



Committee: House Environment and Transportation

Testimony on: SB0384/HB0674 – Landlord and Tenant – Stay of Eviction Proceeding for Rental Assistance Determination

Position: Favorable

Hearing Date: February 22, 2022

Chesapeake Physicians for Social Responsibility (CPSR) is a statewide evidence-based organization of over 940 physicians and other health professionals and supporters that addresses existential public health threats: nuclear weapons, the climate crisis, and the issues of pollution and toxic effects on health, as seen through the intersectional lens of environmental, social, and racial justice.

We strongly support HB0674, which would grant stays of eviction proceedings for tenants who have applied for rental assistance and are waiting for determination on their applications. The bill also would prevent landlords who refuse to accept rental assistance from initiating any other judicial action against the tenant to collect rent. These actions would provide immense relief to Maryland renters, almost half of whom currently feel they are “somewhat” or “very likely” to be evicted in the next two months (1).

The ongoing pandemic has brought to light many of the health-related consequences of eviction. Eviction directly leads to an increase in the number of people experiencing homelessness, who often turn to overcrowded living situations. In such environments, it is nearly impossible to follow COVID-19 precautionary measures such as social distancing, self-quarantining, and hygienic safety. It should come as no surprise then that people experiencing homelessness are burdened with significantly higher rates of COVID-19 infection than those with stable housing (2, 3).

Research shows that this rise in infection rate can propagate throughout the entire state. At the start of the pandemic, 44 states enacted eviction moratoriums. One study examined how infection rates changed when some states lifted moratoriums. Compared to states that preserved their eviction moratoriums, states that lifted their moratoriums experienced infection rates over twice as high and mortality rates over five times as high (3). Therefore, HB0674 should be viewed, among other things, as a measure to control the pandemic, as it would reduce COVID-19 transmission rates in Maryland by reducing the potential for the virus to spread throughout the community via people experiencing unstable housing.

Although COVID-19 dominates healthcare discourse today, it is far from the only illness that is associated with eviction. For the same reasons that people experiencing homelessness are more exposed to COVID-19, they also are at increased risk of contracting other infectious diseases such as tuberculosis and influenza (4, 5). Eviction in particular can precipitate other health issues. One study found that mothers who were evicted reported worse outcomes for both themselves and their children compared to mothers who were not evicted (6). People who are evicted also have higher rates of sexually transmitted infections, poor HIV outcomes, and all-cause mortality (7-9). Even the mere threat of eviction can have significant consequences. One study demonstrated that people at risk of eviction suffered from higher rates of hypertension, depression, anxiety, and suicide (10). All these issues are compounded further by the unfortunate reality that people experiencing homelessness face significant barriers to accessing healthcare. Be it from a lack of insurance, transportation, identification, or internet, people experiencing homelessness have little power to seek care to combat the diseases precipitated by eviction (11).

Lowering eviction rates also would help ameliorate the severe racial inequities that persist in Maryland. Nationwide, Black and Hispanic renters make up a disproportionate number of people facing evictions (12). In Baltimore City, 94% of respondents to rent court are Black (13). It is important to remember that eviction is not a temporary setback: it comes with a legal record, which bars families from public housing and prevents them from securing other safe housing options (14). Helping these historically marginalized families avoid eviction would be a significant step towards creating a more equitable society in Maryland.

On a personal note, I have seen first-hand how eviction can threaten someone's life. One shift in the emergency department, a young woman was brought in by an ambulance, scared, gasping for breath. A rapid test confirmed a diagnosis of COVID-19. When I talked to her, I learned that she had only gotten one dose of the vaccine. She had missed her appointment for her second dose because she had been evicted the week prior, and she was preoccupied with finding places to sleep. Somewhere amidst all the couch-surfing and bouncing between shelters in the following weeks, she contracted the virus. Now she was at risk of being placed on a ventilator.

Medicine is not always as complicated as it is made out to be. We have effective ways to prevent and treat many diseases. But working in an emergency department, you learn how commonly social issues, such as lack of housing, impede quality healthcare. Addressing these issues can have as profound an impact as any advancement in pharmaceuticals. Long-term, that means correcting the shortage of affordable housing in Maryland. Today, as members of the healthcare community, we strongly support HB0674 as a means to protect the well-being of Maryland residents and mitigate the destruction wrought by this pandemic.

Respectfully submitted,

Nicholas Brady, medical student
University of Maryland School of Medicine
Chesapeake Physicians for Social Responsibility
nbrady@som.umaryland.edu

Gwen DuBois MD, MPH
President
Chesapeake Physicians for Social Responsibility
gdubois@jhsph.edu

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