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Good Afternoon, Mr. Chairman and other Distinguished Members of the Committee. Thank you for the invitation to speak today.

As a pediatrician, I am not among the usual suspects to testify in support of HR 2895, the National Affordable Housing Trust Fund Bill of 2007. I am here today to share with you new research that recognizes housing as the foundation to excellent child health. I hope to convince you that often that best medical intervention for children is to get them an affordable home and that it is within your power to keep kids healthy through housing.

As many of you know, there are millions of families on waiting lists for affordable housing. In Boston it is not unusual for waiting lists to actually be closed and not accept applications because tens of thousands of families have already applied. Even families in homeless shelters with the highest priority often wait a year and half or more to get a home they can afford. For many families, as they wait on these lists, this means making terrible trade-offs between rent and food, or settling on a home with severe housing problems such pest infestations or mold because it simply is all they can afford.

We know from the Children's Sentinel Nutrition Assessment Program (it is commonly known as C-SNAP) that food insecure children who are eligible but don't receive housing subsidies are twice as likely as those who do receive housing subsidies to have stunted growth by World Health Organization criteria. (Meyers et al Archives of Pediatrics 2005) This is important since one aspect of the bill targets the majority of National Affordable Housing Trust Fund, some 75 percent for extremely low-income families, defined at thirty percent of area median income. This means the children most at risk for stunting, those who are food insecure, could be protected by from stunting, simply by getting an affordable home. As you know, stunting not only limits children's physical growth in the short term but also stunts their life long potential because we know that if your body is not growing, your brain is not growing as well.

Because many families have very few limited choices of homes they can afford, and have to make trade-offs, they often live in substandard conditions, such as infestations with cockroaches. We know these can threaten their children's health. For instance, asthmatic children who are allergic to cockroaches and then exposed to cockroaches in their home are three more times likely to be hospitalized for asthma. (Rosenstreich NEJM 1997) What can be surprising to people is that though 30% of urban children have cockroach allergies, 20% of suburban children also are allergic and exposed, suggesting these substandard conditions can go beyond the stereotypical inner city.(Matsui JACI 2003) Further, new data suggest that exposure to cockroaches in early life may cause immune system changes that can lead to the development of wheezing and asthma. (Finn et al JACI 2000) Young children living in other substandard exposures, such as

older homes with leaded paint, are well known to affect development and by recent estimates, can lead to billions of dollars in education and other costs (Landrigan EHP 2002)

Lastly, families having difficulty affording rent may double up with other families, resulting in crowding or move frequently from one place to another. We know children who stay in the same home, and do not move frequently, have better child development outcomes and do better in school. (Zima AJP 1994)

Another aspect of the bill that I support is the local flexibility offered by the bill. From my experience working in Boston with the Boston Public Health Commission, local Community Development Corporations and some state funded housing developments, the ability for state and local governments to match the best local solutions to their greatest housing needs makes the most sense. In some instances, rental-housing needs are the most pressing or in other localities, homeownership can be targeted as the best outcome. Research has consistently shown home ownership makes housing more stable and is better for overall health. In pediatrics, the best therapies are often tailored ones, and this bill clearly accommodates local needs.

I urge you to support HR 2895 the National Affordable Housing Trust Fund Bill of 2007 because it can ensure that our most vulnerable population, our children, have a safe, decent, affordable home. I leave you with the idea that **a safe, decent, affordable homes is like a vaccine. It literally prevents disease.** A safe home can prevent mental health and developmental problems, a decent home may prevent asthma or lead poisoning and an affordable home can prevent

stunted growth and unnecessary hospitalizations. This bill's goal is 1.5 million affordable homes over the next 10 years, and that can mean more than 1.5 million healthier children as a result.

I would like to end with a story that drives home why I think housing can be a medical intervention to make kids better and can keep kids healthy. In my pediatric practice, I take care of a child, Whitney, who I first met when she was only 9 months old. Her family was homeless because they could not afford an apartment of their own. At that time she was already falling off the growth chart, and over the next three months she gained less than a pound, and I needed to hospitalize her because she was becoming dangerously malnourished. She ended up needing to be transferred to a rehabilitation hospital because she had an underlying swallowing problem and stayed for over a month, which you can imagine the cost of that to her insurance. At the rehabilitation hospital, she slowly began to gain weight but as soon as she went back to the shelter she began to lose weight again. After advocating with the help of lawyers from our Medical Legal Partnership at Boston Medical Center, Whitney and her family were finally offered an affordable home in a local public housing development. Once in her new apartment, Whitney began to gain weight, her developmental delays improved, and she was able to thrive. I recently saw her at her physical a few months ago, and at 4 years old, she is starting to learn to read. I tried my best to treat Whitney, with all my medical expertise, including very expensive medical care during hospitalizations, but the best medical intervention, the one that eventually made her well, was a safe, decent, affordable home. It is actually Whitney's birthday today, July 19<sup>th</sup>, and I can think of nothing better to help her and kids like her to stay healthy than to pass HR 2895 the National Affordable Housing Trust Bill of 2007.

Thank you.

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## Websites:

**C-SNAP:** <http://dcc2.bumc.bu.edu/csnappublic/>

**Medical Legal Partnership for Children:** [www.mlppforchildren.org](http://www.mlppforchildren.org)