

The Honorable Kumar P. Barve  
Chair, Environment and Transportation  
241 Taylor House Office Building  
6 Bladen Street  
Annapolis, MD 21401

The Honorable Dana Stein  
Vice Chair, Environment and Transportation  
241 Taylor House Office Building  
6 Bladen Street  
Annapolis, MD 21401

**Re: Testimony in Support of HB1295—E. Felicia Brannon, 03/08 at 1:00 p.m.**

Chairman Barve, members of the committee, my name is Felicia Brannon. I am a constituent of District 19. As a patient advocate for Maryland's rare disease community, I appreciate the opportunity to testify about the importance of **HB1295**.

As you know, smoking is the leading cause of residential fires. For this reason, HUD adopted a smoke-free policy for its properties in 2010. HUD's other reasons for adopting this policy included residents prefer smoke-free environments, and secondhand smoke cannot be contained, which brings me too why I am here.

I was diagnosed in 2015 with the rare autoimmune diseases Myositis and Interstitial Lung Disease.

The doctors and I were optimistic that my illnesses would go into remission after six months. Secondhand smoke exposure, however, has prolonged my treatment. This past January marked my seventh year of therapy, which still includes a monthly chemo infusion.

I tried to stop my neighbor's smoke from entering my home, but it drifted as loud noise does. A nuisance, the smoke found its way through every possible portal, the medicine cabinets, air conditioning vents, and so on. If this had been a noise issue, I could've knocked on my neighbor's door and resolved the matter quickly. But there were no laws in place to protect my health.

Instead, my home became uninhabitable. At times, my lungs were so irritated by the smoke I was forced to leave my home so I could get a breath of fresh air. This exposure increased my chances of morbidity and mortality. And it also caused me a great financial burdened. I had to get rid of all my personal belongings because of thirdhand smoke and relocate to Maryland. I also lost my job because of the prolonged treatment.

**Conclusion: HB1295** is necessary to protect the health of nonsmokers in multiunit dwellings. I moved to Maryland from Los Angeles in October 2019 to receive treatment at Johns Hopkins. However, there's always a threat to my life and other Marylanders without specific policies in place. For this reason, I urge you to support of **HB1295**.

Thank you!

Sincerely,



E. Felicia Brannon, MPA  
Patient Advocate &  
Co-Founder, MarylandRARE  
15107 Interlachen Dr., Unit 309  
Silver Spring, MD 20906  
301.847.9963

**Medical Specialty Suites**

200 Medical Plaza Suite 365  
Los Angeles CA 90095-0001  
Phone: 310-825-8061

February 5, 2018

Re: Eleanor F Brannon  
3961 Via Marisol Unit 223  
Los Angeles CA 90042

To Whom It May Concern:

Eleanor Felicia Brannon has been under my care since June 2015. Eleanor has the autoimmune disorder myositis, and interstitial lung disease, and pulmonary arterial hypertension. The aforementioned illnesses significantly interferes with her overall quality of life causing difficulty breathing, muscle weakness and chronic fatigue.

Eleanor has shared with me that, on a daily basis, tobacco smoke drifts into her unit from the condominium above entering through windows, vents, medicine cabinets, etc. Due to Eleanor's illnesses, exposure to tobacco smoke exacerbates her current state of health and has prolonged recovery. Exposures also leave her vulnerable to such illnesses as chronic obstructive pulmonary disease as well as other heart and lung diseases.

I urge you to grant Eleanor's accommodation request to make the condominium complex smoke-free. This accommodation is necessary to ameliorate the conditions of Eleanor's disability.

Sincerely,



Rajan Saggal, MD

CC:  
No Recipients

RE: Brannon, Eleanor -- [REDACTED]





April 22, 2019

Honorable Candace Cooper  
555 West Fifth Street  
32nd Floor  
Los Angeles, CA

Dear Judge Cooper,

Eleanor Felicia Brannon has been under my care since June 2015. Eleanor has the autoimmune disorder Myositis and Interstitial Lung Disease, and high blood pressure of the lungs, Pulmonary Arterial Hypertension. The aforementioned illnesses, significantly interfere with her overall quality of life, causes shortness of breath, muscle weakness and chronic fatigue.

As I stated in my original letter dated February 5, 2018, the daily exposure to tobacco smoke that Eleanor experienced drifting into her home from the neighboring condominium has only exacerbate symptoms of her illnesses and prolonged recovery. Knowing there is no safe level of secondhand smoke, it is well established that exposure can cause lung cancer and respiratory disease. Studies have also revealed, electronic cigarettes have the potential to induce the same effect.

Given Eleanor's health, coupled with the known dangers associated with exposure leaves her vulnerable not only to such illnesses as Chronic Obstructive Pulmonary Disease but other heart and lung diseases as well. Furthermore, her prolonged recovery also increase her chances of mortality. With patients like Eleanor it is important to get their illness into remission quickly, now in her fifth year of treatment we are still hopeful.

It is my understanding Eleanor has had to continue to live in a toxic environment, exposed to secondhand smoke on a daily basis; conditions that continue to challenge her recovery. I urge you to grant her request for a smoke-free environment; this accommodation is necessary to ameliorate the conditions of Eleanor's disability.

Sincerely,

A handwritten signature in black ink, appearing to be 'RS' with a long horizontal stroke extending to the right.

Rajan Saggar MD  
Associate Professor of Medicine  
Director Medical Intensive Care Unit  
Lung & Heart-Lung Transplant and Pulmonary Hypertension Programs