

Testimony from Dr. Mia Kanak

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Hi, my name is Mia Kanak and I am a physician undergoing specialty training in pediatrics at Boston Medical Center and Boston Children's Hospital. Studies have shown that homelessness is a toxic exposure that leads to both detrimental health and developmental outcomes. Unfortunately, I have encountered dozens of homeless families seeking shelter in the Emergency Department. I have met families with infants, families with multiple children, families with stable employment, families who recently became unemployed, families with until the night prior were living with their friend/sister/employers, or maybe crashing in a car, but were unable to find safe shelter and came to us in the Emergency Department in desperate need of a safe place to sleep.

Since the new EA eligibility law was passed in Sep 2012, Emergency Departments around Boston have seen an increase in the number of children and families coming to the ED for homelessness. From a review of electronic medical records over the past 5 years, we have seen an increase in the number of homeless visits from fewer than 10 to as many as 50.

These numbers are impressive, especially the recent increases, but it's the families who stick out in my mind. A few months ago, I met a single mother who presented to the ED with two healthy children – a very active 5 year old and talkative 8 year old. Their mother had recently lost her job and they all had been staying in the living room of a family member's apartment- But it turned out that the family member had a substance abuse problem, and the mother no longer felt the situation was safe for her children. She had no other family or friends to turn to, and was urged by her pediatrician to come to the Emergency Department for safe shelter.

Another story is of a patient I just saw week ago – a couple and their infant with a complex medical history including premature birth. The father had a steady job working in a local shop, and the parents had been subleasing a room in an apartment. However, when their roommate became upset about the baby's crying, the family was kicked out. Despite having stable employment, and finding a few leads for apartments, the parents could not afford the required security deposits and they ended up sleeping in their car. When their infant, who is very susceptible to lung infections due to her prematurity, started coughing and getting sick, the family came to the Emergency Department for safe and warm shelter because they were worried for their daughter's health.

The ED is a harmful place for healthy children - the risk of exposure to contagious illnesses from other sick children is very real, not to mention the chaotic environment full of alarms and traumas. There is also large cost to the health care system.

We need to come up with new ways to help catch families before they are desperate and come to the ED. For example, we have had PCPs that send children to the Emergency Department, as well as families with Section 8 vouchers or stable employment that just can't find a place on their own. If we can identify high-risk families ahead of time at PCP/schools, then enroll them into diversion programs, we can avoid the costly bridge of the ED into EA shelter.

While increased support and diversion away from homelessness may work for most families, there are still other families that we know have exhausted all housing options. In these cases, families should not be required to sleep in the Emergency Department or another place not meant for human habitation before receiving services. For these families, as a last resort, we should provide shelter that includes wrap around services that move families out of temporary shelters and into safe, stable, affordable housing as quickly as possible.

**Some details of the patient stories have been altered to protect the individuals' privacy.*