

The Bicycle Transportation Alliance: A healthy vision

BY ROB SADOWSKY
CONTRIBUTING COLUMNIST

We're excited to introduce you to Healthy Streetbeat, a new monthly column for Street Roots written by



HEALTHY STREETBEAT

Bicycle Transportation Alliance

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the Bicycle Transportation Alliance (BTA). Our contributors are Rob Sadowsky, executive director, and Margaux Mennesson, communications

director. Over the next few months we will be sharing our thoughts about traffic justice, healthy streets, and other transportation issues that affect our community.

Every day on our streets, there are acts that constitute a violent and anti-social assault on life, health and community. Our transportation system and our driving culture cause crashes that result in the loss of life and property. You might typically read about traffic accidents, when vehicles collide with other vehicles, with people walking, with people biking. These are not accidents. We believe that they can be prevented through improved engineering, through improved training and education, and through increased enforcement of laws.

Our streets are suffering. They are unhealthy. We are afraid to go near them. We are afraid to let our kids go near them. We feel safer when we are protected by

several tons of steel. We think walking or biking is too dangerous, not worth the risk. We fear for our personal safety, the safety of our kids, of our friends.

Let us share our vision. We envision a healthy street where a loving couple can walk through their neighborhood on the sidewalk holding hands, young toddler in tow, without concern for how they will cross the next intersection. We imagine a healthy street that is filled with people of all ages, colors and backgrounds riding bikes that emit no greenhouse gases. We envision a healthy neighborhood where people walk to school and to the grocery store, with an occasional motor vehicle (burning clean fuel, of course) arriving to deliver a large piece of furniture. A healthy street is one that's accessible by transit, so that the toddler's elderly grandparent can easily get around to do their daily errands or meet their bird-watching club in a nearby park.

A healthy street is part of a system, and a healthy system has interlinking parts. That system includes parks, schools, business centers and libraries. The system flows smoothly between all its interlinking parts so people can move around it no matter if the starting point or the destination is in a dense urban neighborhood or a tree-lined suburban neighborhood.

We need to work to transform our unhealthy streets into healthy streets. We must focus on improving safety of the whole street environment through strategies such as speed reduction and building better

biking and walking infrastructures. We must teach everyone safe driving behaviors, biking behaviors, and walking behaviors through early education and ongoing training of road users. We must learn how to safely prevent crashes from occurring in the first place.

To build healthier streets, to tackle the problems that have led to this unjust traffic environment, we need to engage all users of the road and all parts of our society. Underserved communities bear a disproportionate share of the burden of our current transportation system: There are more crashes, fatalities, and serious injuries, and the consequences of a crash are greater. More people are uninsured, so even minor traffic incidents can lead to long-term health and financial effects.

We are hopeful and optimistic that we can make a big difference in this environment. We will use this column to showcase successful stories and best practices that other communities have used to reduce crashes and redesign streets to make them truly healthy.

We will only realize this vision of healthy streets within a healthy transportation system with many partners, and we'll use this column to showcase some of the great work our partners have embarked upon. We'll also share how readers can become engaged and involved in this work. Let us know how we're doing, share with us what you'd like us to cover. Join us on our travels.

The answer awaits for a familiar question on the street

"Where am I supposed to go?" I've heard this question before, at similar volume, from many people over the years. It usually signals a homeless citizen pushed to the end of their



STREET BLUES

Robert Pickett

Robert Pickett has been a Portland Police Officer for eight years. He has spent most of that time working in inner Southeast Portland, first as a patrol officer, and more recently as a Neighborhood Response Team officer working on neighborhood livability issues.

rope by multiple police requests that they "move along."

Such requests invariably come at the behest of another citizen, usually a nearby property owner

or manager, who has called to complain about people sleeping and/or loitering on surrounding streets or sidewalks. Unfortunately, nobody has supplied the police with a good answer regarding "where to."

This was a little different, however. Mr. O'Dea's eyes were wide and a little wild, his arms were moving everywhere and his pacing was incessant. His explanation about why he was keeping a six-foot-tall pile of belongings here on the sidewalk was irrational and meandering. And my respectful, soft tone wasn't making mellow like it usually does.

Matt was right, it was a mini-psychward down here.

Matt is the officer assigned to this industrial part of the precinct. He has worked here for two decades, answering 911 calls and non-emergency calls, many of the latter regarding the homeless residents of the neighborhood who have also been here for years. He knows all the people living on the street and they all know him as "Officer Matt." He is known for his compassion and patience, particularly toward the homeless.

Mr. O'Dea was one of three people Officer Matt was concerned about, all camping on the same block under an overpass, and all probably suffering from mental illness. The second, Mr. Wyatt, sat all day in his sleeping bag on the sidewalk,

rarely moving, a pile of discarded food containers and cigarette butts slowly building around him. The third man, Mr. Walker, regularly added alcohol to his illness and was becoming increasingly unpredictable and aggressive when Officer Matt would contact him. He would yell and pace and walk menacingly toward Officer Matt before turning away.

A few others were regularly spending the night on this block, but would pack up and leave in the morning. O'Dea, Wyatt and Walker all hung around during the day, however, growing their piles of rubbish and drinking beer. A business owner, who had spent a pile of money to renovate a neighboring building, was calling incessantly for something to be done about these guys and the trash, feces and disorder they created on the sidewalks.

After disengaging from Mr. O'Dea, Matt and I discussed what to do about the three men.

We could certainly call our mobile crisis unit, which is a mental health worker paired with a police officer. We were skeptical that anyone would be able to convince any of these guys to voluntarily accept treatment, however, and the unit would take time to respond because of their backlog.

One shorter term option could be to continue to contact these guys and press them about cleaning up and moving along during the day, and maybe issue citations if we caught them drinking in public. But particularly as Mr. Walker deteriorated, our guts told us that risked a violent reaction. Was it worth someone getting hurt?

We chose short-term option two: drive away, leaving the sidewalk situation to fester and the business owner to fume.

At the precinct I discussed the situation with my supervisor, who brought up a good point. If we were concerned that one of these men might react unpredictably and possibly violently to contact, wouldn't it be better that he go after an officer rather than some unsuspecting, untrained, unarmed

citizen who happened by? Isn't dealing with this possible threat one of the reasons why society maintains a police force?

The next morning we returned to the block and found what appeared to be drops of blood splattered on the street. I worried that my sergeant had been prescient, and some passerby had indeed been clobbered the night before.

We found no other evidence of a fight, however. Maybe it wasn't really blood. We took photos of the possible crime scene just in case, but then moved on to our original task of waking up the campers and encouraging them to clean up and start their day.

I woke a guy wrapped like a mummy in a sleeping bag on the sidewalk. He slowly stirred, uncovering his head and face and turning toward me.

It was Mr. Walker. His left eye was swollen shut, and his nose was twice normal size with dried blood caked underneath it. Sifting through the various, mostly nonsensical responses to my questions about what had happened, I was able to get that it was a fight over a campsite last night, and he wouldn't tell me who assaulted him.

I called for a medical crew to come check him out, and he asked to be taken to the hospital. He grabbed his sleeping bag and walked himself into the back of the ambulance.

I watched as the most threatening — and at the same time most vulnerable — character in this surreal saga was driven to one of the most capable, modern and expensive emergency departments in the state. Assuming they don't find any hidden damage, I suspect they will probably give him an ice pack and a hefty bill that the rest of us will ultimately pay.

In a bizarre way, maybe this is the least we should be doing for Mr. Walker — at least until society is able to answer Mr. O'Dea's original question about where to go, or prevent him and his companions from having to ask it in the first place.