DOH in 2003 indicating that at least 486 children – not the 193 reported by DOH in 2003 and publicly listed by the CDC today – had elevated blood lead levels.³ Blood lead levels in children are considered “elevated” if they are at or above the CDC’s “level of concern” of 10 micrograms of lead per deciliter of blood (10 mg/dL). Under the new data provided to the Subcommittee, the ratio of DC children suffering from lead poisoning in 2003 was actually 3.5-percent, not the 2.1-percent listed by the CDC.⁴

The numbers reported to the Subcommittee are significantly greater than those used by the CDC and District officials to write an article in March 2004 in the CDC’s “Morbidity and Mortality Weekly Report (MMWR)”. That article downplayed the relationship between lead in the water and elevated lead levels in both children and adults.⁵ We now know that the analysis D.C. and CDC officials did for the MMWR was based on wildly incomplete data from 2003. The number of DC children younger than 72 months who had BLL test data reported to the DC Department of Health reportedly declined by 6,526 children from 15,755 children in 2002 to 9,229 children in 2003.

The CDC was reportedly told by the database coordinator of the Washington, D.C. Childhood Lead Poisoning Prevention Program (CLPPP) that the drop in the data was the result of one lab failing to report all BLLs to DC in 2003. CDC officials interviewed by the

³ The numbers of total and “elevated” BLL tests mentioned by the Subcommittee above is an underestimate of the numbers actually reported to the DC Department of Health. One of the labs reporting data to the Subcommittee, for instance, no longer had BLL test data that they reported to DC for January, February and March 2003. In other cases labs reported to the Subcommittee that they had similar names of children for multiple “elevated” BLL tests and counted these as belonging to one child rather than two. In addition, the Subcommittee erred on the side of caution and did not count one “elevated” BLL test because the lab said it did not arrive in a lead-free tube and may have resulted in falsely elevated results. On top of the 13,758 individual DC children who had BLL tests in 2003 reported to the DC DOH, the Subcommittee was also told of another approximately 6,000 BLL tests which did not reveal elevated blood lead levels that were never reported to D.C. by one lab, although this was required under D.C. law at the time.

⁴ See the “CDC’s National Surveillance Data” collected from state and local health departments from 1997 to 2006, the most recent year available. The data is available here:

http://www.cdc.gov/nceh/lead/data/State_Confirmed_byYear_1997_to_2006.xls

⁵ The inconsistencies in the 2003 BLL numbers were plainly obvious to anyone that looked at them. Dr. Marc Edwards, a civil and environmental engineering professor at Virginia Tech and recent MacArthur Fellow, first wrote to CDC about concerns with the data relied upon in the March 2004 MMWR in January 2007 and again in September 2007. In those letters, Dr. Edwards alleged potential “scientific misconduct.”

Subcommittee staff say they were told by that DC official that the lab only reported “elevated” BLLs in 2003, thus explaining the decline in reporting data.⁶

However, the Subcommittee contacted that lab and they report that the lab had continuously reported only elevated BLLs from 1999 until April of 2004, so there was no change in their reporting practice that could account for an overall drop in numbers. The CDC was aware of this drop-off in thousands of DC children being tested for lead exposures by approximately February of 2004, but never verified the claim that only one lab had stopped reporting non-elevated results.

At that same time, CDC officials learned that the same individual in the DC DOH lead program also admitted to CDC officials that he had “forged” the numbers in the 2003 quarterly administrative reports regarding the BLL data provided to CDC in order to cover up the thousands of missing tests. Three different CDC staff acknowledged to Subcommittee staff of knowing of this fabrication. However, the individual, speaking through his attorney, denied to the Subcommittee that he fabricated any reports or data regarding blood lead tests. According to CDC officials, the allegedly “forged” numbers in the quarterly report were not used for data analysis in the MMWR nor posted on the web.

Despite the admission of “forgery” by the D.C. employee and the inexplicable gap in the 2003 BLL data provided to CDC, the primary CDC author of the 2004 MMWR never informed any of the MMWR’s co-authors of these problems. Nor did the MMWR mention these issues, which strike at the heart of the reliability of the data for analytical purposes. Finally, the CDC took no direct steps to determine the true cause of the data gap. Instead, the CDC continued to rely on the same official who admitted forging data to try to track down more complete data.⁷

The disparity in the numbers reported by the CDC and the data obtained by the Subcommittee is extraordinarily disturbing. The numbers actually reported by the laboratories to the DC Department of Health show that the number of DC children suffering from lead poisoning in 2003 was more than *twice* as high as the CDC has previously assumed or the DC Department of Health has acknowledged.

The Subcommittee is committed to unearthing the reasons for the disparities in the numbers of children tested for blood lead levels in 2003 reported by the D.C. Department of Health to the CDC and the numbers of children tested for blood lead levels in 2003 reported directly to Congress by the individual laboratories. Accordingly, Pursuant to Rules X and XI of

⁶ Over the past several months the Subcommittee has repeatedly attempted to contact two key individuals who were in the Washington, D.C. Childhood Lead Poisoning Prevention Program (CLPPP) in 2003/2004 responsible for overseeing the collection of blood lead test data from the laboratories and providing it to the CDC in order to interview them about these and related issues. One of those officials, speaking through his attorney, says several labs were not reporting all data to DC. However, both of these officials still refuse to be interviewed by the Subcommittee.

⁷ The DC employee allegedly involved in the fabrication of quarterly reports apparently asked the labs to resubmit their data to DC in late 2004. He told the CDC that the data he received once again totaled the approximately 9,000 children tested in 2003 that DC had originally reported, say CDC officials.

the United States House of Representatives and Rule 3 (a) (5) of the Committee on Science and Technology, please provide two sets of copies (one for the minority) of all of the records (see attached definition) and documents listed below:

1. All records, including all communications with, to, between and among, D.C. government officials and any and all parties regarding the report titled: "Blood Lead Levels in Residents of Homes with Elevated Lead in Tap Water — District of Columbia, 2004," published in Morbidity and Mortality Weekly Report (MMWR) Dispatch, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Vol. 53 / March 30, 2004. These should include all relevant records from January 1, 2003 to the present. The search should include, but not limited to, a thorough search of the e-mail correspondence of each of the co-authors of the CDC MMWR study that worked for the D.C. government at the time of its publication, including Dr. Lynette Stokes, Ms. Christine Onwuiche and Dr. Dan Lucey. It should also include a search of the records of non-authors of the CDC MMWR report, including Mr. Ted Gordon and Mr. Obiora Offor. Please include a specific search of the communications records of all of those individuals mentioned above with CDC employees Dr. Mary Jean Brown, Mr. Barry Brooks and/or Ms. Jamie Raymond.
2. An exact copy of the full dataset of the results of blood lead level (BLL) tests provided by the D.C. Department of Health (DOH) to the CDC for use in the MMWR. This dataset reportedly contained the results of 84,929 BLL tests taken from Jan. 1998-Dec. 2003. Please provide an electronic version of this data.
3. Any and all analysis of the integrity of the DC lead program's blood lead level (BLL) surveillance dataset produced by government contractors, consultants or other private entities, including IT software contractor Welligent. These records can be limited to the time period January 1, 2002 to January 1, 2006.
4. A list of the full names of all DC employees and/or contractors, consultants or others who were responsible for inputting either manually or electronically blood lead level surveillance data results from laboratories into the DC BLL database or databases in 2002, 2003 and 2004. This should include the individual's full name, their job title at the time, their agency, division, department and/or corporate affiliation and their role and responsibilities regarding blood lead level surveillance data for the DC government. Please indicate which, if any, of these individuals is currently employed by the District of Columbia.
5. All records related to the "fabrication" or "forgery" of numbers in the 2003 quarterly reports from the DC lead program sent to CDC. This should include, but not be limited to, all communications with, to, between and among Mr. Obiora Offor, Ms. Christine Onwuiche, Dr. Lynette Stokes, Dr. Dan Lucey, and Mr. Ted Gordon. It should include a specific search of the communications records of all of those individuals mentioned above with CDC employees Dr. Mary Jean Brown, Mr. Barry Brooks and/or Ms. Jamie Raymond.

6. All records relating to any disciplinary actions taken against any DC government employees as a result of the incident referred to above, including a complete copy of any and all investigative files on this incident, and all referrals to the D.C. General Counsel's Office, D.C. Office of Inspector General, U.S. Department of Justice or any other entities about this matter.

7. Lastly, please provide all records and data regarding the "Cross Sectional Analysis" study reported in the CDC MMWR that investigated the blood lead levels of DC residents with lead pipes known to have lead levels as high or higher than 300 parts per billion (ppb). This specific study was apparently produced by U.S. Public Health Service employees with the assistance of the D.C. Department of Health. This request should include records regarding the study design, organization, scope and/or purpose and should include all drafts, edits and final documents. Please also include the raw dataset, any summary data, copies of the surveys of the residents involved in this study, and the specific dataset used for the CDC MMWR publication of March 30, 2004. Please clearly identify this dataset as the data used for the MMWR publication. E-mails, draft comments and all other records related to this study should also be included.

Please ensure that *all* attachments to e-mails obtained as part of this document request are printed and provided to the Subcommittee. In addition, please provide all records on single-sided paper. Please provide the requested records to the Subcommittee offices in Room 2321 of the Rayburn House Office Building by 5 p.m. on Monday, August 17, 2009. If you have any questions or need additional information, please have your staff contact Douglas Pasternak, Investigations and Oversight Subcommittee professional staff member, at (202) 226-8892, or Dr. Dan Pearson, Investigations and Oversight Subcommittee staff director, at (202) 225-4494.

Your assistance in this matter is greatly appreciated.

Sincerely,



BRAD MILLER
Chairman
Subcommittee on
Investigations & Oversight

cc: DR. PAUL C. BROUN
Ranking Member
Subcommittee on Investigations & Oversight

ATTACHMENT

1. The term "records" is to be construed in the broadest sense and shall mean any written or graphic material, however produced or reproduced, of any kind or description, consisting of the original and any non-identical copy (whether different from the original because of notes made on or attached to such copy or otherwise) and drafts and both sides thereof, whether printed or recorded electronically or magnetically or stored in any type of data bank, including, but not limited to, the following: correspondence, memoranda, records, summaries of personal conversations or interviews, minutes or records of meetings or conferences, opinions or reports of consultants, projections, statistical statements, drafts, contracts, agreements, purchase orders, invoices, confirmations, telegraphs, telexes, agendas, books, notes, pamphlets, periodicals, reports, studies, evaluations, opinions, logs, diaries, desk calendars, appointment books, tape recordings, video recordings, e-mails, voice mails, computer tapes, or other computer stored matter, magnetic tapes, microfilm, microfiche, punch cards, all other records kept by electronic, photographic, or mechanical means, charts, photographs, notebooks, drawings, plans, inter-office communications, intra-office and intra-departmental communications, transcripts, checks and canceled checks, bank statements, ledgers, books, records or statements of accounts, and papers and things similar to any of the foregoing, however denominated.
2. The terms "relating," "relate," or "regarding" as to any given subject means anything that constitutes, contains, embodies, identifies, deals with, or is in any manner whatsoever pertinent to that subject, including but not limited to records concerning the preparation of other records.