

Medical Legal Partnership | Boston

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Honorable Representatives
State House
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RE: House Bill 4734, Main Sponsor: Representative Liz Malia

Honorable Representatives:

Enclosed please find a copy of the testimony Dr. Genevieve Preer delivered to you in person on Tuesday of this week, taking time from her busy pediatric practice to emphasize the importance of housing stability to her patients' health.

As members of the Massachusetts Association Against Predatory Lending (MAAPL) has persuasively detailed, the above-referenced bill would deter unnecessary evictions and stabilize communities during the current foreclosure crisis. Modeled on similar laws from New Jersey, New Hampshire and the District of Columbia, it proposes a reasonable and time-limited approach (expiring on December 31, 2013) to address *post-foreclosure displacement and neighborhood degradation*.

It is crucial to emphasize that post-foreclosure displacement and neighborhood degradation are public health issues. All the poor health outcomes associated with homelessness – including increased hospitalizations, academic underachievement, return to abusive relationships, and non-adherence to medical treatment regimens – stand to be increased by continuing to allow unnecessary evictions without cause. Similarly, neighborhood degradation is a predictable consequence, and it follows that costly health impacts will result from it, including diminished community safety/increased crime, and reduced access to employment and other health-promoting opportunities when businesses now serving blighted communities pull up roots. Such divestment reduces access to basic needs--as basic as adequate food--both by virtue of reduced income, and reduced local services.

Failure to take affirmative prevention measures such as this common sense bill provides for, would cause avoidable and expensive health consequences across the state, particularly for health disparities populations--which many of you have wisely committed to protecting from avoidable health inequality--among them: children, elders, newcomers to the U.S., People of Color, People with Disabilities, veterans, and women. These populations have been disparately targeted and impacted by the sub-prime mortgage crisis and deserve targeted and positively impactful responses like this bill.

As Dr. Preer states this is a win-win idea: housing that would otherwise go unused continues to be occupied by those who desperately need it; and neighborhoods that suffer when properties go unoccupied benefit from continued stability. Thank you for considering this bill in its public health and health disparities context and for supporting its passage so that Massachusetts can weather this economic crisis without suffering more harm due to clearly avoidable homelessness and neighborhood degradation. Please feel free to contact us with any questions you may have about this important and timely topic.

Respectfully submitted,

JoHanna Flacks, Senior Staff Attorney



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Testimony of Genevieve Preer, MD

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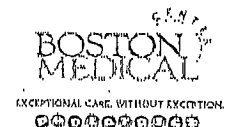
Public Hearing May 19, 2009

Testimony Re: House Bill 1232, "An Act to Protect Tenants in Foreclosed Properties from Evictions"

My name is Genevieve Preer, and I am a resident pediatrician at Boston Medical Center and Children's Hospital Boston. Today I join with my colleagues and neighbors who in unison call for an investment in child and family health, and passage of House Bill 1232, "An Act to Protect Tenants in Foreclosed Properties from Evictions."

By allowing families to stay in foreclosed properties, House Bill 1232 takes a crucial step towards protecting tenants and former homeowners alike. Similar to legislation enacted in other states, it prudently allows tenants who would otherwise face eviction to continue to live in foreclosed properties until these properties are sold. It also permits former homeowners, many of whom have been the victims of predatory lending practices, to continue to stay in their foreclosed property until it is sold. This bill creates a win-win scenario: housing that would otherwise go unused continues to be occupied by those who desperately need it; and neighborhoods that suffer when properties go unoccupied benefit from continued stability.

In my medical opinion, this bill represents timely and necessary legislation that will protect children's health. We know that stable housing is like a medication for our children. As others have testified, homelessness disrupts families. It threatens normal healthy child development. It interrupts routine pediatric care, including the vaccines our babies and children desperately need to stay healthy. It increases the risk of domestic and family violence by forcing mothers to return to abusive



relationships. It presents parents with impossible choices between food, clothing, medicine, and transportation to school and doctors' visits.

Any step that we can take to provide some measure of housing stability to at-risk children will have a direct, tangible effect on their health. They will be able to continue to go to the same school. They will remain close to their doctors for continuity of medical care. They will enjoy the relative safety of housing away from an abusive parent. Their family will not face the threat of being split up in the shelter system. They will not be forced to live in a car or a van. They will not have to double up in the home of a relative who is risking his or her lease to take them in. And as an additional benefit, their neighborhoods will be safer because their housing will be lived in, not vacant, and will not become a target for theft, vandalism, or illegal activity.

In our current state of economic crisis, families and children living at or below the poverty line are incredibly vulnerable to disruptions in housing. This is true whether their parents are tenants or former homeowners. When I see patients in clinic, I cannot tell the difference between a child or teenager who is living in foreclosed housing and one who is not. But I can easily see when patients have suffered the injuries that homelessness can inflict. Too often, they are at-risk infants who have missed vaccinations and well child visits because they are living inconveniently far from their medical home. They are children who are seen multiple times in the Emergency Department for respiratory ailments because their family does not have the reliable source of electricity they need to provide nebulizer treatments for their asthma. They are teen parents who are living with an abusive partner because they lack any better option.

Children cannot thrive when they are uprooted multiple times from their familiar surroundings and when they face chronic homelessness. House Bill 1232 prioritizes their health by stabilizing their housing. As a physician, I encourage the panel to support the passage of this critically important legislation. And because homelessness has the same devastating impact on all children, whether their parents are tenants or former homeowners, I urge the panel to include protections for former homeowners in this legislation as well. Thank you very much.