

Testimony in Opposition to LD 368 and LD 1035

April 15, 2015

Senator Brakey, Representative Gattine and members of the Health and Human Services committee. My name is Elizabeth Gouin and I live in Old Town. I am Passamaquoddy. I have worked for Wabanaki Health and Wellness for 2 years. I am here today to testify in opposition to LD 368, LD 1036 and LD 1035.

There are two young boys in Indian Township I work with up north as part of my job as a case manager with Wabanaki Health and Wellness. Their mom had a major substance abuse problem and we helped them get General Assistance. They were living in housing you would never want your children to live in. General Assistance helped them get new shoes and food and their own place. GA was a bridge for them, without it they would have no future. If this Mom lost ground to her addiction even for a short time and lost her housing—though that is what we are all working to prevent—would that mean that she couldn't get General Assistance because she didn't take advantage of an available treatment resource to prevent the relapse? Hopefully that wouldn't be the case, but I can't tell that from reading LD 1036. What would happen to this family if it did?

My agency, Wabanaki Health and Wellness, exists to assist tribally-enrolled Native Americans. We are based in Bangor. Our services include culturally sensitive case management; free HIV testing and screening; and health promotion. I am a case manager there and work in Bangor as well as at Indian Township and Pleasant Point. When I travel once a week up north, the barriers to opportunity are 4 times worse than in Bangor. There are many obstacles for those struggling in rural areas. Day in and day out, I see the violence of poverty in rural Maine, on and off the reservation.

Yet, I still see mothers and fathers working to provide for their families. I see communities who are experiencing the worst of an economy out of balance but are putting their best foot forward. I see my community's resourcefulness and resilience. I see people living on the brink reaching out to help their brothers and sisters. I see elders and committed community members working to pass on Native culture and language. This is the Maine I know and love. This is the Maine I want to strengthen and enhance, where we take care of each other and leave no one behind.

But LD 1035 sends us backwards. A 9 month limit placed on GA puts people at risk. . There is an exemption for people who can't work, but we have to look at who determines ability to work. In my job, I know many people who have disabilities that are invisible. It takes a deep understanding of disability to make this call. You can't judge a book by its cover they say. But the cover is often the only thing the selectman or the municipal worker sees before making a judgement. Some say, well, they can "just get a doctor's note". Not everyone has access to a doctor or a person who can write a note. Not everyone knows they can come to our clinic in Bangor and some can't get here. It takes a lot of outreach and trust to make it accessible to communities that have been turned down again and again.

LD 368 poses huge problems for families. Families that reach the 60 month TANF time limit are most often those facing the most severe challenges. This is the stage when they most need back up in the event they

can't find work or minimum wage isn't enough to shelter their family. I work with a family in Indian Township who has to travel to Calais, the closest DHHS office. They reached the 60 month time limit. The parents are both going to school and bettering themselves. There isn't an ASPIRE program available to them. They have to resort to GA. GA is the only safety net for these families and their children.

I have seen the positive impact that General Assistance has in the lives of the people I serve. It's a lifeline for people I work with. It's already an extremely strict program. Anything that makes it harder or less available to people will have horrible consequences. The people I work with live in rural communities where employment and transportation are huge issues. There just aren't enough jobs, especially good paying jobs, to support people up there. People don't want to live in poverty. They do not choose this existence. It's a lack of opportunity that's the problem. In fact, the rates of suicide and hospitalization are staggering because people see no other way out. Are we back in the days of survival of the fittest? In my community, there isn't anything else in place to fall back on in times of dire emergency. It's the time to enhance and shore up General Assistance, not take away our only lifeline. I am all for change, but change must mean improving people's lives. Until opportunity is more broadly available we must have something in place, a net to catch individuals who otherwise fall through the cracks.

Thank you for hearing my testimony today.