

This is Lieutenant Roger McCort from The Salvation Army in Eureka with today's Community Comment.

One of the great frustrations of my professional life has been the ongoing challenge of trying to help people who are homeless. The way that I just phrased that tells you two things about me: First, I believe that those who are homeless need help. Second, that I don't believe in homeless people; instead I believe that there are people who are homeless.

Why such a delicate distinction? Because the first term describes a faceless mass, a social class a step below the poor, while the second describes individuals who, by circumstance, by choice, or by combination of the two, happen to be unhomed. The first is an unsolvable problem. The second requires taking a few minutes to learn about one person and then connect them to the help they need.

Sounds simple, doesn't it? Get to know one person and connect them to the help they need! So why is this a major frustration?

It's fine for me to believe that those who are homeless need help, but the people themselves don't always agree. Surveys say that between 25 and 30 percent of people who are homeless are struggling with serious mental health disorders. That number soars when we limit our discussion to the chronically homeless – people who have been on the street for a year or more. It is also true that those with the most severe mental disorders are the least likely to seek or approve treatment.

People with obvious physical illnesses can quickly reach a point where a qualified medical observer can diagnose them as requiring immediate treatment, either over their objections or by applying treatment that the patient is unable to object to. A recent New England Journal of Medicine article points out that patients with frontal-lobe damage who behave aberrantly are committed and medicated. Also, "When people with Alzheimer's disease can't care for themselves, we place them in nursing homes and sometimes give them medications without their knowledge." But someone living under a bridge because of schizophrenic delusions

will be left on their own, as will someone with an uncontrolled addiction to a mind altering substance.

Jim O'Connell, cofounder of Boston's Health Care for the Homeless program, describes a woman who refused even sandwiches and socks from his outreach teams. After more than two and a half years of regular contact, she had a psychotic incident strong enough that the police forced her into an emergency evaluation. When Jim saw her again three years later she had been stabilized, entered professional life, and was serving as a board member for a non-profit. And the only words she had for him were, "Screw you. You left me out there for all those years and didn't help me."

Failing to treat people for mental illness or addiction leads to a whole host of problems, including joblessness, broken relationships, criminal behavior and incarceration, and early death, along with significantly higher costs to taxpayers for health care, property damage and law enforcement.

A bill has been introduced in Hawaii to reclassify homelessness as a medical condition, allowing medical professionals to require treatment and recovery services for people on the streets. While some have mocked this approach as doctors prescribing housing, proponents believe it could help many recover from homelessness.

Is having more ability to force people to accept treatment an impairment of their civil rights or is it a way to restore them? I honestly don't know, but what my almost two decades of work with people who are homeless tells me is that what we are doing now isn't working. It's time to try something else.

This has been Lt. Roger McCort for KINS Community Comment.