

Comments of Rachel Seelig, Staff Attorney, Vermont Legal Aid
House Committee on General, Housing and Military Affairs
January 18, 2018

Madame Chair and Members of the Committee:

Thank you for having me and for caring about the health consequences for Vermont tenants of living in poor housing conditions.

My name is Rachel Seelig. I am a staff attorney at Vermont Legal Aid in Burlington. I work in our medical-legal partnership project called Legal Access Works. A medical-legal partnership places legal aid attorneys into a health care setting to work alongside the health care team. The lawyer partners use legal advocacy tools to help address patient's health-harming social conditions. Poor housing conditions represent one of the health-harming legal problems patients experience, impacting physical and mental health.

From a public health perspective, the care our doctors provide to us, contributes to only about 20% of health care outcomes for the population. Social determinants, like employment, level of education, insurance status, and exposure to violence make up 40%. And our physical environment, that is the buildings where we live, determines about 10% of health care outcomes.

While Legal Access Works is a relatively new medical-legal partnership, the concept is not. The first such program started in Boston where a Boston hospital's emergency department wanted to better address the problem of asthma exacerbation in children. The result of this first medical-legal partnership was a success: doctors and lawyers worked together to secure improved housing conditions for families, and this in turn led to reduced ED visits for asthma exacerbation. This successful experiment has since spread across the country.

At Legal Access Works I see patient/clients struggling with health-harming housing problems; some find themselves in eviction cases, some are unable to get a landlord to act on an inspection report or health order, and others are afraid to call code enforcement for fear of retaliation. Consequently, they have unresolved health problems – and health care expenses, often paid for by the state through the Medicaid program. Often those problems began when they moved into their housing, were always worse at home, and improved when they left that environment.

I think we can all agree that all Vermonters should live in safe and healthy housing. We embarked on the project that resulted in our new report, *Renters at Risk* to consider the costs to tenants, as well as to communities, and our health care system, when we allow poor housing conditions in aging rental stock, to persist. We matched with Tessa Horan, a pre-med undergrad student through the Shepherd Consortium for Higher Education, and brought her to Vermont to spend the summer interviewing tenants, housing advocates, health care social workers, town health officers, and others to understand the variety of perspectives on this issue. We asked her, as well, to review the existing research on the health care costs of poor housing conditions. We summarize this research on page 3. We did not find studies that were specific to these costs in Vermont, but have no reason to conclude that Vermont costs would be different.

In particular the research shows:

- Improving ventilation, decreasing mold, and decreasing overcrowding, can prevent between 16 and 37 million cases of the common cold or flu nationwide, which could save \$6 to \$14 billion in health care and work absence costs. Vermont (.19% of the national population) could avoid 30 to 70,000 cases of common cold or flu, with potential extrapolated savings \$11.4 to \$26.6 million in work absence and health care costs.
- A 2007 North Carolina study attributed \$108 million in health care costs per year to children living in substandard housing. Vermont's 2007 population was about 6.8 percent that of North Carolina's. Six point eight percent of \$108 million is no small number: \$7.34 million dollars annually.
- A study by HUD estimated injuries in the home to cost about \$135.1 billion per year. Vermont's share of these costs would work out to around \$256.7 million.

I encourage you to review the rest of the research we summarize in the report on page 3.

Once Tessa's interviews and her review of the existing literature were complete, we drew six conclusions, listed in our report on page one and explained in detail on pages 9 to 20. We also include a number of recommendations that we believe are necessary to ensure Vermonters live in housing that doesn't make us, our neighbors, friends, and families sick. I'd like to focus on two recommendations, certifying and registering landlords, and funding and professionalizing Town Health Officers. These are our two highest short-term priorities.

Registering and certifying landlords is an important step forward. A few municipalities have already begun. When there is an affirmative process to obtain a certificate allowing a unit to be rented, that oversight helps to ensure the Rental Housing Health Code is enforced. A registration and certification process would also allow you to ensure that a unit known to be out of compliance with the rental housing health code is not re-rented before violations are addressed. Every tenant we interviewed for *Renters at Risk* commented that even if they moved out, they believed that the landlord wouldn't fix the problems and the next tenant would suffer the consequences. An affirmative registration and certification process can stop this cycle.

Professionalizing and funding Town Health Officers is also necessary. Volunteers lack the time and capacity to ensure that landlords follow the Rental Housing Health Code. Training opportunities by the Vermont League of Cities and Towns, funded by the Department of Health, have increased in the past five years. However, training continues to be voluntary. Not all Town Health Officers can take time away from their work and families to attend. To achieve compliance with the fire code, we don't leave it to untrained volunteers, and hope this is enough to keep our homes from burning down. Rather, we have a regional system of fire safety inspectors for whom this is their job. They are trained, they are funded, and this is their profession. A similar regional system of housing inspectors, modeled on the systems already running in some of our cities, including Burlington, Barre, and St. Johnsbury, would create the professional capacity that so many towns currently lack. We can't continue to hope that untrained volunteers will know what to do to make sure our homes don't make us sick.

Thank you for your consideration.