Should TriMet have 'rider advocates' instead of more uniformed security?

Local transit union and rider advocacy group want the regional transit authority to rethink its decision to contract with Portland Patrol, Inc.

BY EMILY GREEN
SENIOR STAFF REPORTER

For 15 years, TriMet Rider Advocates helped de-escalate high-tension situations on public transit vehicles and platforms, while also providing customer service to transit users.

Until TriMet cut the program for budgetary reasons in 2009, these advocates – all trained in conflict resolution techniques – worked in concert with police to help keep buses and MAX lines safe.

The program began in 1994, when TriMet partnered with Northeast Coalition of Neighborhoods to staff bus lines with gang outreach workers. Over the years, the advocates became known as an invaluable component of the transit system.

The same year the program was cut, it was the recipient of Portland's annual Public Safety Partner Award, with the city commending its advocates for the help they provided to riders, "especially the elderly, disabled, youth and people in crisis."

As news of the advocates' termination spread, transit employees voiced their disapproval, with hundreds of operators signing a petition that demanded the program be saved.

But it was not saved, and in the years since, TriMet has relied on its field staff, Transit Police and private security to enforce its rules and promote safety. In January, the transit authority announced plans to contract with Portland Patrol, Inc., a private security firm, to add 50 additional uniformed security guards to its system.

STREET ROOTS PHOTO

Trimet's Blue Line to Gresham rolls through Old Town. The transit union wants the agency to restore its Rider Advocate program, rather than hire more private security guards.

Now, transit worker and bus rider unions say that bringing back the Rider Advocate program would be a better way to combat security threats than adding more uniformed security.

"It really is militaristic," Andrew Riley, spokesperson for Amalgamated Transit Union 757, said of TriMet's use of uniformed police officers and private security.

"You've got folks with weapons, with uniforms, who are pulling riders aside, grilling them about their personal information and that sort of thing, and we think that that confrontational approach doesn't work," he said.

Alternately, he explained, Rider Advocates can build deeper relationships with transit users and take a much more collaborative, and less combative, approach.

"We don't think that continuing to militarize transit is going to actually reap rewards in terms of security and safety," he said. "Assaults on transit workers and things that don't rise to the level of assault, but are menacing situations, are at an all time high – it's happening basically every day."

He said when the union brought up the idea of bringing back the advocate program during its last round of contract negotiations with TriMet, "they refused to even consider it."

That's why, said Riley, the Amalgamated Transit Union 757, along with OPAL Environmental Justice Oregon and Bus Riders Unite, are urging their constituents and members of the public to pack an upcoming public hearing on TriMet's proposed budget in support of bringing back Rider Advocates.

This meeting of the TriMet Budget Committee is slated to begin at 9 a.m. on March 28 in the Plaza Conference Room at the World Trade Center Building No. 2 at 121 SW Salmon St. The meeting is open to the public, and those wishing to testify can sign up to do so before the meeting begins.

The transit and riders unions have discussed re-introducing the Rider Advocates program with a core of volunteer advocates, but with the intention that TriMet will move to provide funding. Riley said the advocates will likely be contract workers, however, just like the their predecessors, they will also be unionized.

Contracting with Portland Patrol Inc. means that nonunion guards would be performing some of the same duties as union employees, such as fare enforcement, said Riley.

And, he said, because fare-jumpers can opt for community service instead of paying fines, having Portland Patrol, Inc. issue citations creates a conflict of interest.

Portland Patrol is a contracted partner of the Downtown Portland Clean & Safe District, which regularly utilizes court-ordered community service labor. This affiliation could create a cycle where one arm of a partnership is able to use law enforcement to indirectly send offenders to work for the other partner.

TriMet was not able to respond to questions for this story by press time. Its response will be included in the online version of the story at news.streetroots.org.

POT, from page 10

Convincing doctors, insurers

Although some medical uses for marijuana have been long established - to reduce nausea, for instance, or treat glaucoma - little research exists to convince the health care establishment of its medical value.

Patients are typically only prescribed marijuana when they ask for it, and it's an open secret that "medical" marijuana is often used recreationally.

"The way the medical cannabis world now works is really patient-driven," said Avtar Dhillon, executive chairman of Emerald Health Therapeutics and a medical doctor. "I can relate to physicians who want evidence."

Emerald will soon start human clinical trials of a cannabis formulation to manage pain, he said.

Only a few Canadian insurance plans cover medical cannabis, including grocery chain Loblaw Cos' employee insurance plan, Veterans Affairs Canada and insurer Sun Life Financial.

"There's a lot we need to learn about this plant, and the research goes a long way to quantify and demonstrate its medical benefits," said Jason Zandberg, a research analyst focused on small-cap growth companies at PI Financial.

Government money is helping the cause. Canada's National Research Council awarded C$1.7 million for the study of cannabis between 2014 and 2017. Among the recipients were Emerald, MedReleaf and Tilray.

"There's a lot we need to learn about this plant, and the research goes a long way to quantify and demonstrate its medical benefits"

JASON ZANDBERG
PI FINANCIAL

In January, the Canadian Institute of Health Research approved $1.4 million ($1 million U.S.) for studies led by hospitals and universities into subjects including the impact of cannabis on driving and mental health.

Debates still rage over the effectiveness and risks of prescribing pot.

The concerns include addiction from long-term use, impaired cognitive function, anxiety, depression and lung cancer, according to a 2014 paper posted on the U.S. National Institutes for Health website.

"Cannabis has not been through Health Canada's rigorous pharmaceutical regulatory process," said Canadian Medical Association President Laurent Marcoux. "Physicians do not know about the appropriate dosage, the potential side effects and how it could interact with other medications."

CanniMed Therapeutics has financed physician and pharmacist training programs developed by professionals in each field and accredited by their certification bodies, a company spokeswoman said.

Emblem Corp, which received Health Canada approval to sell medical marijuana in August 2016, is spending C$3.2 million over the next two years on studies to find the best cannabinoid strains to treat pain and reduce dependence on opioids.

The chief of the firm's pharmaceutical division, John Stewart, previously worked as the Canadian and U.S. CEO for Purdue Pharma, the creator of OxyContin, a painkiller widely seen as a major contributor to North America's opioid crisis.

But the firm needs more data, Stewart said.

"We don't know yet how you might initiate cannabis therapy in a patient who wanted to discontinue their opioid therapy but certainly doesn't want to discontinue their pain control," he said.

Medical marijuana firms have an unusual advantage in that they can continue to sell a legal but largely unregulated medicine as they raise money for research into fully regulated products that might have "enormous potential" in the pharmaceutical market, said MedReleaf CEO Neil Closner.

"We're allowed to sell a product that many people view as being a possible replacement for many pharmaceutical products," he said. "But we're not obligated to take it through the traditional Health Canada approval process."

Courtesy of Reuters / INSP.ngo