

July 30, 2012

By Hand Delivery

The Honorable Therese Murray
Massachusetts State House
Boston, MA 02133

The Honorable Stephen Brewer
Massachusetts State House
Boston, MA 02133

RE: FY13 Reforms to Address Family Homelessness

Dear Senate President Murray and Chairman Brewer,

We, as pediatricians, are concerned about the language included in the FY 2013 budget that could limit access to families seeking homeless shelter with unintended but serious consequences for children's health. We urge the Governor and Legislators to clarify the language of the recent legislation to ensure that the Commonwealth protects all of the vulnerable children that we see regularly in our medical practices.

Children's HealthWatch research has shown how important housing is to children's health and to family well-being. Children who are stably housed are less likely to be food insecure (a known child health risk), underweight or to experience developmental delays. We applaud the efforts to expand access to Massachusetts Rental Voucher Program and Rental Assistance for Families in Transition (RAFT) dollars. While we know that you believe, as we do, in the necessity of buffering children from the effects of family homelessness, we are concerned that the language of the proposed FY 13 regulations will place many children in families with no safe alternative to shelter at grave medical risk if they are denied access to homeless shelters.

As medical professionals, we know that the reasons our patients may be experiencing homelessness are varied and complex. We urge the legislature to add clarifying language to ensure that the new Emergency Assistance Eligibility categories are interpreted broadly. We are concerned that the new regulations could be enacted in a way that would encourage families to stay in unhealthy and harmful living situations. Science demonstrates that such toxic stress in early life jeopardizes children's current and future health and ability to learn and to be productive citizens. It would be not only tragic, but also destructive to Massachusetts's future work force if children in the Commonwealth were not able to receive the assistance they need to stay safe and healthy in their early years.

For these reasons we call on specific language to protect children's health that states the following families would remain eligible for homeless services:

- Families who stay overnight in places such as hospital emergency rooms or in cars because they have no other place to live, **as well as** families who are on the verge of having to spend nights in places not meant for human habitation.
- Families who live in overcrowded spaces with members of other households. This is especially important because many of our families here at Boston Medical Center live in subsidized housing where the presence

of additional household members can violate the terms of the lease, causing not only the doubled up family, but also the host family to be evicted and become homeless.

- Families who have no place to go after being forced to leave by a former host (even if the conditions in that unit did not pose significant health and safety risks to the family).
- Families who have been evicted for purely "no fault" reasons, and are unable to find housing to move into.
- Families who are living in very unsafe and unhealthy situations as tenants, in which landlords will not immediately fix the problems, and families can't afford to do so.
- Families who are currently separated from one another due to lack of housing or shelter. Housing should be available for both the parent and child—if it is only available for the child, the whole family should be eligible.
- Families who are exposed to violence or threatened with violence in and around their housing.
- Particular assistance should be provided to physiologically vulnerable populations (such as pregnant women, families with newborns and families with children with special healthcare needs) to protect them from dangerous living situations whether the danger arise from unsafe physical conditions, crowding, or threatened or actual violence. Our research and that of other groups, shows that women who are homeless while pregnant are more likely that similar women to deliver low birthweight infants, who require expensive medical care in the neonatal period and often through the life span.

In May of this year, we wrote a letter to you both, expressing our concerns that the new eligibility restrictions would have an adverse effect on child health and development. We echo our earlier sentiments here; if vulnerable children, pregnant women and families are denied shelter, the resulting avoidable increases in costs to the Commonwealth will be incurred immediately in health care settings, and for decades to come in our educational system.

Given the inconsistencies between interpretations of the new policy, we believe it is necessary and worthwhile to add clarifying language before the regulations are enacted into law. We urge the Governor and Legislators to work with the medical and family advocacy communities to resolve the differences in understanding and to protect children whose families experience unstable housing.

Sincerely,



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