

DEATHS, from page 1

channels to determine a permanent residence.

Paul Lewis is the deputy health officer for Clackamas, Multnomah and Washington counties. He notes that the 47 is a statistical subset, one that will include a higher portion of addiction and violent deaths, which are the medical examiner's stock in trade. For example, it doesn't include people who have a chronic illness, such as cancer, who may be receiving some care.

"This is certainly an underestimate of deaths in Multnomah County because it is limited to the Medical Examiner's jurisdiction," Lewis said. "We feel like this is a solid base. We're uncertain how much higher the number could go at this point."

Three years ago, Lewis joined others in the health community to conduct the city's first and, to date, only vulnerability index. The survey of 650 people who were homeless produced a picture of a highly medically vulnerable population living without shelter. Half of them (47 percent) reported at least one at-risk indicator for death, including repeated hospital visits, liver disease, HIV/AIDS, and exposure-related hypothermia. One-third of those surveyed were considered tri-morbid — having three or more at-risk factors such as psychiatric, substance abuse and a chronic medical condition.

"You interview people on the streets and see a lot of underlying medical conditions, and often there is some care, but not necessarily good care," Lewis said. "Or not necessarily the kind you can provide for yourself when you don't have shelter."

The vulnerability index also revealed that nearly half of the people surveyed reported being the victim of a violent attack since becoming homeless.

Domicile Unknown" presents broad recommendations moving forward, including reaffirming the priorities of access to housing, addiction services and increased efforts to provide information and referral to services that can help people experiencing homelessness. It also says the county needs to incorporate the health concerns of the high-risk uninsured as it complies with new state health care reforms. The county is working with local providers to create a coordinated care organization, or CCO, which this year will become the health care delivery systems for low-income Oregonians.

The report also calls for the creation of a task force to broaden the scope of the report, ensure annual data collection and make policy recommendations based on the data. The task force would include representatives from public safety, health care, public health, homeless services, mental health and addictions treatment programs. Specifically, the report calls for better understanding of why people are dying on the streets, and finding ways to



Deborah Kafoury



Nick Fish

direct resources toward preventing future deaths.

For the city and county governments, now wrangling with budget cuts, the report's recommendations support the argument that these services demand continued funding.

"The city of Portland and the county are looking at cutting our budgets in the next couple of months," Kafoury said. "I hope this data will continue to put housing at the forefront of those conversations."

City Commissioner Nick Fish, who oversees the city's Portland Housing Bureau, said he would be content if the report helped the city hold the line on existing funding. Fish is hoping to secure \$4.8 million in one-time funding for housing and homeless safety net programs. The mayor is expected to release his budget in early May.

"What this report tells us is that almost every week, somebody in our community dies in our community needlessly," Fish said. "It affirms the importance of funding programs and services upstream before people land on the streets; before people's lives spiral out of control. In very stark terms, it reminds us of the human toll of homelessness."

Fish's office this year convened a "reset committee" on the 10-year plan to end homelessness, now in its sixth year. Fish said that the plan is working, and that the recommendations in the homeless deaths report echo the plan's successful course to date. The report gives additional urgency to the debate, he said. "Let's remember that there is a human consequence to failure here and that is that people literally die."

Street Roots Executive Director Israel Bayer said the organization had been covering deaths for years, but no one was keeping official records of who and how many were being lost.

"For years we've seen many organizations and groups honoring people who have died on the streets, including Street Roots," Bayer said. "After doing several stories on people who had died on the streets along with looking at how King County was using the numbers to leverage funds and perform targeted services, we felt like we should be studying these numbers to better understand how we can prevent people from dying on the streets."

Bayer said he would like to see the report spur a larger conversation about health care and housing equity, and the critical need for

preventive measures.

"We know that if people have preventive care both from a health and housing perspective, we can not only save lives, but we can save millions of dollars in costs for both the public and private sector," Bayer said. "We hope to be able to expand our ability to capture the entire homeless population who are dying on the streets, not only through the medical examiners office, but through hospitals as well. It's an opportunity to bring both traditional and non-traditional partners to the table and create real change in our community."

"In the short-term, this report provides an example of why important services at both the city and county can no longer be scaled back," Bayer said. "We must do everything in our power to maintain the safety net, peoples lives are depending on it, literally."

By local counts, the number of people experiencing homeless in Multnomah County is on the rise, outpacing efforts to

get more people into housing. According to the 2011 one-night city and county homeless count, there were 2,727 people identified as either sleeping outdoors or in emergency shelter situations (compared to 2,542 in the 2009/2010 counts). Nearly 2,000 more were in transitional, short-term housing.

This winter, seasonal and emergency shelter services managed by Human Solutions were overwhelmed with numbers never seen before. Jean DeMaster, executive director of Human Solutions, said the shelter usually receives around 40 to 50 people a night, within their capacity for 62. "This year we hit our capacity before Thanksgiving. By New Year's we were up over 100 people per night," DeMaster said.

All but the city's family winter shelter closed at the end of March. The family shelter will close April 30.

"These are people who are in desperate situations that have no place else to go," DeMaster said. "We will try to house everybody we can before the family shelter closes. There will be new families coming in May and June and July and there won't be any new resources for them. When you're outside or sleeping with your children, it's not a safe situation."

DeMaster said the report is a sobering

reminder that even in a country of plentiful resources, people die on the streets.

"I realize that just because someone has a place to live, all their problems don't come to an end," she said. "But I think we have learned that in order to solve other problems — drug and alcohol problems, mental health issues, the lack of a job — you need the basics of a place to call home. Unless you're living somewhere that's safe and secure, the other pieces just don't happen."

Ask Sister Cathie Boerboom about people who have died homeless on the streets, and a name quickly falls from her lips. She was a visitor to Rose Haven, the day shelter for homeless women, where Boerboom recently retired as executive director. Boerboom's memories come back in a stream of consciousness.

"A wonderful woman," she begins. "A struggling family background, lots of alcohol in their family. Not being heard when she tried to do anything. Homelessness. Constantly trying to get on her feet. She's a strong woman. She had strong times of depression just because there was so much

hopelessness in her life. I believe there may have been a suicide attempt. And then she really bounced back. There was hope again in her life. She was out looking for a job. I believe she died of heart attack."

She died on the streets in late fall, said Boerboom, who did not want the name of the women used for this article.

"It was that constant struggle. It was like being on a slippery muddy slope. There are not enough resources. No housing. It get's more and more depressing to struggle with all that

is involved while not having a home. It's exhausting. It's lonely. It's unsafe. It's depressing."

Boerboom bristles at the numbers, the statistical subsets, and the implication that marginalized people are somehow more disposable.

"Our privilege doesn't makes us more valuable," Boerboom said. "Every single person is important, and no matter what happened to them or what choices they were making, they impact the rest of us as a person. The other piece is that this should not be happening. Yes, people are going to die. But not out there, sick and lonely and struggling and trying — or having given up."

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— JEAN DEMASTER
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