

Joint Appropriations Subcommittee of Health and Human Services  
Friday, January 21, 2005

Testifying: Kate Bratches, BSN, RN, Director of Health Services at the Missoula City-County Health Department.

My department provides the WIC Nutrition program that provides basic food supplements to pregnant, nursing and postpartum Women and their Infants and Children and the Public Home Health Visiting nurse program that provides services to high risk pregnant women, newborns and children. Since coming to public health I have been astounded at the low level of funding available for the poorest of the poor and most vulnerable - mainly women, infants and children. In our department alone, half of all of our clients are at the federal poverty level with half of all births in Missoula County Medicaid funded. Since the TANF benefit reduction in 2003 the number of our WIC clients have risen by 15% and the number of our Women and children in our homeless shelters seen by our Public Health nurses. We now serve over 2600 clients/month in WIC and over 250 women and children in our public health home visiting program. You might wonder why I am here instead of our clients and it's because they can't, because if they don't meet their TANF work requirements they will not receive that funding.

To better understand these numbers and put a face on the statistics, I'd like to share a couple of stories of our clients,

A mother with a child who receives \$221 from TANF, \$114 of food stamps and a disability check (she is wheel chair bound). Her food stamps will now be cut back because her heat is now included in her rent. She now will be forced to spend more money on food.

A new mother with twins who is on Medicaid, food stamps and TANF. She has chronic serious asthma and has been hospitalized several times/year. She's now on continuous oxygen and in jeopardy of losing her TANF funding because she cannot meet the 2003 TANF program requirements.

And lastly, a young pregnant WIC client who was living in her car for the first 4 months of her pregnancy. Eventually she found shelter. She enrolled in TANF. This enabled her to move to a much safer housing situation. She is now getting job training through TANF placement at our health department. The only absence (unpaid) she has had in the past 4 months was to care for her child who had chronic lung infections that resulted in her need to take him to Great Falls for a pediatric bronchoscope. She continues to have to borrow money every month to pay for "life's basics" such as detergent, diapers, soap, toothpaste, car repairs and insurance. A mom trying to improve her lot and her child's. With a TANF benefit cut her fragile existence that she has pieced together could result in her living back in her car.

As you can see, our clients are barely making it; they are only a TANF check away from homelessness. An extra thirty dollars a month will not change any of their situations, in fact with rising costs of rent and basics many of our families will be forced to join our rising ranks of WIC clients and the women and children we see in shelters thus continuing Montana's increasing child poverty rate.

If we do not assist these women and their children by restoring the TANF benefit and using the block grant moneys we all know we will pay for it later.

Please, restore the TANF benefit, change the face of poverty in Montana.

Respectfully submitted,

Kate Bratches, BSN, RN