

**TESTIMONY OF DR. MEGAN SANDEL
ON THE CHILD HEALTH IMPACT OF NEW EA REGULATIONS
OCTOBER 22, 2012**

My name is Dr Megan Sandel and I am an Associate Professor of Pediatrics and Public Health at the Boston University Schools of Medicine and Public Health and a co-Principal Investigator at Children's Health Watch, a policy research center based here in Massachusetts.

I am here today to express my grave concern over the child health impact of these new Emergency Assistance restrictions on shelter access.

I participated at a recent Housing and Health forum at Boston College on October 15, and Gretchen Weisman, the Policy Research and Operations Manager for Targeted Programs from the Massachusetts Department of Housing and Community Development was there as well. When she presented at the forum she said, and I quote, that "the Department's current policy is to encourage doubling up of families" and "We are not sure what the outcome of this will be. We will have to wait and see."

I said during that forum and I would like to re-emphasize during my testimony here today, that we DO know what the result of these policies will be.

We know from our experience as pediatricians on the front lines seeing the severe health risks. We have seen families who after being denied access to shelter having to sleep outside in between cars in a parking lot and come to our clinic the next day covered in infected bug bites. Just the other day a mother with a 5 day old infant was turned away from emergency shelter because where she was doubled up now refused to continue to let her stay there with a baby who cried at night. The overnight temperature that night was 49 degrees. If the Department is not sure what the "outcome" will be of an infant sleeping outdoors in those or lower temperatures, we can provide them the research on those severe health risks. They are the risks of frost bite and death.

We know from our research at Children's Health Watch here in Massachusetts that families who are doubled up often need to move two or more times in a year, something we call severe housing insecurity. Families in Massachusetts with severe housing insecurity have the **exact same or worse health risks than those families who are otherwise homeless**, with high rates of poor child health and maternal health, high rates of maternal depression, increased risks of child hospitalizations, high risks for developmental delays, and suffer from severe food insecurity as well. **Our research shows being in a shelter is hard but being doubled up and shifting from home to home is not a better alternative.** To say that we do not know the effects of being doubled up and needing to move frequently is wrong. We do and it is being ignored by this administration.

Quite simply, these policies are experimenting with the lives of our most vulnerable populations. We applaud the administration for investing in more affordable housing since that is the long term solution, but to fund this at the cost of not providing life saving access to shelter is simply experimenting with people's lives. How long before we have a fatality? How many extra unnecessary hospitalizations will we pay for? How many children will suffer from the life long effects of developmental delays because of this policy?

For the sake of the health of these children and their families, I urge you to roll back the new restrictions on access to emergency shelter. At a minimum, I urge you to expand the regulations to provide eligibility to:

1. Families who are on the verge of having to stay in places not meant for human habitation but who have not actually stayed there yet. The idea you have to prove you already slept in a car or bus depot is inhumane.

2. Families who are at risk of adverse health consequences due to the dynamics or conditions within any doubled-up situations available to them and not requiring them to suffer an abusive attack and report them to the police before getting access.

3. Pregnant women, newborns, young children, and families with members with special health care needs (such as asthma) which will be exacerbated by crowding and can become catastrophic if living outdoors, in cars, or squatting situations.

There is no safety net for these families right now. The Department does not even track the families who are turned away for potential health risks, such as newborns or pregnant women.

I have often referred to a safe decent affordable home as vaccine- it keeps kids healthy. Ideally we want everyone to have access to this vaccine, but we know there is a shortage. Generally in medicine, we provide treatment for everyone regardless if they get the vaccine or not. We provide as much vaccine as we can, but we still treat the people who become sick in clinics, emergency rooms or hospitals.

In this case, DHCD is doing a massive experiment. It is providing the housing vaccine to a select few, and barring almost anyone else who becomes homeless from accessing the care they need. No medical ethics committee in any hospital would approve such a plan, but this is the current policy of this administration.

As I said in the beginning, we know the health effects of this policy. It is time to stop experimenting with these families lives and use what we know from experience and research to save these patients' lives. Investing in affordable housing is great but to fund it by denying access to emergency shelter to those who are not being housed by those investments is not only penny wise and pound foolish but immoral. Find another way to fund affordable housing expansion, but don't fund it by experimenting with the lives of the children in Massachusetts.

Megan Sandel MD MPH
Megan.sandel@gmail.com
Cell 617-733-6989

cc: Undersecretary of DHCD Aaron Gornstein
Attorney Michael Malamut
100 Cambridge Street, Suite 300
Boston, MA 02114