

Office of the Director

401 Fifth Avenue, Suite 1300
Seattle, WA 98104-1818

206-296-4600 Fax 206-296-0166
TTY Relay: 711

www.kingcounty.gov/health

September 4, 2013

Governor Jay Inslee
Office of the Governor
PO Box 40002
Olympia, WA 98504-0002

Dear Governor Inslee,

I am writing to request that your office and the Washington State Department of Labor & Industries consider updating the Washington Administrative Code (WAC) related to occupational standards for lead. The two standards that are designed to protect workers from occupational exposures to lead are:

- WAC 296-62-07521: General industry lead standard (enacted in 1982)
- WAC 296-155-176: Lead in construction standard (enacted in 1993)

The science of the consequences of lead poisoning has evolved over the last twenty years, showing that lower and lower exposure levels can have significant health impacts. The national standards that our state follows have not kept pace with science, giving Washington State an opportunity to be a national leader in the adoption of updated standards.

Recently the issue of lead poisoning was raised locally when in November 2012, Public Health – Seattle & King County became aware of one of the largest outbreaks of occupational lead poisoning ever recorded in Washington state. Forty-six workers had blood lead levels (BLLs) above the Center for Disease Control and Prevention's (CDC) level of concern of 10 micrograms per deciliter ($\mu\text{g}/\text{dl}$). One worker had a BLL of 159 $\mu\text{g}/\text{dl}$, and experienced symptoms of acute lead poisoning. These exposures not only threatened the health of the employees, but also their families. Workers took lead home with them on their clothes, skin, tools, and in their vehicles, resulting in exposure of their family members, including children. A local hotel used by workers was also found to be contaminated with lead.

The fact is that Washington state's current occupational standards for lead are based on the level of scientific knowledge about lead toxicity available in the 1970s and do not reflect our current understanding of lead's health effects.

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Under current standards, workers can legally be exposed to lead when their BLLs are 50 µg/dl or even higher (under the current construction standard, removal from work is only required when the worker's BLL is 60 µg/dl or above, or if an average of the last three tests is 50 µg/dl or above).

Washington State's current standards put workers and their families at risk. Numerous recent studies have demonstrated negative health consequences related to lead exposure at BLLs well below 50 µg/dl. The latest medical management guidelines adopted by the Council for State and Territorial Epidemiologists suggest that pregnant women should be removed from exposure at a BLL of 10 µg/dl. In addition, the CDC's "Healthy People 2020" national public health goal is to eliminate BLLs in all adults that are higher than 10 µg/dl.

Recognizing the severe health consequences associated with relatively low-level lead exposures, the California Department of Public Health is currently working with Cal/OSHA to revise its General Industry Lead Standard and Lead in Construction Standard. To the best of our knowledge, no other states have undertaken this issue.

While the issue of adjusting Washington State's occupational standards for lead was moved to the forefront for us following last year's worker exposure in King County, this issue is not new. Several years ago, the Washington State Department of Ecology's *2009 Washington State Lead Chemical Action Plan* suggested one way to reduce adult lead exposure in the workplace was to "[u]pdate standards by adopting the comprehensive recommendations for lead workers put forward by the 2007 Association of Occupational and Environmental Clinics".

I encourage your administration to take a close look at this human health and environmental quality issue, and to consider rulemaking to update Washington's occupational standards for lead. I would be happy to make myself available to discuss this issue with you in greater detail or to answer any questions you may have.

Sincerely,

A handwritten signature in blue ink, appearing to read "David Fleming". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

David Fleming, MD
Director and Health Officer