



Children's Health Center at THEARC
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ChildrensNational.org

Date: 5/29/18

Name: Trinity Pinky Johnson

Address: [REDACTED]

To Whom It May Concern:

We are writing to you on behalf of the above tenant. Our patient been diagnosed with asthma and experiences flare-ups throughout the year. We were informed that there have been problems at the residence that could contribute to worsening control of this chronic illness. The following significantly worsen the child's health and well-being and we hope will be addressed in a timely manner:

☐ **Carpet**

Carpet often acts as a reservoir for common asthma triggers such as dust mites, dust, mold, and animal dander. Continual exposure to these triggers greatly contributes to increased asthma flare-ups. Bare surfaces like hardwood, linoleum, or tile do not harbor such triggers, and may also be more easily and thoroughly cleaned than carpet. *We are asking that you remove carpet from the house/bedroom where our patient sleeps.*

☒ **Poor Ventilation**

Unmaintained ventilation systems often act as a reservoir for common asthma triggers such as dust mites, dust, mold, and animal dander. Continual exposure to these triggers greatly contributes to increased asthma flare-ups. *We are asking that you regularly clean and maintain the ventilation system, specifically by assisting the family in replacing the filters.*

☒ **Mold**

Mold is a well-known trigger of asthma and can cause asthma attacks. The key to mold control is moisture control; therefore, any water problems should be fixed promptly and any mold removed. *We are asking that you please assist the family in keeping their apartment as dry as possible, and that you remove all existing mold and water damage.*

Furthermore, Sections 706.5 and 706.6 state that the "floors and interior wall surfaces of residential buildings **shall be maintained reasonably free of dampness**" and that any wall or floor surface that is damp "shall be corrected" and "maintained in a corrected condition."

A mold inspection and subsequent remediation is now required by law. See D.C. Act 20-365, Sec. 305. A landlord is required to inspect the property within 7 days of the tenant's written notice that mold may exist in the home. See D.C. Act 20-365, Sec. 305(a). In addition, a landlord is required to eliminate any mold, through a licensed contractor when required, that is found during the landlord's inspection within thirty (30) days of the timely inspection. See Sec. 305(a)-(b). Please be on notice that the tenant will hire a licensed mold inspector to inspect the unit and request reimbursement if mold is found if no licensed inspector is hired by the landlord.

☒ **Pests**

Pests, such as rodents and roaches, leave behind droppings or body parts that are known and common asthma triggers. Bait traps or gels are less likely to trigger asthma symptoms than pesticidal sprays, but may be unsafe for use

in households with small children. We **strongly suggest utilizing professional extermination** to ensure the safest and least toxic methods are used. *We are asking that you please assist the family in eliminating all mice [or rats or roaches] and their habitats from the apartment.*

Furthermore, Section 804 provides guidance for ratproofing:

804.1 Every residential building shall be ratproofed and maintained in a ratproof condition by the owner or licensee of that building.

804.2 Ratproofing shall include construction designed to prevent rats from entering a building by blocking off or stopping up all passages by which rats may gain entry.

804.3 Ratproofing shall also include the closing of openings in exterior walls with materials through which rats cannot penetrate.

804.4 Ratproofing shall also include such interior rat stoppage, harborage removal, and cleanup as may be necessary to reduce or eliminate rat-breeding places.

☒ **Smoke**

Additionally, particles from smoke and smoke residue are poison to the lungs of children with asthma. Secondhand smoke, and the smell of smoke, is worse for the lungs of children with asthma than any other asthma 'trigger.' A child who is exposed to tobacco smoke is more likely to suffer from infections caused by tobacco smoke, including bronchitis, pneumonia, and ear infections. Most importantly, if they have asthma, they will have more emergency room visits and hospitalizations than kids who live in a smoke-free residence. For our patient's health, and for the health of other tenants of the building, *smokers should be instructed to smoke outside of the apartment building. We also request that the family be moved into a smoke-free building as soon as possible.*

District of Columbia Municipal Regulations Title 14 delineates housing responsibilities for owner/landlord and tenant. Section 400.3 states that any rented habitation and its furnishings shall be **"in a clean, safe, and sanitary condition, in repair, and free from rodents or vermin."** Section 400.4 states that the **owner or licensee** of each residential building "shall provide and maintain the facilities, utilities, and services." Furthermore, for properties managed by the DC Housing Authority, Section 6501.1 states that these property owners must maintain the property in **"decent, safe and sanitary condition"** (14-6501.1a) and "maintain in good and safe working order and condition electrical, plumbing, sanitary, heating, ventilating, and other facilities and appliances" (14-6501e).

For these reasons, we request that you make a reasonable accommodation to improve our patient's health by fixing and/or addressing the above concerns. If these concerns are not addressed in a timely manner, we will recommend referral to a legal aid agency.

We hope that you will be able to assist this family in making their home more asthma-friendly. Please do not hesitate to contact us if you have any questions or concerns. Thank you in advance for your attention to this matter.

Sincerely,



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