

# Health Advocates

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**T**HAT health is a social problem involving housing, unemployment, and education has long been recognized by health professionals and community leaders. Treating people for illnesses caused by their environment and sending them back to the same environment is both futile and costly. Yet few institutions have the facilities and staff to do more. Some 30 neighborhood health centers, established on the impetus of local communities and funded by the Office of Economic Opportunity, have been organized in U.S. cities specifically to reach into the community and to treat health as the broad social problem that it is.

The Martin Luther King, Jr., Health Center, sponsored by Montefiore Hospital, a large teaching hospital, serves 45,000 people, nearly all low income, who live in the Morrisania area of the Bronx, New York City. The hospital is in an affluent area; the health center is in the middle of dilapidated, boarded-up buildings, close to the people it serves.

Services are prepaid by OEO, private foundations, Medicare, Medicaid, and health insurance plans. All regular public health services are channeled through the center. They include medical and dental checkups, presymptom

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*Nearly 6,000 VISTA volunteers are living and working with the poor in 49 States, Puerto Rico, and the U.S. Virgin Islands. Many, like the VISTA health advocates in New York City, are specializing in health projects.*

screenings, immunizations, health education, family planning, and diagnostic services.

The center also conducts extensive job training in health-allied skills. More than 240 persons have been trained and employed as assistants to physicians or dentists and as laboratory technicians, nurses' aides, secretaries, and receptionists and in other jobs at the center. Some have been placed with other health institutions or as aides to physicians.

The Montefiore Center has the distinction of being the first neighborhood health center to have a health advocacy department. Five lawyers who are health advocates work to obtain health-related rights or to remedy grievances. They represent neighborhood groups that are taking legal actions, and they lecture to community groups on law as it affects consumers, tenants, the mentally ill, and other groups. The lawyers also give the center staff a legal perspective on health matters.

Two of the lawyers are VISTA volunteers in an 18-month program sponsored by VISTA and the New York University Law School. The program leads to a degree in the field of poverty law. These law school graduates spend part of their time taking courses in poverty law and urban affairs, using texts newly written by their professors to deal specifically with these topics. Most of the time they work in the community.

## Lead Paint Poisoning

Unsafe housing with its many health hazards for the poor is a major concern of the health advocacy department. Underlying layers of old lead-based paint in dilapidated buildings were

believed to be responsible for 700 cases of lead poisoning treated in New York City in 1968. Six cases were fatal. A survey taken in the southeastern Bronx in the summer of 1968 indicated that from 5 to 7 percent of the children had enough lead in their bodies to make them ill.

The Montefiore center is campaigning against lead poisoning on several fronts: testing house paint for lead content, community education, legal action to see that the source of the poisoning is removed, and screening children with suspected cases.

Homes where the danger of lead poisoning exists are identified by family health workers from the center who make followup visits. These health workers carry vials containing a solution of sodium hydroxide with which to test the paint in homes they visit. During one 3-week period they found 20 homes where the hazard existed. In some homes children have been observed eating paint flakes.

The lawyers can use several procedures to try to get landlords to repair hazardous housing. Some old buildings are so dilapidated that forcing complete repair would cause the owner to abandon the building. A remedy for buildings that are rent-controlled is conciliation. Tenants can apply for a decrease in rents. Then tenants and landlord might agree to attend a conciliation meeting whereby the landlord would agree to make needed improvements if the tenants would agree to pay the former rents.

A 1959 New York State statute stipulates that the health department *may* order removal of old, lead-based paint from apartment walls. However, whether to do so or not is left to the discretion of that agency. To date, the department has ordered no paint removed. One reason is that the removal processes—burning or sanding—are dangerous and costly; many building owners would be unable to bear the cost. However, in January 1969, in a case represented by one of the health advocates, a judge ordered the landlord to repair all walls in an apartment where it had been determined there was an underlayer of lead-based paint. But the building is so old, with so many layers of paint on the walls, that it will almost certainly deteriorate further.

The alternative of covering the old paint with plasterboard or fiberglass has been suggested. Such repairs also would be expensive, but they

could have long-range benefits to the apartment owners. These materials are easy to decorate and maintain, and they are rat resistant and long lasting.

Health center physicians and lawyers are convinced that a change in the law is necessary to protect children. A VISTA lawyer has drawn up legislation, in the form of an amendment to the old statute, which would make it mandatory for the health department to order correction of the condition under certain circumstances. It states in part:

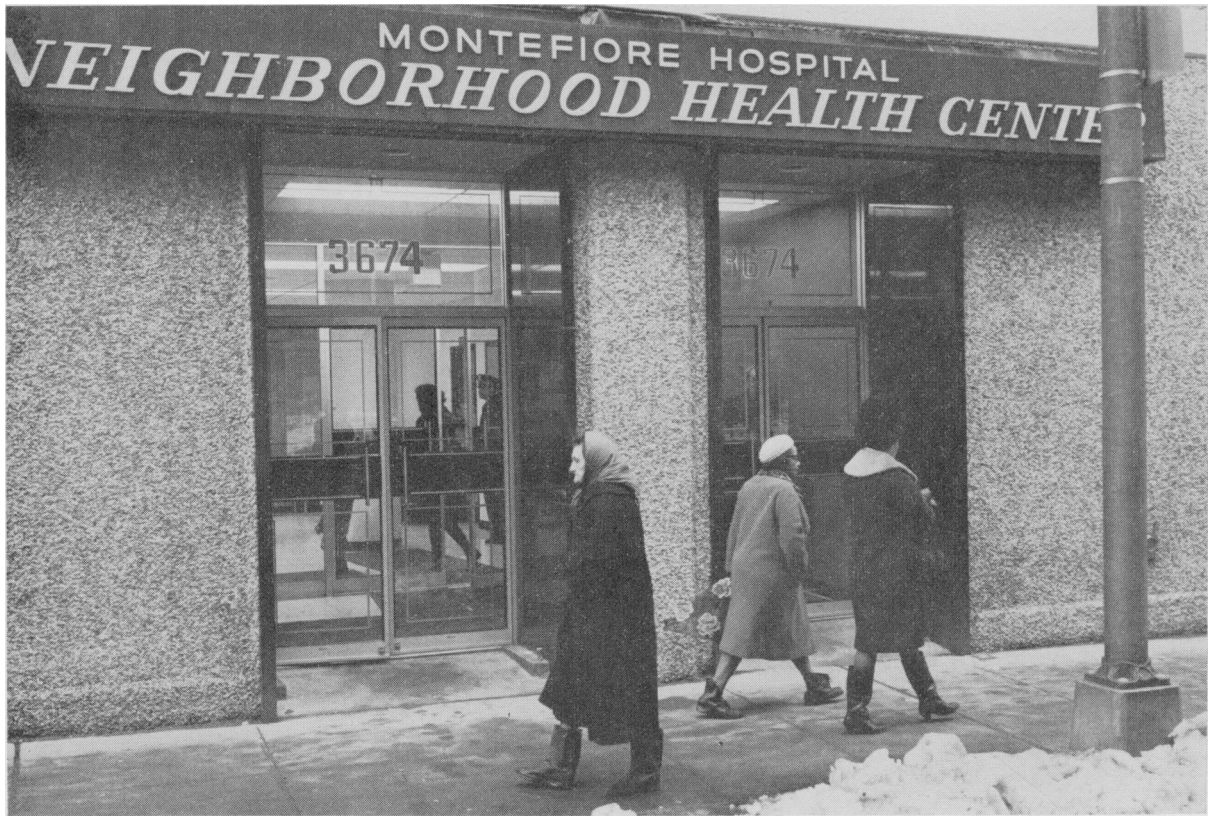
When the department finds that there is a paint containing more than 1 percent of metallic lead based on the non-volatile content of the paint on the interior walls, ceiling, window sills or fixtures of any dwelling, which paint is in a condition dangerous to life or health, and that there are one or more persons below the age of 12 years residing in said dwelling, it shall order whatever corrective measures it deems necessary for the protection of the above specified class of persons from the dangerous condition, under such safety conditions as it may specify and the refinishing of the apartment room or part of a room with suitable finish which is not in violation of subsection (c). Such corrective measures must be sufficient to either eliminate lead-based paint from the environment, or to eliminate the danger that children will ingest such paint. For the purposes of this section, the paint shall be in a condition dangerous to life or health if any portion of the paint is flaking or chipping and/or any portion of the underlying plaster is chipping or crumbling.

The amendment also has provisions for enforcements of the measures, assuring a fair hearing for both landlords and tenants. The amendment will be presented to a city councilman for further action by the council.

Criminal proceedings for violation of housing codes are laborious, and landlords traditionally get one adjournment after another. In 1967 the average fine given in New York City for such violations was \$14 per building, less than 50 cents per violation.

A remedy more tenant groups are beginning to use is withholding rent. Under New York State law, if one-third of the tenants in a building agree, they can give the money they would ordinarily pay for rent to an administrator who will use the money to make repairs. When repairs are completed, the tenants will resume paying rent.

A direct injunction against the landlord can be effective. The tenants testify in court as to



**The Montefiore center serves 45,000 people in the Morrisania area of the Bronx**



**Left: VISTA lawyer makes home visits to seek out community leaders. He is developing a plan for public housing for the elderly. Right: Health advocate from the neighborhood health center collects paint flakes which he will later test for lead content.**

the health and safety hazards of the building, and the judge can order immediate repair on the theory of common law nuisance.

Traditionally, common law nuisance litigation has been brought against landlords for conditions on the premises which affect neighbors. The health advocates want to apply this nuisance concept to conditions on the premises which affect tenants. The first attempt at this litigation will involve lead poisoning incidents. The health advocates are employing an independent laboratory to ascertain that the lead paint conditions caused lead poisoning. When sufficient evidence is gathered, the health advocates will take their case to court.

The health advocacy department tries to attack the roots of the health problems, not just the symptoms.

### Other Functions

One function of the lawyers is to orient the staff of the neighborhood center to possible legal rights of the persons the staff serves. The lawyers help with the training of the family health workers and other paramedical personnel who are frequently in contact with people in the community, and they counsel physicians on legalities and bureaucratic procedures. For example, physicians, nurses, or family health workers should know that a patient with a cardiac condition who lives in a fifth-floor walk-up apartment is entitled to priority in applying for public housing in an elevator building. Health center staff need to recognize when a legal right or legal relationship is involved, to judge whether the situation requires professional assistance of any kind, and to know what resources are available. The lawyers explain and advise how to take action before an agency or court.

In legal actions, the lawyers work primarily with groups. They help gather data for lawsuits concerning sanitation, advise tenant groups on rent strikes, and locate physicians to testify in court proceedings.

The lawyers also help people develop new methods or resources for dealing with health-related problems such as child care, old age, and credit. One lawyer is handling the incorporation of a group which is starting a day-care center for working mothers. Another is develop-

ing a housing plan for a group of elderly people, poor and alone. Their goal is public housing units run by and for old people. A third lawyer is helping neighborhood people develop a credit union. The lawyers do individual casework only when the outcome will set a precedent that might affect many other people.

The lawyers often learn of legal or bureaucratic problems when they sit in on conferences during which medical team-members—a physician, dentist, public health nurse, psychiatrist, and family health worker—discuss the ill health or unhealthy environment of a particular family.

One such problem involved the right of a welfare client with serious illness or injury to have a telephone. The patient had to walk several blocks while ill to call a physician. Generally, welfare clients are not allowed telephones. But a regulation known by few welfare clients or caseworkers permits a telephone when circumstances make it a necessity. Investigation revealed that many health center patients on welfare could qualify for a telephone.

The health advocacy department has prepared a pamphlet on the eligibility requirements for a telephone and the steps involved in asking for one. Family health workers distribute copies to neighborhood people when they make their routine visits.

Another case an advocate is handling is that of a man on welfare whose wife has terminal cancer. He drives his wife to the hospital for treatment in his own car. But welfare officials decreed that if the man had a car, he was not poor enough to receive money for operating it.

The VISTA lawyer planned to contest this decision at a fair hearing—a procedure by which a welfare recipient can contest a negative decision by welfare officials. Before the fair hearing occurred, however, the department of welfare relented, and the man now receives money to operate the car.

Health advocates are also handling the case of a 22-year-old girl who cares for her dead sister's seven children. The lawyers argue that she should be permitted the full amount allowed foster mothers for child care, rather than the lesser amount allowed welfare mothers.

Many welfare clients do not know that they have a right to a fair hearing or how to ask for





**Health advocates help residents decide on legal alternatives to force needed repairs of deteriorated housing**

one. The lawyers are teaching family health workers to recognize cases where a fair hearing should be requested, so that they can inform patients of the procedures. Patients need not be represented by a lawyer at a hearing. Lay groups in the city can represent them.

Health may depend greatly upon a person's ability to change or improve an unhealthy environment, but making changes or improve-

ments may require knowledge of legal rights, of laws regarding health and safety, of community resources that exist, or resources that can be developed. The health advocates believe that the rights of the poor and the rights of the sick or mentally ill are essentially the rights of the citizen of the United States. A person's poverty or ignorance or incapacitation should in no way negate those rights.

## **\$71 Million in Grants for Educational Facilities**

The Bureau of Health Professions Education and Manpower Training, National Institutes of Health, has awarded five grants totaling \$71,457,813 for the construction of health professions educational facilities, which will make possible an additional 197 first-year student places. Two other awards totaling \$152,128 were granted to fund health research facilities construction programs.

The awards to expand health professions educational facilities are as follows:

1. Harvard School of Public Health, Boston—\$7,083,502 for construction of a new educational facility to replace structures that are obsolete and inadequate. The 12-story building will provide for new developments in teaching technologies and expanding needs, and makes possible an enrollment increase of 108 first-year students for an entering class total of 360.

2. New Jersey College of Medicine and Dentistry, Newark—\$35,300,921 to assist in the construction of a basic science building, a teaching hospital, and a dental education building. This project will enable the school to replace largely obsolete, inadequate, and scattered facilities with a modern, centralized resource, and to increase its first-year enrollment by 32 medical students and 25 dental students. This will bring the entering class to 112 medical students and 80 dental students.

3. Harper Hospital, Detroit, an affiliated teaching hospital of Wayne State University School of Medicine—\$14,795,642 to construct a new nine-story, 348-bed teaching hospital, and to renovate an existing hospital. This project will provide a total of 557 beds for clinical

instruction and will support the Wayne State Medical School enrollment increase of 83 students, bringing the entering class to 208.

4. The University of Pennsylvania School of Veterinary Medicine, Philadelphia—\$316,609 to construct multidisciplinary teaching laboratories in the existing Research and Instruction Building. The new laboratories will enable the school to add 24 first-year places, bringing the entering enrollment to 90 students, and will provide space to bring together the teaching of basic and clinical sciences.

5. The University of Rochester School of Medicine, Rochester, N.Y.—\$13,979,139 for the construction of a new 700-bed teaching hospital and outpatient clinic. The new 10-story facility will provide essential space for the clinical education programs for medical students. The project represents the second and third phases of the construction program which will help the school increase by 20 the number of first-year medical student places, bringing the first-year enrollment to a total of 96 students. Under phase one, now under construction, \$3,626,842 was awarded in August 1967 to aid in constructing teaching facilities in the new education wing.

The five awards for the construction of educational facilities bring Federal grants under the Health Professions Educational Assistance Program to approximately \$528 million. The program, administered by the Division of Educational facilities bring Federal grants under about 140 educational institutions to increase their first-year student enrollment by 4,799 students.