Welcome from the Director

Emily A. Benfer, Clinical Professor of Law

While the Health Justice Project continues to address significant health-harming social and legal issues, this year, the need for healthy housing stood above the rest. Students from Loyola’s Schools of Law, Medicine, and Public Health set their sights on improving access to healthy homes for low-income Chicagoans. Students in our litigation clinic helped clients assert their rights to a safe living space while the legislation clinic focused on improving Chicago’s indoor environmental health and housing policies.

Although a home is a safe haven for many families, it can also be the source of dangerous environmental health hazards that cause disabling conditions. In Chicago, where more than 50% of the housing stock is at least 50 years old, the risks are particularly acute. Exposure to lead, carbon monoxide, chemicals, mold, pests, radon, and tobacco smoke can all cause serious health concerns, and this burden falls largely on low-income and minority populations. Asthma and lead poisoning are some of the greatest—and preventable—health issues that affect Health Justice Project clients (Healthy Homes Fact Sheet, page 7).

This year, litigation students, like Erica Cribbs and Ben VanGelderen, were on the front lines of the healthy homes effort. Both students represented Erie Family Health Clinic patients and successfully addressed health-harming legal issues. Their work prevented future harm to the clients and helped to develop a model for healthy housing advocacy (Health Justice Project Success Story, page 2 and Health Justice Project in Action, page 4).

Complementing the litigation strategy, students from multiple Loyola graduate programs collaborated to develop healthy homes policy recommendations (Fostering Interdisciplinary Education, page 3). Working with Loyola’s Healthy Homes Healthy Communities Initiative (HHHCI), the policy students engaged in an intensive analysis of existing housing policy and public health data in Illinois and nationwide. Their findings were presented to the HHHCI Planning Committee in preparation for a citywide summit designed to create model healthy homes policies in Chicago and Cook County.

We are very proud of our students and the exceptional outcomes they accomplished on behalf of Erie patients and low-income Chicagoans. None of our work would be possible without the insight, commitment and support of our partners and colleagues. Thank you for your important contributions to health justice.

“In the Health Justice Project, I learned how to build rapport and trust with clients who have confronted barrier after barrier to justice. The experience taught me indispensable lessons on how to counsel people and demonstrate that the law can work for them, rather than against them.”

- Jon Sheffield, Law 2015

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Monica loves spending time at home with her family. Unfortunately, her home has not always been a safe place for her children. A year ago, doctors determined that Monica’s 2 year old son, Kyle, had elevated blood lead levels due to the presence of lead in their apartment. Despite her landlord’s assurance that he fixed the problem, repeat testing revealed that Kyle and each of his 8 brothers and sisters had dangerously high blood lead levels.

Thinking of her children’s wellbeing, Monica immediately began to search for a safe place for her family to live. At the same time, Monica’s doctor at Erie Family Health Center contacted the Health Justice Project, where Client Advocate Erica Cribbs, Law 2015, was assigned to her case.

Monica wanted to make sure her family could move into healthy housing without losing the Section 8 Housing Voucher that paid their rent in full. To help Monica break the lease and keep her voucher, the Health Justice Project worked with Erie Family Health Center Nurse Practitioner, Martha Glynn, to submit a reasonable accommodation request to the Chicago Housing Authority (CHA). The request allowed Monica to transfer to an apartment where the children’s growth, neurological development, and endocrine systems would not be compromised.

During the representation, Erica uncovered a flaw in CHA’s housing procedures. Inspections did not include testing for lead. This means that families housed through CHA programs could be approved to move into housing that presents lead poisoning risks. To ensure the health of Monica’s family, the Health Justice Project secured a Lead Hazard Home Test from the Chicago Department of Public Health for Monica’s new home. “We didn’t want to start the move in without first making sure that the new apartment would not create further issues,” said Erica. Test results showed no threat of lead exposure in the new apartment and Monica and her children were able to move in immediately. Erica also helped Monica transfer her utility bills and energy assistance programs to the new apartment.

When Erica called Monica a few weeks later to check in, she immediately noticed a change in Monica’s demeanor. Erica recalled, “Every time I had spoken to her before, she sounded stressed and worried and preoccupied. But this time, she was really happy about the situation because she was finally in her new place and she knew that lead wasn’t a hazard anymore.”

“Everything I had problems with, they resolved. They got things up and running for me. We are all settled now.”
-Monica, Health Justice Project Client

To protect families across Chicago, Erica shared Monica’s story with the Health Justice Project policy students. The students worked with the Healthy Homes Healthy Communities Initiative to develop model healthy homes policies. Their final recommendations included that all CHA approved apartments be free of environmental hazards, including lead.

Thanks to effective collaboration between the law students, medical providers and client, Monica and her children were able to quickly leave an unsafe housing situation and move into a home where her family could live healthily and happily.
Nearly 1.2 million children residing in Cook County are at risk of developing significant health problems due to indoor environmental hazards. The presence of lead, mold, infestations, carbon monoxide, radon, and polluted water make many Chicago and Cook County homes unsafe and can result in debilitating health conditions, especially among children.

In order to address this public health problem, the Health Justice Project Policy students worked with Loyola’s Healthy Homes Healthy Communities Initiative (HHHCI) during the Spring 2014 semester. The team of law, medical and public health students analyzed existing legal remedies and past research, (including that of HHHCI employee and law student Amanda Crews Slezak) and developed healthy homes policy recommendations for implementation in Chicago and Cook County.

The policy students conducted public health data analysis, stakeholder outreach and legal research on Chicago, Cook County, Illinois and federal approaches to indoor environmental hazards. The greatest problem with current policy revolves around the sheer lack of policies and lack of an enforcement mechanism if a policy does exist. “The lack of policy is a major problem. Many of the public health officials we interviewed described an inability to respond to complaints from citizens,” said Paige Steffan, Law 2015.

Steffan participated in the policy course with other law, medical and public health students. The interdisciplinary course is a result of a partnership between the Loyola School of Law Health Justice Project, Stritch School of Medicine and School of Public Health. The course, co-taught by public health Professor Dru Bhattacharya, Professor Emily Benfer and Allyson Gold, is designed to train students in interprofessional teamwork to create effective and comprehensive public policy. Law student Alexandra Gross described the opportunity to collaborate with law, public health, and medical students as “an invaluable experience that gave me the practical skills necessary to research and develop health policy in a real life setting. Working with the team, I gained crucial knowledge on public health and medical concerns in policy development, while also learning how to convey my legal knowledge in a comprehensive manner. Most importantly, through the experience, I learned how important medical-legal partnerships are to the development of efficient and effective policy.”

Carlos Minaya, a student in the school of Public Health, found that the structure and composition of the policy class helped him understand his field in new ways. “I was able to talk about and apply concepts I had, up to that point, just been studying. It was empowering to know I was actively using what I was learning in order to make a very real difference,” said Minaya, “Working that closely with the Health Justice Project medical-legal partnership was a great honor and a great opportunity.”

“The most effective laws prevent health hazards from happening rather than the current approach in which the law is designed to respond to the indoor environmental hazard after the harm occurs. We are looking at proactive solutions.”

-Emily Coffey, Law 2014

In addition to evaluation and policy development, a key focus of the course was the role of outreach, education and political viability of the proposals. “We can create great policy but if the Chicago community won’t accept it, it won’t do anybody any good,” said Steffan.

The students’ final analysis and recommendations were presented to the HHHCI for use during the June 2014 City and Countywide Summit to Advance Healthy Homes and Healthy Communities. The HHHCI is chaired by Professor Anita Weinberg, Director of the Law School’s ChildLaw Policy Institute.

For more information and copies of healthy homes policy documents, visit our website: http://www.luc.edu/healthjustice and click on “Policy and Advocacy.”
When Ben VanGelderen, Law 2014, started his fall semester in the Health Justice Project, he never anticipated the breadth of experience he would gain from his role as a Student Attorney. Likewise, when Erie patient Shannon was referred to the Health Justice Project, she never expected to receive legal assistance from a passionate student attorney so invested in advocating for her family’s health. In clinic environments like Health Justice Project, law students gain valuable skills and experience, and clients have the opportunity to be represented by a dedicated advocate.

Shannon was referred to the Health Justice Project by her doctor at Erie Family Health Center after her six year-old son, Luis, experienced coughing fits and breathing trouble. When Luis was diagnosed with a mold allergy, both Shannon and the doctor suspected that Luis’ respiratory troubles were caused by mold growth in their apartment. Conditions were so severe that walls, furniture, and even clothes were covered in mold. After Luis’ diagnosis, Shannon contacted a city building inspector, who came to her apartment and noted multiple building code violations, including the fact that the basement had been illegally converted into a living space.

Knowing that Luis’ health was at risk, Shannon decided to leave the apartment immediately and began staying with friends and family. She filed a lawsuit against her landlord, but was uncertain about the next steps. “My situation was that I didn’t know there were resources out there,” Shannon recalls. Between raising Luis, working as a Nurse’s Assistant, and pursuing her Master’s Degree, she needed an expert to advocate for her and Luis.

Ben researched the law to determine the best way to vindicate Shannon’s rights and secure the best possible health outcomes for Luis. Based on the conditions of the apartment and the numerous code violations, Ben and Shannon built a strong legal case. Over the course of seven months, Ben met with and advised Shannon, drafted motions, filed claims, worked with opposing counsel, and ultimately represented Shannon in a trial. The opportunity to be so deeply immersed in a case, from its beginning stages through trial, is an invaluable experience for law students, and Ben developed skills and insight that he will carry with him throughout his entire career.

Reflecting on his experience, Ben noted, “The two biggest takeaways from this case were patience and preparation. Patience is key not only because the court system works slowly, but also because it’s important to take your time to think about every step of the process, to consider the consequences. Preparation is also necessary because whether it was writing motions or the complaint, or preparing for trial, advocating effectively for the client was far easier when all the required research and evidence was readily available.”

Ben’s sound representation and Shannon’s strong testimony led the judge to rule in favor of Shannon. After the trial, Shannon said, “It felt like there was justice out there. The judge listened to me and didn’t throw out my case. I felt like a fair sentence was served.” She was awarded $6,100, for damaged property as well as rent paid for an uninhabitable apartment. Since then, Shannon has been able to find a new place to live, replace the clothes and furniture destroyed by mold, and even put money towards her and Luis’ educations.

“The Health Justice Project gave me a lot of support,” said Shannon, “It was an amazing experience. Without their help, I would not have gotten this far.”
Professor Bhattacharya, J.D., M.P.H., LL.M.

How did you become involved in the Health Justice Project Policy Course?
Professor Emily Benfer and I actually joined Loyola around the same time and met briefly upon our arrival to express our interest in potentially working together. After establishing our respective programs, we reconnected in Summer 2013 to discuss potential teaching and research opportunities moving forward. A couple months later, Emily had created the Health Justice Policy course and invited me to participate as a co-faculty instructor.

What is your favorite thing about teaching the Health Justice Project Policy class?
The students are enthusiastic and ambitious, which is always inspiring, especially for a professor.

What sets the health Justice Project Policy class apart from other graduate school classes?
What makes the Health Justice Policy class unique is drawing diverse professional perspectives among a cadre of students who have not yet become entrenched in their approaches to solving problems. This interprofessional dialogue not only compels them to think outside the box, but also prepares them as future practitioners to think creatively and collaborate with a myriad of people who are trained in other disciplines, which are indispensable skills in our current healthcare and public health communities.

What are the benefits to interprofessional graduate education?
Enabling a diverse group of students to learn from one another creates awareness and identifies opportunities to engage a problem from multiple perspectives. Medical and public health students may be surprised to find out how dynamic the law is, and how it is shaped and developed within a common law system. Law students may be surprised to find how complex clinical decision-making can be, and how decisions made within the physician-patient relationship can have profound implications for health. And both medical and law students may be surprised to find how distinct the population health perspective of a public health student is from practitioners who deal with individuals vis-à-vis the physician-patient or attorney-client relationships. This is truly the future of practice-oriented education.

In what other ways do you collaborate with the Health Justice Project?
[Emily and I have] begun outlining research projects, leaning on my dual background in law and public health, and particularly clinical epidemiology, to anticipate how to strengthen collaborations between the Health Justice Project and its community health clinics to alleviate the burden of illness among vulnerable populations from a public health perspective.

What is the value of medical-legal partnerships in improving public health?
I believe that MLPs will serve as both a locus of research and intervention for public health. It will be challenging, however, because the natural inclination of physicians and attorneys is to examine issues based on treating the individual patient or client. A public health perspective is arguably more complex because it implicates a host of determinants of care and well-being that extend beyond the physician-patient and attorney-client relationship.

As an expert in public health and someone with an M.P.H. and a J.D., where do you see the future of collaboration between the medical and legal professions?
MLPs are one example of such collaborations, but regardless of the form in which those collaborations may take, the future ought to consider advancing policy change as a shared objective. If we’re talking about public health policy, for example, we have to do a much better job in recognizing that collaborations between medical and legal practitioners are just a starting point. We have to involve other disciplines, including individuals versed in ethics, politics, epidemiology, and management. I was trained among legal and medical practitioners who were overconfident in their ability to “get” policy because of their advanced training in law or medicine. Public health as a profession trains its practitioners to recognize how numerous factors influence health. The core curriculum of any public health program encompasses coursework in health policy, biostatistics, environmental health, social and behavioral sciences, and epidemiology; after which, students may specialize in a particular discipline, or for programs that are generalist in nature, seek out further training from an array of advanced coursework.

“When we are ready as a society to embrace health as a social construct, we will start having a more serious dialogue on social determinants of health and move away from a strict biomedical paradigm that has dominated and compromised efforts to advance public health.”
-Professor Bhattacharya
RESOURCES FOR PROVIDERS: Treating Lead Poisoning

Lead poisoning has been labeled as the greatest in-home risk to children, but it is also the easiest to remediate. The latest Lead Surveillance Report by the Illinois Department of Public Health shows that 5,185 children in Cook County (not including Chicago) and a staggering 22,493 children in Chicago, under the age of six, had blood lead levels of 5-9 μg/dL. This is enough to impair their growth, behavior, cognitive functioning, IQ, and endocrine system, as well as cause a build up in tissue that can result in later problems such as osteoporosis, anemia, and nutrient deficiency.

In Chicago, lead poisoning is defined as an elevated blood lead level of 5 μg/dL or above. The Chicago Department of Public Health is authorized to inspect any property in Chicago frequented by a child under age six. Inspections for lead bearing substances are mandatory in Illinois when a child has one of the following:

- A confirmed blood lead level at or above 20 μg/dL
- Three successive confirmed blood lead levels of 15-19 μg/dL
- Single confirmed blood lead level at or above 10 μg/dL and the physician requests an investigation
- A blood lead level at or above 10 μg/dL and the child is less than three years of age

For more information about lead poisoning in Illinois, visit LeadSafeIllinois.org

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<th>Help Patients Prevent Lead Poisoning</th>
<th>Legal Options Available to Address Lead Poisoning</th>
<th>Advise Patients on Short-Term Remedies</th>
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<td><strong>Early Detection:</strong> Identify children at the first signs of risk of lead exposure and refer patient to Health Justice Project. Exposure risks might include low-income household, minority patient, patient or sibling with developmental delay, and/or patient relocating to a new unit.</td>
<td><strong>Inform:</strong> Patients have the right to live in housing that is safe and habitable.</td>
<td><strong>Tape over cracks or chips in paint to contain lead:</strong> Lead paint generally is not hazardous until ingested or inhaled. Peeling paint can form into dust that settles on children’s toys, is inhaled or ingested, etc.</td>
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<td><strong>Awareness:</strong> Help patients become aware of signs of lead exposure in their homes, such as cracked or chipping paint.</td>
<td><strong>Mitigate Lead Hazards:</strong> The Health Justice Project may be able to help patients work with their landlords to remove lead hazards. Patients may also be entitled to terminate their lease early in order to locate affordable, lead-safe housing.</td>
<td><strong>Wipe down toys and dusty surfaces:</strong> Remove lead dust already in the apartment through careful cleaning. Only use each wet wipe once and dispose of it immediately to avoid spreading lead dust.</td>
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<td><strong>Documentation:</strong> Create a detailed history of a patient’s lead exposure in medical file.</td>
<td><strong>Compensation for Harm:</strong> In some cases, patients may be able to recoup damages for personal injury related to lead exposure. They may also be entitled to compensation for overpaid rent due to sub-standard housing conditions.</td>
<td><strong>If possible, keep shoes on the porch or outside the apartment:</strong> External sources of lead can settle in the soil or other outdoor surfaces. Keeping shoes in a designated place outside reduces the level of lead in the home.</td>
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Please refer your patient to the Health Justice Project through the internal referral system in the EMR if you identify a patient at risk of lead poisoning. If you have questions, call the Health Justice Project at 312-915-6470 or email healthjustice@luc.edu.
Did you know…?

**Lead Poisoning** is the most prevalent, yet preventable pediatric problem in the United States. Children are most commonly exposed to lead through the ingestion of paint chips and inhalation of dust from lead based paint. Lead damages the developing brain and nervous system, and can result in learning disabilities, behavioral problems, developmental delay, seizure, coma, and sometimes death.

- 94% of homes constructed before 1940 are estimated to contain lead-based paint health hazards. Nearly half of Chicago homes were built in 1939 or earlier.
- Children are especially at risk for lead poisoning because their small bodies absorb more lead than an adult’s and their close proximity to the floor puts them in contact with contaminated dust and dirt.
- The risk of lead poisoning falls disproportionately on low-income, minority children. African American children are three times and Hispanic children are two times as likely to develop lead poisoning as Caucasian children.

**Asthma** is a chronic lung condition that causes the airways to swell and makes breathing difficult. It is the most common chronic disorder among children in the United States. Poor housing conditions can lead to asthma and trigger attacks.

- One in four Chicago area high school students has been diagnosed with asthma and black students are twice as likely as white students to suffer from asthma.
- The presence of dust mites, bacteria, animal dander, cockroaches, rodents, and mold can cause asthma and trigger asthma attacks.
- Minority public housing residents in Illinois experience high rates of asthma-exacerbating substandard housing conditions: 50% experience cockroach infestations, 20% experience rodent infestations, 33% experience mold or mildew, and 33% experience plumbing problems.

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The Health Justice Project welcomes **Emma Swinford** as our newest AmeriCorps VISTA Fellow. Emma received her bachelor's degree from Macalester College where she focused on community and global health.

The Schweitzer Foundation honored **Professor Emily Benfer** as the inaugural recipient of the Schweitzer Leadership Award, which honors an individual who has done significant work to mitigate the social determinants of health in their community and whose commitment to service has influenced and inspired others.

**Allyson Gold** analyzed the insufficiency of current law governing unhealthy housing in her presentation, *Escaping the Trap of Unhealthy Housing: Remedies for Tenants in Substandard Housing*, at the National Healthy Homes Conference sponsored by the U.S. Department of Housing and Urban Development.

The National Center for Medical-Legal Partnership invited **Professor Emily Benfer, Professor Dru Bhattacharya, Allyson Gold, Ashley Park, and Erin Sutton** to present their research on *Creating the MLP Health Leaders of Tomorrow Through Interprofessional Education*, at the National Center for Medical-Legal Partnership Summit in Seattle, WA.

Congratulations to **Professor Anita Weinberg** and the HHHCI on the successful Healthy Homes Healthy Communities Summit, held on June 19, 2014 at Loyola University Chicago School of Law. The Summit brought together policymakers, legal experts, government officials, and community members to discuss laws regulating indoor environmental health hazards. Health Justice Project Policy students provided HHHCI with policy recommendations in preparation for the summit.

**Allyson Gold** was invited to discuss homelessness prevention programs and the right to shelter at the 2014 Norman Amaker Social Justice Retreat.

**Professor Emily Benfer**, along with Professors Joel Rogers, Kevin Barry, and Sara Rankin, launched a legislation law professors’ blog to discuss new policy developments. To read the latest updates and sign up for notifications, visit: lawprofessors.typepad.com/legislation_law/

Congratulations to **Ashley Park** for her outstanding work as a Health Justice Project AmeriCorps VISTA Fellow! As her fellowship comes to an end, the Health Justice Project expresses gratitude for her hard work and celebrates her accomplishments.

Congratulations to **Erin Sutton** for completing her Health Justice Project Fellowship! As the Health Justice Project Student Fellow, Erin enrolled HJP clients in Illinois Department of Human Services benefit programs including SNAP, TANF, and Medicaid.

Congratulations to **Sarah Hess** on receiving a Skadden Fellowship! Sarah’s fellowship project, hosted by the Chicago Lawyers’ Committee for Civil Rights under the Law, will provide legal assistance to patients at Erie Family Health Center’s school-based clinics and Teen Center.

National Medical Fellowships awarded Health Justice Project policy student **Alexandra Gross** a Primary Care Leadership Program Capstone Scholarship to research the effect of insurance enrollment under the Affordable Care Act on the health of low-income patients in Los Angeles.

**Professors Emily Benfer and Dru Bhattacharya** were highlighted in the Loyola University Chicago Stritch School of Medicine Newsletter for their work to educate the next generation of health leaders through interprofessional education in the Health Justice Project Policy Course.

Thank you to **Rebekah Baer** for her significant contributions to the content of the Summer 2014 Health Justice Project Newsletter as the inaugural journalism intern.

“I am so grateful for the opportunity to be part of this amazing organization and I will take what I have learned through the Health Justice Project with me as I continue to serve and advocate for the health rights of those in need.”

- Rachel Sico, Law 2014