

<b>Appendix: Stories submitted to the Doc4Kids Project via email, fax, U.S. mail</b>
--

(Stories have been edited only for clarity and brevity)

<i>Boston</i>	ASTHMA	Vionka is a 3 year old girl who suffers from asthma and lives in an apartment with a roach problem. Fortunately, the family does not have a rodent problem. Also the child has lead poisoning and the mother was not entirely sure that the home has been deleaded.
<i>Boston</i>	ASTHMA	<b>Angel (15) and Ryan (13) are siblings with severe allergies. Angel has severe asthma with frequent hospital admissions. Ryan's asthma is milder. Both are known to be allergic to roaches, dust mites and molds. Since birth they lived in the same public housing apartment. Roach infestation is severe. When I pulled up their shirts in clinic to listen to their chests on one occasion, roaches fell from the clothing and scooted across the table. The apartment's ceiling dripped water and grew mold. The manager painted over the mold, but it quickly grew back. When Ryan had to return from a summer visit with his grandmother, he cried at the prospect of going back. Water dripped directly on his bed, so he had to sleep on the sofa. Finally, after a hospital attorney became involved, the family moved to a clean and safe apartment.</b>
<i>Boston</i>	ASTHMA	Lashawn has accumulated 5 hospitalizations and 5 emergency room visits for asthma in the last 9 months. His roof at home leaks into the living areas. Mouse and roach infestation is a problem. Allergy testing showed he is allergic to dust mites and roaches. Rats and mice were not tested. He is allergic to mice as well. Mom is afraid to do more than ask the landlord for repairs. Nothing has happened in response to her requests. Since mom doesn't have the cash for a new apartment deposit, she feels trapped.
<i>Boston</i>	ASTHMA	Tyrone is a 1 year old boy whose asthma is made worse by a roach problem and lack of cleanliness throughout the home. He hasn't been tested yet for lead, but there is peeling paint at home, which is not believed to be deleaded.
<i>Boston</i>	ASTHMA	Alexis is an 11 year old boy with asthma for six months. The onset of his disease dates back to having moved to a safe neighborhood from one riddled with violence. Unfortunately, his new apartment is old with wall to wall carpet. He is now escalating medical treatments to control his disease.
<i>Boston</i>	ASTHMA	<b>Larry</b> is an 11-year boy who has been admitted to the hospital 5 times over the last 9 months for asthma. His roof at home leaks water into the living area, and he is allergic to mold, dust mites and cockroaches. Their landlord has ignored requests to repair the apartment, and his mother feels "trapped" because she cannot afford to move.

*Boston*            ASTHMA            Meshaunee is an 11 month old baby whose mother was beaten by the father and then moved out of her apartment. She moved in with a sister and her mother, both of whom smoke and have a big dog (mean, too). The baby is already allergic by skin test to roaches, mites, dogs and cats. The mom can't find new housing that she can afford and is depressed that the baby's health is adversely affected by the environment she is trapped in. This beautiful baby could be the project's poster child. She has had one hospitalization, several emergency visits and several courses of steroids. The baby and her mom share one room, the aunt and dog another. Today she spoke with a social worker, but she has already looked for other housing without success.

*Boston*            ASTHMA            I follow Martin and Angel, ages 7 and 3, in my clinic at PHA-Children's Hospital. They are both asthmatics requiring daily nebulized cromolyn and albuterol. These children and their mother who in fact is expecting a third child any time now, have been sharing a 2-bedroom apartment with another family given their dire financial situation. They used to live with their maternal grandmother but because of overcrowding, were forced to settle with their current housing arrangement. These brothers have time and again, presented with upper respiratory tract infections precipitating asthma exacerbations presumably due to the overcrowding and congested living arrangements. I had written a letter in their behalf upon the mother's request to hopefully secure an approval for a better, safe and affordable housing from the Boston Housing Authority.

*Boston*            ASTHMA            MJ is a young girl who just turned one year of age and suffers from severe asthma. The parent of this child had been evicted from her apartment when a companion had exhibited violent behavior. Since then the parent has not been able to find another apartment. She, the baby, and an older child stay in one room in a relative's apartment, along with several other adults who smoke and 2 Rotweiler dogs.

Despite faithful adherence to a complicated, preventative treatment plan (including bronchodilator therapy, nebulizer machine, inhaled and oral corticosteroids), the baby remains symptomatic with frequent cough, wheeze, and labored breathing. She has required emergency care on many occasions for these respiratory symptoms. Allergy skin testing has shown that already at her young age, MJ is allergic to components of house dust, as well as to dogs.

It is medically indicated that MJ and her mother be assigned to housing which has a bedroom which can be kept free of dust, tobacco smoke, dog dander, cockroaches, and rodents. The living unit must be free of infestation and free of dampness or mildew, which are sources of allergen. The unit should be sufficiently large to avoid crowding since crowding leads to the spread of respiratory infection, which brings on asthma symptoms.

<i>Boston</i>	ASTHMA	<p>Takeisha was an adorable African–American 5–year–old who was admitted to Children’s Hospital late one night in the dead of winter with a severe asthma exacerbation. In the bed next to her was her sister Taquanna, two years older but with asthma as well. I asked her mother whether there was anyone else at home, and she said a third daughter was getting the "breathing treatments" at home each day because her asthma was worsening too.</p> <p>I became interested in whether there was something wrong at home. The family lived in a new public housing project. According to their mother, the apartment was newly renovated, and she had no complaints except that the heat had been broken for about a week. "The heat was broken?" I asked. Cold air is notoriously a trigger for asthma exacerbations, and every family needs heat during a Boston winter.</p> <p>With the mother’s permission, I called the manager overseeing the apartment. While he didn’t think anything was actually wrong, he could send someone out if the mother could meet him at home in 30 minutes. The mother rushed out the door to jump on the bus.</p> <p>The next day, the mother reported what had happened: the technician found half of the heating ducts broken. The manager had immediately set up temporary space–heating units and promised a full repair the following day, which happened as scheduled. The mother promised me she would call if anything broke again...but she said she didn’t have any interest in moving as long as the manager listened when there were problems.</p>
<i>Boston</i>	ASTHMA	<p>During one of my ward team months at Children's, I took care of a child with asthma. He developed an exacerbation, and was unable to make use of his home nebulizer machine because it had become home to some of the cockroaches that had infested his apartment. It's hard to say whether his wheezing would have gotten better or worse from using the machine with bugs in it!</p>
<i>Boston</i>	ASTHMA	<p>I admitted a 4 year old girl with asthma last week. Their apartment in the projects apparently has quite a mold and mildew problem which aggravates her lung disease. Mom has applied for housing relocation and ironically was scheduled to meet with the housing office on the day her daughter was admitted to the hospital. When the girl has flares in her asthma she is often sent to live with her elderly grandparents whose apartment is in much better shape than her own. This makes things harder on her family but her recovery is faster if she stays in this cleaner environment.</p>
<i>Boston</i>	ASTHMA	<p>7 year old Central–American girl hospitalized with asthma, mother reports no heat in apt. She has gotten letter saying she will lose her welfare benefits. She reports use of (dangerous) portable heaters. Seen by Social worker.</p>
<i>Boston</i>	ASTHMA	<p>5 year old boy with asthma admitted in respiratory distress. Mother reports there are so many cockroaches in her apartment that she keeps everything—including the phone—wrapped in plastic.</p>

<i>Boston</i>	ASTHMA	<p>This is a story told to me by a resident of public housing during a training session to prepare housing residents to assess housing units for possible asthma and allergy triggers.</p> <p>A mother of a teenage girl with asthma sought advice from her neighbor. The teenager is having difficulty going to and from the family's 12th floor apartment in a high rise unit owned by Boston Housing Authority. When she takes the elevator, fumes (which may be dust or mold or other allergen) come out of the elevator's overhead vent and make the girl cough and wheeze. The elevator stops frequently, sometimes in between floors, trapping those inside. This causes the girl even more discomfort, anxiety and breathing problems. To go to and from school each day she has to decide whether to climb the 12 flights of stairs instead of taking the elevator. However, her asthma symptoms get worse with this activity, and she is concerned about individuals and small groups who sometimes lurk in the stairwell. The family has applied for a transfer to another project. They expect that a transfer will take years.</p>
<i>Boston</i>	ASTHMA	<p>SB is a 10 year old child with allergies and asthma. Her medical problems began 4 years ago when she moved into a first floor public housing unit. The building is infested with cockroaches and mice despite regular use of insecticides.</p> <p>The family is bothered by the uncontrollable heat in the unit, which is directly above the boiler room. The temperature is always above 85 degrees, even throughout the winter. The surface of the floor is even hotter; the family must wear shoes at all time to avoid burning the soles of their feet. The dry heat causes discomfort and further breathing distress.</p> <p>To correct the problems in the unit which are affecting this child: (heating, plumbing, rodent and cockroach infestation), the basement area must be accessed. The boiler room is infested with rodents. Inspectors and plumbing contractors refuse to enter the basement area. No repairs are being done. No fumigation is done.</p> <p>This family has applied for a transfer to another unit. The parent has spoken to task force members and management, but has received no reply. She expresses concern that if she actively registers complaints and seeks solutions to problems, she will be "labeled" as a problem and any future needs will be ignored.</p>
<i>Boston</i>	ASTHMA	<p>Leslie is a 13 month old with reactive airways disease [asthma] who I met while cross-covering in the hospital wards. His mother says she lives in low-income housing with significant dust and mice. She asks to get the apartment inspected because she thinks these allergens are contributing to her son's severe course at his young age.</p>
<i>Boston</i>	ASTHMA	<p><b>My patient is an 8 year old boy with severe exercise induced asthma. He had multiple hospital admissions. He lived too far from school or the school bus stop and the Boston Public Schools refused to send a bus all the way to his home. Using housing assistance, he was able to find an apartment closer to the school so that he only had to walk a couple of blocks each day.</b></p>

<i>Boston</i>	ASTHMA	12 year old girl cleaning heating vents in her apartment —> caused severe asthma and she was admitted to hospital. 2 days later her brother was seen for the same problem in the emergency department.
<i>Boston</i>	ASTHMA	<p><b>FW is a 9 year old with asthma who lives with his mother and 3 siblings in a 2–floor townhouse style apartment which was formerly a public housing development. Eight years ago the development was completely renovated. The units are now mixed income, privately managed. The family has lived in this unit for about 3 years.</b></p> <p><b>FW's asthma and allergies have been difficult to control. He needs to take daily medicines for prevention and also requires medicines to treat frequent wheezing. He also requires medicines to treat the constant runny and congested nose which make his breathing problems worse.</b></p> <p><b>We found out from allergy skin testing that FW is allergic to dust mites (and pollens). FW's entire home has wall–to–wall carpeting, which was very difficult to clean. We recommended that the carpeting be removed and requested that the housing management replace the carpeting in the unit with washable flooring.</b></p> <p><b>After several discussions between our asthma clinic and housing management, the carpeting in FW's unit was removed and replaced with washable flooring. The child has had minimal problems with allergies and asthma since this was done.</b></p> <p><b>We believe that this family is very fortunate to have this positive outcome.</b></p>
<i>Boston</i>	ASTHMA	Today the help desk helped one of my patients who was having asthma exacerbations due to incense that was being burned to hide the smell of rotting rodents that had been exterminated several weeks before. The family is living in marginal housing – landlord is unresponsive. Clearly quality housing would help this family...
<i>N.H.</i>	ASTHMA	Jon is a 15 year old with sleep apnea and moderate–to–severe asthma. The only heat in his New Hampshire home is a wood burning stove which significantly exacerbates his asthma.
<i>N.Y.</i>	ASTHMA	I have two patients we'll call Jose and Maria, ages five and three who have recently developed bronchospasm requiring visits to my office for broncodilator therapy. There is a negative family history of asthma in the family. There is no pet exposure and no clear history of allergies have been noted. Mother is aware of keeping the house free of dust and, as much as she can, of cockroaches. There is however a large hole in the wall of her living room connecting her apartment to that of her next door neighbor does smoke. She notes free flowing cigarette smoke for most of the day coming into her apartment and we both feel after nine months of this type of exposure, the children are now developing reactive airway disease [asthma] as a result.

<i>Seattle</i>	ASTHMA	<p>I have a 6 year old patient who presented with severe asthma (no previous history; no previous symptoms recognized by mom) after moving into a large multifamily dwelling. Public Health nurse described mold on walls, dripping faucets, one small window in the whole place, roach infestation, mom and 3 kids slept in one room on a mattress on the floor. When I visited, I was struck by the smell of old cigarette smoke in the hallways (I could hardly breathe and I don't have asthma) and I was also afraid as I was there alone and the hallways were dark. We did what we could to educate mom re: modifications of their room and started cromolyn, and then inhaled steroids; however, the boy continued to have exacerbations. The nurse and I have written numerous letters to Seattle Housing Authority supporting mom's efforts for better housing given the boy's asthma; they are still at the bottom of a long list.</p>
<i>San Francisco</i>	CHRONIC DISEASE	<p>I don't think a set of stories would be complete without Johnny, a Cambodian boy with Apert's syndrome and a trach who lives in a single room with around eight siblings. His home care nurse told me she has suctioned a cockroach out of his tracheostomy collar.</p>
<i>Boston</i>	CHRONIC DISEASE	<p>Chris is a 13 year old boy with moderate cystic fibrosis, whose family had lived for the previous six weeks under the threat of eviction. During this time, Chris had been hospitalized twice and had a 10 pound weight loss. Prior to these 2 hospitalizations he had been admitted for cystic fibrosis treatment yearly. The patient lived with his mother and younger brother. He was quite worried about his mother and reported that the rent needed was too much for the family to afford and often this left them without enough food. He also stated he felt too sad to eat. In addition he knew his mother was worried about the family moving into a shelter because of Chris's underlying lung disease and fear of infection from others in the shelter. Clearly the stress of this situation affected this patient's health both in terms of his nutrition and in terms of his lung disease .. At discharge the patient's family was going to court to fight the eviction but still had no way to make the rent. The family was also made aware of food pantries in the area. Unfortunately, because Chris's mother worked, she made too much to qualify for housing assistance.</p>
<i>Boston</i>	CHRONIC ILLNESS	<p>One of my patients is a 4 year old girl whose family spending so much for rent that electricity was shut off. This became a life threatening problem because she is dependent upon intravenous feedings for nutrition. I had to immediately contact the power company to insist that service return.</p>

*Boston*

CHRONIC  
ILLNESS

Jared, a 2 year old with leukemia, currently receiving chemotherapy, lives presently at a shelter with his mother. For the past three months his mother is searching for housing unsuccessfully. Due to neglect issues that Jared's mother has with the father, Jared and his mother became homeless. Jared's mother has been given no medical priority on any housing list based on Jared's immune-compromised conditions. The shelter is a family based one and an average of 15 children reside in close quarters with Jared. Three weeks ago, Jared was rushed by ambulance to the hospital with a high fever. Greater Boston Legal Services when first contacted said there was nothing they could do in order to advocate for Jared and his mother. They have recently took renewed interest in the case and are writing letters of support for Jared and his mother. Hopefully, Jared's mother will secure an apartment, however she will not have been successful in keeping her child away from a dangerous health-risk situation.

*Boston*

CHRONIC  
ILLNESS

Lionel, an active, nintendo-loving seven-year-old boy, was diagnosed by doctors at Boston Medical Center last month with a life-threatening cancer of the blood. His two-year treatment regimen at the Dana-Farber Cancer Institute will devastate his immune system, leading doctors to provide free dental care now just to reduce the chance of a mouth infection later. Yet doctors cannot alter one of Lionel's most dangerous risks for infection: the rodents that infest his cramped unsubsidized apartment.

When I was a resident at Children's Hospital in Boston, I volunteered for the Bridge Van, a mobile medical van which cruises Boston and Cambridge and offers free medical care for anyone who drops in. Basically it's designed to offer care for homeless teenagers living in the area, but I saw a fair number of older people as well.

I saw a few younger kids too; in fact, the younger kids were the most troubling patients by far. I stopped working on the van because of the disturbing ethical and practical problems of treating children in this manner.

One little girl came on with her parents. Casey was 8 or 9, and she and her parents were "squatters" in a dilapidated building in Cambridge. All three of them dropped in for the free sandwiches and hot chocolate we were offering. Casey asked if she could see the doctor alone. My heart dropped: what if she had bruises? What if she wanted to talk to me because she felt unsafe, or because she was being abused? Fortunately, she just wanted to have a little privacy. She had a rash which could have been eczema, could have been scabies. Her clothes were dirty and she was growing out of them. Her hair was long and not too clean. I gave her some little soaps and shampoos that we had around. She wanted to show me her rash and her teeth. She seemed happy and well cared for, until I looked at her teeth. They were rotting and filthy. She didn't have a toothbrush. I gave her one. She didn't have toothpaste. I gave her some. I asked her whether she ate a lot of sweets and she told me that her parents filched sugar packets and jam from the Au Bon Pain in Harvard Square, and that there wasn't any running water where they lived. She didn't have a regular doctor, missed a huge amount of school, and I had no idea what I would have done if she actually had been acutely sick.

I didn't know her immunization history, and her parents were probably not using their real names (the majority of people actually use pseudonyms on the Van). I didn't know where she lived. Followup care was virtually impossible. I referred her to a dentist but who knows if she was able to keep the appointment?

Confidentiality, one of the hallmarks of good medical care, works against the homeless. In order to maintain their privacy, many homeless people use false names when they deal with "officials." The Bridge Van staff also promise their clients that they will keep EVERYTHING in strictest confidence. So if, for example, the mother of this 8 year old girl had HIV, the staff would absolutely NOT have told me, even if they knew it to be true. My assessment of a common complaint (rash, cough, etc) would change drastically if I knew of an underlying immunodeficiency.

Continuity of care is also a rarity among the homeless. Say I wanted Casey to use hydrocortisone on the rash, and check back with me to see if it was working. Assuming she uses the cream correctly, how is her family supposed to see me again? I only volunteered once every few weeks. And what if they never showed up for follow-up? This was a particularly disturbing problem for the teens who had positive tuberculosis tests.

In the end, I left the Bridge Van program. In large part it was out of frustration with the "confidentiality" policy. It made me very uncomfortable that non-medical staff would knowingly conceal important medical info about the clients. I'm still not sure what the best policy regarding privacy is; I remain convinced that either way, the homeless population suffers. Even when the care is well-meaning and thorough, it is far from adequate.

**Boston**      **HOMELESS**      **I met Ana a few days after she gave birth to a pudgy little baby with Down's syndrome. Rosalita was lively and cute, but she had intermittent trouble breathing and her white blood cell count was off the charts. We transferred Rosalita to the intensive care unit and worried about potential heart ailments and the possibility of leukemia.**

**Ana, however, was most concerned about her housing situation. A victim of severe domestic abuse that has left her with a chronic seizure disorder, Ana had been living in and out of shelters for several years. Her boyfriend was in jail, and she could not count on her family for support. Afraid to raise her child in a shelter, she applied for and received section 8. Rosalita recovered and lived with her mother with various relatives and friends. Then one day she paged me at the hospital to say that she had succeeded in obtaining an apartment through section 8.**

**Visiting nurses and early intervention specialists reported that Ana and Rosalita thrived in their new apartment. Despite her increased risk for illness, Rosalita survived the wintertime with no hospital admissions and just the occasional minor respiratory infection. Ana is currently back at school.**

**Boston**      **HOMELESS**      **I met Angelica in my pediatrics clinic—she was a three year old girl of average height but with the weight of an average 7-year-old. Obesity in children can impair growth and lead to other medical and social problems; I therefore asked whether Angelica had opportunities to exercise.**

**At my question, her mother Maria began to cry. A legal immigrant from the Dominican Republic, Maria's boyfriend left her after she became pregnant with her third child. Without a job and having to care for two children, Julia moved in with friends of her family. Maria and her children shared a tiny bedroom in a larger apartment, but because of fears for safety and a sense they were not wanted, Maria never let three-year-old Angelica outside of the bedroom to play.**

**As a result, Angelica had no friends her age, her behavior became more demanding and infantile, and her weight increased. I wrote a letter and called for housing assistance, but to no avail.**

**Just before Angelica's little brother was born, Maria moved her family into a homeless shelter. There, health-related problems increased. Due to the number of children living in the shelter and transmission of cold viruses, the baby suffered several respiratory illnesses in his first three months of life, one requiring hospitalization. Angelica was picked on by other children living at the shelter, so that her mother never left her alone with them.**

**The nine-year-old Moises became more quiet and withdrawn, also spending little time with children his age. Maria hopes to be able to go to back to school. However, after 6 months, her family remains on the waiting list for housing assistance.**

**Boston**      **HOMELESS**      **Mother and child has been living in Shelter for abusive relationship with Dad. Child has been sick off/on for months and admitted for gastroenteritis. Just qualified for Section 8 housing and have started to look for a more permanent place to live.**

*Boston* HOMELESS Kevin is a 12 month old baby who lives with his mom and his great-grandparents in a senior-citizen high-rise housing complex, in a 2 BR unit. Mom has been on the list for section 8 housing for at least as long as Kevin has been alive, but hasn't received housing and can't obtain housing any other way as of yet. There is no place for him to play, it is a small apt, and both Kevin and his mom are not technically allowed to live in this complex and face eviction if discovered.

*Boston* HOMELESS Sometime in November 1991, I was assigned the case of Felicita D, a Dominican woman who, at that time, was pregnant and basically living in an abandoned car. Felicita gave birth to a son in 1991, and she and a friend of hers began living in an apartment on Talbot Street in Dorchester—the apartment was left to Felicita's friend by a boyfriend. In May 1992, the apartment building on Talbot Avenue was condemned, so Felicita had nowhere to go, as she had no relatives in the Boston area. For three months, Felicita wandered from acquaintance to acquaintance, changing sleeping places every couple of nights. In August 1992, she received housing assistance from Boston Housing Authority. She is still living in public housing, which has been very positive for her. At present, she is employed, her son successfully completed Head Start and is doing well in public school. I would like to point out that Felicita, when she was homeless, suffered from severe depression, often forgetting to eat. Had she not received housing assistance as soon as she did, Felicita D. would have probably lost her child to the Department of Social Services due to the severe depression.

*Boston* HOMELESS In February 1992, I began work with Ivelisse P, who at the time was a 24 year old pregnant woman with three boys all under the age of 10. Ivelisse was living in a house that had been abandoned by the landlord and foreclosed by a bank, as a squatter. The other people living in this house were squatters as well and did not have access to the basement, where the gas meters and boilers were located. There was lead in the house, as evidenced by the children's lead levels. A City Life housing advocate got involved with Ivelisse after water was shut off at the house, located in Dorchester. With the assistance of City Life, Ivelisse was accepted into public housing and is currently living with her children and new spouse in a Roslindale/Hyde Park housing development. The children are doing well in school at the present time.

<i>Boston</i>	HOMELESS	<p>I saw a 4 year old boy the in ER with a febrile illness. The mother very openly explained to me that she had been living in a shelter with her two small children for 1 and 1/2 years because she was a victim of domestic abuse. She was awaiting her section 8 housing. A few days prior to my meeting with her, she told me she was attacked by another woman who lived in the shelter. She thinks the woman was jealous because she had become friendly with a mutual friend who also lived in the shelter. She was walking across the street with her two small children (in broad day light) when this woman struck her across the back with a 2 x 4 in an "attempt to kill her". The mother had a very large hematoma across her back but was otherwise well (physically).</p> <p>Since the incident the children have been very fearful, clingy and "sad" (they have been referred to the "Witness to Violence Program"). The day of presentation the child developed a fever (103) and the mother called an ambulance to transport them to the hospital. She had no alternative way to bring him to the ER (3 buses with a febrile child did not appeal to her). Because of the domestic violence, she states she is very isolated and has no family or friends who could help her. She is very fearful about the effect of this act of violence (and previous domestic abuse) on her children as well as fearful this woman will try to attack her or her children when she was released from prison (which was to be very soon).</p>
<i>Boston</i>	HOMELESS	<p><b>Three small girls presented to our clinic. All were behind on their vaccines. Their mother had fled to a homeless shelter several months earlier because of an abusive boyfriend and no alternatives. Two of the three girls had significant language delay as a result of this traumatizing experience.</b></p>
<i>Boston</i>	HOMELESS	<p><b>Jane</b>, a 1 year old girl, was forced into a homeless shelter because her grandmother's house had lead paint. She was admitted to the hospital several times in her first year for respiratory infections. While her mother was committed to follow-up with Jane's regular doctor, she needed to travel over 90 minutes from the shelter to get to her doctor's office.</p>
<i>Philadelphia</i>	HOMELESS	<p>Child with asthma who repeatedly gets hospitalized due to the numerous allergic triggers of life in a homeless shelter.</p>
<i>Philadelphia</i>	HOMELESS	<p>Small baby who lives in a shelter who gets hospitalized repeatedly (septic W/u) for fever and respiratory infections as a result of exposure to numerous people handling him/"helping to care for him".</p>
<i>Philadelphia</i>	HOMELESS	<p>9 year old boy who has started to wet his bed as a result of the stress of moving to a homeless shelter.</p>

*Philadelphia* HOMELESS 5 year old African American boy was hospitalized for pneumonia/hypoxemia 3 weeks after entering a housing shelter. He, his mother and brother were forced to stay in the shelter after their apartment had been destroyed in a fire. He and his brother have had multiple respiratory infections since remaining in the shelter, so far only one requiring hospitalization. They have become clinic patients of mine due to inability to travel to their own clinic. Though they remain in a housing shelter after 3 months, they are more fortunate than most of the others at the shelter. They have been told that they are on the top of the list for alternate placement due to their reason for placement.

*Boston* INFECTION  
S My most frightening night on call came several months ago when a year-old girl walked into the emergency department and coughed up an enormous amount of blood. Trauma was initially suspected, but after mechanical ventilation was initiated and a full-body CT scan showed no evidence for this possibility, we had to look further. The most likely culprit was the severe water damage to her home, including a bathroom that was literally rotting away. It is likely that *stachybotrys atra*, the deadly fungus, was living in that bathroom, and its toxin set off the bleeding. When this poor girl recovered, we literally could not let her go home again.

*Boston* INFECTION  
S The most memorable story I have dates back to my residency here. One of my favorite patients in my continuity clinic was a little boy whom I'd first met while rotating through the newborn nursery at the Brigham. His mom was an unmarried adolescent who was both articulate and motivated to take good care of her son (thus dispelling some stereotypes I had of adolescent parents!) However, I was shocked when, in answer to my questions about their living situation during one of Brandon's well-baby visits, his mom told me that she wanted to find her own apartment because they were currently living with her entire family... and casually mentioned that it sort of bothered her to find rats in the baby's bed with him in the morning!

I must confess that, though I know she did eventually find different housing, I've lost touch with her since then & don't know if it was any better for them. Remembering the story does remind me to be vigilant about where we're sending babies home to...

*N. Y.*                    INFECTIOUS DISEASE                    I am an architect and would like to tell you about the Phipps Houses in New York City. Phipps Plaza South is a 294–unit, 30–story building constructed in the late 1960s under a HUD–insured mortgage program; its tenants are low– and moderate–income families who have experienced high rates (even for NYC!) of asthma, other respiratory problems, skin rashes, and fatigue. They have consulted the medical director of the Eastern New York Occupational Health Center, who believes that these conditions are linked to the presence of toxic molds, including stachybotrys and aspergillus. These molds grow in damp, cellulose–containing materials, including sheet rock.

Phipps Plaza South has a well–documented history of water penetration through the exterior walls, as well as interior plumbing leaks and problems with the kitchen/bathroom exhaust vents. Management’s response has been sporadic and has focused on cosmetic repairs; the underlying cause – water entering the exterior masonry cavity walls through joints between various construction materials – had not been addressed until demanded by the Department of Housing and Urban Development (HUD). HUD also required that air and bulk materials in a small number of apartments in which tenants had experienced major health problems be tested. I believe that samples from six out of six suspect apartments tested came back positive for one or both molds.

This story is significant because toxic mold contamination may be more widespread than is commonly believed. Almost all housing built or renovated since the 1950s contains gypsum board (sheet rock); the paper backing of these panels seems to support mold growth when it is allowed to become damp. Other materials (cellulose fiber insulation, carpets and backing) are also vulnerable. Low– and moderate income people’s housing in particular is likely to be poorly maintained; plumbing and exterior leaks may persist for long periods of time. Even when the leaks are repaired, damaged materials may be left in place. Like lead paint dust and asbestos particles, mold spores are very small and lightweight. When they are disturbed (either by “routine” renovations when their presence is not suspected, or by ill–advised “remediation”), they are released into the air and may become even more dangerous than when they were buried inside walls and ceilings.

*Boston*                    INFECTIOUS DISEASE                    **One of my clinic patients is a preschool child with severe asthma whose family was looking for section 8 housing because dust, cockroaches were a significant problem in the old apartment. I wrote a letter to housing authorities and the family was able to get a new apartment that was much better. The family reports the asthma has improved.**

*Boston*                    INJURIES                    Lucas is a young boy whose unsafe house put him at high risk for burns, falling out of a window and fires.

*Boston*                    INJURIES                    2 year old boy came to my practice for a routine visit. I noted he had a healed burn on his right hand, which his mom said was due to a kerosene heater. The family could not afford oil heat.

*Boston*                    INJURIES                    I visited a home of a young girl with asthma that was very dusty. Fortunately, there isn’t a roach or rodent problem, but smoke detectors are absent, and the family cannot afford window guards.

<i>Boston</i>	INJURIES	At one two year old's house, I found that the water temperature was 150 degrees, putting her at risk of a burns. In addition, the mother does not have the financial means to buy windows guards to prevent an accident. I hope she will contact the landlord about reducing the water temperature.
<i>Boston</i>	INJURIES	I visited the home of a three children under age six. One has an elevated lead level (the home is full of chipping paint). The water temperature is 150 degrees, 30 degrees higher than normal. All the children are at risk. We will contact the landlord to reduce the water temperature and ensure the home is delead.
<i>Boston</i>	INJURIES	I just visited a house where three young children live. There is not adequate heating during the winter. There is only one possible fire escape exit. Further, the main window in the living room is floor high and doesn't even have a screen. It is very dangerous to young children. The mother said she would talk to the landlord about changes, and we will refer her to a lawyer if there are problems.
<i>Boston</i>	INJURIES	Several residents of Boston Public Housing (BHA managed) told me about situations involving extreme heat and inability to control high temperatures, difficulty with transfer applications and hopeless grievance procedures.
<i>Boston</i>	INJURIES	Lori, an 8-year-old girl, lived with her mother and 3-year old brother until they were evicted from their unsubsidized apartment. The family reluctantly moved in with relatives while they waited for housing assistance. During this time, Lori was physically abused by a relative, and the Department of Social Services placed her in a foster home.
<i>Philadelphia</i>	INJURIES	KH is a 4 year-old with Down Syndrome who lives in West Philadelphia and has a lead level of 23. There was a fire in her apartment building and her family was forced to move out. They are currently unable to afford new housing and are living in cramped-quarters with their grandmother. KH (the sister of KH above) is a 5 year-old with a hearing deficit and a lead level of 26. She has endured the same story as her sister, above.
<i>Philadelphia</i>	INJURIES	I have a family in my clinic that is made up of a 1 year old, 2 year old, 5 year old and 25 year old mother. The family lives with the mothers parents for financial reasons. I discovered on a home visit with the family, that the grandfather is terminally ill and the entire first floor of the home is being used as his hospital room. The children must go through the room to reach the kitchen, small family room and their bedroom. There are 15+ medicine bottles within reach of the two older children as well as syringes and needles. The whole family sleeps in the same room in a single bunk bed. The portable potty trainer for the 2 year old sits at the corner of the room. The children have not had any ingestions, but have come to the emergency department for multiple lacerations, head trauma from the hospital bed/bunk bed. For now, the mother has no financial way out of her living situation.
<i>Philadelphia</i>	INJURY	Toddler who came to the ER for the second time with a second degree burn—this time on the leg—as a result of getting burned from an exposed radiator in his home.

<i>Boston</i>	LEAD	A single, 6 months - pregnant mother with three children was reunified with her children after a voluntary release of them until she was placed in a shelter. Her past living situation had been in an overcrowded apartment with other families members that had not been de-lead. Based on high lead levels in the two and a half, five and six year old, the Department of Social Service was forced to remove the children with the mother's consent to protect the children's medical safety. The mother was forced to turn to shelter living because there was no option of affordable housing in the near future and felt it was important to keep her family. She is now homeless, searching for affordable housing, with little hope for securing a unit.
<i>Boston</i>	LEAD	I just visited a home with six children all under age six. Two of the children are known to have elevated lead levels and the kitchen has peeling lead paint. Also the home does not have adequate heating during the winter. We discussed the mayor's hot line for heating problems and we will work on deleading.
<i>Boston</i>	LEAD	Dashawn is a 4 year old with lead poisoning. When I visited the house, it was full of chipping lead paint.
<i>Boston</i>	LEAD	I visited the home of a one year old child whose asthma is made worse by a rodent problem at home. In addition, the house is full of chipping lead paint. The family is temporarily moving so repairs can be done on the home, but it is questionable whether or not all necessary repairs will be made by the landlord.
<i>Boston</i>	LEAD	I work as a staff pediatrician in the Boston Medical Center International Clinic, one the participating sites in the mandatory Massachusetts Refugee Health Assessment Program. I recently cared for a a 3 year old boy who was a newly arrived refugee from Somalia. He had been in the USA for about one month when I met him, after fleeing his war-torn country as an infant and living in a refugee camp in Kenya. As part of the required health screening, we performed a blood lead test. His level came back quite elevated with indicators of severe anemia and iron deficiency, all correlating with a diagnosis of Class III lead poisoning. He required an urgent referral to our lead poisoning program which immediately began lead decontamination and then iron repletion. On inspection of the house to which he and his family (including other young children) had been resettled, marked lead contamination was found, in violation of Massachusetts housing codes.
<i>Missouri</i>	LEAD	My daughter was lead poisoned because nobody told us our house built in 1906 had lead paint. We had to move from there when we found out what was going on, and I believe my child's development is still being affected.
<i>Philadelphia</i>	LEAD	Toddler hospitalized for treatment of lead poisoning whose landlord will not cooperate with lead abatement.

*Philadelphia* LEAD Child 1 lived in a narrow rowhouse in W. Phila. Lead of up to about 60 mcg/dl. Multiple lead violations—the city health dept. had to abate as the landlady would not. When I visited there was falling ceiling, big holes in bathroom ceiling, hot plate and space heaters (fire hazards), little furniture and floor in poor repair. After abatement landlady harassed this tenant by not providing heat, pouring water from her 2nd floor apartment until water leaked into the Child's apt. The mother was referred to tenant rights groups—legal rights groups but decided not to fight. The family moved out into a homeless shelter.

*Philadelphia* LEAD Child 2 has been lead poisoned in 30–40 range mostly for about a year. Very bright and charming; seems to have escaped major cognitive/behavioral effects of lead. Home has not been abated despite repeated attempts at securing this. City to go in soon and do the abatement. Landlord trying to harass and take advantage of this grandmother; she's a very tough lady and fighting this.

*Philadelphia* LEAD Child 3 (who is developmentally delayed with autism) is currently in the hospital for her third episode of lead poisoning. Biological parents neglectful; lead levels not followed up, appointments missed, father owned home and didn't do abatement. Finally removed to foster home with loving parents who have made their home safe. May have exposure to lead in school setting, as well.

*Philadelphia* LEAD Child 4 is currently getting treatment for a lead level of 72. Home has front porch with incredible peeling/chipping paint; probable source of lead. Had lead of 46; family delayed in getting to clinic for repeat—had risen in the interim. Luckily her guardian is eligible for the HUD Grant sponsored lead hazard abatement of private housing—this is due to go into effect soon and family to be relocated temporarily. So this is a partial success story.

*Philadelphia* LEAD Children 5 and 6 (brothers)—lead levels elevated to 80s and 50s respectively, last summer. Youngest boy was about 3 and windowsills full of lead paint chips he was eating as he watched out the window. Home has since been abated—looks very nice without apparent lead hazard. However, house in back of them with horrendous chipping and peeling of paint on big porch; concern about chips blowing into their backyard. Violence a concern—Mom witnessed someone being shot and killed from a bedroom window.

*Philadelphia* LEAD Child 7—Family immigrated from somewhere in Africa. Child with extreme elevation of lead level last summer to 80s. Home abated in meantime. Now another elevation to 70s. Health dept. searching out source of lead exposure.

*Philadelphia* LEAD RC is a 4 year–old male who lives in West–Philadelphia and has a lead–level of 22. The Philadelphia Housing Authority visited his home and found high lead levels in the bedroom and living room. The landlord has not made any improvements yet in the condition of the apartment and RC's lead level continues to be high.

*Philadelphia* LEAD TJ is a 2 year–old girl who lives in West Philadelphia and had a lead level of 34. The landlord refused to make any changes and instead of taking legal action the family decided to move. Fortunately TJ is followed in a lead clinic at the Children's Hospital of Philadelphia and her level had decreased to 19.

*Boston*      NUTRITION      Ruby is a 21 month old girl with rickets. Her mother was deserted by her boyfriend while pregnant. After birth they lived in a shelter for over a year. The shelter was in a very dangerous area and so mom kept her inside all the time, which lead to rickets in a dark skinned child with no sunlight. Even after they got housing, it was far away from friends or her doctor and she had no car. While housing assistance came two years later and was far away from mom's support systems, she was grateful for it.

*Los Angeles*      NUTRITION      This is a story of my three year old patient Nyidah.  
Already in a difficult social situation because of the conflict between the mother and the father over everything, the medical needs for Nyidah are made even worse by having to change residences frequently, including temporary shelters, homeless shelters, rentals, friends and I'm sure other housing situations that her mother will not tell me.

Nyidah has asthma which is fairly mild, but always flares up when they are placed into a shelter. The mother has a history of being abused as well, and without transportation, sometimes it is difficult getting them both in for medical care. Nyidah's nutrition has suffered dramatically; I had to repeatedly stop the mother from diluting the formula in the first couple of months because she could not afford to buy more and she could not make it to her WIC appointments because she was too poor to afford even a bus ride. Now she has fallen across 4 percentile lines (not 4%, but 4 curves!!) What makes it worse is that although she had hit her milestones dead on, her language skills are horrible and there is some early evidence of social dysfunction. How much is environmental and how much is genetic is difficult to say, but for sure, her housing situation didn't help.

Nyidah's mother did try to find alternative housing, but even through local and state agencies, she was unsuccessful. They remain transient to this day; I've not seen them for about 8 months now. I heard that they were leaving Los Angeles for another county in which it was easier to live and find help.

*Philadelphia* NUTRITION

ST is a 21 year old mother of four. When I first met her, two years ago, she was living with her four children, her sister, brother-in-law and their five children in a three bedroom rowhouse rental. Since then, we have been trying to help her get housing. Two of ST's kids have severe failure to thrive, requiring inpatient evaluations, and eventually tube feeds for one. Two of the kids have asthma and have had numerous hospital admissions in the last two years.

Last year, ST's sister and brother in law leased a home in North Philly. ST went with them and lived on the third floor of the home in two rooms for 9 months until her sister asked her to leave.

During all this time she and her family were living on a PA check of \$450 a month. The only way that ST was able to afford the security deposit on the apartment she eventually acquired was that she collected a year's worth of SSI reimbursement for her daughter. She now lives on \$497/month

In Philadelphia, no applications are being accepted for public housing. The waiting list is 10 years long. Priority is given only if a family lives in a shelter for > 6 months. So, families like ST's who are able to live with relatives take two years, and reliance on other public programs ( which are also in jeopardy) to obtain an apartment.

*Boston* VIOLENCE

I recently saw a 9 year old boy in development clinic. He had been failing school and having nightmares of the police coming to arrest his family. His mother worked two shifts a week as a nurses aide and his father worked one in maintenance, but recently lost a second job. As a result, the family had to move to a cheaper apartment in an unsafe neighborhood. His parents had refused to let him leave the apartment and he had already witnessed violence. His younger brother reported to the staff that neither child had eaten all day.

*Boston* VIOLENCE

One of my patients, Samantha, is a six month old girl whose mother was in a relationship that involved domestic violence. The mother stated she felt ready to leave, as her husband had threatened to kill her and her daughter. The mother was in Section 8 housing at the time. When she inquired about moving the housing authority told her she would be made a priority but they could not get her housing right away, so she would need to go into a shelter. The mother did not want Samantha in a shelter because she would get sick. The mother had already filed a restraining order, but did not feel safe because her husband had already violated the order. She felt stuck in an unsafe situation for herself and her daughter.

*Boston*

VIOLENCE

I am taking care of a patient in my primary care practice who I am very concerned about and feel unable to help. He is a 3 year old male who lives in the projects in Charlestown with his mother and brother. The mother relates stories of the three of them being harassed and threatened as they come and go from their apartment. She describes the boys seeing fighting, guns, and drug dealing on a daily basis. She says that my patient has become very fearful and withdrawn since moving to these projects. I am concerned about the possibility of developmental delay in this patient, but I have never been able to adequately assess him because he cowers behind his mother and screams and cries when anyone comes into the examining room. The mother tells me that he has been becoming more and more frightened of everyone recently. This seems out of proportion to the stranger anxiety that one might expect from a child this age.

*Philadelphia*  
*a*

VIOLENCE

**Dorean was 5 when I met him. In the course of a routine physical exam, I found extensive, well-healed burn marks on both of his legs. "That was when we were living in the other place", said his mother. 'The other place' was an unfurnished room in a dilapidated house in North Philadelphia, she explained, which she, Dorean, and Dorean's brother and sister shared. Most of the other tenants in the house were crack addicts. Dorean's father stayed with the family off and on. Once, he was cooking on a hot plate while Dorean was sleeping on the floor, and the hot plate fell on Dorean's legs, who suffered third-degree burns.**

**As a result of Dorean's hospitalization, a social worker came to the home. She concluded that it was unfit for a child to live in. The family was placed on a waiting list for section 8 housing. After several years on the waiting list, Dorean and his family have recently moved into a small row house with the help of a section 8 subsidy. Dorean's mother's face lights up with a smile when she describes the house— two bedrooms, a living room, and a little grass yard in the front. Dorean's sister loves to play in the small yard, and Dorean can safely walk in the neighborhood. Dorean's mother, who has a several medical problems, works from home making Teddy bears, and spends most of her spare time fixing up the house, the first safe place she has known in many years.**

*Seattle*

VIOLENCE

I saw a 8 year old boy for a forearm fracture after falling while climbing on a rickety broken fence in the VERY small outside area they had to play in. I have also watched gang behavior develop in these boys (believe me, I would join a gang, too, if I had to roam those halls alone!), but I guess some people don't consider that health-related...

