July 1, 2019

Dr. Ben Carson
Secretary
U.S. Department of Housing and Urban Development (HUD)
Attention: HUD-2019-0044
451 7th Street, SW
Washington, DC 20410

Re: HUD-2019-0044- State Relief and Housing and Community Development Act of 1980: Verification of Eligible Status

Dear Secretary Carson:

On behalf of Trust for America’s Health (TFAH), a nonprofit, non-partisan organization that promotes optimal health for every person and community and makes the prevention of illness and injury a national priority, I am writing to comment on the Department of Housing and Urban Development (HUD) proposed rule on Verification of Eligible Status under the Housing and Community Development Act of 1980. The proposed rule would require verification of the eligible immigration status of all recipients under age 62 and specifies “that individuals who are not in eligible immigration status may not serve as the leaseholder, even as part of a mixed family whose assistance is prorated based on the percentage of members with eligible status.”

According to HUD’s internal analysis, 108,000 people nationwide, including 55,000 children would be affected by this proposed rule, while existing HUD funds would be reallocated for its implementation. We are concerned that these individuals will be at serious risk for either homelessness or housing instability which create barriers to achieving positive health outcomes. In addition, others who rely on these programs may be exposed to substandard housing conditions, as critical HUD funds are redirected from activities such as maintenance and resident services. Our comments focus on the health impacts of the proposed rule caused by housing instability and substandard housing quality.

Background

Access to safe and stable housing is a critical social determinant of health, which are non-medical factors such as school quality, access to employment, and neighborhood safety that can

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impact health outcomes. Inadequate housing can have profoundly negative impacts on health, including psychological distress, harmful effects on childhood development, and health issues as a result of exposure to environmental contaminants. According to a study using data from the Centers for Disease Control and Prevention’s (CDC) Behavioral Risk Factor Surveillance System (BRFSS), housing insecure respondents were twice as likely to report poor or fair health outcomes.

Mental Health

Housing instability has been identified as a significant factor that can increase risk for mental health issues, substance misuse and suicide. It has also been linked to increased cases of domestic violence and child abuse. Using data from CDC’s National Violent Death Reporting system, a study published in the American Journal of Public Health showed that the number of suicides with eviction or foreclosure as a risk factor doubled between 2005 and 2010.

Homelessness can cause poor mental health outcomes, or aggravate existing mental health issues. Those who are homeless are more likely to have high stress levels, have a substance use disorder, and experience feelings of worthlessness. Life expectancies for this group are significantly lower, in large part due to higher rates of suicide.

In many cases, children are forced to bear the brunt of psychological stressors related to housing. According to a study published in the Journal of Environmental Psychology, poor housing

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conditions were related with worse psychological conditions in both the near and short-term.\textsuperscript{8} Children are also at an increased risk for experiencing maltreatment in the wake of unstable housing conditions.\textsuperscript{9} It is estimated that it costs the United States $124 billion in lifetime costs for just one year of confirmed child maltreatment cases.\textsuperscript{10}

**Housing Quality**

According to HUD’s analysis “with part of the budget being redirected to cover the increase in subsidy, there could be fewer households served under the housing choice vouchers program; while for public housing, this would have an impact on the quality of service, e.g., maintenance of the units and possibly deterioration of the units that could lead to vacancy.”\textsuperscript{11} There is a strong body of evidence demonstrating that housing quality, such as persistent presence of house allergens, lead, pests, and moisture are associated with poor health conditions.\textsuperscript{12}

Asthma and other respiratory health problems are commonly associated with poor living conditions inside the home. The three main factors within home settings – humidity, ventilation, and temperature – can create a cold, damp environment for mold to grow. Mold is an allergen and a food source to dust mites,\textsuperscript{13} both of which lead to greater prevalence of asthma and respiratory symptoms (wheezing, sore throat),\textsuperscript{14} particularly among children.

Research also indicates that building degradation increases cockroach infestation, which is a leading cause of asthma morbidity in inner city homes. Factors that increase cockroach


Infestation also contribute to mouse presence; which are both associated with increased rates of asthma and asthma morbidity.\textsuperscript{15} In the United States, asthma is a leading cause of missed school days, emergency rooms visits, and lost work days.\textsuperscript{16} Therefore, decreasing investments in housing maintenance services can have negative impacts on children’s health, education, and economic productivity.

Similarly, lead exposure due to substandard housing conditions present a pressing public health issue. For example, common housing infrastructure, such as lead-based deteriorated paint and plumbing systems can expose families to lead. Research shows that even low levels of exposure can have has lasting neurologic development effects in children.\textsuperscript{17,18} Previous federal regulation to improve housing quality has proved effective in decreasing lead exposures.\textsuperscript{22} However, new research shows that no level of lead exposure is safe for children.\textsuperscript{19}

As lead remains in our communities and homes, there is a need to build on past federal efforts to eliminate lead exposure among all communities. The Healthy People 2020 goals include eliminating childhood lead exposures and decreasing disparities in lead exposure based on race and social class. TFAH is concerned that the proposed rule threatens HUD’s ability to build on these efforts.

\textbf{Infectious Disease}

Substandard housing conditions, including a lack of safe drinking water, ineffective waste disposal, and inadequate food storage systems, are also linked to the spread of infectious disease.\textsuperscript{15} Proper water, plumbing, and sewer infrastructure are critical components of public health interventions to prevent and reduce infectious diseases. Therefore, housing quality, maintenance and improvement efforts should remain a priority for public housing.


Under the proposed rule families may become homeless or be forced to reside in overcrowded housing. Both situations are associated with transmissions of tuberculosis, hepatitis A, hepatitis B, and morbidity from respiratory disease. Data shows that people who are homeless have elevated rates of deaths from HIV and other infectious diseases. The proposed rule would place families at risk of eviction and increase an otherwise avoidable risk for infectious disease.

**Chronic Disease**

This proposed rule will also create barriers for individuals seeking to lead a healthy lifestyle, as well as those currently managing chronic conditions. For those who will need to spend more money than they previously have on housing, it leaves fewer financial resources to purchase healthy food. In many cases, temporary housing and shelters lack cooking facilities, which can lead to poor nutrition. Losing one’s home has also been tied to increases in obesity and higher blood pressure.

Unstable housing has been shown to be a significant risk factor for increased emergency department visits and hospitalizing due to diabetes and cardiovascular disease issues.

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especially in cases where individuals do not have a place to recuperate.\textsuperscript{29} Outcomes for homeless individuals are even worse with high prevalence of diabetes and hypertension, and rates of cardiovascular disease expected to rise significantly over the next twenty years.\textsuperscript{30}

**Health Care Costs**

Interventions that go beyond the health care sector, such as addressing housing quality, housing insecurity, and homelessness, can help reduce health care costs. Research indicates that investments in physical infrastructure can reduce the use of health care services among low-income children.\textsuperscript{31} Conversely, patients living in areas with a greater density of housing code violations are shown to have an increased risked of emergency department visits and hospitalizations.\textsuperscript{32} Improving housing conditions and providing stable housing for adults and children can reduce some of the costliest health care visits, helping to reduce health care costs.

**Conclusion**

The proposed rule will negatively impact over 100,000 people, roughly half of which are children. We urge HUD to return to prior interpretations of the Housing and Community Development Act of 1980, particularly to prevent these individuals from being exposed to the serious health risks that come with homelessness and housing insecurity.

Thank you for your consideration of these comments. If you have any questions, please contact Dara Lieberman, TFAH’s Director of Government Relations, at dlieberman@tfah.org.

Sincerely,


