

Thank you Secretary Walsh and other members of the Commission for providing the opportunity for advocates to share testimony as related to the family shelter system. My name is Dr. Aura Obando. I am an Internist and Pediatrician and am the Medical Director of the Family Team at Boston Health Care for the Homeless. My testimony is my own, as a primary care doctor who provides care on a daily basis to families experiencing homelessness. I have been doing this work for over 10 years and never imagined when I started that I would one day witness families being forced to sleep outside here in the state of Massachusetts, a state that prides itself on its family-forward, progressive politics and strong safety-net programs.

In the last year, the State has whittled away at its Emergency Assistance program in an effort to deter newcomers and to compensate for increased demand on the family shelter system. This approach hurts those the system is meant to serve: families who are often fleeing violence and have exhausted all other options for where to stay. There are other avenues that could have been explored, like further investing in new housing and ensuring that all available housing is safe and being utilized, or engaging the private sector in creative solutions, but our State made the choice instead to institute punitive policies that hurt the most vulnerable among us.

Let's start with the length of stay cap of 9 months in a system where the average family stays over a year in shelter while looking for safe and sustainable housing. In recent months, I have seen families presenting to clinic for depression and anxiety caused by the constant threat of eviction from the shelter system. I have a patient who is a mother of two young children who recently shared she is no longer sleeping because the fears of being asked to leave shelter will force this family with no local supports or anywhere else to go to sleep outside. She sat in my clinic crying and wringing her hands, asking for help. While my colleagues and I are treating her headaches, insomnia, and offering therapy and psychiatry, what this family truly needs is the peace of mind that they will be transitioned into safe housing.

Similarly, the 5 day limit for the use of temporary respite centers has caused incredible suffering. Limits on access to shelter have forced families into impossible decisions between immediate short-term safety versus long-term access to shelter. This is a cruel policy, and we are seeing the impact on the news and in our clinics- families with young children being forced to sleep in unsafe conditions such as in train stations, in rat infested

basements, and outdoors. I recently saw a mother who needed gallbladder surgery but was unable to engage in any conversation around her health needs because she was so incredibly distraught that her family would have to sleep outside that night. Her priority was the safety of her child and her own urgent health needs were secondary. Families should **not** have to make these choices. I saw a 13-year-old girl recently for a well child visit, who was scoring quite high on her depression screen. When I asked about what was making her feel so sad, she cited the constant dread of her family's impending termination from a TRC, and the fear that she would have to sleep outside with her mother. Yet we hear that there are many unused TRC beds. *No one* should be forced to sleep outside to begin with, but especially when there are available shelter beds.

These stories are pervasive. We know from an extensive body of research that the experience of homelessness has profoundly negative impacts on child health and development. I urge the state to not further add to this harm with these punitive policies, and instead focus on a family strengthening approach like addressing health, employment, and resettlement needs.

Our State can and must do better by removing these restrictions to a program that has provided safety and support to families for over 40 years. These cruel policies are physically and mentally harming children and parents. Ensuring access to medical and behavioral health care is imperative. I urge you to expand access to EA, invest in MRVPs and other housing solutions, invest in children who represent our future and in families who bring hope of restoring our workforce and our aging population. This is the humane and right course of action.

Thank you once more for taking the time to consider our testimony.