

## Listening to Seattle's Skid Road: Testimony from the Edge

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### Prologue

I am interested in an exploration of the intersection of safety-net healthcare and homelessness in Seattle. My intention is to deepen our understanding of the historical roots of poverty and homelessness, trauma and resilience, and the roles of charity and safety-net healthcare and public policy. ~Josephine Ensign

The poor, you shall have with you always.~ Gospel of Mark 14:7

Treat with kindness your parents and kindred, and orphans and those in need; speak fair to the people; be steadfast in prayer; and practice regular charity. ~The Quran

Am I my brother's keeper?~Book of Genesis 4:9

In Seattle in 1855, no one knew what to do with an insane pauper. ~Murray Morgan, *Skid Road*

Edward Moore is an insane and crippled man, a stranger without acquaintance or friends.  
~Dr. Matthew P. Burns

Every poor person who shall be unable to earn a livelihood in consequence of bodily infirmity, idiocy, lunacy or other cause, shall be supported by the father, grandfather, mother, grandmother, children, grandchildren, brothers or sisters of such poor person, if they be of sufficient ability.  
~Poor Laws, Washington Territory

The pauper Edward Moore has been kept under medical treatment at Seattle for four months, partly sustained by voluntary contributions.  
~Report, Washington Territorial Legislature

King County commissioners decided that Edward Moore, the pauper, now at Seattle, be sold at public auction to the lowest bidder for his maintenance to be paid out of the county treasury.  
~Report, King County

**No one in Seattle wanted to care for Moore. Seattle residents collected private donations to buy him a new suit of clothes, and paid a ship's captain to transport him halfway around the world to Massachusetts, his childhood home. In 1859, in Ashburnham, Massachusetts, Moore died of suicide by hanging – cause: insanity. Edward Moore was Seattle's first official homeless person, the first of many. ~Narrator**

I think a lot of homeless people feel very strongly, "I want the world to know what I went through, what I go through." ~Audrey Young

I got arrested for smoking pot in 10th grade and I ran away from home when I was 17. That was the year that I managed to get kicked out of all three high schools in Sioux Falls, South Dakota. They sent me to a drug counselor who told me that *I* wasn't the problem, my family was, and I needed to get out as soon as I could. So I left. ~Tim Harris

Life can really weigh on your soul, no matter who you are. I remember that loneliness - that deep void that I felt in my body that I had to satiate. That was the addiction. I remember when I would be coming off an opiate and I was very physically ill, emotionally ill. And you know *exactly* what to do to make that better but you just don't have the resources to do it. And there were many times where I would wake up like on a church stoop in the morning when the birds were chirping and the dawn was starting to come up; and it's cold and rainy, and all you've got is this jail blanket that's soaking wet on the concrete. Your bones are hurting. It's very hard to see a way out of it at that point. ~Eric Seitz

So you go to a regular clinic and they want to know why you don't have insurance and then they make you sit there another 45 minutes while they call someone. I've had so many bills from places like that. And I always told them from the beginning, 'I'm homeless. I don't have an ID. My parents will not take responsibility for me. I don't have insurance.' It's like, 'Can you please? I'm bleeding here; can you help me?' ~ Young woman, no age given, "Barriers and Bridges to Care"

So there's a waiting list for substance abuse treatment. I mean, they're calling every day to get into a program that's full. And after they call four, five days in a row, pretty soon they stop calling because they couldn't get in when they were ready to go, and they're back to using again. ~Mary Pilgrim

I'll call him John. The night I met him, he was intoxicated in line at Nightwatch, and he told me that he had washed out of nine recovery programs. So I said, "Well, John, why don't you come tomorrow and see me, because maybe we've got a room for you upstairs." And so he showed up the next day. He came to my office and he said, "Pastor Rick, I've determined that never again in my life will I own a lawnmower," which I thought was a wonderful purpose-statement for a life. But his point was that he had had *everything* at one point and lost it, and he didn't need any of it any more. So, there was insight there, but he was still struggling with his profound alcohol issue. I said, "Well, John, we've got a room." Turned out he had a cracked vertebra and he spent 30 days in the hospital. Nobody brought him any wine. We came up and visited him every week. "How're you doing?" "Not bad, not bad." And he came back a changed human being. He rediscovered a reason to live. He said "I don't know why I was doing that to myself." He immediately got a job as a volunteer at the zoo. Gave tours at the West Seattle Lighthouse. Set up boating safety classes. He was doing lots of social good, and he was totally done with alcohol. ~Rick Reynolds

**But it doesn't always work out like that.... ~Narrator**

There was this guy - probably 45-to-50-years old. He had hurt his back on the job and couldn't work, and he didn't get very much in the way of benefits. He was in pain. To make a long story short, he got into self-medication - whatever he could panhandle for. His wife kicked him out. We became kind of buddies. We panhandled together. We worked the streets together. We spent a lot of time because he had a lot to say, and he was very open and free about telling me this story. It was such an ugly story - the perfect personal storm —job, family, self-respect. And the pain didn't go away and the story didn't any get better. ~Charles Royer

Me and my Mom don't get along. We don't talk at all right now, because whenever we try to talk it ends up being a fight and she kicks me out, so that's why I'm out here now. ~ Young woman, 23-year-old, *Illness Experiences of Homeless Youth*

Even if I live to be a hundred, which I won't, I will always be sad. ~Baltimore teen, *Skid Road*  
This girl and her boyfriend were both homeless, and got in a big scuffle and she stabbed him. He got X-rayed and the X-ray revealed that he had tuberculosis, and he had to get treatment. They were very reckless people, living really hard lives—drinking hard and living outside. And we had to treat the young man for his active TB, which takes months. I was visiting them daily, or at least twice a week, to make sure that he was taking his medication. And you get to know people pretty well when you have to find them when they're moving around here and there, and you have to wake them up in the morning for meds. Unfortunately, this young man died. He contracted pneumonia after aspirating vomit when he was really drunk, and he died maybe two weeks after finishing his TB treatment. ~Heather Barr

How do you get medications and keep them safe if you're living on the streets? How do you manage some kind of ongoing condition? It's real tough if you're living under I-405 or you're living in an encampment someplace. ~Nancy Amidei

If you live in your van and you have so many tickets that you're about to get booted, and then you can't move your van, and then you get more tickets because you can't move your van, and then eventually it gets impounded, and now you are sleeping in the alley. And you realize that you need to handle this, but you're 72 years old, and on Social Security, and you can't work, and you have a mental health condition. You know what I mean? All of that stuff comes together in **one** person, **one** patient. ~Krystal Koop

One of my patients was denied service, and he became very agitated - his name was Sterling Hayden. He turned to me and said, "You promised. You said they would take me." And I said, "Well, I thought that was what they would do." He ran out of my office, and I said, "I'll go get him, but tell me, what do I need to do?" And they said, "Take him to Harborview" - like a last resort. So I dashed out, and by the time I got down to the street, he had disappeared. A week or two later, I was reading the *Seattle Times*, and a little piece on the back page of the paper reported that a transient had been found dead of hypothermia under a viaduct downtown, and his name was Sterling Hayden. ~ Craig Rennebohm

If you have a lot of psychic or physical pain, using opiates is one way to feel a whole lot better very quickly, but people don't bargain for the addiction that comes with that use.~ Heather Barr

They can be totally overbearing, like, 'I am so OK with homosexuality that you could say *anything*,' and you feel like it's a front, that they're just saying that because they think that'll make you trust them. And most people who have been on the streets know better than that. ~Young woman, no age given, "Barriers and Bridges to Care"

I was homeless as a teen in Alaska. And in Anchorage—well, actually, I think in Alaska period—there was one youth shelter. It's Covenant House Alaska. I left my house for a lot of dysfunction, alcoholism, and abuse, and I took off and couch-surfed and slept in alleyways for almost a year. The cops picked me up and I ended up at Covenant House, and was put into the Child Protective Services system. I was one of the kids that fell through the cracks. It was supposed to be an emergency overnight, and then things were supposed to move on my case to get me re-homed or reunited or whatever. And they forgot. I ended up staying at that shelter for a year, and calling CPS on my own, going "Where am I supposed to be?" It just didn't work. ~Krystal Koop

I was 15, but I told them at the ER that I was 16 in hopes that they wouldn't harass me too much. I had strep throat and it was my first time out on the streets and I didn't know what I was doing. My friends dragged me to the hospital. The hospital people said, "You're under age and we're going to call CPS [Child Protective Services].I said, "Thank you very much," and ran. ~Young woman, 16 years old, *Illness Experiences of Homeless Youth*

When I was working at the First Avenue Service Center in 1977, there was this one Skid Road guy. He asked me, "Where are all these nuts coming from?" These were people who were obviously mentally ill. He could look at them and see they weren't Skid Road guys, they weren't hobos, they weren't traveling working people. They were mentally ill people. And he wondered, Why is this happening? Because it was a new thing then. Northern State Hospital closed down, and we found that more and more mentally ill people were on Seattle streets. ~Joe Martin

There was this youngster - fairly new to the streets and in his early teens. And I was in the alley, kind of talking to him. I said, "You've started with heavy drugs, and you're into prostitution. But we have this shelter bed for you." So with a small "r," we had a relationship. And that's when I really learned that survivors of trauma can only manage so much attachment. I knew we were connecting but I went too fast on that connection, and he pulled out a gun. Next thing I knew, I had this .357 pointed right at my chest. He was saying, "Lay off. Get the fuck away from me." Basically, "I'm more comfortable getting in that car with a stranger than I am with you making me feel feelings that I don't know what to do with. Last time I felt that way and trusted someone, I got hurt. I'd just as soon control who I get hurt by." All of that stuff, I think, was packed into that one moment. ~Jim Theofelis

There was this girl whose mom lived in disabled housing, and she could only have a guest 10 nights per month. So the first through the tenth, the girl would stay with her mom and the rest of the month she was homeless. She would come into the clinic and she was very depressed because she

didn't want to be homeless. She wanted to live with her mom, but she couldn't. And there were a lot of kids like that, that would come to the clinic and it was like "I don't know where I'm going to be tonight." ~Lois Thetford

I don't think the general public realizes that we're not only dealing with the mentally ill, but that **they're** dealing with drugs, with families that they're estranged from, with financial issues, with immigration issues. And they don't have any income, so what do they do about the co-pay when the hospital says, "But you owe me a dollar?" Because they don't have a dollar. So here you've got somebody with pneumonia and they won't give them the meds because they need a dollar. So what's going to happen? They're going to come back to the ER again because of a couple of dollars' worth of antibiotics. ~Mary Pilgrim

I started working at the VA Hospital. There's lots of crossover between the homeless community and the veteran community. And I was seeing Vietnam vets with poorly treated or untreated post-traumatic stress disorder walk **out** of my office just as I was seeing, you know, 21-year-old Iraqi vets walk **into** my office with poorly treated or untreated PTSD. ~Mark Aytch

Diabetes is a tough disease, even when you're housed and have stable food, a place to keep your glucometer, and a place to store your insulin. And what does that look like when you're homeless? You may eat one meal a day. If you're going to eat one meal a day, you're going to carbo-load. I remember this one guy I took care of. He was a smart guy but alcohol got in his way, and he ended up in the shelters, and he had diabetes. He came in, time after time, not checking his sugars. And I'd just be like, Why? Why is this happening? And finally, he said to me, "Okay, look. So I go into the bathroom at the shelter. I open my glucometer case. There's this little pedestal sink. I put my glucometer case there. It falls on the floor. My lancets go everywhere. People are looking at me thinking I'm injecting drugs, because I'm pulling out all this paraphernalia. I'm just not going to do it." And I was like, Wow. He is what we would call a non-compliant patient, right? I couldn't problem-solve around this. ~Nancy Sugg

The homeless population is getting sicker, older and has no place to go. ~Mary Pilgrim

I had always drifted through life. It was very hard to be on the streets, but I also had this gigantic drug habit to maintain. So that's kind of when things really spiraled downhill for me. I didn't really care about living or dying, which is a weird place to be. I eventually landed in Harborview for necrotizing soft tissue infection that was related to intramuscular heroin use. When I woke up after being in a coma for about a month, I remember feeling really deeply that it just got real. And that I couldn't just run away. I just had to sit in that suffering for a while and be okay with feeling feelings again. I mean, I originally had not planned on going into medical care but I had such a positive experience with the medical people in Harborview, especially the nurses there, that they really inspired me to consider the role that I could actually play in people's lives who were going through similar situations that I had. So since the day I got out of the hospital, I was turned on to nursing. ~Eric Seitz

**This is who the health and social service providers are and how they got here.... ~Narrator**

I can tell you the day I made my decision to go into family medicine. I was working at a community health center in Denver, with a large Latino and African-American community. This woman was the patient, and she was sitting on the exam table. In one of the chairs was her mother, who was in her seventies. In another chair was the daughter of the woman who's sitting on the table, who was in her twenties, and pregnant, and then there was a little girl. I walked in and I saw four generations of women. Four – a family. How could you do medicine any other way? So it was, I've **got** to do family medicine. ~Charissa Fotinos

In 1968, a friend physically dragged me to a place that was way out of my comfort zone, a funky old house in the U District that was called Open Door Clinic. I was a very rule-following, school-attending kind of young person, and the people who worked there and went there lived very differently. It was an Open Door for – well, I don't know if they were really homeless people. They were just called street people. Many of them were very involved with the hippie drug subculture of the 1960s. One Friday night, the social work volunteer hit the panic button, because the overnight shift person didn't show. He left me in charge of a crisis phone. So I worked that emergency shift, and I ended up permanently adopting the whole Friday night till Saturday morning shift. I learned a lot. ~Mavis Bonnar

I went to Harborview, which was my favorite hospital during all my rotations, largely because the spirit they had was so tremendous. I liked being there. They worked well together, and there were no petty intrigues. We were just taking care of folks. And so I settled in with that, and that's what I ended up doing for a long time, 35 years. ~Pat Fleet

I'm one of those people who, at a very early age, wanted to be a doctor. It's the only thing I remember ever wanting to be, to be honest. ~Frederica Overstreet

I always felt that I was being given an opportunity to give back; that at the root of it I was chosen **not** to be satisfied with making a plush salary as a private practice physician. I determined that I was given the opportunity to study medicine so that I could make a difference in my community. So I took very seriously that I have to do something about the inequalities. ~Maxine Hayes

I was always a political creature. For me, it was an interest in the nexus of biology and politics that led me into medicine, first through public health, and finally into the care of individuals through clinical medicine. ~Paul Gianutsos

And Dr. Copass said to me, "Stop just a second. Maybe you've figured this out. But just in case you haven't, let me tell you." And he told me that there's a river of love that flows underneath this place. And that the way to do better and be a force for good, is to connect to that river. And if people can't connect to that river of love, they won't survive this. And that that is the magic of this place, Harborview. ~David Carlbon

Some physicians at Harborview would decline to see certain patients, and made it obvious, because they would say to an incoming ambulance driver, "Why did you bring that guy **here**?" Meaning

“Why did you bring that filthy man *here*?” If you had some guy who was incontinent sitting next to some lady from Laurelhurst in a waiting room, she would find it disconcerting to sit next to this “bum,” quote-unquote. So I made it a major goal to make sure the bums could get care. I remember telling the Harborview nurses who did the triaging that we would see anybody, everybody. And I made sure that I saw people that no one else would want to. So if I did, I figured I could hold everybody else to the same standard. I would wash feet and I would make beds; I would clean the floor. I figured if I could do this work, goddammit, you could, too. I used the force of righteousness.  
~ Michael Copass

For the past 25 years, I have been the Medical Director of Harborview’s Pioneer Square Clinic. We serve mainly the homeless and low-income people in the downtown Seattle area. When I first started there, the population that we saw was your homeless stereotype - people with chronic alcoholism in their fifties or sixties, who’d been on the street awhile. ~Nancy Sugg

I was one of only two black students in my med school class, and in this year’s class, there are still two black medical students. One of my great mentors was Liz Thomas. She was the very first African American to graduate from the UW’s nurse practitioner program. When I had finished my official orientation to the job here, she grabbed me by the ear, took me aside, and told me what I really needed to learn to do a good job. She said, “You have to get outside of these walls. You cannot just do medicine at the length of your stethoscope” ~Ben Danielson

I work in the Emergency Department at Harborview, and I’ve been there for 17 years. The majority of the patients that we care for are homeless or are without insurance, and also the ones suffering from either alcohol and/or drug abuse. They come in because they have nowhere else to go to get care. The joy is knowing that you can maybe make a difference in someone’s life. Maybe when they walk out, their life is going to be a little bit easier for them than when they walked in. ~Diane Fuller Switzer

### **And this is what the health and human service providers did and what they learned...**

**~Narrator**

I began working as a social worker at the old First Avenue Service Center, which had been in business since 1969. Back at that time, First Avenue was an extension of the old Skid Road. There were lots of taverns with nautical names, and there were racy bookstores. It was a time when people could rent an SRO unit, a single-room-occupancy unit, and not have to show a rental history. If you had the money, you could rent a room. And if you didn’t bother anybody, you could stay there and pay your rent. ~Joe Martin

I’d be talking to a youngster at the Doughnut Shop down on First Avenue, doing outreach for Youth Advocate. A car would drive up, honk the horn. The youngster would get in the car. These were johns, paying johns, driving up, buying these kids for sex.

Jim Theofelis

Robert Deisher was interested in homeless youth, and published a mid-1960s study on boys involved in the sex industry in Seattle and San Francisco. He was curious about where these young people got their healthcare. And they **were** young - 13-, 14-, 15-years old. And he went up to the King County Public Hospital, which has come to be Harborview, and interviewed the ER staff. They let him know that periodically there were these annoying customers that came in in the middle of the night with all kinds of complaints and demands for service. At that time, it was difficult for people to recognize that kids who were angry deserved attention, and that maybe there was reason to look beyond the anger. As time went by, people became more sensitized to the needs of youth who did not follow the rules, and who were not polite or appreciative of their efforts. ~Mavis Bonnar

I love the idea that Odessa Brown Clinic was really **asking** a community what it needed, not **telling** a community what it should do. Our clinic is a safety-net clinic. Eighty percent of the families who come here are on Medicaid. We serve as an adjunct to a healthcare system that's pretty broken, and a lot of the time, I'm working to try to make a broken system work better. But limping it along may be more harmful than allowing it to completely crash. ~Ben Danielson

It got to a point in my clinical work where I kept hearing the same stories: "Well, I got kicked out of my house." And/or, "I can't get that because I have a felony." And/or, "I just can't do this." It became clear that it was more than just people being sick or not healthy; there were systemic issues. So the first year I started going to Tent City, I tried to get residents and students to go with me. Got big baskets full of supplies, and a mini-formulary, and got charts and consents, and went to Tent City and hung out for a few hours every week, and just saw folks. ~Charissa Fotinos

Washington State passed healthcare reform before the country did. But because the state growers didn't want the farm workers to be covered, the Governor made a deal and excluded the farm workers from coverage. The most needy individuals were left out. We made that a public issue. We embarrassed the Governor, we embarrassed the Legislature. We worked hard to expose the injustice done to farm workers. ~Rogelio Riojas

In 2001, we launched the Mockingbird Society. And I hired three young people, which I'm proud to say, were paid since day one. So these kids, who were literally homeless at the time and had over 100 foster homes between the three of them, constructed the first *Mockingbird Times*. That was the beginning of what we now call the Mockingbird Youth Network, which is a statewide program. Every month there are young people coming together, to connect with each other—they often say, "I knew I was home when I walked in; I didn't have to explain my story." ~Jim Theofelis

It was like 2008-2009, when Seattle tried to make panhandling illegal. And we fought back—with a bunch of other people, but *Real Change* led the fight—and we were able to win. And I think a big part of the reason that we were able to win was that over the last nearly two decades at that point, we had built this base of readers. And I think people in Seattle understand homelessness differently than they did two decades ago just through the association with the *Real Change* vendors and reading the paper. ~Tim Harris

The one time I got arrested was with Scott Morrow and others who went to City Hall when homeless people were kicked out of sleeping there, in the dead of winter. Some of us set up blankets there and we didn't get arrested, so the homeless people came back. And so the City came and installed sprinklers. And we said, "Well, you know, I think we're going to go to the press, to the media, now." And they said, "Okay, never mind." So then the City came and crushed the concrete we were on, so we started putting the blankets in the mud. Then they planted prickly bushes in the mud, and folks dug up enough prickly bushes to put the blankets back. And I wasn't sure I agreed, so I didn't do that. But I did replant some bushes and watered them, and got arrested for destruction of property, or malicious watering, as I call it. ~Sinan Demirel

There was this young woman, after no longer being a patient, she still continued to stop by and give us an update as to how she was doing. When I was still working at Neighborcare's Youth Clinic, she brought a young man with her. And she couldn't wait to introduce him and let us know that she was getting married, and she was going to have a baby. And at that point, it really became clear to me that we, as service providers sometimes fill that need of where a young person might go to, to share great news. If I were in that young woman's position, I would have gone to my mom to share that moment and the excitement. But she didn't have that relationship with her family - it was missing - she built it with us. ~Charlotte Tucker Sanders

One of the biggest frustrations has been, as a physician and a legislator, that I could see this crisis coming and I could tell you that "If you don't do something about homelessness, you're going to have a big problem in five or ten years." And you'd say to me, "Well, it's not much of a problem right **now**." So nothing was done until it was an emergency. ~Jim McDermott

I realized that severe, persistent mental illness is life-threatening. One of the realities is that for folks who are homeless and have a co-occurring mental illness, life expectancy for men is about 45, women is 44. The second thing I realized was that the mental health system was not organized in any rational way to respond to people's real needs. The third thing I realized was that there was a lot of stigma and misunderstanding around mental illness. Even with graduate-level training as a pastor, I'd read one sentence in three years of seminary about major mental illness. That was a pastoral care course, and the sentence was, "If somebody's mentally ill, refer them to a psychiatrist." It was just sort of like, Oh, if somebody's mentally ill, that's not your responsibility. ~Craig Rennebohm

When I've had patients with super-high blood pressure, I would never say, "Well, you could die from this," because that's not a threat to most people that are homeless. That's an end to a life of torture for some of them. But if you say, "Your arm might not work," or "You may not be able to walk," or "How about you can't talk?" Now, that makes them vulnerable on the street. That makes a difference. Not that they're going to die. ~Mary Pilgrim

One of the tenets of trauma-informed care is to ask yourself, not what's wrong with that guy, but what **happened** to that guy? And then furthermore, what about his provocative behavior that I'm seeing or reacting to, was useful for him at one time? And I think that liberates people a little bit.

You don't have to be such an enforcer. You can just be another person riding along with people in their lives. ~Heather Barr

One gentleman recently was living camped out in the woods in Federal Way. He was employed at a roofing company, and he had stepped on a nail, and his wound got infected. He eventually was treated in our mobile medical van, which is part of our Health Care for the Homeless Network. It acts as a safety net under the safety net. No appointments needed, you can just walk up for care. Anyway, this gentleman's wound eventually got so bad that when he came to the medical van, the physician said he immediately needed to be transported up to Harborview. Our nurse went with him to Harborview, and the ER physicians told them that they felt like he was going to lose his foot. The REACH case manager was able to work with him to help him understand his situation. And then, she went with him to a wound care clinic four days a week—for six weeks. And they were able to save his foot, which no one expected. In the course of going with him every day and forming a trusting relationship, the case manager was able to get him to apply for disability benefits, and she was able to get him an apartment, a place where he could stabilize. He attained sobriety during that period of time from polysubstance use. That's just one example of how our network works, because Harborview was connected with REACH, and the call could be made. ~John Gilvar

I'm somebody that believes in third and fourth chances, because I've needed them. ~Rick Reynolds

Mental health center work is driven, to a large extent, by the way they're paid. They're paid usually on a per-patient, per-month basis, where someone has been determined to be qualified to receive Medicaid-reimbursed treatment. There's exceptions, but generally it's up to the patient to get there, and to keep track of when their appointments are. If they don't come to their appointment—and if they're homeless, that's often what happens—their care just stops. It's a Catch-22. The people who need the services the most are the ones that are least likely to have the family and social supports, and the transportation, and the organized life so that they can regularly attend their appointments. ~John Gilvar

The emergence of trauma-informed care has fostered approaches that take into account the devastating effects of childhood trauma, and the impact that has on brain development, personality development, and behavior. And once we can begin to see people through the lens of the trauma they've experienced, it gives us the opportunity to see them in a less reactive way. Because when people are in your face, and what we would say "making demands," what they're really doing is advocating for themselves. So I think a person sticking a needle in their arm and shooting up a drug isn't doing it to harm himself, it's done to meet a need. So if we can see people through the lens of trying to meet a need, that gives us a good starting point to then see them and work with them, in a respectful kind of way. ~Ken Kraybill

For the most part, people are going to make the best choices they can make for themselves at any given time. And just because I think that they're making an unsafe choice doesn't make me right. ~Mavis Bonnar

The reality is that, for many people on the street, if you begin by identifying yourself in terms of your specialized training and practice, that may actually get in the way: Because what you're really saying is, "That's my side of it, and your side of it is that I see you as a client, a patient." But the role of the chaplaincy is expressed in the notion of companionship, which is I'm going to share the journey with you, as one human being to another. ~Craig Rennebohm

In the work that I had done in the past that related to poverty and welfare and hunger kinds of issues, I always felt strongly that you needed to have the voice of the people most affected. You don't just have the fancy people with the big degrees deciding what's good for people who are having a bad time. It's got to be a two-way street—and they have to be part of making the decisions, because otherwise the decisions aren't going to work. ~Nancy Amidei

### **These are some of our testimonies.... ~Narrator**

The last time I was sick I had strep throat, a bad fever, and was practically dead. I went back to my dad's house because I didn't have any other choice. I barely remember getting there. I told the bus driver I was homeless and sick and needed to go home. He made sure I got off at the right place. I stayed at my dad's for a couple of days and then I had to go. We got into a fight; he dropped me off at the clinic to get some medicine and that was that. ~Young woman, 17 year-old, "Illness Experiences of Homeless Youth"

It was good for me to spend some time with the Healthcare for the Homeless nursing staff. We were at one of these rent-subsidized projects, housing people who had struggled for years beforehand. And the kind of medicine those nurses practiced was really appealing to me. We'd just be hanging out in the nurse's office, and people would stop by, and she'd say, "Hey, come on in. How's it going?" And they'd talk about the Seahawks a little bit, and she'd say, "Hey, let me check that blood pressure. By the way, did you remember to take your pills? How was that visit yesterday with Dr. So-and-So?" She knew people backwards and forwards, right? And it never felt like a medical visit, it felt like a social visit. And we'd go up and knock on people's doors that she hadn't seen in a little while, because she was worried about them. It was great. Rather than sitting in a clinic with patients coming in and going out, on your turf, it felt like the old docs who would go out and visit people in their homes. ~Simha Reddy

A guy—I'll call him Bobby—suffered from mental health issues, and drug and alcohol issues, and had a hard time controlling his mouth. It just was going all the time. So, we would call the shelters to ask, "Hey, can you take Bobby tonight?" And the workers would say, "Well, no, he's disruptive." And one by one, all the various shelters—like Union Gospel, the Downtown Emergency Service Center, Bread of Life Mission, the Nightwatch shelters—wouldn't take him any longer. So, he would come in to us. We'd feed him, we'd tell him he needs to work it out with the shelters, we'd listen to a certain amount of loud criticism. And then, we'd give him a blanket, and he'd go someplace, find a doorway, and roll up for the night. Night after night. And one night, I'm standing in the room packed with homeless guys. And Bobby's looking at me, and he's holding a little ticket in his hand, which tells me he got into a shelter. And all I could figure is maybe there was a new worker at DESC that didn't check the list too close. So, he's standing there grinning at me, and he says, "Pastor Rick, ain't I beautiful?" I looked at him. "No," was what I thought, but I said, "Yes, Bobby, you're beautiful." And I

rationalized. Christians believe that everybody's made in the image of God. So I decided my lie was okay. But then he goes, "Okay, then, hug me." So I got up next to him and tried to do like a polite buddy hug, around the shoulder. And he turns in toward me and wraps his arms around me. He's pressing his cheek into my cheek, and the bristles are poking me, and he's holding me in the clinch. And the smell of body odor and cigarettes and cheap wine, like a fog, descended on us. And he kissed me on the cheek, and he went off to his shelter for the night. And at first, I was kind of like patting myself on the back. That was really a beautiful moment, you know? Way to go, Rick. But then, I got this little nagging question. It's like, Okay, who was the ugly one in that situation? I was more concerned about professional decorum, keeping safe in my personal space. I just did not want to get up close to this guy, and embrace him. I don't think that's the way I should be, as a follower of Jesus. It's been a challenge to really get over myself, and try to be that open, loving, truly affectionate person I think we're all called to be. ~Rick Reynolds

But, yeah, the kids. This whole journey has been all these doors opening, not in terms of professionalism or advancing my career. But doors of empathy and compassion. If you would have asked me if I would ever take care of transgendered clients, coming from South Central Los Angeles, being an African-American male, and being from the military, there's just **no way** that I was comfortable with that. And then I land at the 45<sup>th</sup> Street Homeless Youth Clinic, and it dispels any kind of BS notions you have about somebody making a choice about this. I mean, there's so much more to it. People are human, they're just people. I think that probably right now 20 percent of my clients are transgendered men and women, which is, you know, when I'm sitting around playing basketball with my friends, they're like "Dude?" .... ~Mark Aytch

I've been to a lot of places while I've been homeless, and it's pretty much the same everywhere in the emergency room. If you can't pay they're going to put you on the back burner, because they know that nine times out of ten if they make you wait long enough, you're just going to leave. And they don't want to deal with the paperwork and the hassles of trying to find out if you're who you say you are and if you're old enough to be there on your own, and what your address is so they can bill you. You've got to be really desperate or almost dead. ~Young man, 23 year-old, "Illness Experiences of Homeless Youth"

Anytime you have homelessness in the city, something is just basically wrong in how we're organizing the city. Because housing is a basic human right, no matter where you're from, what drug you've abused, what your past history with the law has been. And you have 10,000 people living outside, a state of emergency for years. ~Nancy Sugg

I was interested in the question of, How do you create institutional power within a group of people that's by definition transient? The challenge was to develop a cross-class organization, where people were fully participating from all different kinds of backgrounds, acknowledging that there were differences in the way that people approach things, and that they need to be able to work together. Over the years, *Real Change* has developed into a kind of laboratory of how to bring people together in an organization that sees itself intentionally as cross-class and builds power from that. We're a community institution that's been around for a long time. We publish every week. We sell about 12,000 copies. We have, in a typical month, about 325 vendors selling the

paper. We're an award-winning newspaper with quality content. And we're an organizing project.  
~Tim Harris

A lot of what we were managing on the street 25 years ago was just the complications of alcohol. On a typical day when I first started, we would see people with emphysema, maybe a little heart failure, high blood pressure, lots of lice and scabies. And then, within my first 10 years of working there, there was a much younger group of people who were predominantly drug addicted. So, IV heroin. Then cocaine was the next big thing. And then, homeless families surged in number. That's the hidden homelessness that people don't understand. They have this picture of the 50-year-old alcoholic sleeping on the sidewalk, and that's homelessness to them. But if you actually look at the stats, the number of children under the age of 12 that do not have stable housing - to me, that is the real sadness - how many kids are growing up without stable housing. ~Nancy Sugg

You meet people when they are in a very bad place in their lives, and by treating them respectfully, and letting them tell you who they are and what their needs are—you get to participate. You become witness to their life journey, and that is an honor. And to gain their trust is the most important thing to do to help them, because most people who are homeless have been treated badly, not just by the medical system but in many situations. And they're not used to being treated with respect, and they're very suspicious of you. And in order to treat them properly, you have to be able to bridge that gap. One of my homeless clients had rheumatoid arthritis and hip dysplasia, and she was not getting treatment. I really wanted a consult, so I sent her to this rheumatologist. And she came back and she said, "I will never see that person again. He said to me, 'I don't approve of your lifestyle'"—assuming she was a drug addict because she was homeless. People assume that they are low-life losers; that they don't deserve the kind of care that housed people deserve. A healthcare provider for the homeless has to be an advocate for them. So I gave that rheumatologist a piece of my mind about his assumptions! ~Lois Thetford

As a freshman medical student, I learned that it's non-medical reasons that people get sick in the first place. People have high blood pressure, but the **reason** they have high blood pressure has less to do with medications they need than with their environment. Doctors probably have the least to do with how healthy we are. Homelessness; toxic stress; poverty; domestic violence; emotional trauma; isolation; systemic racism—these are all things that affect people's health. ~Maxine Hayes

When we hold the dermatology clinic at Downtown Emergency Services Center, we bring medical students into the shelter in the evening. We provide care for problems that are almost unique to homeless populations. When you're exposed to the elements, your feet and your skin take a beating, and so we provide basic dermatologic care for simple problems that residents have. Body lice are a common nuisance for people who are unable to have shelter, who are unable to have multiple changes of clothing, and access to hygiene services. So to be able to provide compassionate care to this population, I wouldn't say it's simply just a one-way benefit. Medical students in their early years of training need to be reminded of why they were drawn to caring for people in the first place - they all probably come to healthcare wanting to provide a service, wanting to do good deeds.  
~Frederica Overstreet

The reason I do this is because I enjoy it. I think if I wasn't enjoying it, I couldn't sustain this every day. I think the joy that comes in this particular position—being a primary care doc—is, yeah, I do the diabetes stuff, I do cholesterol and the statins and all the normal primary care stuff. But a lot of just counseling. And one of the real privileges that we get as providers has been hearing stories. Hearing about people's lives. That's the biggest joy that I get, to hear where people are coming from, and where they're headed, and what their dreams are, where they want to be. At any given time, I'm taking care of maybe 600 people. But we have about a 30 percent turnover rate, so that means some of those are sort of lost. They move, they die, or they're just lost to follow-up. ~Simha Reddy

### **How can we care for the caregivers? A call and response.... ~Narrator**

*I have compassion fatigue. I have kids of my own – this can just become too personal, too real. I don't know what to do to fix all this. I don't even think I am making a difference.*

Burnout is an interesting thing. I think about life balance the way I think about bicycle balance. If you are sitting still on a bicycle and you try to balance, you fall over. So keeping everything exactly balanced in a moment is pretty unlikely. But a bicycle in movement over time - the balance is very much there. It's important to not examine just one moment and know whether everything is perfectly balanced, but it *is* important to keep track of the things that are important to you, and the people that you love and love you, and stay connected to those things. Even in medical school, you make a point to read a book that does not have any biochemistry or anatomy in it, and to take on activities that are in some other realm of intellectual pursuit, or completely non-intellectual – like basketball! ~Ben Danielson

*They're just not able to get it together. They haven't stopped drinking, they haven't stopped using, they haven't changed. They make such stupid choices. They don't listen to me.*

It's still frustrating. And sometimes I think some of the specialty services don't take my patients very seriously. There's a lot of barriers. There's a lot of things up in front of people that don't have homes. "I could do this surgery, but he doesn't have a place to go." That gets hard. ~Mark Aytch

*I have a regular meditation practice that I couldn't do without. It's very, very helpful. Frankly, it allows me to go home and not take my work with me.*

The successes? The success to move somebody forward who hasn't had housing for 20 years, and to help them through that process. To get them well first, and then have them go into housing, and have them come back and say, "I don't ever want to be homeless again." ~Mary Pilgrim

*They scare me. They smell. They've got lice. They yell at me. They spit at me. Sometimes, they bite. I have felt genuinely scared. I have cried, a lot.*

I tend to give most people the benefit of the doubt. I could be very critical of administrative and political issues, but I try to look at everybody that I work with as doing the best they can. I don't

give into feeling real sad or depressed about stuff, generally speaking. And I've been blessed with a fairly happy constitution. ~Heather Barr

*This work is just heartbreakingly sad. I wanted to save the world but I couldn't even save that one guy. I never lost my values but I did lose my energy.*

In this work, you develop relationships with other people who have done similar work, and it's been such a blessing to have those friends to talk to when you really are experiencing difficult situations, or just questioning, What am I doing here? Is this still the right work for me? So friends have been really helpful. ~Charlotte Tucker Sanders

*I try to approach the work that I do with gratitude that I'm actually able to engage in meaningful work that's so closely allied with my values.*

What I do know, and what's kept me going, is I've seen many people make what are relatively incremental changes in their lives. But I've also seen people make big changes - become employed, who I would have sworn would never be employed. Become psychiatrically clear, when I would have never guessed that that was possible. I've seen people actually move from not only surviving in housing but thriving in housing. ~Ken Kraybill

### **What can we do? What's next? ~Narrator**

We have a state of emergency now in homelessness. In a state of emergency, in the midst of a crisis, we see structures emerge that are what we've been longing for—things that bring people together into genuine community, those can emerge in response to a crisis. ~Sinan Demirel

I have to admit that I'm an optimist about government and our democratic process. And these days, that puts me in a very small club. Not only did I have an opportunity to observe good, thoughtful people - principled people - in action in politics, but I saw them work away at it over and over and over again. They didn't give up. They didn't just name call and say, "Okay, we didn't get it. Goodbye." No. They came back the next year and the next and the next to try again. ~Nancy Amidei

There's a statistic that policymakers have thrown around a lot over the last year or two, that for every \$100 increase in rent, we can expect a 15 percent increase in homelessness. So, when I was writing some articles last summer, I ran some numbers. I found that in the last four years, from 2013-2017, the average rent in Seattle went up by \$500. And the County street count in that same period of time went up 74 percent. So, it was like clockwork. ~Sinan Demirel

The cool thing that I've seen over and over is that without ever communicating, "Your addiction is a bad thing"—because we don't do that—what often winds up happening is that vendors become more in relationship to the community. They start building a stronger sense of their own potential, their sense of who they are doesn't square with their negative behaviors anymore, and they look to get sober or get off drugs or whatever their issue is. I think that people need space to be able to value themselves before they can move on from the addiction, and *Real Change* often provides the opportunity for that to happen. ~Tim Harris

There are fewer now with the Affordable Care Act but once there were 60 million people who had no guaranteed access to healthcare because they didn't have insurance. The nation has to decide that it's going to provide healthcare in a different paradigm, no longer controlled by the insurance industry. It would no longer provide absurdly expensive drugs, or ridiculously expensive biomedical appliances—like artificial joints. It will drift away, or it will be yanked away from the profit model, and return to the caring model, the alleviation of suffering. ~Pat Fleet

I think, despite some of the rhetoric, the real solution for homelessness is housing. That's the cure. It's not all these other things, it's housing. But it doesn't mean that it can't be aided by the stabilization of mental health care, primary care, and everything else. ~Simha Reddy

Seattle has been focused on not managing homelessness, but ending it. Right? That's been the mantra for 12 or 15 years now. And in our case, we're saying, "Okay, that's fine. You guys go do what you need to do, but we're going to take care of the people that don't even have basic shelter." Because it's really debilitating to be outside. ~Rick Reynolds

There's nurses, and doctors, and chemical dependency professionals, and mental health professionals, and outreach workers. They realize through experience that the people who are living homeless, especially if they have addiction or mental health issues, or both, need someone to walk with them and form a relationship with them, to navigate the system. There are so many different barriers all at once that they have to work with - it's not a question of they didn't know where the mental health center was, or they didn't know where to get substance abuse treatment. It's not a question of just referring someone to an address. It's working with someone on a close basis, and coordinating with other providers. ~John Gilvar

It's not just about a provider visit for the patient. It's about that bigger picture, and having somebody that can really help coordinate. Sometimes patients end up having like three case managers. And people don't need three case managers. They just need one. They need somebody to be on first. There has to be that coordination between the silos, and that's where Seattle/King County is going to need to head. ~Nancy Sugg

So let's assume that 10 percent of our health is because of effective medical care. Studies very clearly show that specialist medical care is not the key factor; it's primary care. ~Stephen Bezruchka

We bring something different to the table as nurses, and it is more of a caring component. It's the way we were taught, a little different than medicine. Nurse practitioners do provide, I think, a more holistic approach to care, and we are able to incorporate that in a different way than a physician does. When I'm talking with my patients, I'm talking about diet and exercise, and getting them linked up with services. We take care of all that coordinating, because it's something we're very comfortable doing. ~Diane Fuller Switzer

Unfortunately, there's still this competition for these grants as they come through. And there's the worry about what are these pots of money going to look like, going forward. ~Nancy Sugg

It's hard when Washington State is designing statewide programs through the Medicaid waiver. They're always going to gravitate to cookie-cutter solutions, because they want to be able to replicate the model, and see how it works in Yakima versus how it works in Seattle versus how it works in Bellingham. I just think that you lose something when it's top-down like that. What really works is where you actually ask the patients what they need, and you ask the people who are closest to the patients what they need. ~John Gilvar

So we asked them, What's working? What doesn't work? They said, "Well, literally and figuratively, meet us where we're at in a physical space. Meet us on the street. Meet us at places that we're more comfortable with. We have a hard time coming to you. The clinics are intimidating. We don't get treated well. We don't get enough information. We don't have money to get all the way to Harborview." Asking them is the right thing to do. ~Krystal Koop

In this work, we come up against some of the most profound, existential, real struggles of being a human being. It asks of us and those around us, a real tenderness and care. Disease is the thing that's happening to the person, but illness is the disease plus the person's experience. And that's so much more important. And there are times where, by looking a little deeper, you can uncover the secret, the key to the entire illness. That has been my biggest challenge - trying to convince those people who write off the patient's illness, or write off the patient; not valuing that person and their personhood. ~David Carlbon

Diversity and cultural humility and improving the lot of people who are marginalized, that happens when you do it *intentionally*. Waiting for people to just do it out of generosity, or out of some sense of enlightenment all of a sudden, that won't cut it. We have to be intentional, and we have to be creative, and we have to work hard, because the statistics are pretty dire right now. And this new nature of more spread-out poverty, less community bonds, less opportunities for our elders who are debilitated by chronic disease and many other challenges, to be there for families when they need them, those are important, difficult things for us to stand up to, and rise up to, and find some new solutions for. ~Ben Danielson

We have to ask what was done to those people, institutionally—especially institutionalized racism—and what role has that played in their lives. And why are certain demographic groups more represented among the homeless than they are demographically in King County? For instance, Native American and African-American people are up to nine times more likely than their white counterparts to experience homelessness. That's not all right. That's not okay. I think everybody who goes into healthcare ought to submerge themselves in a self-inventory to see where their biases are, and to look at that as a safety precaution to not hurt people, to try to understand your biases and address them. ~Heather Barr

As long as we're here, we can effect positive change. I'm always meeting young people, wonderful young people, who are aware of this period in history, aware of the crises, aware of the challenges, and are not deterred in their commitment to make a better world. We're seeing people who are becoming more aware of the political situation, paying attention to it, and acting on it. They're

becoming participants, not just spectators. That's a requirement, I would say, of all of us. ~Joe Martin

When I graduated from college, there was no Medicare, no Medicaid, no Head Start, no WIC program. Food stamps was a pilot demonstration project in seven counties. What else? Oh, school lunch was only in the schools that could afford it; only in the rich schools. There was no senior nutrition program. There was no Americans with Disabilities Act. There was no Civil Rights Act. There was no Voting Rights Act. So if I had to guess, I think all of those things passed within maybe 20 years from when I graduated. Well, if you have lived through that kind of change and you've seen it happen—and most of that is stuff that helps people who are not rich, who are not powerful - we **can** do things in this country. But you do have to vote and you do have to pay attention to who's in office; you do have to pay attention to the candidates, and you do have to speak up. You don't have to be an expert, you just have to care. And you have to be willing to get involved a little bit.  
~Nancy Amidei

### **Epilogue**

The only certainty is that Seattle will continue to change. New dreams will continue to form.  
~Murray Morgan

Homelessness is a wicked public problem. "Wicked" problems are unstructured, crosscutting and relentless. Historian Murray Morgan drew on his deep knowledge of Seattle's history to emphasize people's ability to find common ground on issues that otherwise divide. As long as we tap into the river of love and muck about together in the wicked swamp, we can address health and social inequities in radical and innovative ways. ~Josephine Ensign

**As of today, x people in Seattle will sleep outside tonight, and so far this year, y unhoused people have died outside. (Updated for each presentation of this script.)**