

Shame of the City:

Slum Housing and the Critical Threat to the Health of L.A. Children and Families

St. John's Well Child and Family Center
Esperanza Community Housing Corporation
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Strategic Actions for a Just Economy



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Executive Summary

This paper draws connections between the growing health disorders in Los Angeles' children and the dangerous conditions created by slum housing. This collaborative effort is among the following four community-based organizations, St John's Well Child and Family Center, Esperanza Community Housing Corporation, Strategic Actions for a Just Economy (SAJE) and Los Angeles Community Action Network (LA CAN), who, together, have been waging an uphill battle against the health impacts of slum housing conditions in Los Angeles for the past eight years.

Frustrated with the inability of official health and housing institutions and agencies to address the deleterious and escalating health impacts of slum housing conditions in our communities, our doctors and community-based medical practitioners, health promoters, researchers and tenant organizers joined forces, beginning in 1998. United across disciplines by the needs of our common constituents, together we built a community-based public health initiative called *Better Neighborhoods, Same Neighbors: A Public Health Approach to Slum Housing and Neighborhood Stability*. Four key findings of this white paper are:

- > Every year, 48,000 people in the City of Los Angeles are living in extreme slum housing conditions and getting sick as a result. This exceeds the population of Culver City.
- > Slum housing induced health conditions include, but are not limited to, lead poisoning, rashes, cockroach bites, rat bites, fungal infections, chronic colds, upper respiratory symptoms like sore throats and sinusitis, lower respiratory symptoms like bronchitis and asthma, ear infections, and staph infections.
- > The total cost to prosecute slumlords, remediate slum-housing induced health conditions, and replace personal property lost due to slum conditions in Los Angeles exceeds \$1 billion.
- > The current system allows many slumlords to slip through the cracks and profit at the expense of people's health. Young children bear the highest burden of these costs. Brain damage from lead poisoning robs young children of their potential as human beings. Chronic health problems are generated in young children at a critical developmental stage from constant exposure to environmental hazards in the home. Missed school days result in poor performance. Rather than experiencing their home as a sanctuary, depression and anxiety are common among young children who live in the constant presence of rats and vermin.

Other findings included in the study are as follows:

Children harmed by the health effects of slum housing are mostly Latino and African American.

Fifty-four percent of children seen at St. John's had elevated levels of lead poisoning and 28% had asthma.

The public costs to prosecute one typical slumlord building took 149 Los Angeles City, Los Angeles County and non-profit staff at a cost of \$232,000. Most “professional slumlords” are not prosecuted and continue to profit from human misery. The estimated cost for effective prosecution of all known criminal slumlords in Los Angeles would be between \$344 and \$462 million.

Los Angeles slum tenants lose as much as \$10 million a year in damaged private property, mostly in cost of food which is contaminated by cockroaches and vermin but also from collapsing ceilings, poor plumbing. Cockroaches harboring in warm appliances ruin televisions, DVD players, computers and other electronics.

One case study surveyed building conditions and tenant health conditions and made connections between the two. The average unit cost to remediate the resulting slum induced health problems comes to approximately \$41,000 per apartment unit. Using this average cost, the total cost to remediate equivalent slum housing induced health conditions in the entire City of Los Angeles would come to over \$400 million.

Slumlords are the criminal landlords who profit by collecting rent and by not maintaining their properties, even when they are repeatedly cited by building inspectors. Although they only constitute 1-2% of the entire landlord population, they nevertheless can have a major impact. For example, one slumlord owns over 200 buildings in Los Angeles which house over 1,700 families and 8,000 people.

Today’s slum housing problems are the result of a collision course between a hot real estate market and a thriving criminal class of property owner. The result, however, is a public health crisis that cannot be ignored because it will ultimately impact everyone in the City. Unlike other environmental health issues such as polluted air and water, the AIDS crisis, or global warming, the solutions to slum housing are attainable locally and in the near term. Although seeds of these solutions are already underway within several public agencies and community organizations, these are still disparate, lack coordination, and have divergent priorities.

With these facts in mind, our call for new alignment, policy and practice includes:

- > **Improve health and housing:** L.A.’s children must be brought back to health through effective and coordinated health interventions by medical professionals, community-based organizations, and slum enforcement agencies. Slum housing conditions and treatment of health symptoms both must be corrected with great urgency.
- > **Prevent Displacement:** It is absolutely imperative that Los Angeles improves housing and health conditions without displacing the people who have been suffering for all these years. There is no benefit to be gained if buildings are repaired, only to result in people’s lives and communities being further destabilized.

- > **Protect and increase the affordable housing stock in Los Angeles.** At the risk of stating the obvious, if there were an adequate supply of affordable housing for all in Los Angeles, low income people would no longer provide a sheltered market for criminal slumlords.
- > **Reimburse medical providers for environmental health services and treatment.**
- > **Unprecedented enforcement:** It is essential that the criminal slumlords – the unrepentant, worst of the worst – finally pay the costs of the damage they inflict on our City. These penalties, in turn, can help pay for the stepped up enforcement program.
- > **Increase health testing** by enforcing and ensuring compliance with California State regulations requiring that all children ages one and two are assessed for risk of lead poisoning, and given a blood lead test when risk is identified. Ensure that medical professionals inform families about environmental risks to their children's health.
- > **Align sectors and resources:** In light of the current crisis, we must build a stronger alignment of government health and housing agencies and community-based organizations across health and housing sectors at every level of society.
- > **A vigilant criminal justice strategy:** With so many people's health at stake, we must abandon specious arguments that "tenants cause slum housing," and that organizers and health promoters who are invited to people's homes are "trespassers." We need to look at the health evidence, the business practices, and the resulting slum conditions and dismiss the tired argument that slumlords who own scores of buildings which have been strip-mined of their equity cannot afford to make repairs. Los Angeles can no longer afford its current booming slumlord industry.

It is time to reverse the trend. Slumlords rather than low-income children need to start to pay for the cost of the problem. With shared alignment and renewed commitment, it is currently within our collective means and capacity to eliminate the slum housing threat to public health in Los Angeles and improve the lives and futures of thousands of families and children.

I. Introduction

I.1. **BETTER NEIGHBORHOODS, SAME NEIGHBORS: A Public Health Approach to Slum Housing and Neighborhood Stability**

This paper is a collaborative effort among the following four community-based organizations who, together, have been waging an uphill battle against the health impacts of slum housing conditions in Los Angeles for the past eight years:

- **St. John's Well Child and Family Centers (St. John's):** A network of federally qualified health centers and school-based clinics providing medical, dental, and mental health services to more than 75,000 patient visits per year. St. John's provides a medical home to over 25,000 low-income individuals in downtown and south Los Angeles.
- **Esperanza Community Housing Corporation (Esperanza):** A community development organization with a unique health capacity. In addition to developing 269 units of quality affordable housing for very low income families, Esperanza has also developed a health promotion training program that sets a standard for the county. Esperanza has trained 289 bilingual health promoters, most of whom are local to the Figueroa Corridor, and who work all over Los Angeles.
- **Strategic Actions for a Just Economy (SAJE):** An economic justice organization that has helped create vehicles for accountable development in the Figueroa Corridor. A primary focus of SAJE has been to educate and organize tenants about their rights, build their capacity to increase those rights, and to combat slum housing conditions.
- **Los Angeles Community Action Network (LA CAN):** A grassroots organization focused primarily on housing and civil rights. Based in the downtown community, LA CAN organizes Los Angeles' poorest residents to prevent displacement, increase access to safe and affordable housing, and build a healthy and equitable downtown.

Frustrated with the inability of public health and housing agencies to address the deleterious and escalating health impacts of slum housing conditions in our communities, our doctors, community-based medical practitioners, health promoters, researchers and tenant organizers joined forces, beginning in 1998. United across disciplines by the needs of our common constituents, together we built a community-based public health initiative called *Better Neighborhoods, Same Neighbors: A Public Health Approach to Slum Housing and Neighborhood Stability*.

The initiative involves a shared model, focused on downtown Los Angeles and the Figueroa Corridor, which includes the following components:

1) St. John's provides health assessments, exams and lead testing and collects and compiles data on slum housing-induced health conditions on a medical evidence form (See Appendix C);

- 2) St. John's patients who exhibit certain health conditions are referred to Esperanza health promoters;
- 3) Esperanza health promoters, in turn conduct in-home interviews, assessments of housing conditions, and lead dust wipe sampling;
- 4) Esperanza health promoters refer low-income tenants and pregnant women to St. John's for blood lead testing and other health care, often resulting in a new medical home for these families; and,
- 5) SAJE and LA CAN tenant organizers, who work closely with health promoters, provide education about tenants' rights, help file building complaints, identify key targets for slum housing organizing campaigns, procure legal services as necessary, and engage the City's Housing Department and City Attorneys.

Our shared purpose has been to alleviate the substantial health impacts that slum housing conditions -- exposure to lead, mold, mildew, rats, cockroaches -- have on hundreds of thousands of low-income families in L.A. and particularly on children, and to ensure that solutions do not displace the very people we are trying to help.

This paper documents the lessons we have learned, presents implications for policy, and is a call for public health and housing officials to augment our efforts and move Los Angeles towards an integrated environmental health approach to slum housing.

Please note that for various reasons, including the privacy of individuals and pending litigation, with the exception of the Bristol Hotel and the Danpour Family land ownership, all of the names of buildings and individuals in this paper have been replaced with pseudonyms.

2. Health Effects of Slum Housing: Understanding the Connection

There is a limited amount of data that definitively addresses the connection between slum housing and disease in Los Angeles. There is housing data. There is health data. There have been few connections made between them historically, due to the fragmented responsibilities and mission of doctors, health inspectors, housing inspectors, public interest attorneys, tenants' rights advocates, as well as diverse recording and reporting requirements.

For this reason, the following discussion of slum housing and disease is the result of several sources, which, when viewed together, provide a clearer picture of causality. Sources for this assessment include the public health knowledge, experience, and case files of two unique medical experts, Dr. Linda Weekes and Dr. Gary Richwald; St. John's clinic case files; and the case files of slum-housing trained health promoters from Esperanza.

This health information, when coupled with the experience of tenant organizers from SAJE and LA CAN, inspector data from the Los Angeles Housing Department, and SAJE research on slum housing business practices, also provides a sense of the scale and scope of the problem.

2.1. The View of Two Medical Experts

There are two unique arenas in which doctors at the community and public health level have been engaged in building concrete and consistent connections between slum housing conditions and health.

The first is the clinical environment of St. John's, the medical partner of the Better Neighborhoods, Same Neighbors collaborative. A free community clinic, St. John's doctors and staff work in the center of the cyclone of slum housing induced disease and have:

- 1) Extensive experience in collaborating with health promoters and tenant organizers;
- 2) Long-standing knowledge of the intersections between slum housing and disease; and
- 3) A strong commitment to the goal of eliminating this threat from their patients' neighborhoods.

With tens of thousands of low-income children as their clients, the Clinic became a slum housing advocate by questioning the long term value of:

- Removing a cockroach from a child's infected ear and returning the child home to cockroach infested slum housing;
- Establishing an asthma treatment plan that is then thwarted by the overwhelming presence of dust mites, cockroaches, and mold in the home;
- Addressing the psychological consequences of children who will not eat for the well-founded fear of finding cockroaches in their food; or,
- Addressing the needs of children who refuse to use the bathroom at home, for fear of another rat bite.



Aaron's high blood lead level were reduced at St. John's. He is now a healthy child.

Linda Weekes, MD, is St. John's Medical Director, and she has supervised the clinic-based case studies and protocols reported in this white paper. Dr. Weekes' patients include 25,000 people who are primarily low-income children who live in the greater Figueroa Corridor area. Fifty-four percent of these children have elevated blood levels and 28% have chronic asthma. The asthma figure is two to three times greater than the average for Los Angeles as a whole.¹ Dr. Weekes did her residency in Pediatrics at County USC Medical Center in the mid-1970s and served as the Chief of Pediatrics at Simi Valley Hospital. She has practiced medicine in the inner city communities of Los Angeles for over 30 years.

FIGURE 1: Long Term Health Impacts from Slum Housing

| Health Symptom | Slum Housing Condition | Long-Term Health Impact |
|--|---|---|
| Lead poisoning | Peeling and chipping paint Paint dust from opening windows and doors | Brain damage Kidney disease Nerve damage |
| Asthma and Respiratory problems | Mold and Mildew, caused by leaking pipes, inadequate drainage, inadequate ventilation, holes in walls or roof and inadequate weatherproofing Cockroach droppings Dust Mites and other triggers found in old carpets | Asthma attacks Chronic bronchitis Chronic pneumonia Eye problems, conjunctivitis Allergic rhinitis Chronic sinusitis |
| Dead cockroach body parts in ears | Cockroach infestation | Ear infection Tinnitus Staph infections Yeast infections |
| Infections, viruses | Rat Bites Lice and bedbugs Flea bites | Anaerobic infections can cause loss of fingers, toes or limbs Hantavirus causes strain of pneumonia that leads to respiratory failure and death ² Viremia ³ Impetigo (skin infection) Abscess |
| Skin rashes and fungal infections | Fleas from rats and birds Infested and dirty old carpets Leaking water and humidity Leaking sewage | Chronic dermatitis Acute fungal infections and rashes |
| Chronic colds | Leaking pipes, inadequate drainage, inadequate ventilation, holes in walls or roof and inadequate weatherproofing | Lowered Immune System Colds Ear infections Pneumonia |
| Stress, Depression | Constant health problems due to uncorrected housing conditions Harassment Evictions Threats Physical and sexual harassment | Hypertension which can cause chronic headaches, cardiovascular problems that later lead to stroke and heart attacks Depression leads to poor diet (starch, salt, fat) which, in turn, exacerbates depression |
| Staph Infections | Shared bathrooms not maintained Lack of heat and hot water | Extremely contagious Potentially fatal for immunocompromised patients |

The second arena is the world of public health experts and researchers who examine the intersection of health status and slum housing conditions. Since the mid-1980s, Gary Richwald, MD, MPH, has conducted over 3,000 face to face health and environmental interviews with adults and children living in some of the worst housing conditions in Los Angeles, San Francisco and Chicago. With his experience in community health and communicable diseases, he has been able to help community and government agencies understand the health impacts of slum housing. Dr. Richwald has also participated as a court-recognized expert in litigation brought by public interest attorneys on behalf of families who live in slum buildings.

There is a high level of agreement between Dr. Weekes and Dr. Richwald about slum housing related disease. Their shared understandings are summarized in the “Etiology of Slum Housing Disease” chart presented in Figure 1.

2.2. An In Depth View of the Health / Housing Connection

No single institutional data source or widely accepted protocols currently exist for measuring slum housing disease. For that reason, it is necessary to extract data from various levels of the public health world: at the level of the community practitioner, medical experts, and public agencies.

What follows is a review of sources that substantiate the main ideas and experience behind the etiology, with a particular focus on the Los Angeles experience. These range from lead poisoning data, around which there is a high degree of confidence that housing is the cause, to problems like chronic asthma, where multiple issues in the slum housing environment contribute to the problem.

2.2.1. Lead Poisoning

Lead poisoning is a serious slum housing-induced condition where causality is broadly held as reliable. According to the Los Angeles County Department of Public Health, it is estimated that 77% of all lead poisoning cases are from lead paint or lead paint dust.⁴ As a result, there has been extensive public health agency involvement in the area of lead, such as the development of L.A. County’s Childhood Lead Poisoning Prevention Program (CLPPP).



Slum tenant living with lead hazard in common area

Federal law prohibited the use of lead in residential paint after 1978, and thus the problem is concentrated in buildings that are 30 years old or older. Lead paint is only hazardous if it is not intact – for example, if it is flaking, chipping or peeling -- common in slum housing. It is well-documented that lead poisoning damage – including brain and nerve damage – occurs in children between the ages of 0-6 and pregnant women. Lead is ingested, for the most part, as paint dust

that is passed by hands or objects to mouth. The primary source is dust from peeling and chipping paint that falls from windows and doors, cupboards and closets that are frequently opened and closed. It is also very common for lead paint dust to contaminate food in kitchens that have peeling and chipping paint.

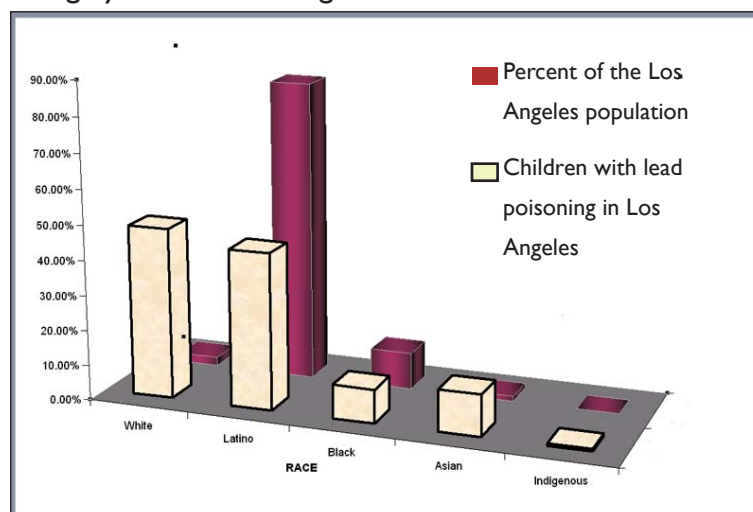
According to the 2000 Census, there are 1.1 million housing units in the City of Los Angeles that may contain lead-based paint because they were constructed before 1980. A 2002 HUD study estimates that about 25% of these homes (275,000 units) are likely to contain “significant lead-based paint hazards.”⁵ The Figueroa Corridor contains the highest concentration of older and dilapidated housing units in the City.

California law requires laboratories to report the results of all blood tests. Federal, State and County guidelines all consider a child’s blood lead to be “elevated” when at a blood lead level of 10 micrograms per deciliter of blood ($\mu\text{g/dL}$) or higher. The State and Los Angeles County consider the child “a lead poisoning case” when the child has two consecutive blood lead tests between 15 and 19 $\mu\text{g/dL}$ or one at 20 $\mu\text{g/dL}$.⁶

For children who meet case definition, the Los Angeles County Childhood Lead Poisoning Prevention Program (CLPPP) provides both medical and environmental case investigation and case management. The environmental investigation includes testing paint, dust, soil, ceramics, toys, candy and other possible sources of lead in all the locations where the child spends the majority of his or her time. If the source is lead-based paint and or soil, the Environmental Health Specialist orders the property owner to “abate” the lead hazards, but only in the unit of concern. (At risk children in neighboring units of similar slum condition, who have perhaps not yet been screened and who have not yet been identified as having an elevated blood lead are not tested under this protocol, even if they live in the same building).

In its October 2005 Policy Statement, the American Academy of Pediatrics declared that there is no safe threshold for lead in blood.⁷ Recent research presented in the *New England Journal of Medicine*⁸ indicates that existing protocols are inadequate to protect public health and that even

FIGURE 2: Lead Poisoning by Race in Los Angeles ¹¹

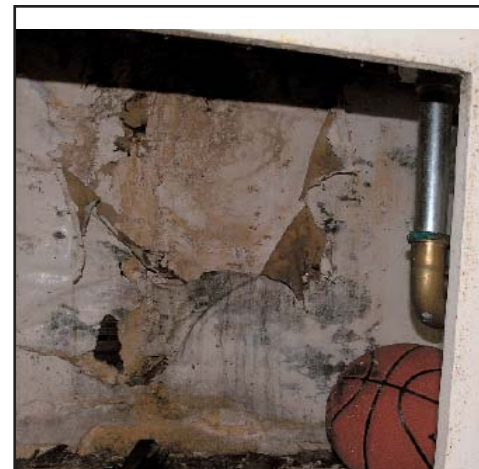


a small presence of lead in the blood, as little as 2 or 3 micrograms per deciliter, can produce serious health conditions and cause decreased brain function in children, including older children, particularly those who have been exposed to lead over time.

Lead poisoning literally robs children of their potential as human beings. It can irreversibly damage the central nervous system, kidneys, and reproductive system. The effects of lead poisoning can lead to decreased intelligence, impaired neurobehavioral development, decreased stature and growth, and impaired hearing acuity. In worst case conditions, lead poisoning can cause severe brain damage, coma, convulsions, and death.⁹ Lead can also cross the placenta to damage the developing fetus and can cause miscarriage, premature birth and low birth weight.

For these reasons, and preceding these studies, St. John's has maintained a zero-tolerance for lead in children since its association with Esperanza's community health program, which began in 1996. In 2006, fifty-four percent of St. John's young patients exhibited elevated blood lead levels. In some months, the percentage of children tested with elevated blood lead levels has been as high as 77%.

These figures illustrate the scale to which slum housing endanger the health of children who live downtown and in South Los Angeles. Additionally, as indicated by Figure 2, those affected by lead poisoning are primarily children of color. Fortunately, because St. John's zero tolerance approach intervenes at much lower levels of poisoning than the County, nutritional protocols and medical case management combined with health promoter education and instructions for managing the lead hazards in the home help stabilize the child's condition and prevent permanent damage. Thus, intrusive expensive chelation therapy is almost never required. Chelation, which is a dangerous procedure, can lower the level of lead in blood but cannot reverse the permanent effects of lead on the body.¹⁰



Severe mold and water damage under sink

In the three year period between 2002 and 2005, St. John's tested 14,427 children for lead. Once education and case management began, 95% of those with inflated lead levels saw their blood lead levels reduced, with the most dramatic decreases experienced by children with the highest blood lead levels. Within this population were 30 extreme cases in which children were initially determined to need chelation therapy. However, following St. John's intervention, only three ultimately required chelation.

2.2.1.1. Lead Poisoning Costs

With respect to costs, St. John's clinic-care interventions cost approximately \$271 per patient visit compared to an estimated \$3,000 for chelation therapy.¹²

St. John's zero-tolerance for lead is fairly unique in Los Angeles health circles. It is not mandated by any public health agency, and reimbursement for lead-testing and intervention costs are thus problematic. Although few believe that the burden of the County and City's lead poisoning crisis

can be addressed by highly committed and conscious community clinics, health promoters, and tenant organizers, everyday practice paints a different scenario.

2.2.2. Asthma and Respiratory Disease

Asthma costs approximately \$6.6 billion a year in the United States with approximately \$2 billion attributable to environmental origin.¹³ California spends nearly half a billion dollars per year on asthma hospitalizations, many of which are preventable.¹⁴

Asthma can be triggered by a number of environmental sources: indoors, outdoors, at work, or at home. Around 50% of the population has the propensity of developing asthma based on their environmental conditions. In Los Angeles County, 7% of the population or 650,000 residents experience asthma symptoms and an additional 9% or 931,000 residents experience asthma-like symptoms.¹⁵

Asthma rates are higher for children in the City of Los Angeles. Nine percent of children across Los Angeles have asthma, and the likelihood is even higher in Los Angeles' urban schools, where 14% of all students have asthma.¹⁶ Racial disparities are wide. Twenty-five percent of African American children with probable asthma and Latino children with asthma experience twice the activity limitation of white children (45% to 23%).¹⁷ Based on data from pediatric patient visits in 2006 from St. John's Downtown Los Angeles Clinic (located near Adams and Figueroa), 28% of St. John's young patients have asthma.

Diverse airborne sources of pollution can cause asthma. Slum housing conditions, such as mold and cockroach droppings are associated with asthma in young children, exacerbate symptoms, and increase the frequencies of attacks.¹⁸ And, given how much time young children spend in the

FIGURE 3: Lead Poisoning Cases in Los Angeles

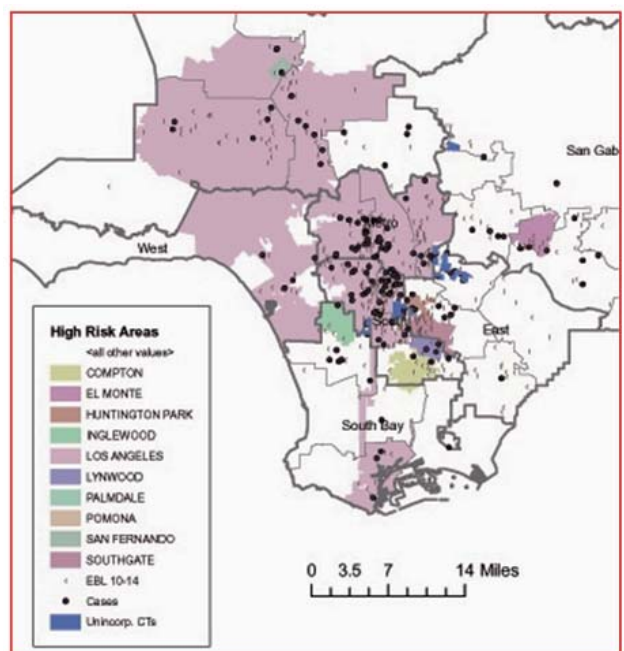
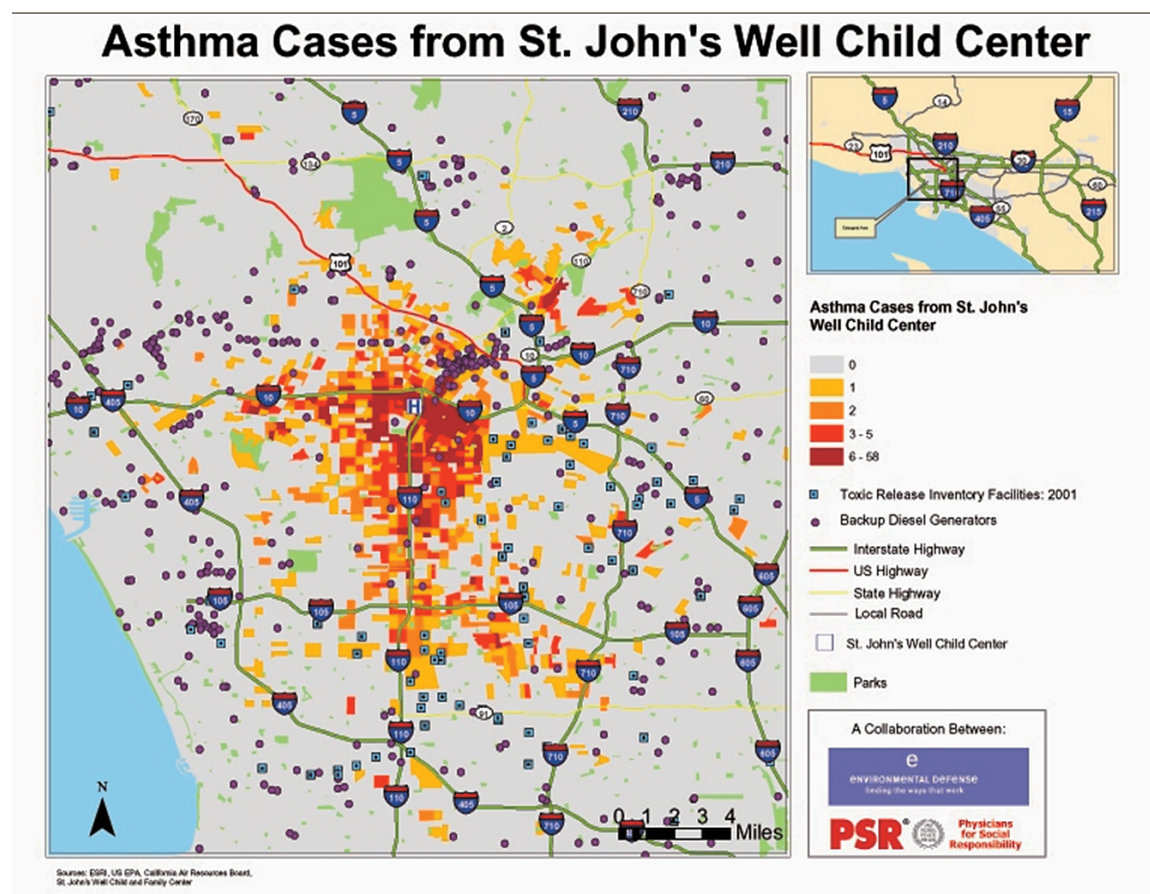


FIGURE 4: Asthma Cases from St. John's Well Child and Family Center



home, improving the habitability of housing by removing slum conditions is a good way to reduce asthma, asthma-like symptoms and emergency room visits due to asthma attacks.

Slum conditions that exacerbate and trigger asthma attacks include mold, cockroach droppings, mouse or rat droppings and dander, and dust mites. The damp conditions that create mold are caused by leaking pipes and faucets, inadequate drainage, inadequate ventilation, holes in the walls or roof, and inadequate weatherproofing, all or which are code violations, typical of slum housing. Such damp environments, particularly those created by leaking pipes, attract vermin and cockroaches.¹⁹ Dust mites, filth, and other triggers proliferate in the old carpets that typically exist in slum buildings.

Children throughout Los Angeles may face multiple asthma triggers, including general air pollution. However, children who live in slum housing experience all of the aforementioned triggers as well. The cumulative effect of these agents contributes to the epidemic proportions of asthma in Los Angeles and its concentration among poor children of color.

In addition to asthma, mold may create conditions that lead to other health risks including: chronic bronchitis, chronic pneumonia, eye problems, conjunctivitis, allergic rhinitis, chronic sinusitis, colds and chronic ear infections.²⁰

2.2.2.1. Asthma Treatment Costs

Besides the human suffering of living with asthma on a daily basis, the most costly aspect cost of asthma is emergency room visits. Most people with asthma or asthma-like symptoms do not need to use emergency room services, but approximately 25% of children with asthma will visit the emergency room and 66% of those children visiting the emergency room will have multiple visits.²¹ The cost for controlling asthma symptoms in a primary care or community clinic setting is approximately \$450 per visit, as opposed to an average of \$5,000 when multiple emergency room visits occur.²² The average hospitalizations for asthma in California cost \$13,000 and close to one-third of these stays are paid through Medi-Cal.²³ Twelve thousand individuals are hospitalized for asthma each year in Los Angeles and children account for 5,000 of these hospitalizations.²⁴

The following graphs illustrate how lead poisoning and asthma are concentrated in the Downtown LA and South LA areas. (see Figures 3 and 4)

2.2.3. Esperanza Case Study: Health & Housing Survey and Environmental Sampling

From January 2006 to March 2007, Esperanza health promoters visited 254 homes to survey Figueroa Corridor residents and their housing conditions. From these surveys, 63% of households reported cockroach infestations and 24% reported mice or rats. These two figures should be considered conservative. Due to the shame associated with stereotypes that such conditions are the result of bad housekeeping, often tenants will not respond that they have roaches or rodents in their homes. Health promoters report that some tenants will respond “no cockroaches” on the survey even when cockroaches crawling on the ceiling and walls are clearly visible during the survey process.



Skin rashes from fleas and cockroaches

Esperanza health promoters also conduct dust-wipe samples, and found that 55% of the dust wipes collected had above standard lead levels. In addition, twenty-three percent of the residents were found to have asthma, and 44% of the residents reported having mold in the home. Of the 254 households surveyed, 24% of the residents were children under six years of age, the age of greatest vulnerability to lead hazards and other conditions of slum housing that are deleterious to childhood development and health.

2.2.4. LA CAN Regent Hotel Case Study²⁵

The Regent Hotel is a slum building comprised of 200 units. The building is currently being rehabilitated as a requirement of the City's Rent Escrow Account Program. LA CAN has worked closely with the tenants, collected evidence for slum housing and illegal business practices cases, and surveyed health conditions of the residents. The Regent Hotel provides a window into the association between multiple health and slum housing conditions in a single building, as well as the oppressive tactics that slumlords employ, such as illegal evictions, that produce a constant atmosphere of stress.

The most common habitability complaints in this building are:

- o Rat and cockroach infestation
- o Mold/mildew
- o Missing screens and windows
- o Peeling and chipping paint
- o Non-working elevators
- o Inadequate heat and hot water
- o On going construction work with few protections for tenants from the hazards of disturbed lead paint or construction debris.

LA CAN worked closely with 42 tenants and their children. In addition, LA CAN obtained written documentation and/or photos of health conditions of these tenants. Reported and documented health conditions include:

- o Asthma
- o Mental illness, including depression
- o Rashes and bites
- o Rat bites, including major infections due to bites
- o Staph infection
- o Respiratory problems
- o Colds and coughs
- o Throat and ear infections
- o Eye irritations and infections



Collapsing ceiling from mold and water damage

Twenty-four tenants had additional complaints related to illegal lockouts from their units and illegal evictions, causing significant stress to tenants who subsequently face homelessness with sometimes less than an hour's notice. The large majority of the illegal lockouts were overturned through the intervention of the City's Housing Department or the Los Angeles Police Department, although this did not immediately occur and required the additional involvement of organizers and lawyers. At least five tenants permanently lost their housing through these illegal practices.

What is more difficult to measure is the stress that a constant threat of eviction and lockout places on the entire tenant population of the Regent Hotel, along with the stress produced by untenable housing conditions.

2.2.5. Downtown Building Case Study: Stress and Depression

In 2005 to 2006, Dr. Gary Richwald interviewed 59 families involved in an uninhabitable conditions legal case in the Downtown Building²⁶ that included cockroach infestation, rodent infestation, raw

Smith Hotel Case Study: Tale of Two Tenants

Joe Miller,²⁸ an African-American paraplegic man, lived in the Smith Hotel for eight years. During the course of his residency, he lost his left leg from an infection which he attributes to the unhealthy conditions of his building.

During the last three years of residency, his private bathroom was out of order despite his continued complaints and requests for repairs. In addition, the shared bathroom down the hall had a raised entryway, preventing wheelchair access, so that in order to “use the bathroom,” Mr. Miller either needed to crawl into the bathroom or use diapers and then clean himself afterwards. Without running water, Mr. Miller would wake up in the middle of the night to find cockroaches crawling and nibbling on his legs and groin area.

The elevator in the Smith Hotel was frequently out of order or intentionally shut-down by the building’s thug-style managers in retaliation for housing complaints. As a result Mr. Miller was literally trapped in his room for days at a time.

The Smith Hotel had every other slum housing condition that could possibly exacerbate an infection -- leaking pipes, mold, mildew, roaches, and vermin, not to mention chipping and peeling paint containing lead dust.

Mr. Miller’s neighbor, Maria Gonzalez and her two sons lived in the Smith Hotel for two years without heat or hot water. Twice, a broken sink on the floor above leaked raw sewage for several days, ruining their belongings.

“I would have to leave the apartment to eat somewhere else because of the stench,” said Gonzalez, a downtown garment worker. “And I had to sleep somewhere else because the carpeting stank.”

Her sons suffer from asthma, and all three of them had fungus growing on their feet and on their scalps.

With the help of SAJE, Esperanza, St. John’s and LACAN, along with City, private, and non-profit attorneys, the owners were convicted of 21 criminal counts and tenants who had not been illegally evicted, like Ms. Gonzalez and Mr. Miller, won monetary damages.

Ms. Gonzalez was able to use her settlement to start her own seamstress business and move into a better and safer apartment with her sons. For Mr. Miller, the cost of slum housing was the loss of his leg, the loss of his dignity, and, despite recovering for damages in the lawsuit settlement, ultimately, the loss of his home. He is currently homeless.

The owner of the building, while convicted as a criminal slumlord, never fixed Mr. Miller’s bathroom nor repaired the building and is still trying to earn millions of dollars by selling the property.

sewage flood and overflow, plumbing defects, mold, deteriorating walls and collapsed ceilings. While rashes, bites and respiratory illness were common, mental health problems were also very common. Of the 110 adults interviewed, 88% revealed signs of depression and 62% revealed sleep problems. Of the 115 children interviewed, 53% revealed signs of depression and 16% revealed sleep problems.

The tenant population of the 59 units in the Downtown Building consisted of 41 nuclear families, 7 single parent households and 11 other arrangements of either various family members or single households. Only 14 of the households were diagnosed as having any psychological issues not attributed to living conditions. Of the 42 families who moved out of the building, 31 families reported better health and only 2 families reported no impact to their health conditions.

2.2.6. Staph and Other Skin Infections

According to the L.A. Department of Public Health, staph infections (skin infections caused by the staphylococcus aureus bacteria) that are increasingly resistant to antibiotics are on the rise in Los Angeles. In the mid-1990s, the “community” strain of resistant staph infection (called “MRSA”) began to appear in nurseries, correctional facilities, homeless shelters, and military bases. According to Dr. Gregory Moran, clinical professor of medicine in the department of emergency medicine and the Division of Infectious Diseases at Olive View-UCLA Medical Center,²⁷ staph infections are no longer limited to people in specific risk groups -- potentially everyone in the community is at

FIGURE 5: Housing Code Violations in the City of Los Angeles

| Housing Feature | Number/Frequency | Number in Slum Conditions |
|---|---------------------------------------|--|
| Total Rent Control Units in Los Angeles | 95,000 Buildings, 599,044 units | LAHD considers 1% of all rent controlled units as slum – 5,990 units |
| SCEP Inspections | 15,094/year | 85% comply after first inspection; 99% comply to code before going to City Attorney, 1% go to REAP |
| SCEP Code Violations | 90% of buildings have code violations | 1-1.5% will be the basis of cases going to City Attorney |
| Code Complaints from Tenants | 13,698/year | 6% become code violations, .5% of total will be the basis of cases going to the City Attorney |
| Rent Control Violation Complaints from Tenants | 8,000/year | 1% go to City Attorney's office |
| Units in REAP | 1483 Buildings, 5833 Units | All are considered Slum, units will remain in REAP anywhere from 2 months to years |

risk. While the origins of staph infection are the continuing subject of public health research, there are basic facts about its propagation that are relevant to slum housing.

Staph infections are passed from skin to skin, but once a person has been exposed, good hygiene is crucial. According to Dr. Elizabeth Bancroft of the Los Angeles County Public Health Department, shared bathrooms and lack of hot water, typical in slum housing, often create barriers to necessary hygiene and accelerate the spread of existing staph infections.

Staph infections are common complaints among slum housing tenants, and due to their highly contagious nature, cannot be confined to a building or unit.

3. The Scale and Scope of the Slum Housing Problem: Los Angeles Housing Department Data

According to the calculations below, there are between 5,833 and 11,980 slum housing units in the City of Los Angeles affecting approximately 40,000 people. Figure 5 provides a snapshot of slum housing figures based on data from the City of Los Angeles Housing Department, which maintains the Systematic Code Enforcement Program (SCEP) is charged with inspecting all rent stabilized²⁹ buildings in Los Angeles every three years, in addition to responding to code violation complaints on a demand-responsive basis.

The Housing Department also manages the Rent Escrow Account Program (REAP) which is a special process by which extreme slum housing cases are managed by the City, and rent is reduced until the buildings have met compliance. REAP cases typically involve some form of tenant organization and are often the source of cases which are sent to the Interagency Housing Task Force, which is comprised of representatives from the Los Angeles Housing Department (LAHD), Los Angeles Fire Department (LAFD), Los Angeles County Health Department and the City Attorney's Housing Enforcement Section. Task Force cases are a kind of "academy awards" of slum housing -- only the worst cases are referred here, and as a result, are the source of prosecutorial activity by the City Attorney's office.

In addition, LAHD collects data on violations of the city's rent stabilization (rent control) ordinance. These violations include items that contribute to public health issues as indicated in the Figure 1 etiology chart, which though difficult to measure, are relevant. Typical violations, which compose of 80% of all rent control violations, are illegal evictions and illegal rent increases, both of which can lead to stressful situations for tenants.

Los Angeles Housing Department data provides a conservative picture of the scale of the slum housing problem in the City of Los Angeles, which is approximately 6,000 units at any given time, impacting approximately 18,000 people.³⁰ However, based on the experience of health promoters and tenant organizers, who have face to face contact with thousands of slum housing tenants on an annual basis, the total number is probably closer to 2% of all RSO units, which is close to 12,000 units and population of approximately 48,000 people, a population larger than Culver City.

Thus, although slumlords are a small criminal minority in the universe of landlords, they nevertheless impact the health of large numbers of low-income people. In some cases, -- lead poisoning, exacerbated asthma and other respiratory conditions, for example -- these impacts are limited to slum housing residents. But rats, hantavirus, staph infections, and other infectious diseases do not respect the boundaries of an apartment building and increasingly pose public health threats to the entire City.

4. The Cost of Slum Housing

Based on the above research, the health impacts of slum housing are undeniable and on the rise. In addition to these human costs, slum housing also has enormous economic impacts, few of which are paid by slumlords.

Los Angeles slum housing tenants and children are low-income people who are among the least likely to have private health insurance.³¹ Los Angeles, in particular, is the epicenter of the health insurance problem in the State.³² As a result, taxpayers pay the bulk of the health care costs associated with slum housing.³³

Locally, St. Johns Well Child and Family Center acts as the medical home for many of the slum housing residents in our area. Ninety percent of adults at St. John's are without health insurance, and those with insurance have Medi-CAL. When applicable, St John's signs children with Medi-CAL, Healthy Families or Healthy Kids programs, all public programs.

In addition to health care costs, when children miss school due to illness, it costs the public approximately \$25 per day in lost funding. Similarly, when parents miss work due to their children's illness, it costs them an average of \$75 per day in missed wages.³⁴ Nationally, asthma alone is the leading cause of school absences -- over 200,000 hospitalizations annually and over 10.1 million school days lost annually.³⁵ California is leading the way, with total costs in the hundreds of millions of dollars per year in lost funding based on attendance.³⁶

Of course, only some of these asthma health costs and costs accrued by community clinics are attributable to slum housing. The regression analysis that would be required to determine how much slum housing contributes to this total costs requires more data and is beyond the scope of this report.

For the purposes of this report, our calculations are based on conservative estimates derived from actual case studies -- the Smith Hotel and the Downtown Building. Our calculations do not include health care expenditures, missed school days or missed days of work from parents.

| Range of Slum Housing Units in Los Angeles | City REAP Properties, 1483 Buildings, 5933 Units | 2% of RSO units, 1990 Buildings, 11,980 Units |
|---|---|--|
| Public Process to Prosecute Slumlords | \$344,386,709 | \$462,123,770 |
| Private Property Damage and Material Costs – 1 year | \$8,090,820 | \$16,616,260 |
| Private Property Damage and Material Costs – 10 years | \$80,908,200 | \$166,162,600 |
| Health Care Costs to Remediate Specific Slum Housing-Induced Health Problems | \$238,359,712 | \$489,550,720 |
| Total – if all three are deployed (10 years) | \$663,654,621 | \$1,117,837,090 |

FIGURE 6: People of Los Angeles v. Slumlords: Estimated Costs over a Ten-Year Period³⁷

4.1 Calculating the Costs of Slum Housing

Although there are many problems that make precise calculations of the cost of slum housing difficult, the methods used in this study begin to build a picture of the economic burden that slum housing imposes on the public. Before we proceed, it is important to outline the complexity of establishing these costs.

First, there are multiple definitions of slum housing. LAHD, for example, defines slum housing as properties in the Rent Escrow Account Program, which comprise approximately 1% of all rent controlled units. However, due to the fact that professional slumlords frequently manage to skirt the system, we believe that a conservative estimate of Los Angeles slum housing is anywhere from 1-2% of all rent controlled units. For the purposes of this report, we will use the slum unit count as a range from 5,933 to 11,980 units.

Secondly, there are methodological problems with placing an exact cost to the effects of slum housing. Some costs, like the public costs of repeated inspections, are precise, while costs, such as environmental nuisances or emotional trauma, are imprecise, and thus calculation methods are open to debate.

Finally, there are many barriers to the precise calculation of health costs. Many tenants, due to either lack of knowledge or fear of state reprisal over immigration status, never use the health care system, or resort to home remedies. Others never report their health ailments and others have just normalized their unhealthy living conditions. For this report, we do not calculate the costs based on tenants' doctor bills or hospital bills. We calculate health costs as the amount it would cost to remediate slum housing induced health conditions.



Rat hole inside apartment

4.2 Three Models for Determining the Cost Of Slum Housing

The following three cost models use data from the plaintiff side of the Smith Hotel criminal case, and health assessments from the Downtown Building civil case. This information parcels out these costs into three areas (See Figure 6):

1. The public costs of prosecuting slumlords in order to force housing repairs.
2. Personal property damages experienced by tenants.
3. Health care costs to remediate specific slum housing-induced health problems.

4.2.1 Public Process – Smith Hotel Case Study

In May 2004, LAHD conducted an inspection at the 111-unit Smith Hotel and afterwards, tenants approached SAJE. At the time, 100 families and 300 people lived in the residential hotel. By July 2004, management illegally evicted the majority of tenants and the building was 75% empty. For the next two years, tenants, community-based organizations, and the City fought the owners of the Smith Hotel, leading to a criminal trial. The Smith Hotel represents a case study of what a “professional” slumlord will do when confronted with a looming criminal trial -- which is to fight the trial and continue the same illegal business practices.

Owners like those of the Smith Hotel are only taken to court when there is a coordinated effort by tenants, community-based organizations, the City and County. A total of 226 people, including 149 people employed by public or non-profit agencies were involved in bringing the owners to trial (See Appendix A, Table 2). Table 1 (See Appendix A) illustrates the costs of the Smith Hotel criminal case for community, city and county costs, totaling \$232,223.

Using the Smith Hotel case study to ascertain the typical expenses entailed in prosecuting a slumlord, we can calculate the total costs it would take to use the public process to bring all of the City's slumlords to trial. Even though the Smith Hotel is a significantly larger building than most slum buildings, size of the building does not matter in the time and resources required to bring a criminal case against a landlord. By using the slum definition of REAP buildings in Los Angeles, and by using the Smith case as the public costs to bring slum buildings to code, using the public process would cost \$334,386,709. Using the higher range of 2% of all RSO buildings, the total goes up to \$462,123,770.

4.2.2 Property Damage and Material Costs

Tenants in slum housing do not just have additional health costs but also lose personal property from such slum-induced events and conditions. In slum housing situations, ceilings collapse, raw sewage floods units, and property is destroyed on a one time basis. In addition, daily occurrences such as cockroach infestations contaminate food, both in and out of the refrigerator. Cockroaches harbor in warm appliances and ruins televisions, DVD players, computers, toaster ovens and other electronics. Slum housing tenants have material costs including but not limited to roach traps, mouse traps, and other vermin control devices.

Based on the evidence from 24 units and 78 total years of residency (averaging 3.25 years per unit), Smith Hotel residents lost \$4,508 per unit.



Based on the above calculations, Los Angeles slum housing tenants experience between \$8,090,820 to \$16,616,260 a year in property loss.

4.2.3 Slum Health Costs – Near Downtown LA Case Study³⁸

The Downtown Building Case Study is based on an 80+ unit building in neighborhood adjacent to Downtown Los Angeles. In 2003, tenants aided by a non-profit law firm sued the owner to improve the conditions in the building, demanding compensation for enduring years of substandard and dangerous conditions. This cross-sectional study, the largest of its kind to date, examines the health and environmental problems experienced by residents of a building subject to over a decade

of complaints to City and County agencies. These complaints increased markedly in recent years when the building was sold to a new owner. Residents from the Downtown Building lived with cockroaches and rodent infestation, serious sewage problems that flooded multiple apartment units, poor plumbing, deteriorating walls due to mold, and collapsing ceilings.

Health care costs associated with slum housing have both direct and indirect medical costs. Direct costs are composed of health system costs (e.g. office visits, diagnostic tests, ER visits, hospitalization, health education) and pharmaceutical costs. These costs are measured with respect to the proportion attributable to slum housing, illness severity, service mix and utilization rates, and cost of services and drugs, among other factors. Indirect medical costs include productivity losses (adults), reduced educational achievements (children and young adults), loss of income, and reduction of quality of life. Indirect costs often present difficulties in quantification, but none the less represent significant costs to individuals or family members/friends who serve as caretakers or care receivers.

Data from the Downtown Building demonstrates that most health costs are attributable to slum housing rather than other sources. For example, the rates of reported cigarettes, alcohol and illicit drug use were very low and sources of non-slum-housing related stress were infrequently reported.

Table 4 (See Appendix B) presents data on direct medical costs associated with slum housing. Cost estimates were developed with the assistance of a health economist. For simplicity, adult and child direct medical costs were considered the same for similar conditions. Costs of treating chronic problems are projected over a ten year period, even though some conditions could generate costs over a lifetime. Acute problems (e.g. slip and fall injuries) are estimated for single occurrences and do not reflect the likelihood of additional acute events in the future. Medical costs are not adjusted for inflation. Since precise indirect medical costs are difficult to estimate, they are not included. As a result, the final total direct medical costs are a very conservative estimate of the total medical costs associated with slum housing.

Projecting this unit cost across the City, in order to pay for the health care costs to remediate specific slum housing induced health problems, Los Angeles slumlords are costing tenants and the public between \$238 million and \$490 million.³⁹

Total Costs

Based on the above research and calculations, we estimate that slumlords impose on Los Angeles tenants, public agencies, and community advocates, approximately **\$1.1 billion**.

5. Understanding Slumlords

5.1. Defining “Slumlord”

Before we proceed, it is important to provide a clear understanding of what our doctors, health promoters, researchers, and organizers mean when they use the term “slumlord.” This is a precise term that is not used loosely or lightly.

The term “slumlord” refers to a minority criminal class of property owner, conservatively estimated by the City’s Housing Department as perhaps 1% of the total landlord population in Los Angeles. These slumlords consistently, repeatedly, and intentionally violate housing and health laws in order to maximize profit. The slumlord’s business model requires non-compliance with housing laws and always exploits the economic position of low-income families who have limited or no choices in today’s housing market.

However, although the criminal slumlords only constitute 1-2% of the entire landlord population, they nevertheless can have a major impact. For example, one slumlord owns over 200 properties in Los Angeles which house over 1,700 families and 8,000 people.⁴⁰

5.2. Slum Housing And The Current Historical Moment In Los Angeles

As you may imagine, as with most forms of crime, there have been slumlords in Los Angeles as long as there has been a city. And, as long as these criminal practices are profitable and permissible, there will always be slumlords.

However, the current crisis stems from the following unprecedented economic conditions, which are increasing opportunities for slumlords at the same time that they are decreasing opportunities for low-income tenants – thus escalating the threat to public health:

- o **Skyrocketing real estate values:** While property values and rents have increased 100% over the past 12 years in Los Angeles⁴¹ as whole, in the Figueroa Corridor, where slum housing is ubiquitous, land values have increased 200%-250% over the past four years.⁴² This creates a tight housing market where low-income renters are simply trapped. With few housing choices, working-class people increasingly provide a “sheltered market” for slumlords.⁴³ These conditions also mean that slum housing business practices are more profitable than they ever have been before. For example, the owner of the infamous Smith Hotel purchased the foreclosed property in 1997 for about one million dollars, with a \$750,000 loan. Over the years, they let slum conditions get worse, until the building was placed in the City’s slum housing task force. Over the next two years, the owners used the building to borrow over six million dollars in equity loans. By the time the City Attorney had filed criminal charges against the owners, the building was on the market for eight million dollars.

[illegible]

FIGURE 8: Hoarders: Mr. Jones Business Structure

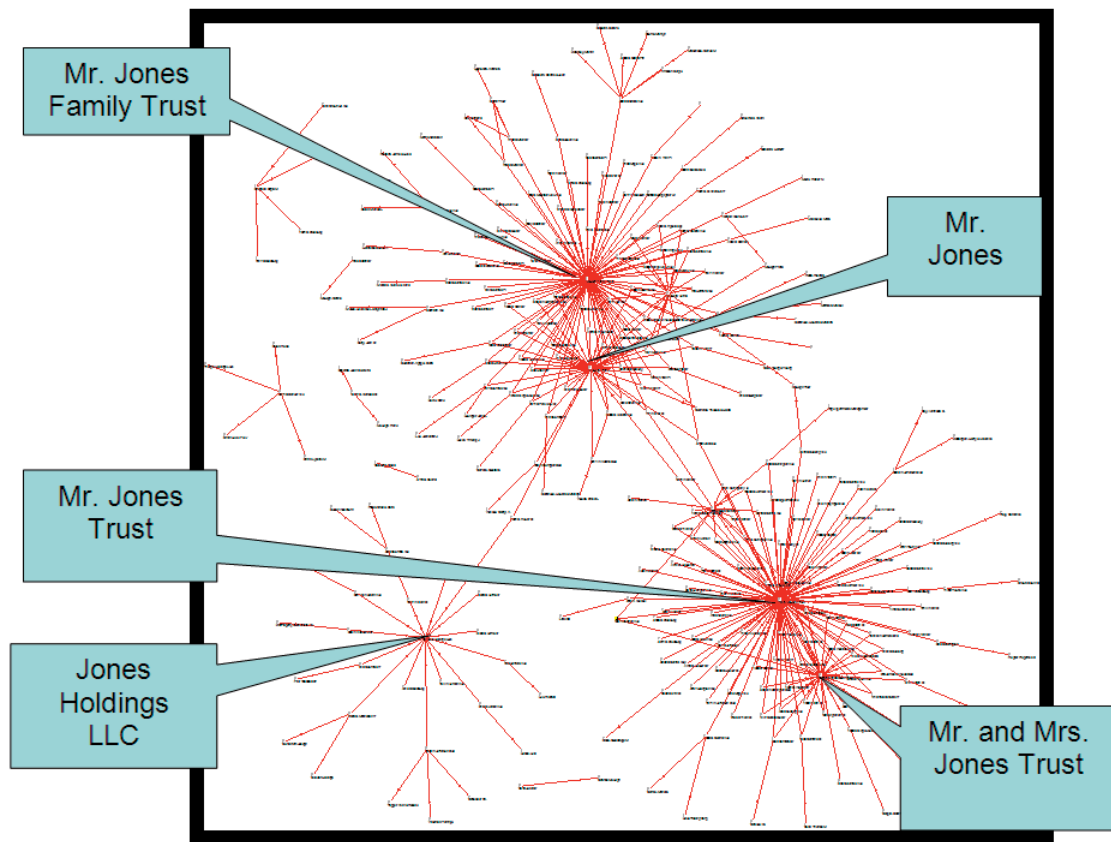


FIGURE 9: Inspection Report for Mr. Jones Pico Union Building:

| | |
|----------|---------------------------------------|
| 07-16-03 | Inspection – 50 violations |
| 09-11-03 | Inspection – Manager a no-show |
| 09-17-03 | Inspection – 90 violations |
| 11-18-03 | Inspection – Manager a no-show |
| 11-26-03 | Inspection – 55 violations |
| 01-23-04 | Inspection – No information available |
| 01-27-04 | Inspection – No information available |
| 02-23-04 | Inspection – No information available |
| 04-09-04 | Inspection – No information available |
| 06-11-04 | Inspection – Case Closed |

- o **Increased slum conditions:** This unique real estate market has produced conditions that make slum housing conditions even worse. Slumlords provide even less repairs on buildings that they intend to sell to the highest bidder. And, as a criminal class, they have no scruples about using unhealthy conditions and other forms of harassment to get low-income tenants to leave so that buildings might be “delivered vacant” to new owners. The Bristol Hotel, a residential hotel located in Downtown Los Angeles, provides a prime example. In this case the hotel was purchased by a restaurant owner who wanted to convert the building to an upscale boutique hotel. When LA CAN organizers investigated how the building became completely vacant overnight, they found that management had given most tenants verbal notice and only a few days, or even hours, to vacate. Tenants were intimidated by the conduct of the owners and employees of the Bristol Hotel, one of whom wore a gun on his hip at all times, and was often both physically and verbally confrontational. Some tenants were able to find rooms in other residential hotels, others were forced to sleep on the streets or enter shelters. None of the tenants were given a legal reason for eviction, and none were given the due process required by law. No tenants received relocation money. Subsequent investigation showed that these illegal tactics were necessary because the escrow instructions specifically required that when the building was turned over to the new owner it be “delivered vacant.”

5.3. Understanding Slumlord Business Models

It is useful to have some familiarity with the business practices of slumlords. For the purposes of this paper, we have summarized the experience of the lawyers and organizers who confront them every day into three simple categories: Flippers, Hoarders, and Incompetents.

5.3.1. Flippers

Flippers are in the business of buying buildings, milking them for their equity, and then selling them at a profit. They are often careful to protect their holdings by setting up a separate limited liability company (LLC) for each building. There is nothing in these practices that is illegal. What is illegal, however, is the fact that these owners collect rents at the same time that they maintain their building in deplorable conditions, ignoring building and safety and public health laws and citations. The fact that these owners use multiple, often scores, of business names and sell their buildings frequently, makes it difficult for public agencies to see patterns, or even recognize that they are dealing with the same people.

The Smith case is a strong example. **Figure 6** shows the owners’ large holdings and web of limited liability companies. Outlined in red are all of the times that the owners had been placed in the city’s slum housing task force, unbeknownst to city officials that they were repeatedly reacting to the same owners. These owners and other “flippers” would often sell the building before the issues were resolved. Everyone involved, including City officials, tenant organizers, attorneys and tenant leaders, learned a lot from this example and has since adjusted all of our strategies.

5.3.2. Hoarders

A smaller group of slumlords do their business the old-fashioned way. They acquire a building, collect rents, defer maintenance and use the rents instead to make down- payments on additional buildings. They do not necessarily have a complex ownership structure. **Figure 7** illustrates how, unlike their flipper counterpart, a hoarder owns a number of properties under a small handful of ownership entities. Their skill lies in evading the highest level of public scrutiny with superficial repairs and appearing to cooperate with city officials, by hiring tenants to do some work, and managing relationships in this manner.

Figure 8 shows a typical inspection record for a typical “hoarder” who has managed to wait out repeated inspections by simply not being present. A real and present danger is that given the current inflated market, these owners will begin to start “flipping” their buildings, earning exorbitant and undeserved profits, and displacing literally thousands of tenants without ever making a reasonable repair.

5.3.3 Incompetents

There are people who simply should not be in the real estate business. They may have bought a building as an investment or inherited property, and then simply cannot do a professional job and refuse to hire professional managers. These property owners are frequently cited by the City and in general, eventually, comply. There are those, however, who simply refuse, and these are included in the slumlord class. Because they are not clever business people like the “flippers” and “hoarders,” they are the most likely to be brought to justice by the system.

For example, Mrs. Mendoza inherited a building from her husband who passed away and had previously conducted all the management and maintenance on the building. Mrs. Mendoza did not keep the building up to code, and when tenants began complaining she responded with harassment – refusal to make repairs, verbal and physical abuse -- and illegal evictions. When cited by the City, she refused to comply, and the City as well as the tenants took her to court. The building is currently being rehabilitated.

6. Strategies for Change: New Alignment, Policy, and Practice

6.1. Solutions Are Available And Achievable In The Near Term

Today’s slum housing problems are the result of a collision course between a hot real estate market and a thriving criminal class of property owner. The result, however, is a public health crisis that cannot be ignored because it will ultimately impact everyone in the City. Unlike other environmental health issues such as polluted air and water, the AIDS crisis, or global warming, the solutions to slum housing are attainable locally and in the near term. Although seeds of these solutions are already underway within several public agencies and community organizations, these are still disparate, lack coordination, and have divergent priorities.

With these facts in mind, our call for new alignment, policy and practice includes:

1. Improve health and housing.

- a. There are thousands of people who live in Los Angeles who now have chronic diseases that were caused by slum housing and which are sustained by slum housing. L.A.'s children and families must be brought back to health through effective and coordinated health interventions by medical professionals, community-based organizations, and slum enforcement agencies.
- b. Slum housing conditions must be corrected with the same urgency that health symptoms should be treated.

2. Prevent displacement.

- a. It is absolutely imperative that Los Angeles improves housing and health conditions without displacing the people who have been suffering for all these years. There is no benefit to be gained if buildings are repaired, only to result in people's lives and communities being destabilized.

3. Fix the broken system.

The only way to correct the public health crisis created by our current slum housing problem is to change the behavior of slumlords, which is completely controlled by a business model that maximizes profits at the expense of human health and human rights. To accomplish this, we must engage in:

- a. **Protecting and increasing the affordable housing stock** in Los Angeles. At the risk of stating the obvious, if there were an adequate supply of affordable housing for all in Los Angeles, low income people would no longer provide a sheltered market for criminal slumlords.
- b. **Reimburse medical providers for environmental health services and treatment.**
- c. **Unprecedented enforcement** of health and housing laws and unprecedented levels of penalties for non-compliance, particularly in the case of criminal, repeat violators. It is essential that these property owners – the unrepentant, worst of the worst – finally pay the costs of the damage they inflict on our City. These penalties, in turn, can help pay for the stepped up enforcement program.

- d. **Increased health testing by enforcing and ensuring** compliance with California State regulations requiring that all children ages one and two are assessed for risk of lead poisoning, and given a blood lead test when risk is identified. Ensure that medical professionals inform families about environmental risks to their children's health.
- e. **Unprecedented alignment** of government health and housing agencies and community-based organizations. This has been improving over the years, beginning with collaboration at the grassroots level, such as the *Better Neighborhoods, Same Neighbors* collaborative, and increased collaboration with public officials. In light of the current crisis, this process of alignment must be accelerated across public and non-profit, health and housing, organizing and legal sectors, in order to have a meaningful impact on the problem.
- f. **A vigilant criminal justice strategy that attacks the criminals, not the victims.** With so many people's health at stake, we must abandon specious arguments that "tenants cause slum housing," and that organizers and health promoters who are invited to people's homes are "trespassers." We need to look at the health evidence, the business practices, and the resulting slum conditions and dismiss the tired argument that slumlords who own scores of buildings which have been strip-mined of their equity cannot afford to make repairs. Los Angeles can no longer afford to house its current booming slumlord industry.

Within these areas there are clear roles for the different players, which, if aligned, can make a world of difference. Here are some examples.

County Department of Public Health and Department of Public Health Services can adopt and promote the use of medical evidence forms and collect data on obvious housing induced health problems. If this data were collected, analyzed and made available to the public, the issues framed in this paper will have that much more resonance.

City Attorneys could then access legitimate findings from the County's on-going collection of medical evidence to help build their cases, and make the necessary links for housing induced health problems. Health promoters and tenant organizers would also be able to benefit from the County's collaborative work and associate their knowledge with the knowledge of health experts at a higher level.

Community organizations can adopt the *Better Neighborhoods, Same Neighbors* approach by reaching out across sector barriers to form partnerships between health, housing, and community organizations who share the same client base. The model works, but it cannot solve the problem without scale – that requires a level of replication and supportive public policy that turns our protocols into norms rather than exceptions.

Doctors can become healthy homes advocates who educate their patients about slum housing induced illnesses and conditions. A letter from a doctor accompanying a housing complaint is one strategy that St. John's Dr. Weekes has employed (see Appendix C). And all doctors can adopt the Better Neighborhoods zero-tolerance for lead in children's blood.

Tenants can get to know their local tenants rights organizations – we can provide a list. They need to remember that almost all slumlords have attorneys, while almost all low-income tenants do not. The playing field is not equal by any stretch of the imagination. However, all of L.A.'s tenant organizations work with attorneys, and some, like ours, work with environmental health experts. Becoming connected to a community-based organization is the first step towards a healthier community.

It is time to reverse the trend. Slumlords, rather than low-income children, need to start paying for the cost of the problem. With shared alignment and renewed commitment, it is currently within our collective means and capacity to eliminate the slum housing threat to public health in Los Angeles and improve the lives and futures of thousands of families and children.

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Endnotes:

¹ Susan Babey, Ying-Ying Meng, E. Richard Brown, Theresa Hastert, “Nearly Six Million Californians Suffer from Asthma Symptoms or Asthma-like Breathing Problems,” (Los Angeles: UCLA Center for Health Policy Research, October 2006), 5.

² There is a current rash of hantavirus in Los Angeles, possibly due to the increase in slum housing conditions.

³ “Viruses from rats are not easy to diagnose. Doctors must send samples to the CDC and the State. By then the patient may be quite ill -- on a respirator.” Interview with Dr. Linda Weekes.

⁴ Lead Safe 2010: Strategic Plan to End Childhood Lead Poisoning in Los Angeles County: <http://lapublichealth.org/lead/projects/CDCelimination>, 6.

⁵ Jacobs, David E. et al., “The Prevalence of Lead-Based Paint Hazards in U.S. Housing,” *Environmental Health Perspectives*, October 2002, 110:10: A599-606.

⁶ Standards of care for screening can be found at www.dhs.ca.gov/childlead.

⁷ American Academy of Pediatrics, “Policy Statement: Lead Exposure in Children: Prevention, Detection, and Management,” *Pediatrics*, October 2005, 116:4:1036-1045.

⁸ Richard Canfield, et al, “Intellectual Impairment in Children with Blood Lead Concentrations Below 10 µg per Deciliter,” *The New England Journal of Medicine*, V. 348:16, April 17, 2003, 1517-1526

⁹ “Lead Safe 2010: Strategic Plan to End Childhood Lead Poisoning in Los Angeles County: http://lapublichealth.org/lead/projects/CDCelimination_intro.pdf pp. 6, 9.

¹⁰ The American Medical Association advocates about 30 chelation therapy treatments to rid the body of lead poisoning. A single treatment lasts between two and three hours. Chelation therapy consists of administering, intravenously, ethylenediamine tetra acetic acid (EDTA), a synthetic amino acid. It is most often used in cases of “heavy metal” poisoning, such as lead or mercury. EDTA binds to heavy metals in the blood stream so that they can be excreted in urine. Chelation therapy is an extremely dangerous procedure. It can cause kidney failure (renal tubular necrosis), bone marrow depression (from binding to calcium in the process), shock, low blood pressure, convulsions, cardiac arrhythmias (disturbances of regular heart rhythm), allergic type reactions, and respiratory arrest.

¹¹ Los Angeles County Department of Public Health, found at <http://lapublichealth.org/lead/reports/leaddata.htm>

¹² Jim Mangia, St. John’s Well Child and Family Center, 2004.

¹³ Landrigan, P.J., Schechter, C.B., Lipton, J.M., Fahs, M.C., Schwartz, J., “Environmental Pollutants and Disease in American Children: Estimates of Morbidity, Mortality, and Costs for Lead Poisoning, Asthma, Cancer and Developmental Disabilities,” *Environmental Health Perspectives* 2002; 110:721-728.

¹⁴ Fact sheet developed by California Children’s Asthma Management Program (AMP), 03-04

¹⁵ Susan Babey, Ying-Ying Meng, E. Richard Brown, Theresa Hastert, “Nearly Six Million Californians Suffer from Asthma Symptoms or Asthma-like Breathing Problems,” (Los Angeles: UCLA Center for Health Policy Research, October 2006), 5.

¹⁶ Controlling Asthma in Los Angeles County: A Call to Action <http://lapublichealth.org/mch/CHI/Asthma%20Call%20to%20Action%20-%20Final.pdf>

¹⁷ Controlling Asthma in Los Angeles County

¹⁸ CDC “Mold Prevention Strategies and Possible Health Effects in the Aftermath of Hurricanes and Major Floods,” *MMWR* 55(RR08), June 9, 2006.

¹⁹ *Ibid.*

²⁰ *Ibid.*

²¹ Controlling Asthma in Los Angeles County, 6.

²² Controlling Asthma in Los Angeles County, 6.

²³ http://www.ehib.org/papers/Hosp_Cht_Book_2003.pdf, 12

²⁴ Controlling Asthma in Los Angeles County, 6.

²⁵ Due to ongoing litigation, this is the fictitious name of an actual slum hotel.

²⁶ Near Downtown LA building is a pseudonym.

²⁷ Christine Pelisek, “The Scourge of Skid Row,” *L.A. Weekly*, October 18, 2006.

²⁸ Joe Miller is a pseudonym used to protect the privacy of the actual tenant.

²⁹ All buildings in Los Angeles constructed before 1978 are subject to the rent stabilization ordinance, which, in addition to limiting rent increases to a specific standard once a year, provides basic protections to tenants including “just cause eviction.” Landlords who own these buildings must register with the city and pay an annual fee, which is partly passed on to the tenants. These fees pay for the SCEP inspection program.

³⁰ Los Angeles averages 2.89 residents per unit, 2000 U.S. Census, found at <http://www.census.gov/main/www/cen2000.html>.

³¹ Most slum housing tenants, who are among the lowest income brackets, do not have health insurance. The lower the income, the more likely Californians will be uninsured. Thirty-two percent of adults in families earning the less than the federal poverty line were uninsured all year, as opposed to 4.6% of adults in families earning three times the federal poverty line. Almost 1.5 million California children are uninsured and the uninsured rates are highest in Los Angeles County. Carolyn A. Mendez, Steven P. Wallace, Hongjian Yu, Ying-Ying Meng, Jenny Chia, E. Richard Brown, “California’s New Assembly and Senate Districts: Geographic Disparities in health Insurance Coverage,” *UCLA Center for Health Policy Research*, May 2003.

³² “Los Angeles County is ‘ground zero’ in the nation’s uninsurance problem. Nearly 2.2 million residents – one in four non-elderly residents (ages 0-64) – lacked coverage during at least some of the year.” Los Angeles’ uninsured represent 36% of all uninsured in California. Los Angeles’ uninsured population included nearly 1.4 million residents who were uninsured all year round.” “The State of Health Insurance in California: Long-Term and Intermittent Lack of Health Insurance Coverage,” *UCLA Center for Health Policy Research*, pg. 24.

³³ Also, in general, slum housing residents are likely to have higher than average direct medical costs for many reasons including higher proportion of tertiary care (including ER) than primary care services, and lack of access to and use of prevention services.

³⁴ “Smoggy Schools, Poor Air Quality Costs Californians more than \$521 Million a Year,” Environmental Working Group, <http://www.ewg.org/reports/caschoolsozone/part4.php>.

³⁵ Landrigan, P.J., Schechter, C.B., Lipton, J.M., Fahs, M.C., Schwartz, J., “Environmental Pollutants and Disease in American Children: Estimates of Morbidity, Mortality, and Costs for Lead Poisoning, Asthma, Cancer and Developmental Disabilities,” *Environmental Health Perspectives* 2002;110:723.

³⁶ “Children’s Asthma, A Crisis and a Solution for Medi-Cal,” Community Health Works, a partnership of San Francisco State University and City College of San Francisco, www.communityhealthworks.org.

³⁷ Ten year period is used because health costs are in this section for the Near Downtown LA building are projected based on a ten-year treatment plan.

³⁸ Due to on-going legal proceedings, real name of building is not used.

³⁹ The direct medical costs for 19 conditions listed in Table 4 are \$1,201,000 for adults and \$1,210,000 for children. The total direct amount medical costs are \$2,411,000 projected over a ten-year interval. The average amount for each apartment study is approximately \$41,000.

⁴⁰ Based on our contact with families in the Figueroa Corridor, families tend to have a little more than average of 2.89 residents per unit. For one, most units are occupied by families and two; there are very few single units.

⁴¹ source: *Los Angeles Times*, 4/6/07

⁴² source: Dataquick, 2006

⁴³ One-third of renters in Los Angeles live in overcrowded conditions and 30% of Los Angeles families cannot afford rent on a two bedroom home. (source: Los Angeles Housing Department)

APPENDIX A: Smith Hotel Case Study

TABLE I: How Much Does it Cost the Public? (excluding tenant costs)

| The Smith Hotel | Total Costs |
|--|-------------------|
| | |
| Community Costs | |
| Strategic Actions for a Just Economy | \$33,531 |
| Esperanza Community Housing Corporation | \$5,546 |
| Legal Aid Foundation of Los Angeles | \$115,311 |
| St. John's Well Child and Family Center | \$1,840 |
| <i>Community Cost Total</i> | \$156,228 |
| City Costs | |
| Los Angeles Housing Department | \$10,103 |
| Department of Building & Safety | \$650 |
| Los Angeles City Attorney | \$15,216 |
| Los Angeles Fire Department | \$2,450 |
| Los Angeles Police Department | Could not acquire |
| Los Angeles Community Redevelopment Agency | Could not acquire |
| Los Angeles City Council | Could not acquire |
| <i>City Cost Total</i> | \$28,419 |
| County Costs | |
| Los Angeles County Health Department | \$7,788 |
| Los Angeles Superior Court | \$32,000 |
| County Lead Poisoning Prevention Program | \$5,502 |
| Public Health – Housing Task Force | \$2,286 |
| <i>County Cost Total</i> | \$47,576 |
| TOTAL | \$232,223 |

TABLE 2: The Smith Hotel Case: How Many People it Takes to Fight Slum Housing Conditions in L.A.

| THE SMITH HOTEL CASE | | |
|--|-------------------------------------|--|
| Who spent time/resources? | How many people? (estimates) | Who paid for it? |
| City Agencies: | | Government (Taxpayers) |
| Los Angeles Housing Department | 48 | |
| Los Angeles City Attorney | 7 | |
| Los Angeles Fire Department | 2 | |
| Los Angeles Building and Safety Department | 10 | |
| Los Angeles Police Department | 10 | |
| Los Angeles Community Redevelopment Agency | 5 | |
| Los Angeles City Council | 5 | |
| County Agencies: | | Government (Taxpayers) |
| Los Angeles County Health Department | 20 | |
| Los Angeles Superior Court | 10 | |
| Community Organizations: | | Non Profits |
| Strategic Actions for a Just Economy (SAJE) | 10 | |
| Esperanza Community Housing Corporation | 10 | |
| St. John's Well Child and Family Center | 5 | |
| Legal Aid Foundation of Los Angeles | 4 | |
| Community Members | | |
| The Smith Hotel Tenants | 77 | Tenants in Slum Buildings |
| TOTAL | 226 | Total number of all people involved (including tenants) in the case |
| | 149 | Total number of city, county, and community workers involved in the case |

APPENDIX B: Downtown Building Case Study

TABLE 3: Health Problems From Slum Housing Conditions

| Housing Problem | Resulting Health Problems |
|--|--|
| <p>High exposure to indoor pollutants (allergens) derived from cockroaches, mice, rats, dust mites and mold. Exacerbated by dirty carpets and broken/unclean-able surfaces. Mold is secondary to leaking and broken pipes, inadequately waterproofed and broken windows and poor ventilation leading to high humidity in apartments.</p> | <ul style="list-style-type: none"> • Irritating skin rashes especially due to cockroaches and fleas (from mice/rats) • Fungal infections especially of the feet • Frequent upper respiratory tract infections (colds, sore throats, hay fever, etc.) • Frequent lower respiratory tract symptoms including wheezing, shortness of breath, and asthma • Frequent mucous membrane irritation syndromes including conjunctivitis (eyes), external otitis (ears) and sinusitis (sinus infections) |
| <p>Direct and repeated contact with cockroaches and mice/rats.</p> | <ul style="list-style-type: none"> • Irritating skin rashes • Cockroaches lodged in ears, noses and inadvertently swallowed • Mice and rat bites with and without secondary infections • Gastrointestinal symptoms including abdominal pain, nausea and vomiting, loss of appetite, and eating disorders • Behavior disturbances including inability to sleep and fear of bathroom use |
| <p>Structural defects in stairs, handrails, floors in hallways and apartments, torn carpets and damaged floor coverings, lack of lighting in common areas and apartments, faulty structural wiring and outlets, inadequate security at main building entrance and individual apartment doors.</p> | <ul style="list-style-type: none"> • Lead poisoning • Slip and fall injuries • Other trauma (falls from unguarded windows, etc.) • Electrical shocks • Secondary infections due to skin and soft tissue injuries secondary to trauma |
| <p>Failure by management to provide basic amenities (including hot and cold water, safe maintenance service, building security, etc.). Failure to make repairs at all or in a timely manner, contributing of dangerous conditions with no end in sight. Systematic harassment including threats of eviction, refusal to accept rent, retaliation and intimidation of children.</p> | <ul style="list-style-type: none"> • Stress responses symptoms including chronic headaches and insomnia • Deep seated feelings of fear, helplessness and anger among adults and children • High rates of depression and anxiety • Reduced productivity at work and lower achievement levels in school • Disruptive behavior in classrooms |

TABLE 4: Medical and Psychological Problems Associated with Slum Housing, Downtown Building

| Health Problem | Adults (N=110) | | Children (N=115) | |
|---|-------------------|---------|---------------------|---------|
| | Number | Percent | Number | Percent |
| Exposure to indoor pollutants | | | | |
| Skin Rash | 45 | 40.9% | 78 | 67.8% |
| Fungal Infection | 46 | 41.8% | 17 | 14.8% |
| Frequent Colds | 56 | 50.9% | 85 | 73.9% |
| Bronchitis | 12 | 10.9% | 19 | 16.5% |
| Sinusitis | 8 | 7.3% | 3 | 2.6% |
| Asthma | 5 | 4.5% | 19 | 16.5% |
| Eye Irritation | 24 | 21.8% | 35 | 30.4% |
| Ear Problems | 15 | 13.6% | 38 | 33.0% |
| | | | | |
| Direct/repeated contact with cockroaches and rats/mice/fleas | | | | |
| Skin Bites | 55 | 50.0% | 82 | 71.3% |
| Cockroaches lodged in ear/noses and swallowed | 10 | 9.1% | 8 | 7.0% |
| Sleeplessness | 68 | 61.8% | 18 | 15.7% |
| Chronic Headaches | 66 | 60.0% | 22 | 19.1% |
| Abdominal Pains | 9 | 8.2% | 16 | 13.9% |
| Nausea and Vomiting | 14 | 12.7% | 17 | 14.8% |
| Loss of Appetite | 41 | 37.3% | 60 | 52.2% |
| | | | | |
| Structural Defects | | | | |
| Slip and Fall Injuries | 21 | 19.1% | 19 | 16.5% |
| | | | | |
| Psychological Responses to Slum Housing | | | | |
| Fear | 90 | 81.8% | 65 | 56.5% |
| Anger | 93 | 84.5% | 5 | 4.3% |
| Depression and Anxiety | 97 | 88.2% | 61 | 53.0% |

TABLE 5: Projected Medical Costs Associated with Slum Housing Health Problems, Downtown Building

| Health Problem | 10 year interval costs | Adults (N=110) | | Children (N=115) | |
|---|------------------------|----------------|-----------------|------------------|-------------------|
| | | Number | Total in 1,000s | Number | Total in \$1,000s |
| Exposure to indoor pollutants | | | | | |
| Skin Rash * | * | 45 | n/a | 78 | n/a |
| Fungal Infection | \$2,000 | 46 | \$92 | 17 | \$34 |
| Frequent Colds | \$1,000 | 56 | \$56 | 85 | \$85 |
| Bronchitis | \$3,000 | 12 | \$36 | 19 | \$57 |
| Sinusitis | \$3,000 | 8 | \$24 | 3 | \$9 |
| Asthma | \$10,000 | 5 | \$50 | 19 | \$190 |
| Eye Irritation | \$2,000 | 24 | \$48 | 35 | \$70 |
| Ear Problems | \$2,000 | 15 | \$30 | 38 | \$76 |
| | | | | | |
| Direct/repeated contact with cockroaches and rats/mice/fleas | | | | | |
| Skin Bites * | \$2,000 | 55 | \$110 | 82 | \$164 |
| Cockroaches lodged in ear/noses and swallowed** | \$1,000 | 10 | \$10 | 8 | \$8 |
| Sleeplessness | \$1,000 | 68 | \$68 | 18 | \$18 |
| Chronic Headaches | \$1,000 | 66 | \$66 | 22 | \$22 |
| Abdominal Pains | \$1,000 | 9 | \$9 | 16 | \$16 |
| Nausea and Vomiting | \$1,000 | 14 | \$14 | 17 | \$17 |
| Loss of Appetite | \$2,000 | 41 | \$82 | 60 | \$120 |
| | | | | | |
| Structural Defects | | | | | |
| Slip and Fall Injuries ** | \$1,000 | 21 | \$21 | 19 | \$19 |
| | | | | | |
| Psychological Responses to Slum Housing | | | | | |
| Fear *** | *** | 90 | n/a | 65 | n/a |
| Anger *** | *** | 93 | n/a | 5 | n/a |
| Depression and Anxiety | \$5,000 | 97 | \$485 | 61 | \$305 |
| TOTAL | | | \$1,201 | | \$1,210 |
| | | | | | |

* Cost of skin rash included in skin bite category

** Cost is cost per occurrence; all other costs are on a per ten year basis

*** Costs included in costs for depression and anxiety

APPENDIX C: St. John's Forms

St. Johns Medical Evidence Form



Medical Evidence Form

Patient information:

Date:

| | | | |
|---|--------------------|---------------------------------|-------------------------------|
| Name: | DOB: | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| Chart #: | Blood Lead Levels: | | |
| Diagnosis: <input type="checkbox"/> Asthma <input type="checkbox"/> Hypertension <input type="checkbox"/> Skin Disease <input type="checkbox"/> Stress/Depression | | | |

Parent/Child Information:

| | | |
|--|------------------------------|-----------------------------|
| Does anyone in the home smoke? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the child exposed to second hand smoke? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Environmental History:

| | | |
|--|---|--|
| Do you live next to or near a freeway? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Which freeway? | | |
| Do you live near a construction site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your home being repaired or new construction? | <input type="checkbox"/> Yes <input type="checkbox"/> Now | <input type="checkbox"/> No <input type="checkbox"/> Recently |
| Which of the following do you have in your home? | <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Wood Stove <input type="checkbox"/> Fireplace <input type="checkbox"/> Central Heating <input type="checkbox"/> Air Purifier <input type="checkbox"/> Humidifier <input type="checkbox"/> Gas Stove <input type="checkbox"/> Electric Stove <input type="checkbox"/> Kitchen <input type="checkbox"/> Hot Water | |
| Is there a strong (bad) smell in your home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are pesticides or herbicides used in your home, garden or on pets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been bitten by or have in your home: | | |
| • Roaches | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Rats or mice | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have pets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Type: | | |
| Do you have mold in your home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have leaking pipes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your home have a lot of dust? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any rusting pipes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have chipping or peeling paint? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Health:

| | |
|--|---|
| # of missed schools days due to asthma | # |
| # of doctor visits due to asthma attacks | # |
| # of emergency room visits due to asthma | # |

Provider comments/remarks (including referrals made or action taken):

Provider Signature

Date

APPENDIX C: St. John's Forms
Letter from Dr. Weekes to Slumlords



515 West 27th Street
Los Angeles, CA 90007
(213) 749-XXXX Fax (213) 749-XXXX

Dear Landlord,

A child's environment has a major impact on their physical, mental, biological and social health. So it is very important that exposure to cockroaches, molds, nitrogen oxides, radon, asbestos, rodents carbon monoxide, lead, and dust mites be eliminated.

Prevention strategies include removing mold, controlling rodents and roaches, moisture control, fixing leaking pipes or faucets, fixing gas-fuel cooking stoves and space heaters and getting rid of leaded paint in older buildings.

The above pollutants are documented to cause Mental Retardation, Asthma, Anemia, Chronic Lung Disease, ear infections, skin infections, and in the case Carbon Monoxide and radon death.

So in advance, I am thanking you for correcting the environmental hazards in your housing units. These corrections will go a long ways to ensure that the children will grow up in a healthy environment and reduce their incidence of disease and death.

I sincerely thank you for your concern in this matter. The children will appreciate it.

Sincerely,

Linda Tigner-Weekes, M.D.
Chief Medical Officer
Pediatrician

