

**Massachusetts Commission
on the Status of Women**



**Fiscal Year 2014
Annual Report**

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Commissioners

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Elizabeth Hart, Vice-Chair, Malden
Margot Parrot, Secretary, Athol
Marianne Fleckner, Treasurer, Westford
Linda Cavaoli, Recent past chair, Worcester

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Tahirah Amatul-Wadud, Chicopee
Penny Blaisdell, Marblehead
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Chris Chanyasulkit, Brookline
Maureen Curley, Medford
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Marcia Huttner, Wayland
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Rachel Shaheen, Interim Office Manager

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Alanna Corwin
Rachel Siegler
Hannah Lindow
Becky Tuvsanaa
Merrily LeBlanc
Meave Doherty
Grace Bachman

INTRODUCTION

Mission

The mission of the Massachusetts Commission on the Status of Women (MCSW) is to provide a permanent, effective voice for women across Massachusetts.

Charges

Under MA Chapter 3, Section 66 of the Massachusetts General Laws the MCSW is empowered to:

- Study, review and report on the status of women in the Commonwealth
- Advise executive and legislative bodies on the effect of proposed legislation on women
- Inform leaders of business, education, health care, state and local governments and the communications media of issues pertaining to women
- Provide referrals and serve as a resource of information on issues pertaining to women
- Identify and recommend qualified women for positions at all levels of government
- Promote and facilitate collaboration among local women's commissions and among women's organizations in the state
- Serve as a liaison between government and private interest groups concerned with issues affecting women

Organization

The Commission is comprised of 19 members who are appointed by the Governor, the Senate President, the Speaker of the House of Representatives, and the Caucus of Women Legislators. Commissioners serve in a voluntary capacity and the work of the Commission is facilitated by a part-time director who is assisted by year-round interns.

The full Commission meets monthly, except in July and August, as does the MCSW Executive Committee. In addition, each commissioner is a member of at least one standing committee that generally meets monthly. The standing committees are as follows:

- Legislative and Public Policy Committee
- Program and Planning Committee
- Budget and Personnel Committee

This 2013-2014 Annual Report includes the Commission's activities and findings for the period of July 2013 to June 2014.

2014 RECOMMENDATIONS TO APPOINTING AUTHORITIES

In accordance with the responsibilities of the MCSW under MA Chapter 3, Section 66 of the Massachusetts General Laws, the MCSW submits the following recommendations for action to our appointing authorities:

- **Support legislation that addresses the issue of women’s self sufficiency**
 - Passage of An Act Relative to Comparable Work (H3883) would help to eliminate the wage gap by requiring further investigation into a clear definition of comparable work. In 2011, women made on average \$0.77 for every \$1 earned by men when controlling for factors such as education level and work experience. This figure has remained basically stagnant since 1993, indicating that the wage gap is not closing without intervention. Furthermore, the bill would provide employee protection against retaliation for disclosing wages. Passing this type of legislation would be a strong step towards pay equity in the Commonwealth.
 - In addition to eliminating the wage gap in Massachusetts, guaranteeing earned paid sick time (S900/H1739) and ending gender discrimination in disability insurance policies (S427/H838) are key components of establishing women’s full self-sufficiency. Currently, nearly one million workers across the state lack a single guaranteed earned paid sick day to care for themselves or a loved one when ill. For these workers, this means that they could lose a day’s pay or worse, their job. This harsh reality disproportionately affects women as they tend to be the primary caretakers of the family and are increasingly the primary bread winners.

Women also face unnecessary financial burdens when purchasing individual disability insurance. As one of the only two types of insurance in the state that can legally charge women more than men, disability insurance providers often charge women 25% to 75% more than their male counterparts. This is blatant gender discrimination and a direct violation of the Massachusetts Equal Rights Amendment.

- **Continue the establishment of regional commissions on the status of women**

The Commission supports and is invested in the further establishment of county and regional commissions on the status of women. The MetroWest Commission on the Status of Women and Girls (S1920) would be created in the same model as the MCSW, the five existing county and regional commissions. The creation of the MetroWest Commission is consistent with the Commission’s goal of increasing women’s political participation in the Commonwealth.

- **Support legislation that supports reproductive health and sexuality education**

- The Commission envisions a healthy, well-informed population of youth across the Commonwealth, and sees An Act Relative to Healthy Youth (H3793) as a vital component of that end goal. This bill sets a standard benchmark for health education and states that any Massachusetts public schools that decide to provide their students with sexuality education must select a comprehensive, medically accurate, and age-appropriate curriculum.
- Currently there are outdated, unconstitutional, and archaic laws that remain on the books in Massachusetts, including a pre-Roe v. Wade abortion ban, a medically unjustified and burdensome hospital mandate, and a birth control ban for unmarried couples. An Act Updating the Public Health Laws (S641/H1630) would repeal these laws as well as remove language from a current abortion law that mandates an abortion after 13 weeks be performed in a hospital. This legislation is needed to ensure that abortion rights are upheld in the Commonwealth should Roe v. Wade ever be overturned.

MCSW BUDGET

Commission on the Status of Women BUDGET FY14	
	FY14 GAA
Total Income from State Appropriation	\$71,500
Expenses	
Salaries	\$46,500
Operating Expenses	\$25,000
Total Expenses	\$71,500

In FY10 the Commission's budget was reduced by 73% (from \$250,000 in FY2009). This required the Commission to reduce staff from 3.5 FTEs to 0.6 FTE. With increased involvement of volunteer commissioners and unpaid interns, and by reducing office operations from 5 to 3 days per week, the Commission has been able to operate with this budget cut. However, it has severely affected the ability of the Commission to do its work. The MCSW commissioners also solicited private and corporate funds for the MCSW Trust Fund which helps fund research projects and commission activities.

Moving forward, the Commission has requested an increase in the budget for funding at the level of \$140,000 for FY15. This increase would allow the Commission the ability to effectively carry out its mission and better serve the women of Massachusetts. To put this budget increase in perspective, it must be noted that in 2001, the Commission operated on a budget of \$195,000. When first established, the legislature deemed it necessary that the Commission receive this amount in order to properly execute its charges. Adjusting for over ten years of inflation and considering the Commission's record of achievement with limited resources, an increase to \$140,000 is an appropriate request that would ensure the Commission's ability to provide a permanent and effective voice for women of the Commonwealth.

PROGRAMS AND ADMINISTRATIVE ACTIVITIES

Public Hearings

In keeping with its mandate to study and report on the status of women and girls living in the Commonwealth, the Commission holds regional public hearings to hear the concerns of women. Area legislators and public officials are invited to attend. The Commission uses hearing testimony to shape and influence its legislative advocacy work and its annual recommendations to the appointing authorities.

The Commission held four public hearings during FY 14:

Pittsfield Public Hearing, Berkshire Athenaeum, October 23, 2013

Key issues raised at this hearing included:

Access to affordable and reliable childcare; Access to higher education; Access to healthcare; Access to transportation; Access to affordable housing; Issues of poverty; Teen pregnancy; Sex and reproductive health education; Domestic violence; Sexual assault

Lynn Public Hearing, Lynn Public Library, December 20, 2013

Key issues raised at this hearing included:

Sex and reproductive health education; Access to healthcare; Access to affordable and reliable childcare; Domestic violence; Issues of poverty; Access to mental health care; Violence against the LGBTQ community; Access to services for ESL residents; Access to information and care for non-English speakers

New Bedford Public Hearing, New Bedford City Hall, February 26, 2014

Key issues raised at this hearing included:

Access to higher education; Access to mental healthcare; Domestic violence; Access to ESL programs; Access to transportation; Access to drug addiction treatment; Access to affordable and reliable childcare; Access to healthcare; Affordable family leave; Access to information and care for non-English speakers

Quincy Public Hearing, Thomas Crane Library, April 30, 2014

Key issues raised at this hearing included:

Domestic violence; Access to mental healthcare; Wage gap; Income inequality; Issues of poverty; Access to affordable transportation

Full hearing reports are available in the appendix.

County and Regional Women's Commissions

Modeled after the MCSW, the five unfunded county and regional women's commissions were legislatively created to study and report on the status of women and girls in their geographical areas, and to provide permanent and effective voices for women and girls. Each county and regional commission reports their findings annually to MCSW.

Once the legislation has passed to establish a county or regional commission, MCSW solicits and reviews commissioner applications, makes appointments, hosts a formal inaugural event to have the new commissioners sworn in, and conducts an opening session.

After the initial appointments have been made and the opening session conducted, MCSW continues to offer significant support to the commissions and oversees the appointments and reappointments of commissioners. MCSW frequently convenes with regional commissions in order to maintain strong partnerships and build the capacity of regional commissions.

The Commission has endorsed proposed legislation to establish a Worcester County Commission on the Status of Women (see Legislation and Public Policy section), which would function in the same way as the four existing county and regional women's commissions. This legislation has reported favorably out of multiple committees. The Commission also has a strong interest in legislation that would establish a MetroWest Commission on the Status of Women.

Current Regional Commissions

- Berkshire County Commission on the Status of Women, 9 members from Berkshire County, established in 2005
- Bristol County Commission on the Status of Women, 9 members from Bristol County, established in 2008
- Cape Cod and Islands Commission on the Status of Women, 13 total members from Barnstable, Dukes, and Nantucket Counties, established in 2009
- Essex County Commission on the Status of Women, 9 members from Essex County, established in 2010
- Worcester County Commission on the Status of Women, 9 members from Worcester County, established in 2013

Local Women's Commissions

There are currently nine local Women's Commissions that represent various cities and towns in the Commonwealth. While these Commissions are independent of MCSW, the Commission serves as a resource and partner for local commissions and maintains contact with them on a regular basis.

Local commissions include: Boston Women's Commission; Brockton Mayor's Commission on Women's Issues; Brookline Commission for Women; Cambridge Commission on the Status of Women; Newton Commission on the Status of Women; Quincy Mayor's Commission on Women; Somerville Commission for Women; Springfield Commission for Women; and Worcester City Manager's Advisory Committee on the Status of Women.

Research

Per its enabling legislation the Commission is empowered to study, review, and report on the status of women in the Commonwealth, as well as advise executive and legislative bodies on the effect of proposed legislation on women.

The MCSW is interested in research that examines and reports on the state of women's lives across the Commonwealth. In the past, we have partnered with various separate agencies that focus on this type of research.

Over the course of the year, the Commission's staff utilizes information gathered from hearings to inform potential research topics, as well as the compilation of outside research.

Eleventh Annual "Unsung Heroines of Massachusetts" Program

On May 29, 2014, the MCSW hosted its tenth Annual Unsung Heroine Celebration at the State House. This event honored 82 Heroines from cities and towns across the Commonwealth. The Unsung Heroines are women who, without fanfare or recognition, make the Commonwealth a better place to work and live. The Unsung Heroines "don't make the news, but make a difference."

The Commission partnered with state legislators to identify women who perform significant acts of service on behalf of their communities. The nomination process identifies women of all ages, economic, political, geographic and ethnic backgrounds. All of the Unsung Heroine honorees are honored at a State House ceremony where they receive appreciation from a grateful Commonwealth. We were so pleased to share the day with more than 50 legislators.

MCSW Internship Program

Preparing the next generation of leaders remains an important component for the Commission. As an extension of this commitment MCSW offers internship opportunities to students from universities and colleges across the country. Internships, both for credit

and non-credit, are extended during fall semester, spring semester, and through the summer. During the 2013-2014 academic year the Commission hosted eleven interns.

ADVOCACY AND EDUCATION

Third Annual Advocacy Day

On May 21, 2014 the MCSW hosted its third annual Advocacy Day at the State House. The public was invited to hear from state and county commissioners as well as elected officials regarding the status of women in Massachusetts and their access to equality and opportunities. The community joined to visit with legislators and learn about the importance of considering gender when developing policy.

International Women's Day 2014

On March 7, 2014 the MCSW hosted the annual International Women's Day Breakfast at Simmons College with over thirty organizations in attendance. The commission was proud to serve as a member, with eighteen other organizations of the IWD planning board in order to guarantee the success of the event. This year's breakfast specifically focused on women's pay equity, with an emphasis on moving women's wages forward, both locally and globally.

Equal Pay Day

The purpose of Equal Pay Day is to raise awareness of the wage gap that exists between men and women. Equal Pay Day marks the day to which women must work in order to earn the same amount that their male colleagues made in the previous year. On April 8, 2014, the MCSW, along with the Caucus of Women Legislators, hosted an event at the State House featuring MCSW Chairwoman Victoria A. Budson, who spoke to the importance of equal pay, equality, and the positive effect that pay equity has on the economy. Equal Pay Day also served as a platform to advocate for An Act Relative to Comparable Work (H3883).

Disparities Action Network

The Disparities Action Network (DAN) is a statewide coalition of advocates, researchers, providers and institutions that work to reduce health disparities in the Commonwealth through legislative advocacy and education. Founded at Health Care for All in 2006, the DAN represents over 60 statewide organizations focused on addressing the complex issues that underlie health inequality. Commissioner Chanyasulkit attends and represents MCSW at DAN meetings. Currently, DAN's legislative priority is An Act to Eliminate Racial and Ethnic Health Disparities in the Commonwealth (S985/H3888), whereby disparities result from a range of social and economic factors that are not limited to health

care, education and employment, neighborhoods and housing, discrimination, and a variety of social determinants.

LEGISLATIVE ACTIVITIES

Priority Bills

In order to continue the Commission's mission of providing an effective voice for the women of Massachusetts, the MCSW identifies priority bills to be the center of our legislative focus. In the 2013-2014 year, the Commission focused on addressing women's self sufficiency through the following legislation.

H3883 - An Act Relative to Comparable Work

- **Lead Sponsors:** Senator Patricia Jehlen, Representative Ellen Story
- **Summary of Bill:** This bill would require further study, research and development of definitions with respect to the following topics: pay equity and comparable work, traditional gender roles and the workplace, comparable skill, effort, responsibility and working conditions and the legitimacy of merit-based work systems. Furthermore, the bill would provide employee protection against retaliation for disclosing wages. Following this study, the commission would report the results in conjunction with draft legislation defining comparable work by January 1, 2015. Passing this piece of legislation would be a strong step towards pay equity in the Commonwealth.

S1920 – An Act Establishing the MetroWest Commission on the Status of Women and Girls

- **Lead Sponsor:** Senator Spilka
- **Summary of Bill:** This bill would create a permanent commission on the status of women and girls in MetroWest which will be responsible for conducting an ongoing study of all matters concerning women in the area. The Commission will report its findings annually which will aid in increasing the effectiveness of those organizations designed to aid the women in the area. In this way, the commission will act as an instrument of change, working on a local level to advocate for and promote equity and equal access to health care, employment, economic development, and educational options for women and girls.

S209/H450 - An Act Relative to Healthy Youth

- **Lead Sponsors:** Senator Clark, Representative O'Day

- **Summary of Bill:** This bill recognizes that many students are without health education, but when health education is offered the legislation aims to ensure that students receiving sexuality education have the right information so they can make the best decisions to protect their health. If schools are teaching sexuality education, then it must be age-appropriate, comprehensive, and medically accurate.

S900/H1739 - An Act Establishing Earned Paid Sick Time

- **Lead Sponsors:** Senator Dan Wolf, Representative Kay Khan
- **Summary of Bill:** This bill would guarantee Massachusetts workers earned paid sick time by allowing them to gain one hour of sick time per every 30 hours worked. By guaranteeing workers time off, they can no longer lose pay or their jobs for taking time off to care for their children, spouses, or elderly parents when sick and would prevent the spread of disease when employees themselves are ill.

S641/H1630 - An Act Updating the Public Health Laws

- **Lead Sponsors:** Senator Chandler; Representative Story, Representative Rushing
- **Summary of Bill:** This bill would repeal outdated, unconstitutional, and archaic laws that remain on the books in Massachusetts, including a pre-Roe v. Wade abortion ban, a medically unjustified and burdensome hospital mandate, and a birth control ban for unmarried couples. Additionally, the bill would remove language from a current abortion law that mandates an abortion after 13 weeks be performed in a hospital. It would ensure that abortion rights are upheld in the Commonwealth should Roe v. Wade ever be overturned.

S427/H838 - An Act Providing Equitable Coverage in Disability Policies

- **Lead Sponsors:** Senator Katherine Clark, Representative Ruth Balser
- **Summary of Bill:** This bill would end sex discrimination in disability insurance policies. Currently, state-regulated disability insurance is classified by sex, and filings at the Division of Insurance show different premiums for men and women with the same job classification. Women pay upwards of 75% more than their male co-workers do for the same insurance. Passing this legislation would end this discrimination and would put disability insurance amongst the many other types of insurance that are legally barred from discriminating based on sex.

Legislative Accomplishments

- S927 – An Act Establishing a Worcester County Commission on the Status of Women, signed by the Governor on October 8, 2013

List of Testimony Submitted

Since the opening of the 2013-2014 legislative session, the Commission has submitted testimony for the following legislation:

- An Act Establishing a MetroWest Commission on the Status of Women and Girls, given September 17, 2013
- An Act Establishing Earned Paid Sick Time, given September 24, 2013
- An Act Providing for Equitable Coverage in Disability Policies, given February 13, 2014

Appendix

Pittsfield Public Hearing Notes 10/23/2013

Berkshire Athenaeum, Pittsfield, Massachusetts

Representative Tricia Farley-Bouvier

- Thanked the commissioners for their commitment in travelling to Pittsfield. She said that the needs of Berkshire County women and girls are not too different from other parts of the state: pay equity, quality child care (a major factor in third grade reading proficiency), education and access, making K-16 the norm (have low higher education rate), health issues (Berkshire residents are older, sicker and poorer), jobs for women and girls, these will be a common theme.
- The number one concern is transportation. People in Berkshire County pay almost \$30 million a year to Boston (through sales tax) and get just under \$2 million back for transportation. Every dollar we spend we get 7 cents back. We have less access to jobs, companies don't locate here because of lack of public transportation. We would have better economic opportunity if we had better transportation.

Senator Benjamin Downing

- Wants to address poverty. Pittsfield 44,000 poverty rate is 15.9% State's poverty rate (over last five years) average 10.7% last number for this year was 12.6% over the last 6 years, the poverty rate has gone up every year. Nationally nearly 46.5 million people; national poverty rate of 15.6%. 2007- 37.5 million people living in poverty. Berkshire county as a whole 12%, Pittsfield at 15%, North Adams at 17%.
- Sen. Downing represents 52 communities. The population of Pittsfield is 44,000 people and the poverty rate in Pittsfield is 15.9%, in North Adams 17%, and the county overall 12%. The state poverty rate (10.7%) has recently been going up. While jobs and economic development addresses poverty, we don't discuss poverty itself enough, and women are disproportionately impacted: they live in poverty more than men, in every demographic-age, ethnicity, race, from elderly to early 20's). This needs to be discussed on a local, state and federal level.
- Steps include looking at the minimum wage and earned paid sick time. Steps to better capture the dollars that our businesses' here spend outside of the region that could be used to create opportunities here in the private economy.
- The poverty rate for an individual is \$11,140 and for a family of four is a little over \$23,000. Poverty rate is higher than unemployment. Many of these people are women. He hopes that the commissioners will be part of a broader conversation to alleviate poverty as elections come up.

Pam Bennett

Berkshire Community Action Council, Case Manager

- Pam has worked with HIV+ and homeless families and homeless single women. A lower middle class woman pays \$700 per month for child care. It took one woman 10 years to get subsidized housing for a child who was born who is now 12.
- Major issues are daycare and health insurance. She said the ladies at the shelter may get childcare vouchers, but finding employment is difficult. Especially to support raising two kids. Renting means paying first, last and security deposit, which may be over \$2,000. There is a stigma to living with AIDS. Another problem is that folks on state assistance lose day care and benefits if they get even a part-time job. A lot of single moms work hard and get nothing (to help). She spoke of one woman who waited 10 years for her childcare voucher.

Kristine Hazzard

Berkshire United Way, President & CEO

- The population of the Berkshires is decreasing but it is becoming more diverse. The Hispanic population is up by 98% and the black population by 33%. She said the teen birth rate is very high. The 2010 data shows rates of 34/1000, or double the rate for Massachusetts (at 17.5%). She asked for help getting the data on public health from the Division of Vital Statistics. A Program named "Face the Facts": need additional support and resources.
- She spoke on teen birth rate and the impacts and the impact on the children. 3rd grade reading rate dropping significantly. Berkshire County used to benefit from earmarks, which are now gone. Additional resources are needed. These issues impact children. The drop in 3rd grade reading proficiency is tied to poverty. (3rd grade proficiency has dropped from 61% to 52% to 44%.) Of all the poverty families served, 46% have kids under age 6. Those kids who are not reading proficiently in third grade are the ones having babies as teens. These individuals do not see a path to their future, or a better economic reality, not that they are choosing or trying to get pregnant but they aren't doing all they can to prevent that because don't see a better path.

Ruth Bloggett

Berkshire Health Systems, Senior Vice-President

- She has been in Berkshire County for 27 years.
- She said that Berkshire Medical Center is in the top 5% of hospitals in the country, so when it comes to providing health care they are doing pretty well. They are also in the top 10% in women's health. So there are no disparities in treating women. She said that what's more important is lifestyle and how it affects the quality of life, and the quality of care as well as cost of health care. The cost of health care is driven by "how we live our lives." But the cost is getting harder and harder to bear, and health care affects quality of life. Lifestyle is 50-70% of the cost of health care. Poverty is a huge determinant of health: she has a graph of socio-economic status against premature loss of years of life. There is a direct correlation between Economic Status and Health Status. How do we work

- together to provide healthier lives? Economic status – jobs – have the most impact. How we live, eat, exercise, manage stress, will also have an impact. Impact the quality of life as well as a cost perspective. We have control over smoking, food, exercise, managing stress, mind-body connection. As an employer, her organization has wellness programs and they just got the C. Everett Koop award honorable mention. We need partnership to bring integrative health to those at high risk. Improved health can improve socio-economic status.
- Teen pregnancy is a key issue and is influenced by socio-economic status. The MassHealth rate for births is high. Medicaid Mass health rate for births for Berkshire medical center is ~50%
 - Her organization has to give transportation vouchers for taxis to get people to health care, and this gets charged to health care.

Joan Chapman Bartlett

Berkshire Community Action Council (BCAC)

- Berkshire Community Action Council's mission centers on providing services with the goal of helping achieve self-sufficiency and dignity. It also provides community based programming, fuel assistance, heating system repair, at risk youth and young adult programming and transportation services.
- She gave some Pittsfield statistics for FY13, including 87% of families below 200% of the (federal) poverty level, and 60% of reported Pittsfield residents served are women. 1 out 3 Pittsfield families accessing services are single households headed by women. BCAC serves over 2500 children. As these numbers increase, there is a need for quality affordable and child care, safe neighborhoods for our families and children and affordable access to transportation as well as access to reproductive health care. She told the story of a single mother who moved in order to go to college and who now works for the BCAC. She also said that eight thousand families in her area receive fuel assistance.

Debra Leonczyk

Berkshire Community Action Council (BCAC), Executive Director

- Funds for fuel assistance have gone down by 30% in the last three years, represents 436,000 gallons of oil that we can't put in families tanks which presents an enormous hardship for Berkshire County. She thanked legislators for the recent vote forward funding fuel assistance, but She pointed out that as we talk about raising the minimum wage, we should also raise eligibility [thresholds] because raising wages makes many people ineligible for many services. The amount of services they would become ineligible for would make them worse off than they are now. The system as a whole needs to be looked at, not just raising minimum wage in isolation.
- As designated anti-poverty organization for the community, we look at federal funding and see waning support. Most of the funding from the federal government, such as weatherization, is going away almost entirely, so the utility companies are helping. BCAC is looking for the state for an appropriation to

- augment the federal dollars. She said it is incredibly important to our families especially the families that are headed by single mothers.
- When Sarah (the single mother described before) got her job as a case manager at BCAC, she lost assistance and was economically worse off than when under assistance. Her story tells of the pride, accomplishment, and example she can set for her children and clients on a daily basis. There's a lot to be gained from economic independence but also a lot to be lost.
 - Sequestration didn't affect the lively program, it affect community action block raid, hit for 20,000 but if we go any further it's going to seriously affect our program.

Katrina Mattson

Health Services Manager for Tapestry Health and also a Berkshire County Commission member, as well as the Teen Pregnancy Prevention Committee and "Face The Facts" testified she is the mother of two.

- Tapestry provides low cost comprehensive family planning care (HIV testing STD's, Gynecology and pregnancy) to men and women all throughout Western MA, regardless of ability to pay or documentation (immigration status). They have lost funding over the past five years. When she started 5 years ago, North Adams- 2 days a week, Pittsfield -3 days a week, Great Barrington -1 day a week. Now they are only in Great Barrington and North Adams twice a month, even though North Adams has a very high poverty and teen pregnancy rate. She said most teen pregnancy funding goes to bigger places, even though North Adams has a high need and is 40 minutes away from Pittsfield. Has 13,000 and we are there twice a month. They have a high need for us, high teen pregnancy rate. The area is isolated and many times people live in the outskirt.
- Some might ask, "Since health reform (in Mass) passed, why do we need these services?" She said women go on and off MassHealth due to spotty employment. Tapestry health helps if during that time a woman needs to continue birth control or needs to be treated for an infection. Many undocumented women don't have family planning services. Many young women are on their parents' insurance, which makes confidentiality an issue. It's an issue for women in a domestic violence situation, which they want to keep private that they are on certain types of birth control.
- There's a lack of preventative health services. We are lacking access to reproductive health care and how important that access is to the prevention of teen pregnancy.
- Every \$1 of public funding for family planning saves \$3.74 in future services.

Sarah Gillooly

Program and Camp Director of Girls Inc. and part of the Teen Pregnancy Prevention Committee.

- Spoke on teen pregnancy prevention and gender based violence. Teen pregnancy and STD rates are going up. Most teen mothers raise children as single mothers and don't finish their education (high school, therefore leaving them at a low wage job, or not employed at all). Pittsfield has higher than average teen

pregnancy rate. Girls need more comprehensive information throughout their lives. They need information sooner than later but also need comprehensive information throughout their development. Women yield most directly the complications of teen pregnancy. There needs to be innovative methods to interpret societal messages.

- Girls face a myriad of challenges: exhibiting eating disorders, suicide, substance abuse, sexually risky behavior. Teen pregnancy requires a community wide response: access to information to prevent pregnancy; means to prevent pregnancy; motivation to prevent pregnancy.
- Concerning violence on girls: over one third of younger women (under 18) report being physically abused. We must confront gender-based violence. Male on female aggression tends to take place in private and is not acknowledged as violence. Family violence often takes the form of men battering women, settings examples of what men should do and women should expect. They need options to reduce violence in their lives. Girls are entitled to be safe, but they get mixed messages. She teaches a self-defense course to young women.

Debbie Windover

Berkshire Nursing Families; a lactation consultant.

- She said that breast feeding has been established as primary health care. Dollars saved would be \$13 billion if every baby were breast fed for 6 months. Both baby and women are healthier; however, culture has changed the support: work, physicians, distant families, more preemies surviving. The drop-off rate [in breast feeding] is astounding. There is very little support in the community once women leave the hospital. Good continuity of care improves the rates [of breast feeding.] The CDC has awarded six grants this year, including one to Pittsfield, to allow them to expand their services, although the funding is now done. Data is being compiled, but they quadrupled the number of women served. Women in poverty and in rural areas really need help. Home visits and clinic visits in Berkshire have been free for 15 years. The state needs to adopt and fund such programs. She also spoke of the LaLeche League and Mothers Milk Bank of New England.

Dana Carnegie

Public Relations Manager of Girl Scouts of Western Massachusetts,

- Girl Scouts has provided girls with leadership opportunities for over 100 years, stated, “Even a girl living in poverty has a right to be a leader in her own community.” Girls shy away from leading and they are backing away from STEM. Research shows that girls are different and there’s a lack of opportunity for girls, even though STEM jobs are increasing. Girl Scouting joins to create an environment of leadership.

John Lutz

Executive Director of Elder Services of Berkshire County.

- He said Berkshire is the second “oldest” county after the Cape and Islands. Three-quarters of caregivers are women. Eighty per cent of older persons living alone are women. Two-thirds of those receiving Meals-on-Wheels are women, and sixty

per cent of them are over age eighty-one. Transportation is a big concern. The Meals-on-Wheels driver goes over 100 miles per day. Everything is much more complicated here because of the distances.

Jucinda Griffith,

Girls Inc. Age 16 and an honor roll student at PHS, Teen outreach program.

- She sees teen pregnancy in her school, and it affects everything else: dropping out, jobs, single mothers, falling more behind. Last summer she had two jobs, and it was hard to find a ride home due to lack of transportation and bus schedule times. "There's nothing to do except the skate park, smoking weed, and having sex." She said we need to put money in the community instead of building more banks in a place with no money. There's a need for more programs and more funding to prevent problems.

Janice Broderick

Executive Director of the Elizabeth Freeman Center (domestic and sexual violence);

Member of the Berkshire Commission

- She said we've been having the same battles for 30-40 years. Domestic violence cases are increasing, even while crime rates go down. Severity of violence is increasing. 35.6% of American women suffer domestic violence, sexual assault and stalking. She said one fifth of women are raped (80% under 25). Over 1/3 of women suffer from this violence should be enough for a national emergency. A 2005 study of Massachusetts high schools found 15% suffered violence in a dating relationship. It also found that areas like Pittsfield suffer more than urban and suburban areas. Victims are three times more likely to attempt suicide, to get or get someone pregnant, to drink and drive. Restraining orders [in Berkshire] are 37% higher than the state average.
- State funding for domestic violence prevention in FY14 is below the level in FY09. Organizations are overwhelmed and shelters are always full. The court system is not set up to protect.
- Most victims suffer a precipitous loss of income. Due to loss of abusers income, interruptions in employment or loss of childcare. This may result in homelessness and these women have to turn to welfare benefits. Two thirds of welfare recipients are victims of domestic violence. There are over thirty thousand kids on waiting lists for child care. Welfare benefits "re-victimize" recipients: \$633 for a family of three. The welfare rules blame women for their poverty. The legislature is developing "welfare reform" and it primarily increases barriers. The state is shifting money from shelters to affordable housing. This is being done at the expense of homeless families.
- What is needed is money to adequately fund violence prevention and sex education, given that one third of women suffer [from domestic violence]. Holding abusers accountable in court convictions. Immigrant women face possible deportation and losing their children. We need real welfare reform: affordable child care and safe housing and sick leave and pay equity and a family friendly workplace. And we "need to get vocal." The Berkshires have great elected officials and the DA.

Carol Estes
Spirit Activist

- Testified that she was speaking out on behalf of people trying to heal from rape, murder, and violence. Her sister was raped and murdered, and she was also raped. The book, “Dogtown: Death and Enchantment in a New England Ghost Town” by Elyssa East chronicles her sister’s story. Ms. Estes has a PTSD dog, and she asked what could be done about enforcing the law [ADA] when it is the police doing the harassment. She asked why there aren’t women on the North Adams police force.

Diane Galese-Parsons

Representative Gailanne Cariddi’s (North Adams) office of constituent services.

- She expressed concern about the high teen pregnancy rate in Berkshire County. She said poverty and unemployment are high, but sex education is one of the obvious solutions, as well as Girl Scouts and Girls Inc. She spoke of Rosemary Lane of Williamstown, who raised her granddaughter. Support for grandparents raising their grandchildren. She got a fair amount of support from organizations such as Big Brothers Big Sisters.
- Her own concern is that we need to advocate for women getting jobs and fair compensation. She worked for 25 years for the Massachusetts College of the Liberal Arts, and she said the state has not kept pace with giving assistance for higher education. Tuition is not high, but it’s everything else. Young people graduate with high loans and cannot get jobs that pay adequately.

Ellen Mary D’Agastino

Volunteer for Mothers & Children

- There are many opportunities to volunteer. She works with Pregnancy Support Services, giving assistance to mothers. She spoke of Redfield House, and said many young women are looking for someone to care about them. She also spoke of nicotine addiction and said many things are getting young people to smoke. She said that Rep. Pignatelli (Lenox) recommended mentoring. She said “At Redfield House, we walk with them.” There are many opportunities for young people, including crewing. The real challenge is to convey confidence to our young people.

Written Testimony Submitted at Pittsfield Public Hearing:

Cheryl Larson

Client Services Manager at United Personnel, Pittsfield

My name is Cheryl Larson and I am the Client Services Manager at United Personnel, a staffing agency located in Pittsfield. Since moving into this community at the beginning of this year, I have regularly met young women that face unbearable and oftentimes insurmountable challenges to becoming independent, self-sufficient and productive members of our community.

Some of these women were once children that were abused, neglected and discriminated against. Some of them still face these personal issues. And yet there are

those that, in the face of all of these daunting obstacles, are determined to turn their lives around. That's when they come to see me. They come in, sometimes with a child or children in tow (because they cannot find competent and/or affordable childcare), asking for a job.

They clearly want to work, to set a positive example for their children. They dream of having their own homes and saving enough money to provide a college education for their children (something that they were not afforded).

If only it were that easy! As I meet with them to determine how I can help them, I discover that there are numerous barriers to these women who want so desperately to support their families without the State's help.

One major barrier – transportation. They have no car and the line that repeats in every instance is “I can't afford it.” They live in subsidized housing, they have no vehicles, no health insurance, they count on food stamps and WIC to feed their families.

As I listen to them, I know that the jobs I have won't work for them. The hours won't coincide with the local public transportation. The buses don't run after a certain hour, so 2nd or 3rd shift work isn't a possibility. Or the bus doesn't “go there”.

Another barrier – expensive and/or incompetent childcare. I had placed a young mother on a 2nd shift manufacturing position. During her employment, she was challenged to find acceptable care for her young son. She eventually had to resign from her job because her son was too young for the “head start” program and the care she could find for him was unreliable and she would often be called at work to come pick him up because “he had a runny nose”. The challenges for young mothers are enormous. There are those that have supportive families and can find ways to overcome these challenges. They are the lucky ones. But I believe everyone deserves the opportunity to succeed as well as to fail. I believe society has failed here...failed these women and children. The question is, have we learned from our failure and will we now look for ways to succeed in helping those overcome these challenges? I sincerely hope that this commission will consider these questions with a determination to find solutions that will provide valid options for these young women (and men) toward independence and the opportunity to lead meaningful lives and be productive citizens of Berkshire County.

Thank you for your time and consideration.

Rosalie Girard

Executive Director of Berkshire Nursing Families

Breastfeeding has been identified by the Surgeon General as a crucial health care measure for the U.S.

Numerous studies have shown that when babies are breastfed there are many economic and social benefits, and the health of both women and children is dramatically improved.

Many women desire to breastfeed and all obstetricians and pediatricians recommend breastfeeding, but there are many economic and societal barriers to successful breastfeeding in the U.S.

Nationally, 83% of women have difficulties with breastfeeding by day 3.

Mass DPH, with support from the CDC, designed and funded a 10 month breastfeeding promotion project for Massachusetts to decrease the incidence of obesity and overweight in children, by providing the essential breastfeeding continuity of care for

women as they are discharged from hospital. This highly successful grant funded project has just ended.

In Berkshire County, rates of breastfeeding at 3 months went from 38% to 70% within one year of implementing a FREE comprehensive community breastfeeding support program facilitated by lactation education professionals.

This past year, funded by the CDC grant, the number of women receiving post-discharge comprehensive breastfeeding support in Central Berkshire County quadrupled.

However, there is currently no funding in Massachusetts for lactation education professionals to support women once they are discharged from the hospital.

We propose that the Legislature adopt and fund a comprehensive program to provide appropriate continuity of care as women are discharged from hospital, which will fully support women in their desire to breastfeed, thereby reducing state health care costs and improving the health of our citizens.

Dana Carnegie

Public Relations Manager of Girl Scouts of Western Massachusetts

Thank you for the opportunity to talk to this distinguished group. I am Dana Carnegie. I am the Community Relations Manager for the Girl Scouts of Central and Western Massachusetts.

For over a century, Girl Scouts has provided leadership opportunities that build girls of courage, confidence and character who make the world a better place. We are proud of our century of trailblazing, but it's time to do more. To take bold steps. To rally the state of Massachusetts around the cause of girls' leadership.

So much is going on with girls today. They're backing down, opting out, and shying away from leading. They're being bullied by their peers, pressured by industries that celebrate unattainable beauty, and backing away from science and mathematics.

The landscape for women isn't much brighter. Women account for less than 17 percent of the bachelor's degrees in engineering, make up only 19 percent of the U.S. Congress, and claim less than five percent of the top positions at Fortune 500 companies. We can do better for girls.

The research, including extensive research from the Girl Scout Research Institute, shows that girls are different than boys! It shows that there continues to be a gap in opportunities for girls.

As a result of those gaps in opportunities, girls continue to lag behind in their participation in STEM careers and their access to leadership opportunities. We have all heard the statistics about the gender disparity across sectors in this country. For example: In the past 10 yrs. STEM jobs have increased in the USA at 3 x the pace of non - STEM jobs, a trend that is projected to continue yet only 20 % of young women in college intend to major in a STEM field compared to 50% of young men, despite the fact that research shows that 74% of teen girls are interested in STEM. Where did we lose them? We need to not only hear these statistics, we need to own them. Once we own them then we can do something about them.

Girl Scouts embraces this reality and has the understanding and priority of developing girl's leadership potential.

The work that is done with girls today is the work that will change the reality for them as adults.

The Girl Scouts joins with girl serving organizations throughout the Commonwealth. We are eager to work with state policymakers to create opportunities and environments that foster girl's leadership development.

Thank you.

John Lutz

Executive Director, Elder Services of Berkshire County

America is growing older, and most older Americans are women. Because women are living longer than men, the health, economic, and social challenges which face older Americans are most often the challenges faced by women

Demographic Trends

Today, almost 35 million Americans, or one in eight, are age 65 or older, and three out of five are women. Today, the average life expectancy at birth is 81 years for women and 76.2 years for men. Not only do women have a longer average life expectancy than men, they tend to marry men older than themselves. Seven out of 10 "baby boom" women—those born between 1946 and 1964—are expected to outlive their husbands. Thus, many can expect to be widows for 15 to 20 years.

Why Older Women's Issues Are Important

Women live an average of 4.8 years longer than men. However, the gift of longevity is frequently accompanied by a number of challenges. Some degree of chronic disease and disability is commonplace in old age. Older women spend more years and a larger percentage of their lifetime disabled. They are nearly twice as likely to reside in a nursing home.

The chances that a woman will live at or below the poverty line increases with age. In fact, based on the latest available data, older women are almost twice as likely to live in poverty as are their male counterparts

Older people living alone comprise a large and growing segment of the elderly population. Nearly 80% of all older persons living alone are women.

Economic Security

More than 70% of all elderly persons with incomes below the poverty level are women. Poverty increases with age, especially among older women of color and older women who live alone.

While women are at greater risk of impoverishment throughout their older years, the risks they face heighten with age. Most older women today will live out the final portion of their lives as widows. Their primary source of income will be Social Security. Social Security benefits for older women are often lower than for their male counterparts, due

typically to lower wages and extended workforce absences necessitated by family caregiving and other responsibilities. In fact, older women are only about half as likely as older men to be receiving pension income.

Health Care

Even with Medicare and Medicaid, older women spend a disproportionately high percentage of their disposable incomes on out-of-pocket health care expenses. For older women with lower incomes, the percentage of out-of-pocket expenses can be as high as 25%. This can push many older women further into poverty.

At the same time, older women are at much higher risk of chronic diseases and disabling conditions as they age. Ultimately, they are more likely to require costly long term care.

Women as Caregivers

The great majority of caregivers are women. Of the estimated seven million Americans who are informal caregivers, almost three-fourths are women—many of them sandwiched between caring for an older relative and raising children or grandchildren. In fact, for almost 1.3 million children, a grandparent—most often a grandmother—is their primary caregiver.

Housing and Living Arrangements

Housing issues are especially critical in the lives of older women. While seven out of 10 older non-institutionalized persons live in a family setting, 80% of the more than nine million older persons living alone are women. Many of these older women are at increased risk of becoming isolated and in need of community-based supportive services.

The isolation experienced by many older women is exacerbated by their relative propensity to develop chronic ailments or to become disabled or frail. Older women are also far more likely to be fearful of crime and to respond by restricting their activities outside their homes—removing themselves even further from available resources and assistance.

At Elder Services

Those who receive Elder Services' Home Care services, such as homemaking, meal preparation, personal care, or laundry service, are predominately women living alone, with incomes under \$26,168. Most have incomes significantly lower than that. Elder Services' Meals on Wheels recipients are two thirds female and 60% are 81 or older. Over 80% live alone, and 77% have incomes under \$22,000. Among many other services, Elder Services offers a Little Necessities Grant program, which provides senior women help making emergency purchases, such as new mattresses, lift chairs, railings for their homes, or replacing a washer or dryer.

Women of the Future

While present and near-future cohorts of women may well continue to suffer from higher rates of disability than men, be more likely to live alone, and lack sufficient income supports, especially as they enter the ranks of the “oldest old,” certain trends, as mentioned earlier, may lessen or alleviate these problems in the future.

The increasing numbers of women pursuing lifelong careers and gaining higher levels of educational attainment will be more likely to have access to their own insurance and retirement income.

Changes in physical activity status, more positive self-images, and greater economic and social independence should enable many women to take charge of their health and improve their activity status. If women choose to actively engage in life course planning, this may well lead to more years of healthful independence.

Elder Services offers two Healthy Aging workshops, free of charge to seniors and their caregivers: My Life, my Health: A Chronic Disease Self-Management program, and Healthy Eating. Both stress personal empowerment to make increasingly healthy lifestyle changes to prevent or lessen the effects of health issues.

Thank you for your time and consideration.

Lynn Public Hearing Notes, December 20, 2013

Lynn Public Library, Lynn, Massachusetts

Shannon Brown

Girl Scouts

- During her six years of membership to the Girl Scouts, 14 year old Shannon has learned through community service and travel, meeting people from all over the world. She especially enjoyed her travel group and summer camp. She recently earned her silver award, and she earned the bronze award in the fifth grade. Each involved over 80 hours of community service found it very rewarding in the end.
- Girl Scouts have given her many opportunities to grow and learn as a person and explore things she would have never done without it, and she realized that no matter what she was doing (in Girl Scouts), someone would benefit. For her silver award she worked in a food pantry and she was touched by how many people needed it. She plans to work to bring similar experiences she's had to other girls.

Deja Guette

Girls, Inc.

- Deja is a 16 year old sophomore involved in an afterschool program with Girls Inc. She spoke about teens raising kids, saying it's unfortunate that kids have to raise kids. She expressed a lack of access to reproductive healthcare and that if

girls are given contraceptives and knowledge, this could be avoided. Information is not provided in school. Girls, Inc. has partnered with the Lynn Community Health Center to have a weekly teen clinic. She said her mother had been a teen parent who is blessed that she has an opportunity to know about contraceptives and to keep herself safe from the mistakes that she made.

Lori Berry

Lynn Community Health Center, Executive Director

- Lynn Community Health Center is the city's main source of health care. Last year they served 37,000, of whom 20,000 were women. Ninety per cent of the patients have incomes below 200% of the federal poverty level. The health center worked very hard over the years to provide access to affordable and quality care, mental health, dentistry, to everybody in the community.
- While the health center is an important resource for women, their access is limited. Many women work two jobs to maintain their housing. If everyone who worked was entitled to sick time or some time off for health care appointments and were not afraid to lose their job, more women would be able to obtain adequate preventative and reproductive health care.
- Even bigger problems are affordable housing, child care, and domestic violence. All have negative impacts on their health, not only preventing them from getting health care. In Lynn, Twenty per cent are below the poverty guide line level, and 1 in 3 live below 200% of the poverty guideline. Numerous studies link poverty to poor health. For these women, their priority is basic survival, with unsafe housing, limited shelter beds, and opportunities for employment limited because there is no affordable child care. Too many women are forced to room in unsafe housing or other unsafe situations in order to maintain shelter. Some women who are victims of domestic violence remain in a home because they fear they have no place to go. Domestic violence shelters are limited; shelters for the homeless are limited. Waitlist for subsidized housing provide little hope. For women who are safe and do have a place to call home, opportunities are limited for their employment if they have children. Many women state they want to work or go to school but there's no opportunity because there is no affordable child care. Many women report that they don't feel safe in their neighborhoods. In general, all of our patients, crime takes a toll on mental health- anxiety, isolation, decreased quality of life and experience extreme stress. Unsafe neighborhoods and crime create extreme stress. The health resources of Lynn are good, but they see a lot of pain.

Katie Kelinas

Greater Lynn Senior Services runs their "Older Battered Women's Program," Clinical Social Worker

- The program is specialized for women over 50 who are or have been in abusive relationships. Funding comes from the Massachusetts Office for Victim Assistance, and has been running since 1997 and helps many women throughout the North Shore. Working as a clinical social worker, Katie assists in providing support groups, individual counseling, doing outreach in the community, letting people know what Domestic Violence is in later life and the opportunities of

resources, support groups and ongoing support. She said one of the challenges for women ages 50-62 is housing before they become eligible for senior housing yet at 62. Greater Lynn Senior Services developed a new collaboration with The Lynn Home for women, where they are able to have a unit for emergency purposes for transitional housing for someone who needs to flee immediately. The Lynn Home For Women, Washington Square Residence, is a transitional house for emergency, providing safe affordable housing that is senior-friendly. She said that it's always a challenge working with older women in finding safe affordable housing that is elder-friendly and be able to have support there as well. Housing issue: especially with people who are in the middle, not low income enough for Mass Health or other resources available but they are barely getting by financially. It often times keeps people in an abusive relationship because they look in the paper, they see what rent costs, they realize that there's no way that their social security check will be able to afford them a market rate apartment, so often times they don't speak out. Most women stay due to lack of resources and don't have access to money in the home. She appreciates the opportunity to speak at the hearing because often times older adults are not usually brought up, so anytime she has the opportunity she likes to bring awareness to those struggles. Many women who are barely getting by are stuck in an abusive relationship. They stay due to lack of resources. Older victims have particular challenges.

Rosa (Terez) Diaz and Anthony DiPetro

HAWC "Human Abuse Working for Change"

- The problem of immigration. Many of their clients do not speak English and have a fear of police and are unfamiliar with the local justice system. There is fear that contacting police can lead to deportation, cultural misunderstanding and language and communication barriers.

Anthony Dipetro

HAWC "Human Abuse Working for Change," Executive Director

- HAWC is "Human Abuse Working for Change" 35 year old DV agency that serves 23 communities on the north shore. Rosa, who sees clients directly, said that on a daily basis two-thirds of the calls are turned away for a lack of services. There are 162 rooms across the commonwealth, emergency shelter services, and states with the same population as Massachusetts tend to have 2-4 times as many. At HAWC we serve these 23 communities, about 400,000 people, we have 6 rooms and we serve about 3,000 people a year. There are only 160 shelter beds in the whole state, and HAWC has only 6 rooms to serve about 3000 people a year. The programs are insufficient. They work with Jane Doe, Inc. to design a more comprehensive system, for domestic violence and sexual violence prevention in the commonwealth.
- There is a need for more youth training and financial empowerment, as well as increased outreach to women of color, seniors, and the LGBT community. HAWC changed their name to change Health for Abuse Women and Children in recognition to the fact that violence is not just something – all genders and transpeople as well. Outreach has been increased to women of color, people with

disabilities, the elderly, and LGBTQ people- these people face additional barriers to come forth and ask for services so we feel it's important to reach out to them.

Isabelle Delgado

HAWC "Human Abuse Working for Change," full time advocate

- Spoke of issues for transgender women. She said that trans-women of color is the largest group targeted and affected by violence. They can be affected at the hands of people that they know or at the hands of strangers. Domestic violence occurs not only in women who are assigned to female at birth, but also women who identify as transgender. She hopes to work with the LGBT Domestic Violence Coalition.

Lisa Gonzalez

HAWC "Human Abuse Working for Change," full time advocate

- A large portion of calls at HAWC pertain to housing. She spoke of a same-sex couple who were having issues of sexual assault and harassment with their landlord. They obtained a restraining order but they came into the office because resources were so limited for housing. As much progress as we made thus far, culturally there is so much work that needs to be done. They were being discriminated against by agencies who would not house them together because they were a married couple of the same sex. HAWC has an all-inclusive nature and would have liked to take the couple in but there was no room. With resources being so limited, most of the time the shelter is full, even when a spot emptied out, relatively quickly it gets filled up.
- It is important to be mindful of the LGBT community/population and their needs. It is important to understand that domestic violence does not necessarily have to be partner abuse, it can be anyone within the home.
- This particular couple was turned away from any services even in many homeless shelters in the state. This couple may be recommended to enter a shelter as just friends and struggle with being housed together as well. They got a restraining order, but housing resources for them were limited and there was a refusal to keep them together as a couple because they were unmarried. They were turned away because they did not fit the definition of domestic violence.
- The need for housing and funding for shelter is constant. There are also issues of women coming into the state to escape (fleeing from their situation) domestic violence, and they are refused services because they have not been here long enough. Also, a lot of times there are rooms for women with children, but single women without children may get turned away. Isabelle spoke of a male who was the victim of domestic violence who was told he had to have an "advocate" to get help for him.

Esther Olenburg

24-year-old mother of a 5-year-old boy

- She was in a 4-year domestic violence relationship with her son's father before she went to HAWC. On September 18, 2012, she was attacked by her son's father, who had a weapon and repeatedly struck her in front of their then 4-year-

- old. The child went for help and the police were contacted. She is happy she wasn't killed, but her ex-boyfriend was only incarcerated for 24-hours, then got bail. The court process took many months, and she had to re-live the attack over and over. Then the judge told her she had to go to family court for a visitation hearing. That judge kept yelling at her that she had to allow her child's father to see him. The only help she has had is from HAWC. She went through so much pain. She has no support from her mother, who is in Haiti. She said her child had to see a psychologist and she has not healed yet, either. When she needs help, she calls Rosa, a staff member from HAWC, whose always there for her. She is afraid that if her ex-boyfriend sees her son, he may kill her.
- Also, because she has a better job, now, she has lost her cash assistance, so she is still struggling. She said that like any mother, "when you have kids, you will hurt yourself to take care of them." Because she needs child support, she had to go to court, so now he (the ex) wants to see his son. Feels like she wants to run away but know he will come back even if she runs away, doesn't feel safe.

Annie Montoya

Lynn Community Health Center, a community health work counsellor

- She collaborates with Girls, Inc. and is also a certified Medical Assistant. They used to have a van to go to the high school, where they parked outside the grounds and provide HIV testing. She is not allowed to give condoms or discuss birth control at school though students were interested. The official school policy of Lynn is "abstinence only." The van outreach allowed them to meet off campus. In school, all she is allowed to do is tell them to go see the Community Health Center or Girls, Inc. At first, providing the van was a funding issue, so she worked with other agencies to arrange maximum use and has worked on a grant proposal. They need \$10,000 to fix the van's generator plus the cost of yearly upkeep and a driver. At Girls, Inc. a policy was drafted for several supportive School Committee members to introduce, but it was tabled as too much controversy was caused. The School Committee does allow HIV testing.
- Teens know they are getting HIV rapid testing but also hope to get sex education and protection as well. The staff is limited while it is a big step for the teen to approach the clinic. The School Committee allows HIV testing under the school based health center.
- She recently saw a 13-year-old boy who had been experimenting sexual contact with another boy, and he could get no health information at school and his parents refused to talk. He was unable to attend a health course.

Name Unknown

Lynn Community Health Center, psychologist working on women's health

- She said that safety creates a huge access issue for women. Women will not come to the center after dark, so not having time off from work is a big issue. They make sure every patient is screened for depression, PTSD and domestic violence to also normalize the process. Also, there is a separate teen waiting room and they don't have to tell the secretary why they're there.

New Bedford Public Hearing, February 26, 2013
New Bedford City Hall, New Bedford, MA

Liz Ackerman

South Eastern Women's Fund: Access to Education

- Leadership council of the women's fund for two plus years. I Live in Dartmouth and am a small business owner in Mattapoisett. We own a family run seasonal restaurant, we employ close to 50 high school and college kids every summer. Spending time with these kids always seems to hit home, the importance of higher education. Having the access to education and a solid support network and a community is crucial to getting ahead. That is one reason I became involved with the work of the Women's Fund. Their efforts to help underserved women and girls become self-sufficient through programs that provide access to higher education, mentoring and financial literacy, are crucial for improving the over-all financial social and well-being of our area. Our collaborative programs like the WISE program, newly lauded *life-work* project, are examples of public and private entities working collectively to create successful programs in our community. We believe investing in girls and women's education is the most effective ways to reduce poverty. When we see the ripple effect where educated women are more likely to have educated children. But as we are all aware, these types of programs require creative types of fundraising to make them happen. For the past 8 years, a group of dedicated women's fund volunteers have been producing what is one of our largest fundraisers, the Tiara 5k mother's day road raise. The race has grown from 300 participants, a revenue of 10,000 in year one to last year's event which drew more than 1,000 runners, hundreds of volunteers, sponsors and spectators, and raised more than 42,000 dollars for the women's fund. We've got to continue to support the important work of organizations like the women's fund, and its community partners. And we've all got to get involved in making sure they are adequately funded both publicly and privately to meet the needs of our community.

Darlene Dymsha

Community Health Center WIC Program

- Have worked here for over 25 years, and see that the community lacks access to mental health resources. Perinatal mood disorders does not only affect low income women, but all levels of socio-economic status. There appears to be a limited training and resources among mental health providers. Our OB's and mental health care providers are not integrated into a multidisciplinary approach. What we need are state wide policies that screen and educate all women on perinatal depression. One screen we need providers to refer women for help, and

it make sure that support is available. That support needs to be made available in a language she understands and in a timely manner, not waiting for 3-4 months until mother is in crisis. The New Bedford Health Access CHNA is working on this topic. The CHNAs provided training to health care providers

Charrie Shaw

Domestic Violence Victim

- “I am a victim, myself of a domestic violence. I came from a very vicious cycle, through growing up in an abusive household where I had an abusive parent towards my mother. So we went from state to state hiding places from my father, and family was too afraid to take custody because they feared they would get harmed as well. In doing so, I grew up believing that this is the type of situation you adjust to and you adapt to. So I looked for an older role model. I looked for a father figure, as worked out with me dating men much older than me. one. two. I did not know how to carry myself, wasn’t very familiar with how societies rules were and things of that nature because we were kept closed in closets. I think what needs to happen in the State of Massachusetts, is not only educate the mothers, educate the children as well. We grew up in this. If you grow up in a domestic violent household, you are more likely to get into a domestic violence situation yourself, and that’s a sad thing. So as far as not only protecting us parents, us mothers, the children need to know as well. I would like to see some type of help throughout the school systems and educating not just the young ladies but the young men as well, because they turn out to be the abusers unfortunately if they grew up in that type of environment, that’s the type of behavior they are pre-disposed to, it’s a learned behavior, its going to happen regardless. As far as maybe getting more extra help on the mental health side of it, and encouraging women and empowering them. I live at the YWCA and I’m part of their program, and like they said, this nice woman said through WIC, is getting women to empower each other and that’s what the Y teaches us. They come in, they sit with us, they have meetings with us, but we’re taught to uplift each other. That is how we run our households. There was originally nine of us living at this house, now we are down to six because women have moved on, they have graduated, and they have gone on to better places in society. And the ones that still remain there, we learn to empower, and lift each other’s spirits up and how to how to act productively in society and have a successful life. I would like to see this carry one. I also would like to say just one more time. I would like to see it brought into the education system as well. Thank you”
- VB: “If there is one or two pieces that you think the kids should know, the boys and girls should know, the piece that you wish, someone had shared with you earlier, what would that piece be?”
- CS: “Don’t hide, speak up about it, don’t be ashamed”

Gail Fortes

Executive Director, YWCA

- “Good afternoon, welcome to New Bedford. I am glad that you could be part of our city, my name is Gail Fortes, I am the executive director of the YWCA, here in New Bedford. I am also a former member of Bristol County Commission on the Status of Women, so great to have you here, nice to see you again. Charrie is one of our residents along with some of the other residents we have here tonight, because I wanted you to hear it from their voice, not from my voice. I am sure you are familiar with the YWCA but just in case you are not, we’ve been in New Bedford since 1911, we service almost over 5,000 young women, children and men throughout our community every year. We work with the elimination of racism and the empowerment of women and girls. Leadership development is key, Empowerment of women, as Charrie spoke about is so important, whether you are in the residential program, the children’s program, our girls specific program, teen program, we want everyone to be self-sufficient, and we know having a living wage and education is crucial to success, so that they can move on and have successful lives and raise their families. New Bedford has had some challenges, right now in our education system, we are all part of a turnaround plan. I’m sure you’ve heard about that, or will hear more about that tonight. And we know that we know that we have to start from young, how crucial early education is, how important health and wellness is, and we are just so glad for you to be here, to bring this back to everyone. Thank you.

Irene Dupre-Guitierrez: Bristol Community County Status of Women

- “Hi I’m Irene Dupre-Guitierrez, I’m from New Bedford, also a member of Bristol County Commission. My concern is, and always has been I think, that we are not reaching, some of the women who we most need to, and I don’t know how to do it. You’re here and its open, anyone can come in, but I think we miss a very large section of the population and I don’t know how to get to them. I am looking for suggestions from anywhere and I would also like to say since I am up here that the county commission is always looking for new members, so please, contact us if you have any interest at all. Thank you.”
- VB: “When you think of the women who aren’t being reached... who do you see in your mind’s eye?”
- IDG: “Probably, those who are uneducated and don’t necessarily see anything in the paper, or pay much attention to that. Those who are in poverty and they’ve got much more important things to worry about then coming to meetings... in New Bedford at least, English is a second language, is a problem for us.”
- VB: “Is there a fairly significant, socially isolated, older adult or elderly population, that won’t go to a senior center?”

- IDG: We have a very large senior population, myself included. And there are a lot of things for the seniors. Maybe transportation, I don't know.

Carol Mitchell:

- My name is Carol, I am a resident of the YWCA. I have been a resident for the past 4 years. I come from Boston. I'm an old fashioned school addict. I've done drugs for 48 years. When my daughter was growing up there used to be this program called Alicane. But it was out in the suburbs but then it got closed down. I think New Bedford needs this type of program to teach these young kids that are going to school and that are getting older, all about what drugs really do to you. We were going to a meeting a couple Saturday nights ago, me and one of my roommates and we were walking down Union Street and this little kid stopped us, he had to be about 12 years old and asked "do you wanna buy some weed?" I think that the kids need to be educated more about drugs than what they are hearing from the streets. They need to hear it from the real addicts and alcoholics and what it's done to us. And see if we can prevent them from getting in trouble like we have. I've done time in prison. I just ended with the renew program up at Dartmouth Jail, they lost their grants. A couple women would go and pick [them] up when they were getting released, someone would go to the Artemis house, one of our houses, a safe house, and they would get you back together with your family and everything. We made a video, and on Monday night the YWCA had me and my sponsor in the video show the board the video and it was like five different women, different age brackets, of our lives and how our lives are. I got saved because I never wanted to get clean, because I didn't know nothing else but to be high, I didn't know about a grocery store, clothing store, I didn't know nothing. When I came out of the oblvia I was 60 years old. I had four grandchildren and 3 great grand babies. I knew I had one great grandbaby, but where the other two came from, I didn't know. But today, I am almost 5 years clean. There a bunch of us that are willing, if we could get into a school or if we could get into a resource room or something we would be happy to talk to the children. Because it's not all about drugs out here, and I thought it was. I never ever thought I would be clean. I love being clean now, and I love helping people to get clean. I volunteer for 3 years and now I'm over at seven hills, doing groups every morning from 10-11. Thank you.

Waleska Ortiz

- I am a student from BCC and I will graduate May 31st. I have been in school, in college for almost 13 years; I started in 2002 when I was in DCF. I was a DCF foster child. Almost all my life my mother had 6 children and she raised us. We had a step-father but he was always working. My mother got sick more and more and the only way she knew how to handle it was to abuse us. We got abused every

day from the morning to the nighttime. My mom did have money and clothes, and food but to struggle with six kids was real hard for herself. DCF took us because we stood up for ourselves. We went up to our teachers and we said we couldn't handle it because it was at a point that I was 7/8, and I was thinking of taking my life because every day my mother was abusing us. I assume that DCF want her to get better. They brought us back to her house every six months, because she followed everything they asked her to do. They listened to her but they didn't listen to the kids. At 14 years old, I asked my principal to call DCF because if I had to go back home they would not make it. We missed so much school; we were abused with everything, from belt to anything she could see. The teachers, the principals, wrote in the file, documented the abuse, said that I did lie because I told them that my sister hit me or I bumped into the door but they didn't investigate it. I see all these kids getting abused from DCF. Right when I turned 18, DCF tells you, you can run your life. I have a daughter who is four years old. She's my daughter, she is my life, I would do anything for her. Because of her and because of the Women's WISE program, they are helping me. I've never been a drug addict or an alcohol addict but my struggle has always been thinking that I didn't know if I can keep going, if I keep thinking that I am going to end up like my mother. But, my child is growing every day, healthy clean and goes to school. I got to BCC, I am a full time student. I work at Northstar learning center with pre-k, and what I notice about that is that a lot of kids is that their parents don't speak English, they have the second language like me. More funds should be for the women and for the kids too because we didn't ask to be in this world. I am 30 years old now, but I always said that if DCF had listened to us when we were little, maybe we would have never gone through all this. And they didn't, they listened to the parents because the parents followed the rules because of whatever they [dcf] asked them they follow, even though we have black and blue, it wasn't enough. The only point they got to enough was when we told them, we were going to take our lives. DCF are great. I call them my parents because if it wasn't for them I don't think I would have made it. They took me out of the situation that I was in, WISE is helping me more, how to go to a four year college, to counsel kids. I would love to do that, I have always wanted to do that. I just would like more refund for me as a mother, so my kid can do more activities. So when they have after school activities so we know our child is safe in education. Taking everything away from the kids, the parents can't do anything. They can only go to work or school a certain time, we can't even afford a babysitting. So if there is more refund for after school activities, it would be helpful.

- VB: "And Congratulations on graduating!"

Amanda Silva

Community Health Worker for the YWCA

- “I am Amanda Silva, I’m a community health worker for the YWCA and pretty much everyone has said a lot of things that I would like to say but one of the things that I would like to add is the family leave. Right now, if you have a certain amount of employees, you are entitled to take a leave of absence but if you work for a company, you don’t have the privilege. I work with a program that helps women navigate the system when they have breast cancer. We offer transportation, we interpret for them, we navigate, we advocate, anything they need while going through breast cancer. And then literally, have brought women from having chemotherapy, vomiting, and being forced to go to their job, because if they don’t they will lose their job. That’s not right. Another thing is, when a woman or anyone else is sick, change the rules for mass health. Because a lot of times the women that we deal with something have two, sometimes three jobs to survive, they have never been in the system and find themselves sick and unable to pay for their medications. I have women that need to take tamoxifen and they literally cut the pill in half to make it last a little bit longer because they can not afford it. When I apply for them to have Masshealth, they are over by 20 dollars, what are they going to do with those 20 dollars. So just letting you know, there’s still even today, even with obamacare, a lot of things have changed, but there is still room for improvement. Another program that the YWCA has is we help women and men who have diabetes. When we are teaching them you have to eat more vegetables, you have to eat healthier, you have to eat fish. Has anyone seen the price of fish lately? So, have some programs that will help people when they are sick and they need something like... I was trying to remember the name of the program... some programs for adults like WIC. Especially if they have certain medical issues. Thank you”
- LC: “Do you have any community gardens or mobile food stuff”
- AS: “yes we do, but most of the time the seniors will get vouchers, but most of the women I’m dealing with are not quite seniors.
- LC: You cannot use EBT cards?
- AS: “Most women are just above the System. But how do you explain to someone, you can’t buy the healthy food, you can’t have this because you are over my 20 dollars.”
- VB: Speaks of Earned Paid Sick Time

Manuela Rosa

Program Coordinator of WISE Women through the Women’s Fund, Educational Specialist for the Life Work Program

- “I could tell you a lot of great things about the Lifework project and the WISE women program, which it is, it’s absolutely fantastic. We currently have 61 women in the program; we started off the semester with 63. Most of them are full

- time students here, all single mothers, trying to obtain education either in a certificate program or associate program. The majority of them, the goal is, like Waleska's is to finish the associate's then move on to a four year school. The issue that we see, me and Kate Fentress speak about often, is the Department of Transitional Assistance's rules and regulation, it kind of stops women after 12 months. So let's say I get a referral from department transitional assistance, Manuela, I have this excellent candidate, she wants to go for associates degree, can you help her out, so I say "Sure!" and then after I work with her for 12 months, this person is no longer eligible for educational vouchers, therefore what that means is they either have to do community service or job search for the amount of hours they have. They go by school age children. If you have a child whose 9 years old, you are required to do community service for 30 hours a week, how are you going to squeeze in a full time work load at school? So, it stops after 12 months. So a majority of them that continue on, they are either squeezing in the 30 hours of community service or job search, and doing full time schooling?
- LC: The schooling doesn't count for the 30 hours?
 - MR: After the 12 months, no. The child care stops after 12 months.
 - "I will use an example, I have a student who has been the education program with me for 12 months, she's close to graduating, and right now she is pretty much struggling and fighting with DTA that, she is no longer eligible for the education, and they are saying well you have to go to community service. So, we try and work it out where I say, well we can try and do community service on campus, or somewhere that's feasible, as she can still take her classes. So the child care stops and the cash benefit stop if they do not comply with the 30 hours.
 - VB: So when you look at the population of the women you work with, for example the 63 from the beginning, what percentage after the 12 months do you think are able to continue on, and how many would say that this is a barrier.
 - MR: I would say more than half continue on. They try and find other ways to meet the rules and regulations but lately have been more strict. So if they get a job, they used to get 500\$ a month from DTA, they get a job now, they make 505\$ because they are no longer on cash benefits while they are students, they are no longer eligible for childcare. This stops a lot of student who would like to continue on to continue on with associates.

Kate Fentress

Retired executive director of the women's fund, and member of the Bristol County Commission on the Status of Women

- "Manuela took the words right out of my mouth, but I wanted to add that I don't know if, it's possible, I mean that kind of behavior is so pennywise and pound foolish, why can't they do a study and look at investing in women for a longer period time versus taking those benefits away and follow those women over a

- period of time to see what happens because that will be the proof to the pudding, that if you make the investment in their time and not punish them for succeeding like they are now, that they are going to do better, and get more education, and they are going to be better members of society and they are going to be able to succeed. I've said that to a number of state reps, over the last couple of years, how come no one is doing that kind of a study, and I don't know, no one has an answer. So I think it would be so worthwhile to do.”
- Women in WISE, got an internship, got a job through her internship, performed good at her job, they wanted to give her a raise at her job, she had gotten divorces from her children, has 3 small children and housing- if she got the raise she would lose the housing. She wants to teach, she wants to be in this field and it just kind of kicks her in the teeth. It just kind of doesn't make any sense.

Written Testimony Submitted at New Bedford Public Hearing

Darlene A. Spencer

Executive Director, New Bedford Community Connections Coalition

My name is Darlene Spencer and I am the Executive Director of New Bedford Community Connections Coalition. Our mission is to take a leadership role within the city of New Bedford in facilitating collaborative strategies to build neighborhood networks of family support to prevent child abuse and neglect, strengthen families and build healthier communities. We are one of 11 coalitions of the 22 coalitions in the state that is funded by Department of Children & Families to provide direct services to families through our Family Resource & Development Center. Hundreds of families come through our doors on monthly basis looking for resources to support themselves as parents. It is apparent that in order to strengthen families we need to look at their needs in a holistic manner. A parent cannot think of attending a play group or parent education class to strengthen their parenting skills when they are not sure where they are going to live tomorrow or if they have enough food in the home to feed their children. The basic needs of paying for rent, heat, electricity and food are the uppermost part of the minds of the women we see at the FR&DC. Intertwine these concerns with finding affordable child care and quality education for their children. They are seeking support in navigating the systems that provide to them access to benefits. One of the major difficulties we are seeing is for families that English is not their first language. Daily we come across non- English speaking families not being able to find services in their language or not being able to access services as there are not interpreter's available. We know that similar themes will come out across the state. It is clear a community driven Family Resource Center model is the best model in servicing families in navigating the systems in order to meet their many needs. In order for Massachusetts to have stronger communities we must have a commitment to provide the services and providing the access to the basic needs all our families deserve.

Darlene Dymysza

Community Health Center WIC Program

My name is Darlene Dymysza, RDLN and I work at the Community Health Center WIC Program. I have worked here for over 25 years and see that the community lacks access to mental health resources. Perinatal mood disorders do not only affect low income women, but women across all levels of socioeconomic status. There appears to be limited training and resources among mental health providers. Ob and mental health care is not integrated into a multidisciplinary approach. What we need are statewide policies that screen and educate all women on the symptoms of perinatal depression. The support needs to be in a language she understands and in a timely manner.

The New Bedford health access HNA is working on this topic. CHNA has provided training to health care providers and now we are creating a community based perinatal support model.

This is only a start in recognizing the impact that perinatal mood disorders have on families and what barriers there are to seek care and treatment for these women. With your help, we can help these women have better mother-infant relationships and improve the family dynamics.

**Quincy Public Hearing, April 30, 2014
Thomas Crane Library, Quincy, MA**

Melanie Brown

- Begins by saying that the apartment she's living in has been condemned. Why would someone stay in a place that's condemned? Four years ago she left her husband due to his gambling problem. He would later become incarcerated. He became incredibly violent after she left him, he made threats on her life. She lived in 8 places with her son of the course of the year. She tried to restabilize but had gaps in her job history so it was difficult to find work. She stayed in various domestic violence shelters and is grateful to have been able to benefit from these services. She had to rent from someone who would take her bad credit. Representing herself because she couldn't afford an attorney, she won the case against the person who was keeping the space in such poor conditions.
- She describes the ability to advocate for herself that she developed when she was young. Her mother had multiple sclerosis, and she took charge of caring for her. Her mother lost cognitive function, Melanie took her to an institution when she was nineteen. She has used these advocacy skills throughout her situation in recent years, but they still haven't "unstuck" her from this situation.
- Her husband was not violent throughout their marriage. She is a graduate of Smith College, she's intelligent, but no matter how hard she has tried, she's stuck in these institutions. She talks about the "superwoman" archetype. Bad things will happen to you, but you'll be fine. Her son started failing school--she refers to the impact that these experiences have had on him. She worked with youth diagnosed with PTSD, she started digging into trauma and learning issues.
- Her husband came from a domestic violence background. She believes he was experiencing a traumatic snap. Vilifying him actually hurt her and her son. He

works at a low-paying job now because he has a record. She speaks of the importance of restorative justice systems.

- Because she was constantly at the mercy of others, she felt like she wasn't able to take up space. She wants us to pay attention to trauma and learning, to understand that the experience of poverty is trauma-induced. She also wants us to address restorative justice systems. We should not perpetuate the "bully" image -- there's not just the victim and the villain, but we should see the human in one another. The school that she worked at (Prospect Hill Academy) abolished detention for this reason.
- Liz gives remarks and thanks testifier.

Loreen Kowbek

- Calls herself a "casualty" in the war of domestic violence. Attends Dove in Quincy. She has a son with mental illness. Her grandfather, father, husband have been abusive. She works with NAMI. She has a Harvard degree and executive experience, but can't find a job. She has advocated for her son with the help of Senator Keenan. She expresses frustration that you can't get care unless you get Mass Health. You could be the best advocate -- she has taken care of her family since she was three years old -- but the system will let you down. Getting a 209A, you have to open up your whole life to the whole courtroom, and you have to testify unemotionally. If you break down in front of the judge, they will deem you too emotional and not grant it to you. Her husband doesn't pay anything in child support. She gets yelled at and blamed by the judges. When the abuser gets a lawyer, the woman gets stuck with nothing. She doesn't want food stamps, she wants a job. The saddest thing about mental illness is that some women lose their children due to their mental illness. People will say, "if you were a better mother, you wouldn't be in the hospital with depression." They wouldn't take your kid if you had cancer. She concludes by emphasizing that "we are strong, courageous women," and that these situations should be handled with the understanding that they are victims of a crime.

Anneli Jahson

- She says she's moved by the testimony. She wanted to come and see what we're doing, curious about what's going on. She is from Scandinavia, where there is much more gender equality, she says. Hillary Clinton said that women's issues should be the first issue of the 21st century. She mentions workforce equality. She would like to see the Commission address the issues that Hillary speaks of. Half of the legislators in Finland are women and says that the US should follow that example. She wanted to come and say hello and commend us for what we're doing.

Barbara Brooks Quincy WIC

- She won't be sharing her own personal testimony, but will be sharing stories of other families with whom she works. Her organization serves 20 communities;

4,700-5000 is their case load. They encounter cases involving a lack of family nurturing, etc. They work with women who are isolated -- women who are expecting a child who don't have a mother, cousin, sister or any relative in the area. Issues with substance abuse, addicted newborns. There is a lack of suitable housing and the ability to maintain housing, lack of transportation to get to doctors' appointments. They employ an intervention strategy; they hold nurturing programs, helping families make healthy connections. These families need better access to health care. She expresses that families she deals with are falling through the cracks, they really feel desperate. They try to direct them, but a lot of times they don't know "what's out there" -- that organizations like theirs are available. She expresses the difficulty in situations in which a family is over income but needs their services. Mental health is a primary concern for their community. Nutrition is another concern -- obesity in adults and children. Women who drop off breastfeeding too soon -- this is a concern since breastfeeding can have a positive effect on moms who are struggling mentally. They have a program called Darkness to Light that addresses the generational impact on children from abusive families. They need simple advocacy; when you help a child, it helps the mother. She feels as though the fathers also need support. They want to be good fathers, but sometimes they don't know how.

Beth Ann Strollo

Quincy Community Action Programs

- She is the executive director of Quincy Community Action Programs, a poverty advocacy organization. She says that she would echo everything that was said earlier. Their challenge is to figure out how they can continue to address the issues that people face. 60% of the people they serve are women. She speaks about an "economic independence" wage. The average income for their clients is \$19,000 when it is calculated that a family with children needs an \$80,000 income. References stress and depression leading to these issues. She thanks Senator Keenan for prioritizing resources to spend on these issues, as these things need to be prioritized, they need to think of new and innovative programs. The motels aren't conducive to raising children. Income inequality issues need to be addressed. No one wants to admit it, but it's going to cost money.

Julia Kehve

Health Imperatives

- Her organization also serves low income women and children. Her prior job was the Commission of Transitional Assistance. There is a lot of money going into the motels, but money can't solve all of it. Her organization offers a lot of different services across various regions, but it's hard to get *one* person to all the services that they offer. Mentions that there is a way that funds could more directly impact people. She says that since the recession there has been an attack on the poor. Trauma services are key; you need to embed the economic poverty piece with trauma. The rhetoric that surrounds cutting welfare is often about how it is more important to give people jobs. She says they want people to transition to work, but cutting welfare makes that more difficult. MA cannot spend its way out of this.

Katherine Lind

UMass Boston, Economist

- The problems described are difficult to solve, but we need to have a three-pronged approach to economic security: affordable housing, affordable child care, and higher minimum wage. Even the minimum wage being suggested is not enough for housing and child care. Other countries provide services so women can work.