



## STORIES FROM CBO REPRESENTATIVES WHO SERVE PEOPLE WITH DISABILITIES

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### **MS Society Representative:**

Cheryl Lavash, the Regional Director of the National MS Society estimates that the MS Society serves 600 people in the Central Valley. MS clients often struggle with their energy utility bills because heat is a trigger for MS symptoms, thus people with MS have to keep cool during the summers by using their air conditioning. Ms. Lavash identifies this as an ongoing issue for Central Valley residents. She estimates that at least 1/3 of the people with MS live on a fixed-income and that any rate increases would be a hardship for them. The National MS Society receives a large volume of calls specifically in the summer from people with MS who need assistance with paying their energy utility bills. The national MS Society has a one time assistance program to assist people with paying for their utilities or other living expenses. **[Reply Testimony: p. 10 – 11]**

**Reyes Sandoval, Independent Living Specialist with Resources for Independence (Central Valley, Fresno)** described consumers who have chosen to turn off their water so they can pay for rent and their PG&E bill, and others who have gone without energy so they can pay rent. According to Mr. Sandoval, there are four counselors at this ILC, and he estimates that they each receive five calls per week from consumers who are struggling with paying for utilities. He and other staff will refer clients to the Homeless Prevention and Rapid Re-housing Program (HPRP), which provides financial assistance to families. If consumers do not qualify for this program, they are referred to different programs. **[Testimony: p. 9]**

**Another ILC Representative, Claude Battaglia, Independent Living Specialist with Independent Living Resources (Concord)** similarly reported that many of their clients have to choose between paying for rent or PG&E. **[Testimony: p. 9]**

**Another ILC representative, Rosselyn Dollahite with Placer Independent Living Resources**, stated that clients have told her they have gone without eating to pay for PG&E. These consumers are dramatically impacted by energy costs, and they are barely hanging on. **[Testimony: p. 10]**

**Denicia Gressel, Tri-Valley Coordinator with Community Resources for Independent Living (Livermore)** told us that some consumers choose to pay for medicine instead of food and as a result are forced to obtain food at food pantries. While this helps some people, it is not a viable option for everyone, particularly those with disabilities that require restricted diets, such as diabetes and high blood pressure. Most food available at food pantries is high in salt and carbohydrates and therefore is not suitable to be eaten by people who must adhere to strict dietary guidelines to maintain their health. **[Testimony: p. 11]**

**Lori Olsen, Program Assistant with Santa Clara Valley Blind Center** told us that the majority of their clients are on fixed incomes and many struggle with paying their utility bills. **[Testimony: p. 12]**

**Wayne Johnson, Coordinator of Client Services with Deaf and Hard of Hearing Service Center (DHHSC)** reported that their clients struggle with utility issues. They refer clients to the HEAP program; however, Mr. Johnson stated that currently there are fewer programs that provide financial assistance with utilities due to the economic recession. [Testimony: p. 12]

## **INDIVIDUAL STORIES**

**Multiple consumers who responded directly to DisabRA's outreach through disability listservs** also told us how they struggle with rent and utilities, and described the sacrifices they make to manage their utility payment, including desperate measures. For example, one consumer chooses to be without a phone, TV, or internet so she can afford to pay for PG&E, and be able to cook meals for her family and use light if needed. Another consumer bathes at a friend's home and uses his friend's washer to cut back on the cost of utilities. [Testimony: p. 9-10]

**One consumer who lives in Livermore, CA relies on an oxygen machine, a bi-pap sleep apnea machine, and air conditioning in the summer because he has severe COPD.** He reported that he leaves his gas pilot light turned off all but a few months in the winter in order to keep bills down, and to save for the summer high billing months. [Testimony: p. 15]

**Another consumer with COPD who resides in Pittsburg, CA** told us that she has been using an evaporative cooler during the summers, and this summer has cut back on its use to only two hours during the late afternoon. During the night this consumer relies on the TV as her only source of light and is now bathing only once a week. [Testimony: p. 15]

**A 77-year old lung cancer survivor (9 years) with chronic obstructive pulmonary disease (COPD) said by phone:** She is now retired after working for 41 years. She lives in a mobile home in Cotati, California. She has a monthly income of \$800. She receives monthly disability insurance payments, which have recently been reduced from \$139 to \$27. She is not eligible for Food Stamps. She is enrolled in the CARE program.

She stated that she was unsure as to the typical amount of her PG&E bill but that she could hardly afford her utility bills as it is. She stated that she is often forced to choose between buying food and paying her utility bills. As a result, she said she must resort to donations from food pantries "very often," adding that the food she is given is frequently rotten. DisabRA gave her information about enrolling in the Medical Baseline program. We also referred her to the nearest CIL, in Santa Rosa. [Testimony: Exhibit B, Respondent 7, p. 4]

**A 59 year old woman who is legally blind with retinitis pigmentosa and has numerous medical conditions said by phone:** She resides in Dublin, CA and lives on a fixed income; she receives Social Security and SSI benefits. She also has the following health conditions: COPD, lupus, fibromyalgia, raynaud's disease, sjorgren's syndrome, osteoporosis, and arthritis. Additionally, she has various health conditions

specific to her heart: hypertrophy, left ventricular hypertrophy, left bundle branch block, and pericarditis.

Due to her medical conditions she relies heavily on her energy utilities to maintain particular temperatures in her home during the summer and winter months. For example, during the summers she needs to use her air conditioner because of her COPD and heart conditions and during winters she needs to have heat because she has raynaud's disease. She is on both the CARE and Medical Baseline programs. She sometimes has to choose between paying for PG&E and food. At other times she has chosen to pay for her medication instead of PG&E or food. **[Testimony: Exhibit B, Respondent 8, p. 4-5]**

**A 59 year old woman said by phone:** She resides in Guerneville, CA and lives on a fixed income; she receives Medicare and Social Security benefits. She has to buy propane and during the winter it costs about \$350 per month. Her PG&E bill takes up about 1/4 of her income during the winter. She has to cut back on food and medication to pay her utility bill. **[Testimony: Exhibit B, Respondent 9, p. 5]**

**An elderly woman, told us about her and her husband's situation with utility bills by phone:** Their utility rates are extremely problematic during the summer. Her husband has health problems which require that they use the air conditioner for most of the day until temperatures begin to cool during the evening. He has a vision impairment, is diabetic, and is fighting cancer. He is sensitive to heat and if he gets too hot, he becomes sick. As a result, they have to keep the air conditioning on for most of the day because their apartment gets hot.

They are living on a fixed income and live off of her husband's pension. Currently, they are on the CARE program. If PG&E raises their rates this could put them in a position where they cannot afford to pay their utility bill and this would mean that they could not cook their meals at home. Cooking meals at home is vital to her husband's health as he has diabetes and cannot eat fast food meals. Raising rates would also impede their ability to shop for healthy foods at grocery stores, which her husband relies upon for his health.

About 2-3 years ago, they were in a position where they had to let PG&E go to pay for medicine. They did this a couple of times. **[Testimony: Exhibit B, Respondent 11, p. 5-6]**

**I spoke to a 56 year old man in Bakersfield who has multiple sclerosis, a degenerative disk, and arthritis in multiple joints.** Depending on his health, he uses a walker or a wheelchair for mobility. He is enrolled in the CARE and Medical Baseline programs. If PG&E's proposed rate design is adopted, he will face bill increases due to the customer charge, the reduced baseline quantities, and the proposed CARE Tier 3 rate.

Because of his multiple sclerosis, this customer is heat sensitive and he is medically required to use his air conditioner during the summers. He cannot reduce his energy use by adjusting the thermostat, or his health will suffer.

This customer lives on a fixed-income and receives SSDI. His budget is tight and he already faces expenses that regularly exceed his income, forcing him to go ever deeper into debt to pay for basic living expenses such as food, utility bills, and medical bills. Much of this debt is financed using credit cards; his interest rates have gone up from 9% to 19%. He is investigating bankruptcy because of his financial situation.

This customer has previously received assistance from the National Multiple Sclerosis Society in the Central Valley to pay for his utility bill. They have a one time assistance program for people who struggle with their utility bills and other living expenses. This option would not be available for him again. **[Reply Testimony: p. 4-5]**

**I spoke to a 60 year old woman in Fresno who has cerebral palsy, chronic bronchitis, and uses an electric wheelchair.** She lives on a fixed income and receives SSDI. She is enrolled in the CARE and Medical Baseline programs. If PG&E's proposed rate design is adopted, she will face bill increases due to the customer charge, the reduced baseline quantities, and the proposed CARE Tier 3 rate.

This customer's medical conditions require her to closely regulate her temperature. During the winter if she gets too cold, her legs spasm so she relies on heat. When she cannot afford to heat her entire home, she sits in her bed with a heating blanket. She dislikes having to do this because she has to spend long hours in bed. During the summer, she must use her air conditioner to maintain her health. When she cannot afford to use her energy utilities to regulate her temperature, she gets sick.

This customer already faces serious financial struggles to meet her basic needs. She struggles with paying her PG&E bill, and has had to eat at food pantries or go without food to pay her utility bill. Though she has obtained food at food pantries, it is physically difficult for her to get there and it's also difficult for her to wait in line because of her disabilities. Further, sometimes she cannot eat the food at food pantries because of her specialized dietary needs. She is always worrying about how she will get by, particularly as she has no family to rely on for financial support. **[Reply Testimony: p. 5-6]**

**I spoke to another resident of Fresno, a 67 year old woman who has diabetes, neuropathy in her feet, a crushed disk in her neck, and a knee replacement in one knee.** Because of her diabetes, she must keep her body temperature stable. This ratepayer lives on a fixed-income, receives SSI, and lives in a mobile home community. She lost a substantial portion of her savings during the current economic downturn. She has not received a cost of living increase for the last two years nor will she receive one next year. She has been enrolled in the CARE program, but she struggles to pay her PG&E bill and has had to choose between paying for food and medicine. If PG&E's proposed rate design is adopted, she will face bill increases due to the customer charge, the reduced baseline quantities, and the proposed CARE Tier 3 rate. **[Reply Testimony: p. 6]**

**I also spoke to a third Fresno resident, a 59 year old woman who is a home care provider for her disabled son who has Downs Syndrome.** Her household is enrolled in the CARE program. If PG&E's proposed rate design is adopted, she will face bill increases due to the customer charge, the reduced baseline quantities, and the proposed CARE Tier 3 rate.

This household lives on a tight budget and struggles to pay their utility bills. They are doing everything they can to conserve energy in order to keep their bills low. They wear layers of warm clothing in their home during the winters, and the customer hangs their clothing out to dry during the summers to avoid using the dryer.

The household is struggling financially and the customer uses her credit cards to pay for essential items such as food. Currently, the customer is only making minimum payments on her credit cards, and she is concerned that some of her interest rates have skyrocketed. She says they are struggling and living uncomfortably. **[Reply Testimony: p. 6 - 7]**

**I spoke to a 44 year old Clovis resident who is quadriplegic and uses an electric wheelchair and an air bed with a pump that runs on electricity.** He lives on a fixed-income and receives SSI. He is enrolled in the CARE and Medical Baseline programs. If PG&E's proposed rate design is adopted, he will face bill increases due to the customer charge, the reduced baseline quantities, and the proposed CARE Tier 3 rate.

This customer has to keep his body temperature stable because of his neck injury which has left him paralyzed from the chest down. As a result of his injury, he does not sweat and relies on the use of his air conditioner during the summer and heat during the winter to maintain a constant body temperature. He cannot reduce his energy use by adjusting the thermostat, or his health will suffer.

This customer already has an extremely tight budget. Half of his income goes to rent while the other half goes towards transportation, food, and other living expenses. He has a van that he relies on for transportation to his medical appointments and says the fuel is expensive; he gets 8/9 miles per gallon. If his PG&E rates increased, he would have to cut back on food and transportation. **[Reply Testimony: p. 7-8]**

**I spoke to a couple in Redding who live on a fixed income based on their SSI. The wife has COPD; she must maintain cool temperatures during the summer using air conditioning or else she has difficulty breathing. She also uses an oxygen machine and nebulizer to maintain her health. Her husband is blind.** These ratepayers are enrolled in CARE and will be contacting PG&E to enroll in the Medical Baseline program. If PG&E's proposed rate design is adopted, they will face bill increases due to the customer charge, the reduced baseline quantities, and the proposed CARE Tier 3 rate.

This household struggles with its current PG&E bills. In the past, they have received assistance through the SHIPP program. They have also had to cut back on other basic needs, including food and transportation, to pay their PG&E bill. At times, they have obtained food at a food bank and they currently are unable to have necessary repairs made on their car. If their PG&E bill goes up, they will have to cut back further on food and transportation costs. **[Reply Testimony: p. 8]**

**I spoke to a 51 year old Bakersfield resident who has multiple sclerosis, diabetes, epilepsy, and osteoporosis.** She requires stable temperatures due to her MS and other conditions. She also uses an electric wheelchair which she must charge, and will shortly begin to use an oxygen tank. She lives on a fixed income made

up of SSI payments. At this time, she has been unsuccessful in enrolling in either CARE or Medical Baseline, but she is again seeking to enroll in these programs. If PG&E's proposed rate design is adopted, she will face bill increases due to the customer charge, the reduced baseline quantities, and, assuming she successfully enrolls in CARE, the proposed CARE Tier 3 rate.

This customer faces health issues if she does not maintain a stable temperature, but she seeks to conserve energy as much as possible through other means. She keeps all her lights off, cooks only one meal a day, sets her thermostat as high as she can bear during the summer, and goes to sleep early to avoid energy use. Nevertheless, she has had to forgo medication when she could not afford both her co-pays and her electric bills. **[Reply Testimony: p. 9]**

**I spoke to a 46 year old Tehachapi (Kern County) resident with Multiple Sclerosis, who uses a power wheelchair for mobility.** She also needs to maintain a stable temperature for her health. She lives on a fixed income of disability insurance and alimony payments, and she is enrolled in CARE and Medical Baseline. If PG&E's proposed rate design is adopted, she will face bill increases due to the customer charge, the reduced baseline quantities, and the proposed CARE Tier 3 rate. If her PG&E bills increase, she anticipates that she will have to cut down on food and reduce her hot water usage by bathing less frequently. **[Reply Testimony: p. 10]**