

Study shows agencies unable to cope

by Chuck Goodmacher

What has long been obvious to Portland's low-income people and the people helping to make their lives a little less harsh is now documented fact here in Portland. *Dollars and Demand: The Impact of Budget Cuts and the Need For Social Services*, recently released by the Portland Budget Priorities Project of the American Friends Service Committee, details the growing inability of local agencies to cope with increasing demand.

State and federal budget cuts and a less than adequate response from the private sector are given as reasons for the growing crisis.

"There is a crisis in our community resources," reads the study's conclusion. "Funding cuts from the federal and state governments have not been compensated by an increase in private giving. Nor is there hope that private giving will fill the gap."

According to the report, the impact of the crisis is not only measured by agency budget reductions

and workers layoffs. Rather, the full impact is best measured in human terms — "For many people, services no longer exist." Among the groups most severely affected are the same people who have always suffered most in our society... mothers and children, minorities, and programs for the unemployed."

Dollars and Demand reports on an extensive survey of social service agencies in the greater Portland area. A total of seventy-six social service agencies completed the Community Resources Survey. These agencies were funded by federal, state, local and/or private dollars. Social service agency directors were asked a series of questions concerning agency budgets, demand for services, spending priorities and the future of community resource funding.

Nearly all the agencies had been directly affected by federal budget cuts since Reagan took office. The response to those budget cuts varied: nearly two fifths (38 percent) cut staff; over one half (51.2 percent)

cut services; and over one third (36.5 percent) knew of no other agency offering their service. Most agencies (71.6 percent) were forced to make these cuts even as demand for their services rose.

Reductions in service delivery often meant loss of education/prevention services, advocacy, and technical assistance. But other agencies cut basic services or turned people away by tightening eligibility requirements or simply limiting the number served. Among the specific cutbacks documented by the survey are:

- An emergency shelter for women and children cut their bed space by one third;
- A center for severely disturbed children was forced to close a group home for adolescents; and
- the Cleve Allen Dental Clinic in Northeast is unable to take new patients and can provide only limited services to current patients.

Many other specific reductions are listed in *Dollars and Demand*. Perhaps even as revealing as the

information on how the budget cuts have impacted agencies is data on the way that the private sector has responded. *Dollars and Demand* found "Reaction to the current administration policy of shifting social service funding from the public sector to the private sector was negative." As one agency director commented: "It's a nice idea, but not grounded in reality."

Dollars and Demand's findings on private giving are based on information from both the agencies surveyed and a September, 1981 report by the Portland Committee for Responsive Philanthropy which found that "In Oregon over one half of all Oregon foundation dollars go to only 30 institutions.

- Barely 1 percent of all Oregon foundation dollars go to programs run by and for racial minorities;
- Less than 1 percent goes to women's programs;
- Less than one percent goes to housing and community development."

Dollars and Demand goes one step further than most studies — it concludes with remarks on what people can do to help alleviate the community service crisis: "citizens can advocate for government spending that reflects community concerns... Urge the private sector to assume community resource responsibilities... And last, but not least, citizens can oppose the current military build-up that is draining the humanity from our tax dollar priorities."

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Doctor treats homeless, poor

by Nathaniel Scott

Dr. Neal Rendleman, physician and surgeon, recently set up the East Side Community Clinic at Baloney Joe's, 313 East Burnside Street. The clinic, a project of the Burnside Community Council, welcomes welfare recipients, medicare clients, and its fees are on a sliding scale, Dr. Rendleman said. Clinical services include check-ups, pre- and post-natal care, psychiatric care (on a limited basis with referral to the proper agency), contraceptive advice and child, as well as adult services. The hours are from 4 p.m. until 8 p.m., Monday, Tuesday, Thursday and Friday.

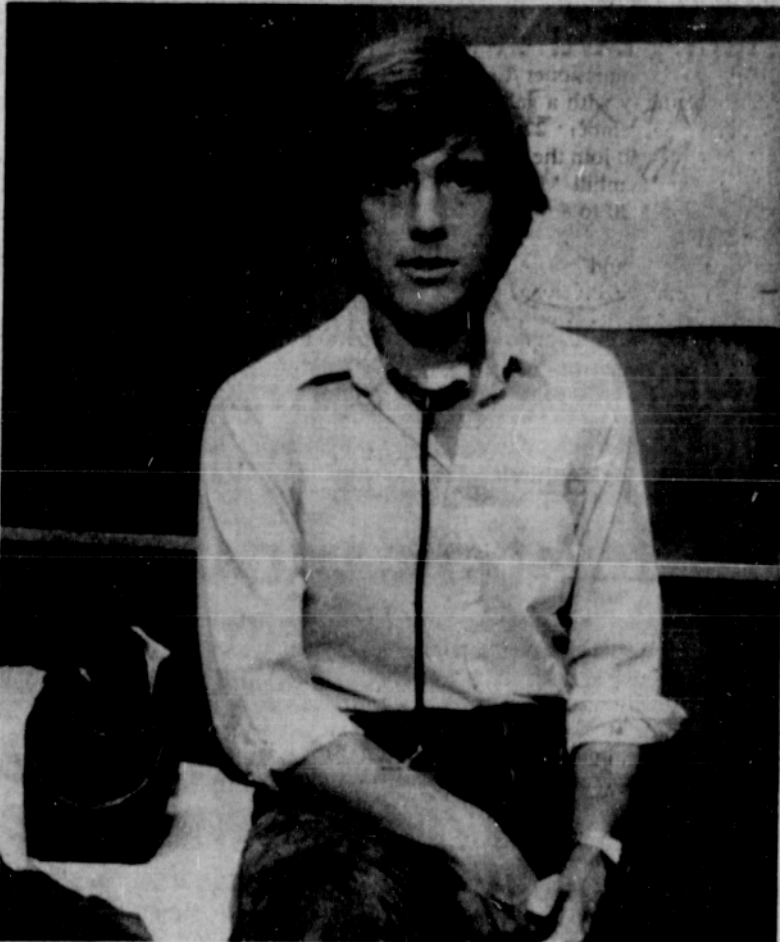
Modesty prevented 33-year-old Dr. Rendleman from claiming to be a humanitarian, but in view of the recent change in governmental policy, he saw the need for the type of services he is providing.

A native of Iowa, he attended medical school on the East Coast and did his residency at the University Hospital in Portland. He is awaiting the approval of his application to practice medicine at Physician and Surgeon's Hospital, and is realistic about his expectations.

"I don't expect the clinic to make money," he said. "I am hoping to get enough out of it to pay the rent and my own salary."

In the two weeks that he has operated the clinic at Baloney Joe's, he speaks with admiration and dismay about the people he has seen.

He said most of the people, with the exception of women, children and those over 65 (and there are some exceptions among that group) are working: doing hard work at low pay as field hands, picking up bottles, cans and selling paper. Dr. Rendleman continued his scenario by saying, "The sickness they have drags them down. I see people who



Dr. Neal Rendleman at his new East Side Clinic at Baloney Joe's, wants to prolong the lives and shorten the suffering of those in need. (Photo: Richard J. Brown)

are weak and worn out from malnutrition." And he added that some of those people are the ones, "who have to sell plasma to get their prescriptions filled."

The clinic's services are not limited to street people; anyone may apply. Dr. Rendleman is not only interested in dispensing advice and prescriptions; he wants to forge a continuum — "continuity" — as well.

Middle class America, according to him, has always known the value of having a family physician: a familiar face and voice, not the attendance of a stranger, in times of ailment and discomfort. "One of the things that I see that is important," he said, "(is for these people) to always come back and talk to the same people." Dr. Rendleman does not see some people as "riffraff" like some of the uptown crowd do.

The East Side Community Clinic is staffed by Rendleman and his assistant, Madonna DuFrane, a lady who has had training in the nursing field. He welcomes whatever services can be rendered and has made contact with a number of community agencies, including the Salvation Army, St. Vincent dePaul and the Burnside Project.

Thus far, he said, the illnesses have been indicative of the metropolitan community. But, he added, "I expect in the long run that this community will see more T.B. and other diseases that are associated with poverty." In addition to those observations, Dr. Rendleman said, "I've seen quite a few Vietnam veterans here."

The doctor's observations include dentistry, too. "One of the biggest problems in the city right now, is people who have dental problems and can't pay for the needed services," he said. "In addition to prolonging lives and shortening suffering, I want people to have a useful integrated role in society."

Michael Stoops, co-founder of Baloney Joe's, said, "Our community really needed a doctor in the neighborhood... he will see a lot of sick people." Adding, "We are going to try to take care of the people and the animals."

The Burnside Community Council recently acquired volunteered veterinarian services for the animals in their community. The services are on a quarterly basis but they hope to have it more frequently — monthly — within a relatively short period of time.

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