

Connecticut: Watching for lead  
By Jim Morris, Houston Chronicle

In 1989, a young doctor disturbed by the number of lead-poisoned ironworkers and painters she was seeing approached the Connecticut Department of Transportation with a novel idea: Why not hold state contractors closely accountable for the health of workers on bridge-rehabilitation jobs?

The first response from the state was, in effect, "We already are." Indeed, state contracts contained broad language requiring contractors to follow all applicable rules established by the federal Occupational Safety and Health Administration.

At the time, however, OSHA had a lenient rule governing lead in construction. And even if the rule had been stricter, Dr. Kathleen Maurer -- an internist, occupational medicine specialist and associate research scientist at the Yale University School of Medicine -- had seen enough lead-damaged patients to conclude that worker health wasn't a high priority with most contractors.

Maurer's crusade paid off in 1990, when the Connecticut Road Industry Surveillance Project (CRISP) was born. The concept is simple: Any contractor that does a state bridge job must submit its workers to baseline and annual physical examinations and frequent blood tests to ensure that they are not being overexposed to lead through abrasive blasting, burning or mechanical chipping of old paint. This is plainly spelled out in the contract.

"If you don't put that language in, the companies that try to do the right thing cannot successfully bid for jobs because they have higher costs," Maurer said.

Under CRISP rules, any worker with a blood-lead level of 35 micrograms per deciliter or higher must be removed from lead exposure immediately and assigned to a safer area. OSHA's lead-in-construction rule, adopted after a congressional mandate in 1993, does not require removal until a worker's blood-lead level reaches 50 micrograms. "That's way too high," Maurer said.

In fact, a Connecticut bridge worker with a blood-lead level

as low as 25 micrograms draws rapid CRISP intervention -- at least a telephone call to the contractor's office and perhaps a site visit, complete with air monitoring and training. Every bridge job must have showers, sinks and changing facilities so workers can rid themselves of lead dust before they go home.

CRISP doesn't rely on contractors to perform medical surveillance. Rather, the blood-testing and physicals are done through a network of 20 clinics and one laboratory affiliated with the project, funded by the National Institute for Occupational Safety and Health.

Early data are in, and CRISP appears to be having a profound effect. Of the 680 workers in the state monitoring system in 1993, only nine had blood-lead levels of 40 micrograms or higher. Seven of the nine came from other states or were working on non-bridge jobs when they were overexposed.

Maurer sees no reason why a CRISP-like program couldn't work in other states -- even large ones like Texas, where 18 major bridge-rehab jobs have been done since 1991 -- although the cost could be considerable.

"Health and safety is not free," Maurer said. "Neither is nerve damage. Neither are reproductive problems."