

DEATHS, from page 3

homeless according to the federal Department of Housing and Urban Development, or HUD.

The figures in the report do not necessarily reflect all those who died homeless last year. It only includes those who are investigated and certified by the medical examiner, and not necessarily those who may have passed away in a hotel, for example, or those not in the care of a physician, such as at the hospital, at the time of death.

"It's a basement," Lewis says of the numbers. "We know there's stuff on top of this. Even in the subset, incomplete though it is, it's a substantial number."

*"People knew I was suicidal and all I could promise was I would wait before killing myself. Not easy when you have no hope, no joy, no passion, nothing" ... I did promise I would wait but what do I have worth waiting for?*

— Kirk Reeves, Oct. 23.

Reeves died from a self-inflicted gunshot wound by Bybee Lake. He was believed to have been staying with friends for a period before his death, a status consistent with the federal definition of homelessness. But Reeve's e-mails to friends and family reveal a long-term struggle with depression and feelings of hopelessness. He spoke openly of committing suicide after lamenting not only his lack of housing stability, but the deterioration of his eyesight from cataracts, which he blamed on his homelessness.

On and off the streets, Reeves at one point writes about finding an apartment, only to be told he couldn't move in, he wrote, because someone identified him as a "street performer." It hurt, he wrote on Oct. 23, "because no matter how I tried, this was telling me I would NEVER get off the streets. I would never be nothing more than a street performer. ... Hard work and rainbows and people pulling for you were meaningless. But the things and people telling me 'We don't want you here!' were right and will win. And guess what? I don't want to be here either! It hurt that much."

But there was hope, too. In the same long e-mail, he wrote that his eyesight was better thanks to a surgery and new glasses. "I do like seeing people smile, especially children. I mentioned many bad things, the depression, being sick, people hurting me but the worse was I couldn't see people smile, especially children. Now I can."

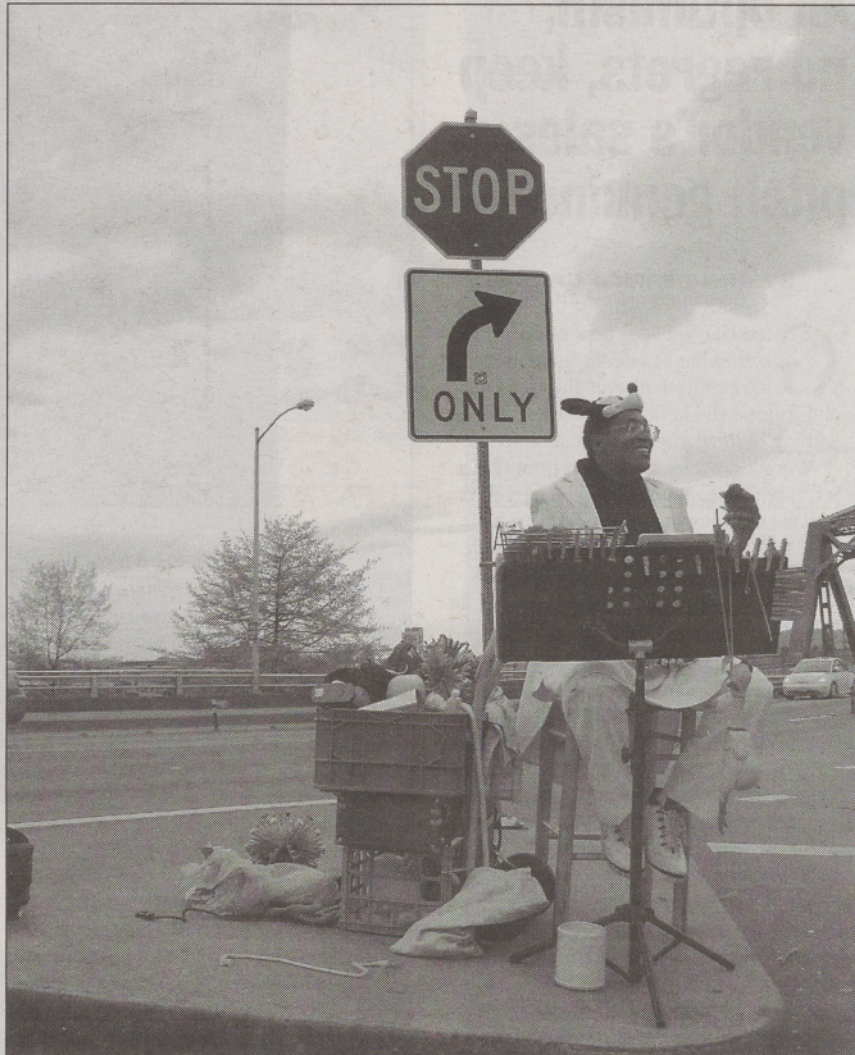
Seth Lyon is the senior program development specialist with the Community Services Division of Multnomah County Human Services. Suicide is just one measure of the physical and emotional toll of the prolonged economic crisis, both on and off the streets. And it has been on the rise across Oregon for the past 10 years.

"For me, suicide is really about hopelessness," says Lyons. "Opportunities have shrunk for people. And the capacity for becoming hopeless is much higher."

In his experience, working both in issues of mental health and homelessness, Lyon says he finds that the streets bring with them their own health syndrome — often a combination of traumas, including addiction, mental illness and physical injury — that manifests its own condition, unique to the experiences of each individual.

"That stuff just doesn't always get better with a pill; it's a whole life," Lyon says, dismissing the notion that the homeless are some sort of homogenous group, for whom programmed solutions serve the universal needs of the deserving.

"Anybody could become homeless. It's extremely detrimental to your health and we should be thinking about that as a health care issue. It's a public health issue. We



Kirk Reeves at his perch on the Hawthorne Bridge in April 2010.

PHOTO BY JOANNE ZUHL

need to think of people's health as something that we look at holistically, and reach out to people."

Lyon praises the work of agencies to prevent families from becoming homeless, and getting families and individuals off the streets. But the real challenge, and for Lyon an important measure of success, is connecting with those who are the hardest to reach — those who are often found at the end of their ropes.

"This is the time when hope is harder to come by," he says. "But it's never been a more important part of what we do."

**"Those of us who have worked in the field on issues related to housing and homelessness, understand the correlation between health and housing. It's realizing that housing is a health care determinant."**

— DEBORAH KAFOURY  
MULTNOMAH COUNTY COMMISSIONER

This is only the second report on homeless deaths compiled by Multnomah County, making any trend analysis premature.

But Kafoury said that since the initial report was published, there has been a greater emphasis on prevention in the area of substance abuse and health care reform.

"We're working with the legislature right now on a bill to allow people to have access to naloxone, a drug that reverses overdoses. "Right now it's available if you have a prescription. We would like to make it legal as an over-the-counter drug to drug users, their friends, families and counselors."

Senate Bill 384, now before the House Committee on Health Care, would allow a person to possess and administer naloxone provided they successfully completed training on the drug's use. "Naloxone is proven to save people's lives," Kafoury says.

Gary Oxman is the former public health physician for Multnomah County. He retired at the start of this year after 28 years in the county's service. The number of homeless deaths by heroin and opiate overdoses was

not lost on Oxman, who has been lauded for his work in the 1990s to stem the tide of heroin overdoses and save lives.

"These people are people," Oxman says. "They're somebody's son or daughter, somebody's father, a brother, a friend. They are members of our community. I think people all too often see the combination of homelessness and drug abuse, and assume that represents a permanent state for these individual. The reality is, people cycle in and

out of the bad times in their lives. No one is a throw away person, and that applies to the folks who are affected by homelessness and drug abuse."

Oxman is quick to note that the problems with heroin abuse are not just an issue for people experiencing homelessness.

"There is a much larger opiate abuse problem in the community," Oxman said.

"It's certainly not isolated to the homeless community."

Indeed, heroin overdoses statewide rose 42 percent from 2002 to 2011, according to the state medical examiner's report on drug related deaths. Overdoses kill more Oregonians annually — 143 in 2011 — than motor vehicle accidents, according to the report. Of all accidental deaths due to overdose in Multnomah County last year, one in six were among people who were homeless.

For more than two decades, the homeless youth center Outside In has operated a needle exchange program. It deals in more than half a million needles each year, removing more needles off the streets than it distributes. Congress has prohibited any federal funding for needle exchange programs, with much of the cost picked up by the county and the city. Oxman supports

To see the complete report on homeless deaths in Multnomah County, visit us at [www.news.streetroots.org](http://www.news.streetroots.org)

the needle exchange program, which has been axed from the proposed city budget. "Any reduction in needle exchange services will be really unfortunate," Oxman says. "Not only does it play a role in preventing the spread of illness, but it's also a critical gateway to keep substance abusers engaged with the larger system, and continue to work with them around issues of recovery."

Oxman also says safe injection sites — which operate in Canada and Europe but not the United States — could be another way to curb the recurrent heroin crisis.

"Where they've been implemented internationally, they appear to have reduced death and other complications of drug use. I think their value has been shown," Oxman says. "They improve health and they save lives. I think it's a question whether they can be implemented and gain political and community support in this country."

Another opportunity for change is in the state's new Medicaid delivery system that last year received a \$2 billion boost in federal dollars. The funding is helping launch coordinated care organizations, intended to leverage greater flexibility in how they treat, charge and manage patients, including social service. That Medicaid funding, County Commissioner Deborah Kafoury says, also incorporates housing as part of the health care solution.

"Those of us who have worked in the field on issues related to housing and homelessness, understand the correlation between health and housing," Kafoury says. "It's realizing that housing is a health care determinant."

In 2014, Medicaid eligibility will be expanded and 200,000 more Oregonians are expected to be added to the rolls. The report calls for increased outreach efforts to ensure that people experiencing homelessness are enrolled.

"Homelessness often times is framed as a public safety issue, but the reality is it's a health care issue," says Street Roots' Israel Bayer. "We know that by providing people a safe and stable home that we could give people the opportunity to live long and successful lives. It's been well documented that homelessness literally takes years off of people's lives and costs the system an enormous amount of money. Housing is not only the safest way to provide people adequate healthcare, it's always the most cost effective."

Each year, several organizations, including Outside In, Operation Nightwatch, and St. Andre Bessette Catholic Church, come together to remember those who died, most of them either alone, homeless or in trauma. This year, there were more than 120 names on the list, including "the man who jumped from the balcony, Oct. 2." They are all remembered, even if their names are not.

Kirk Reeves' memorial drew hundreds of people to the Hawthorne Bridge to remember the man in the white tuxedo and Mickey Mouse ears. They may not have known how much he struggled with his health and housing, or how much he contemplated a future of war or god's role in it all, as he did at length in his writings. But they should know that he also wrote of the joy of rainbows and "jungle butterflies," a peaceful anomaly in a dog-eat-dog world. He wrote of the reminders that despite all the challenges and problems, there were still things worth living for.

"So what can I do? I can go out and perform," he wrote. "I can make at least one person smile."

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