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arrested for drug use and related crimes. Police like them, but critics say they discriminate against specific economic and racial populations and push the activity into other areas of the city. What is your opinion of these efforts?

J.W.: – I am not a fan. In fact, when I was a lawyer at (Portland law firm) Davis Wright Tremaine, we took on a pro bono project challenging those exclusionary type zones. So in my legal world, I worked to get those zones thrown out. Because I think they discriminate, and they don't take into account the fact that a lot of support services for people dealing with addiction are in Old Town, so if you have a Drug Impact Zone or an exclusionary zone, that takes somebody out of the place where they can get support. But I think Drug Impact Zones are similar in that they focus on one area. It doesn't address the fact that drug and alcohol issues permeate our society. And so when you focus on low-income communities, it's a real problem.

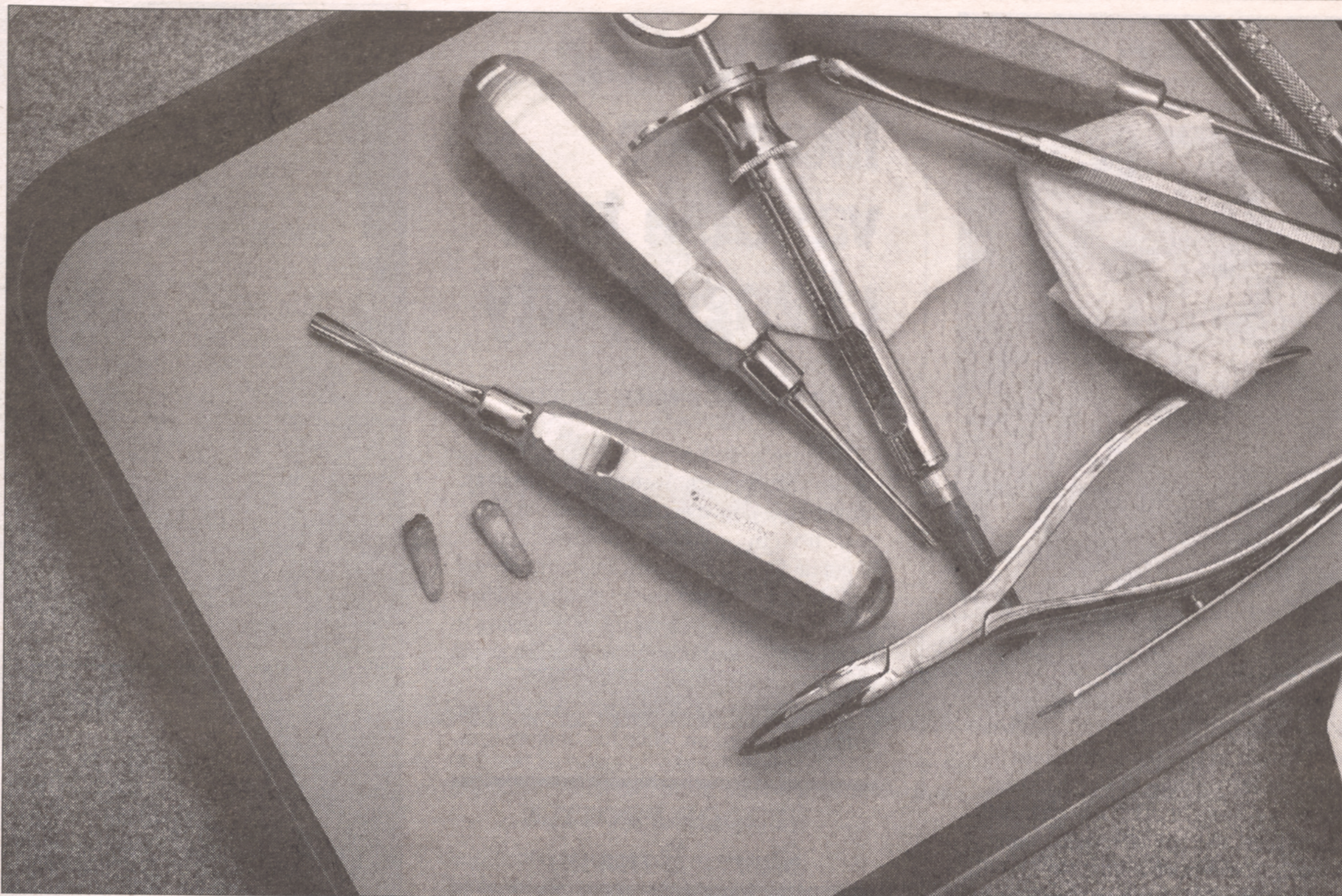
J.Z.: *Do these policies reflect where we're failing on a larger scale, that people on the ground are just trying to protect their own doorstep?*

J.W.: Absolutely. Those reflect old school ways of thinking about public safety. Frankly, it's a little like mandatory minimums. A lot of what happens in public safety is actually counterintuitive. And so people don't understand that, and public safety is a very gut level issue for people, so what seems like a good idea, might not be, and I think that as a community we have to be open to looking at the science and the data, and then investing in those programs that show results, as opposed to what we think would work.

J.Z.: *Likewise, the state is considering a bill to release its preemptive rights over local sidewalks. It's expected that a new sit-lie proposal will follow, and one that is more strict. Critics say it's only penalizing the homeless and layering them with punitive violations. These laws typically sweep up people who are homeless, or exercising free speech rights in panhandling. How does this fit in to your approach to improving public safety?*

J.W.: Sit-lie. I think that needs to be dealt with at a local level because I think that our community needs to be engaged in those conversations. I'm not a fan of them, but I think when we're talking about local violations, then I think it's appropriate for the local community to be dealing with it. The Portland ordinances are violations, they don't rise to the level of crime. Any thing that starts dealing with the criminal justice system in a larger sense, we need to – at the state level – do everything we can to make sure those laws are appropriate and equally applied. And that's where I see exclusionary zones and drug impact zones as larger statewide equity issues.

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Above, two teeth removed from a patient at the Multnomah County dental clinic. Below, the clinic's Dr. Beverlee Cutler, who works with low-income patients.

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healthier students and their social development is impaired. As the disease progresses, adults face fewer employment opportunities and diminished economic returns.

Maher also saw older children struggling with self-esteem issues due to tooth decay and other oral health problems.

"It's heart-wrenching to see middle-schoolers have to deal with crippling self-esteem problems based on their health," she says. "It's one thing to look at the outstanding rates of oral decay and medical costs in children, but just the mental strife alone affects how they develop."

Children with poor oral care aren't the only ones struggling to maintain their self-esteem. Dr. John Bischof, Central City Concern's newest Medical Director, cited multiple studies that bridge feelings of low self-worth to oral health inadequacies.

"It's something that we haven't paid a whole lot of attention to in the past. It's only in the last couple years that researchers are finding a connection," Bischof says.

But the stigma that goes along with bad teeth has never faltered.

"Aside from acute pain, the judgment of people with bad oral health brings people to our clinic," says David Whitaker, operations manager for Multnomah County's newest dental clinic in downtown Portland. "It's how our society looks at them that hurts. It's never the good guys in movies who have missing teeth."

And treatment for mental illness, potentially triggered or inflated by poor oral health, can be a vicious circle. Bischof says that many psychiatric medications given to patients with mental illness affect saliva glands, leaving the patient's mouth dry and more prone to infections. On top of



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— DR. BEVERLEE CUTLER
MULTNOMAH COUNTY'S NEW DENTAL CLINIC IN DOWNTOWN PORTLAND

that, he adds, many people with severe mental illness are inclined to abuse enamel-weakening substances.

"It all comes back to making access to affordable health care a priority," Bischof says.

Which is another roadblock in the way to oral care. The majority of patients who have the most severe dental needs are only partially insured, if at all. The top request from dentists at the county's downtown dental clinic is just to have infected teeth pulled, to prevent ongoing costs and infection.

"It makes sense, a lot of these people

neglect their teeth for so long that it's the best we can do for them," says Dr.

Beverlee Cutler, the clinic's head dentist. "Half of our work is fitting patients for dentures or adding replacement teeth."

The 2010 Department of Human Services study also found that a hefty 20 percent of Oregonians over the age of 65 have lost all their teeth to decay or infection. Additionally, a 2008 Center for Disease Control report showed that only 70 percent of Oregonians visited the dentist in the last year.

Cutler's view reflects these numbers. Many of her patients haven't been to a dentist in years, and usually don't plan on returning for a while, due to the cost. While she says she'd love to have a treatment plan of routine care for each patient, she knows it's impossible for many to commit to.

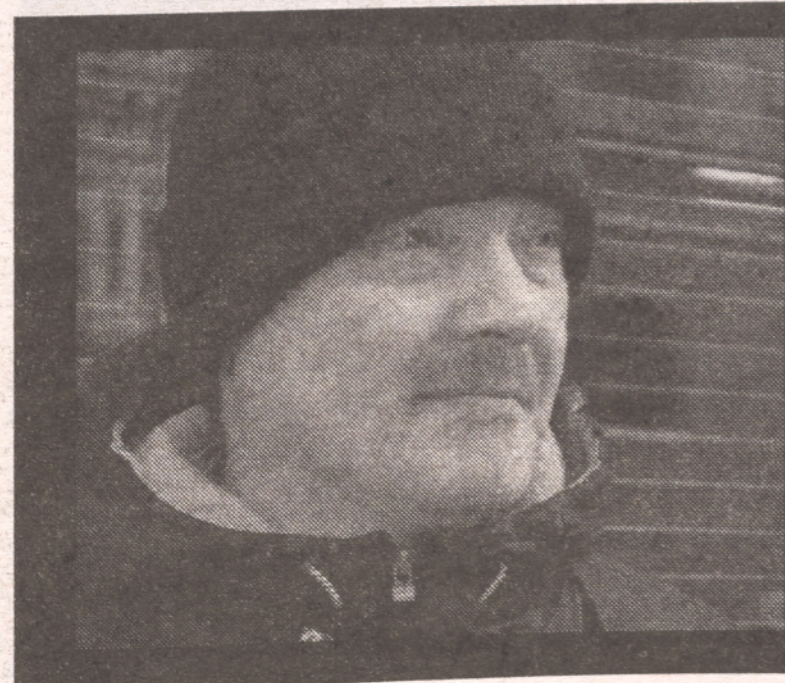
"I try to send everyone away with a toothbrush, floss and fluoride," says Cutler. "They don't even need water or toothpaste, as long as they scrub their teeth."

This month, the Portland School Board came out in support of the fluoride measure, linking the issue to student health and its impact on student achievement. Northwest Health Foundation's Maher echoed the board's ruling, based on her first-hand experiences.

"I grew up in rural Alaska without dental health insurance, but I was lucky enough to have fluoride in my town's water. I didn't go to a dentist until I was 14 and have yet to get a cavity," Maher says. "I would not be where I am today without that."

Cutler is confident that the new clinic will continue to attract patients in need, now that it's in a centralized location.

"To see people who haven't smiled in years leave here beaming," she says, "that's real change."



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