



28 March 2021

Senator Deb Patterson, Chair &
Senator Tim Knopp, Vice-Chair
Senate Committee on Health Care
Oregon Legislature
Salem, Oregon 97301

Dear Chair Patterson, Vice-Chair Knopp, and members of the Committee:

My name is Jimmy Jones and I am the Executive Director of the Mid-Willamette Valley Community Action Agency here in Salem, where we serve people in poverty in Marion and Polk Counties, as well as nine other Oregon counties in some programs. I am also the Chair of the Legislative Committee of the Community Action Partnership of Oregon, which for nearly 40 years has been Oregon's delivery system for homeless, housing, energy, weatherization and other anti-poverty programs. My agency operates the ARCHES Project here in Salem, which is one of the most well-known, widely respected and innovative homeless service models in Oregon. I write in fervent and heartfelt support of Senate Bill 850, a desperately needed policy bill which will change the face of homeless services across Oregon, by creating one of the first state-wide homeless death reporting obligations in America.

Our ARCHES Project is the primary direct service program for the unsheltered homeless in our community. We provide shelter, permanent housing, food, showers and laundry, mobile services, outreach to camps, critical mail services (so the very sick and very disabled homeless population can receive their medicine), transportation services, and other desperately needed direct services to the homeless in our community. Our Day Center alone sees more than 1,000 clients each month, where people come to get a hot meal, escape the cold and wet weather, and find connections to treatment, medical services, and mental health. Since it opened fully in April of 2020, it has seen more than 48,000 duplicated visits, provided 58,474 meals to the homeless and 2,146 shower and laundry services. Our sheltering project this year alone has provided 7,072 bed nights in the middle of a pandemic, using a mixed delivery system of hotels and congregate shelters. We have personally, in the field, made contact with 2,107 homeless residents in camps since July of 2020 (in the middle of COVID-19), bringing with us blankets, tents, tarps, food, and many other desperately needed provisions. And in the last year we housed 538 homeless persons, on top of the 1,800 prevention households we served. We operate three residential facilities for the chronically homeless, for veterans, and for homeless youth. We fund the managed camping projects across Salem, including the one at the state fairgrounds. And we are close to acquiring a Project Turnkey property to provide even more sheltering.

But for many, these services alone cannot prevent an early death outside, under painful and deplorable conditions. The public is not widely aware of the inhumanity of unsheltered homelessness. Many of them are elderly, disabled, addicted and abandoned by their families. Others suffer from background issues that make a successful housing placement unlikely. Others are those who, two generations ago, would have had beds in a state hospital, but have now been turned out to be exploited, victimized, and die early deaths, exposed to the elements, alone and forgotten by everyone.

We have lost nearly 30 homeless clients in the past 14 months. Some have died outside. Others have died in hospitals. Some have been struck by cars or been the victims of violence. Others have suffered from infectious diseases, most particularly MRSA, which has cost us two deceased in the past few months. In my time doing this work I have never seen so many amputations, so many people who were limited in their mobility, so many people who were sick and dying 20 years younger than the rest of us. The chronic health conditions that we see outside are extraordinarily high. It's everything we can do to meet those basic needs, limit human suffering, and provide some dignity to the most vulnerable residents of our community.

Most of them are suffering from very common chronic and manageable conditions, but because of a lack of treatment options, access, and the impossible hope of staying warm, dry, medicated, and safe in unsheltered conditions, the average age of death in the Salem homeless community is just 52.

Consider the following cases in the last few months alone:

- Our outreach team found a woman, who had earlier in 2020 given birth on a sidewalk in downtown Salem, with an open wound on her shoulder. After we finally convinced her to go to the hospital, the staff there removed more than 200 maggots from that wound. She slipped into a coma, but survived.
- Our outreach team found and moved another woman to the hospital. Her tent had a quarter inch of standing water and was filled with human feces floating around her body. She could not walk the 30 yards to a portable toilet, because her feet had the worst case of trench foot I have ever seen, in working with thousands of homeless clients over the years. After weeks of work we placed her in a transitional housing project. Without our intervention she would have died.
- Another woman, a mother of three, who was evicted in January of 2020, died outside at the age of 36 from a MRSA infection, after she slipped into a coma and passed away in early December.
- In February, I interviewed and gave a Vulnerability Assessment Tool assessment to a 35-year-old woman, who is pregnant and due to deliver in a few weeks. She was living in a tent not far from here, using heroin every day.

COVID has made unsheltered homelessness much worse. The state's attention has been concentrated on the eviction crisis. Long forgotten in this drama are those who were already homeless. Oregon struggles with one of the worst unsheltered homeless crises in America. Very few of the new 2020 resources were dedicated toward those who are the most vulnerable in Oregon, those living outside and suffering from the enormous traumas of violence, victimization, hunger, poverty, disability, and

addiction, going hungry and shooting heroin by the stars. Indeed, the lion's share of 2021 resources will also not go to people who are homeless. And where resources for the unsheltered do exist, those program dollars have drifted away from proven housing strategies (which are the only means to end homelessness) and toward managing homelessness strategies (non-congregate shelters, tiny homes, pallet shelters, etc.) that in the end house no one.

As a state we have done precious little for those unsheltered residents in 2020, and our services are increasingly drifting toward prevention level work for clients who have a roof over their heads, food, electricity, and running water. And those that are suffering the most are those that have no shelter, adequate medical care, nor basic need provision. Indeed, many are living in third world squalor. Our first priority here in Oregon should be to those dying unspeakably painful deaths, cold and wet, alone and forgotten by everyone.

The past two months have been unspeakably difficult, especially here in Marion County. On Wednesday, February 10th, an advocate that I work with sent me a picture. The picture showed the only remaining foot of one of the region's highest-needs homeless clients. His name was Brian. Brian's foot was covered with MRSA, a medical condition that began when he lost two toes on his other foot to frostbite a few years ago. He developed MRSA on that wound, and because the hospital struggled to treat him (and frequently rushed him back outside) he eventually lost the foot and then his leg. The MRSA then spread to the pictured foot and to his face. When the advocate texted me a few minutes later, I told her he absolutely had to go to the hospital right away. He refused. He said he only wanted a motel room and a milkshake. But he promised he would go to the hospital the next morning. So we bought him a milkshake and a motel. The advocate kept a room key, and when she went to pick him up the next morning, she found the client deceased on his bed. I woke up that morning, rolled over and picked up my phone, only to find a picture of his body, a fellow who I thought we were going to save that day, who had only wanted a warm bed and a milkshake before he died. So ended February 11th.

Friday night, February 12th, Marion and Polk were struck by one of the worst ice storms in living memory. If you were in other parts of the state, you cannot imagine the carnage we woke up to Saturday morning. In Marion County, 70 percent of our population was without power. Substations were knocked out of service. Thousands of lines were on the ground; thousands of tree limbs had fallen under the weight of the ice, smashing into homes, tearing down electrical lines and poles, and ripping electrical boxes off the side of houses. Much of the county would remain without power for up to a week. That Saturday night, however, our Community Action operated warming shelters, duration shelters, permanent supportive housing and veterans' shelters, often by flashlight and candlelight. On Saturday night we sheltered more than 320 homeless souls in Salem, and would do so every night for much of the week without power.

This work can be dangerous, and it is always difficult. But there is a very tragic and human element in our work. At times we mop up blood and vomit, clean up feces, dress open wounds, deal with body lice and infectious disease. And that's in a normal year, when we do not have all the extra considerations of COVID. All of us, who do the work, have certain moments that they never forget. One of mine was four years ago in a warming center. It was a bitterly cold night and we were almost full. There was an elderly black man, extraordinarily drunk, who came into the building and needed a bed for the night. It's often hard for people of color to come into warming centers, because they face the same discrimination

within the homeless community that all people of color face every day. But it was desperately cold and he needed a bed.

The main sleeping area was full, but I was able to fit a few more folks in the hallway. He went to lay down on the mat and his arthritis was so severe that he couldn't lay down. So I let him brace on my shoulders as he lay down. What we didn't know was that he had chewing tobacco in his mouth, and he swallowed it as he lay there. Chewing tobacco, when swallowed, can make you very sick. So he started throwing up, a lot, and we used the lid of a can to catch it until it filled up. So I was sitting there, catching his vomit in my hands, trying to keep him from choking on all the fluid. Lynelle Wilcox, an activist here in Salem, and I helped him through that awful night. Looking back, it was one of the most perfect moments of my life. It changed the trajectory of my work. Lynelle quit her job with the state not long afterward, and went to work serving the homeless here in Salem full-time. For me, I was determined thereafter that I wouldn't rest until our guys outside have the dignity they deserve.

But after years of watching these deaths mount, you grow desperate to find any way that you can to stop it. I've had nearly blind men run over by cars walking home from a jail they never should have been sent to. I've had men and women drown. We deal with violence and human trafficking on an enormous scale. But few of us ever stop to ask how we can stop it all. The problem feels so great and most of us feel very small in the face of it. The biggest part of our problem in Oregon is *we do not know how many people are dying outside*. You cannot hope to stop a problem until you can understand it. No one is watching, so no one is responsible. There's a story in the Bible that gives me some comfort. Cain was angry with his brother Abel, and killed him out of jealousy. When God asked Cain where Abel was he said he didn't know. "Am I my brother's keeper?" What he was really saying to God was "Abel, he's not my problem." Each one of these deaths outside was a real person, who had hopes and dreams and fears like the rest of us. People who lived and died in our midst while we slept in warm homes with food in our pantry; while just a few miles away someone like Brian had to come to terms with his body rotting away as he lived. We can do better than this.

The first step is knowing how many are dying outside. There are those, to be sure, who may not want that information known. Because knowledge compels action and responsibility. I hope that the Committee will support Senate Bill 850. Oregon can, and must, do better than this shameful display, of allowing this dismissive indignity of the hundreds dying unknown across Oregon each year to continue. With every passing day Brian's memory fades. In a few years he will just be a largely forgotten story in Oregon's ever growing homeless history. But we have a chance here to do the right thing, and say collectively that Brian was one of the last to die, uncounted and unknown.

Respectfully,



Jimmy Jones

Executive Director