December 8, 2016

Dear Mayor Arreguin and City Councilmembers,

I am a Nurse Practitioner who lives in and practices primary care in South Berkeley. Since the raid on the encampment on Nov. 4th, I have been visiting the homeless encampment on Adeline Street to assess the health and wellbeing of people there and have responded to a number of calls for medical help since then. I have been doing this as a neighbor and as a volunteer, unassociated with my work.

As you consider your policies around raids of homeless encampments in Berkeley, funding services, and finding permanent sanctioned space for homeless people, I urge you to consider their health. Over the last month, I have performed a health census of 17 people who are or have been living in the encampment presently on Adeline Street. I am writing to you now with information about 11 of those 17 people, who have given me permission to share information about their health status and the impact of the raids. Below are my observations and recommendations, based on the data I collected, the raids I observed, and interactions with people in the encampment.

Sincerely,

Olivia deBree, M.A., M.S., RN, NP

Health Census

The information below is based on self-report and histories. People in the encampment on Adeline Street likely have more health issues than are recorded here, because self-reported chronic diseases are commonly underreported and they have limited access to health care yet live in conditions that cause disease. Census is 1 person unless otherwise indicated.

11 people interviewed
Age range: 22-61 years
Mean age: 43 years old
Gender: 2 women, 9 men
Health Care Access: 6 of 11 people do not have a primary care provider or medical home

Constitutional
Underweight (2 people)

Musculoskeletal
History of right patella fracture, reinjured in City raid on 11/4/16
Degenerative disc disease
Back pain with long distance walking and heavy lifting
Fall risk (3 people)
Artificial kneecaps bilaterally
Bilateral arthritis of hands
History of shattered left tibia
History of osteomyelitis of hips and jaw 1.5 years ago, now needing bilateral hip replacements

Neurological
Neuropathic pain (2 people)
Neuralgia
Right leg weakness and right sided radiculopathy
Migraines

Endocrine
Type 2 diabetes mellitus (2 people, 1 of whom is insulin dependent)

Behavioral Health
Insomnia (2 people)
Bipolar (2 people)
PTSD (3 people)
Asperger's
Attention Deficit Disorder
Depression (2 people)
History of Substance Abuse (4/9 people asked)
History of Alcohol Abuse (2/9 people asked)

Tobacco Use (5/9 people asked)

Infectious disease
Hepatitis C
Clostridium difficile (recurrent) with chronic dehydration, recent hospitalization

Respiratory
Chronic Obstructive Pulmonary Disease (COPD) (3 people)
Asthma
Chronic cough

Cardiac
Chest pain with palpitations with stress and exertion
Untreated hypertension

Gastrointestinal
Gastroesophageal Reflux Disease
Chronic diarrhea with dehydration and weight loss

Genitourinary
Urinary frequency (2 people)
Right ureteral stent
Hematuria

Dental
6 of 9 people reported missing or cracked teeth, exposed pulp, or need for oral surgery

Observations

Six of 11 people who I spoke to in the encampment do not have a primary care provider or medical home and are either going untreated for chronic diseases or relying on the Emergency Department or Urgent Care.

At least 2 people in the encampment who do not have a primary care provider do not have identification necessary to get a primary care appointment. In one of these cases, the person's identification was taken when he was arrested by Berkeley police in a raid and it was never returned to him. This person has chronic obstructive pulmonary disease (COPD), which is being inadequately treated (with rescue inhalers) putting him at high risk for an acute exacerbation.

The raids are causing trauma for people with significant behavioral health issues and this could exacerbate their symptoms.

Three of the people in the camp that I evaluated reported a history of PTSD, including 1 person who experienced torture in a war setting; 2 reported bipolar disorder, and 2 reported a history of depression. I do not know how stable or unstable their mental health is currently, but at least some of these people are not receiving standard medical treatment for these ailments. I encourage the City to think carefully about the impact that

raids have on people with a history of trauma and fragile mental health due to social isolation, stigma, and lack of access to health care. Here are a few examples of what I witnessed:

During one of the raids, a 65 year old person with dementia who was living in the encampment and had just had all of their belongings confiscated called me over to say through tears that s/he felt overwhelmed by the raid and the loss of her property and "unstable." This individual could not recall his/her age, how s/he had become homeless, or if s/he had ever been to Alta Bates Hospital in the past. I transported this person to the Alta Bates Emergency Department for further assessment and treatment.

On another occasion, I was called to the encampment late at night, because an individual there was having suicidal ideation and had a plan to carry out this act. This particular person has a history of depression and experienced these strong suicidal feelings when the raids were at their peak in frequency. While he has a variety of challenging circumstances in his life, all of which could cause depression, during the 2 hour conversation I had with him that night it was evident that the instability and reduced quality of life created by the raids had helped to push him to a new low.

City workers and/or the police have confiscated medical supplies in their raids.

One Thursday in November, I was called to the encampment as a raid was underway early in the morning. The City workers or police had confiscated the medical supplies belonging to a person living in the encampment who is particularly sick. This individual has a history of Type 2 diabetes and is dependent on insulin to maintain a normal blood sugar. He also has a serious infection called Clostridium difficile, for which he was hospitalized in September and has recently had a recurrent bout. This illness involves many episodes of diarrhea on a daily basis that dehydrate him, causing significant concern for hypotension and electrolyte disturbances. This person also walks with a cane (bilateral hip replacements have been recommended for him), so he is not very mobile and therefore not easily able to get to the Transfer Station to collect confiscated belongings. On this particular day, I was present at the raid and begged a police officer to let this individual get his belongings from the City truck. The officer agreed to this and this person got his medications back. However, had I not been there, he would have been without his supplies and medications until he found a way to get himself to the Transfer Station to recover them. A person's access to their medications should not be contingent on whether a medical provider is present to plead for them. This is unfortunately not an isolated case of medical supplies and medications being confiscated in the raids.

The City is not making distinctions between needles used for treatment of medical conditions and needles used for intravenous drug use and is punishing homeless people for evidence of needles in the encampment.

The City Manager's letter to the City Council refers to "needle caps" that were found at the encampment site. One of the people living in the encampment is my patient at the clinic I work at. He has Type 2 diabetes and the treatment I have prescribed for him requires 4 shots of insulin daily, each time with a new needle. While I don't know whether anyone else in the encampment uses needles, it is very likely that the needle caps the City Manager refers to belong to insulin syringes I prescribed for my patient. The

patient has a sharps container that he puts them in for proper disposal; however, my understanding is that he has not always deposited the caps in the sharps container. People in the encampment have asserted that they have rules against alcohol and drug use, aside from marijuana, and do not use drugs or alcohol. They see the encampment as a refuge from these things and some have substance abuse histories that make this a vital necessity.

Many Homeless People Have Mobility Issues

People in the encampment of all ages report an impressive number and array of musculoskeletal injuries—much of it from past trauma they have experienced, the daily ergonomics of living on the street, poor healing from past injuries, and degenerative joint disease, sometimes with early onset. Three of the 11 people I assessed are fall risks. This reality makes their regular displacement by raids and the recovery of belongings more challenging for them.

The Importance of Bathroom Facilities

Urinary frequency, chronic diarrhea, and fecal incontinence are problems faced by people I spoke with in the encampment. As a result, lack of access to bathrooms means less than sanitary living conditions, as they cannot necessarily make it to a public restroom in time or during operating hours. People with uncontrolled diabetes or an enlarged prostate often need to urinate 3-5 times a night and frequently during the day. At least 2 people in the encampment suffer from this. The consequence of lack of access to bathrooms is potentially urinary tract and kidney infections. One person in the camp has a commode to help him address the urgency with which he needs bathroom access. However, he is still faced with the challenge of disposing of his waste. His commode has also been knocked over during at least one raid, meaning City workers were exposed to human waste as was public space.

<u>Recommendations</u>

I urge you to remember the City's responsibility to seek out ways to improve the health of all of its residents, particularly the most vulnerable. Homeless adults have very high rates of chronic disease at much earlier ages than people who are not homeless and have high age-adjusted mortality rates. A compassionate, evidence-based, patient- or client-centered approach to promoting the health of homeless people is critical to any effort you embark on.

1. **Stop the raids.** They are not creating solutions. They are creating moments of crisis, confiscation of property, identification, and medical supplies, and trauma for people whose behavioral health may be fragile.
2. **The City needs to ensure homeless people have easy access to bathrooms, be they portable or public restrooms,** due to the range of health issues homeless people have and the health consequences of not having these available.
3. **Connect homeless people to primary care.** The camp consists of frequent users of the Emergency Department and Urgent Care facilities in Berkeley. Berkeley should consider providing medical care to homeless people where they live. Due

to significant physical disabilities, mental health issues, lack of money for public transportation, and chaotic lives, many homeless people struggle to keep medical appointments. There are precedents that the City could learn best practices from. Alameda County has a Health Care for the Homeless van. San Mateo County has providers who visit homeless camps regularly. The City might also consider finding ways to ensure that people in homeless camps have access to wrap-around programs designed to prevent readmissions to hospitals by addressing a medical and social welfare issues.

4. **Homeless people have strengths, knowledge, and experience that could be useful to efforts you undertake to improve their health status.** For example, at least one person living in the encampment has a background in health care (as a hospice nurse). Consider giving someone at the encampment who is willing and able the supplies and education necessary to check blood pressure and blood sugar for people and help with very basic wound care.
5. **Provide a dumpster or ensure ways to dispose of waste.** Sanitation is of course essential to good health, to stopping the spread of infectious disease, and living with dignity.
6. **The City should treat intravenous drug use in a homeless camp as a health concern**, rather than a justification for displacing homeless people. Raids do not have the power or the humanity to address addiction.