



November 29, 1993

Jim May, President
Emanuel Hospital and Health Center
2801 N. Gantenbein
Portland, Oregon 97227

Dear Mr. May:

The NAACP has a long history of advocating for rights and services often denied to African Americans and other minorities. When I took office I made a commitment to continue that advocacy particularly for women and children in the community. I see first hand on a daily basis the devastation substance abuse has had on the minority community.

The infant mortality rate in North/Northeast Portland is the most devastating evidence. Five years ago Emanuel Hospital and Health Center had a staff of committed doctors, nurses and social workers who took it upon themselves to take action in the war against infant mortality. Project Network was one of the first organized community efforts to provide women and their children with a viable culturally and community based treatment option.

The war against infant mortality is still being waged and the numbers of pregnant and postpartum women who are drug addicted is increasing. Many of these women are in need of residential treatment. Treatment that is both culturally and community based where women can bring their children. The women I speak of live in the community, they grew up here and have family members here.


According to information I received from Elizabeth Waters of Waters Consulting Group, she began attending Eliot Land Use Planning Committee Meetings over a year ago on behalf of Project Network. At that time Ms. Waters informed the committee of the Project's need to expand program services which conceivably would entail residential treatment. The reality at that time as it is today was that the hospital did not have existing space to accommodate the growth needs of the program.

Mr. Rogers had ample opportunity during a year long process to raise the issues outlined in his letter and to oppose the siting prior to the grant being awarded. To build new would mean an increase in the infant mortality rate, the further destruction of African American families and the loss of a grant that will provide resources for minority community based organizations that have been severely impacted by Measure Five cuts.

The North Mississippi location will afford the women and children the opportunity to live in their community while receiving treatment. The siting of the residential facility in lower Albina will enhance the character of the community because it will increase ethnic diversity in the area, as well as, return the area to a family setting with the presence of children.

The November 8, 1993 letter to you is another indication of the Eliot Neighborhood Association's inability to adequately represent the needs of their African American constituents. I encourage you to sign the lease agreement in support of providing the African American community with a viable option to substance abuse.

Sincerely,


Shafee Rhone

President

CC: Steve Rogers, Chair Eliot Neighborhood Association



The Coalition of Black Men

December 2, 1993

Jim May, President
Emanuel Hospital and Health Center
2801 N. Gantenbein
Portland, Oregon 97227

Dear Mr. May:

On behalf of the Coalition of Black Men I am writing to encourage you to sign the lease agreement that will house the Emanuel Hospital Project Network residential treatment facility. I am aware that the Eliot Neighborhood Association held a board meeting on November 8, 1993 and voted to send you a letter oppose the siting of the Project at the North Mississippi location.

Based on the information I have received, there were fifteen board people in attendance at the meeting. Of those fifteen, eleven voted in favor of sending the letter, two opposed and two abstained. We clearly cannot allow eleven individuals to decide the fate of a program that will be instrumental in the reduction of infant mortality.

It is unfortunate that the Eliot Neighborhood Association has failed once again to work in collaboration with the leadership of the African American Community in addressing a vital community need. I understand their concern relative to the over saturation of special needs programs being housed in Eliot that provide services for individuals living outside the inner north/northeast community. This project, however, is in a direct response to a community need identified by members of the community.

I would like to commend the hospital staff who had the courage and foresight to respond to the problem of infant mortality that continues to plague minority communities. The work Project Network has done to date has been instrumental in revitalizing the lives of once seemingly hopeless women and children. The residential program will enhance those efforts and provide services for women who need culturally based comprehensive treatment where they can bring their children.

The loss of life of future generations is not an issue anyone should choose to divide on. We all must come together to ensure that African American, other minority and poor children are given a chance to live and thrive in the community.

For the sake of the future of the children of Eliot, Boise, Sabin, King and Vernon, I encourage you to sign the lease agreement.

Sincerely,


Lorenzo Poe
Co-Chair

CC: Steve Rogers, Chair Eliot Neighborhood Association



The Center for MATERNITY & FAMILY SUPPORT

2801 N GANTENBEIN Rm # 2048, PORTLAND, OR 97227

(503) 280-3775

ADVISORY COMMITTEE

December 9, 1993

Jill May, President
Emanuel Hospital and Health Center
2801 N Gantenbein
Portland, OR 97227

Dear Mr May,

The Center for Maternity and Family Support was established in October 1991, in an effort to assist pregnant African American women in securing prenatal care. This project is one of many efforts to try and curtail the increasing infant mortality rate in the community. Emanuel's willingness to provide in-kind office space to house the program has been of tremendous assistance.

Since the inception of the program we have maintained a collaborative working relationship with the staff of Project Network. We rely upon Project Network to provide substance abuse treatment and mental health services for our clients in need of such services. In addition to being in denial about their substance abuse many of these women are not willing to seek medical care and/or treatment for fear of losing custody of their children.

Having a program that affords the women the opportunity to bring their children to treatment as a viable alternative to losing custody is crucial in maintaining the family structure and in revitalizing the community. The Center for Maternity and Family Support is one small component in the scheme of services pregnant and postpartum substance abusing women need in their struggle to maintain clean and sober lives.

The proposed five year residential treatment program for twenty families from this community will fill a vital need in this community. The infant mortality rate in inner northeast Portland is disproportional to that of the rest of the state. Delaying starting the program for a year or two to build a new facility as suggested by the Elliot Neighborhood Association would mean needlessly allowing innocent babies to die and substance abuse to grow in the community.

I understand the Association has a responsibility to monitor a variety of issues one would also hope that a crucial issue like infant mortality would be one of those issues.

Sincerely,

Selena Kahey
Selena Kahey
Program Manager

cc. Steve Rogers, Chair, Elliot Neighborhood Association

Michelle Albert
NE Health Clinic

Amina Anderson
Black United Fund
of Oregon

Shafia Monroe
Imani Women's
Support Project

Susan Renner
United Way

Edna Robertson
NE Coalition of
Neighborhoods

Cornetta Smith
Albina Ministerial
Alliance

Janine Tebeau-
Jemerson
Jefferson Teen
Health Clinic

December 7, 1993

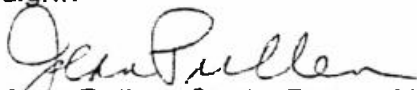
Mr. Jim May
President
Emanuel Hospital and Health Center
2801 N. Gantenbein
Portland, Or 97227

Dear Mr. May:

I am writing to you in my capacity as the Chairperson of the Project Network Citizens Advisory Board. I have been involved with Project Network since 1989. At that time I was working for the Adult & Family Services Division, and I was well aware of the problems of the pregnant females who were involved with drugs/alcohol. Few entities existed to help them change their life style. Project Network's vision of what could be done to help the women, and to allow babies to be born drug/alcohol-free gave me some hope that some very practical things could and would be done.

I retired from State service in April, 1993; but because I truly believe that what Project Network is doing is making a difference, I stayed on the Citizen's Advisory Board. As were other board members, I was very excited to learn of the new \$5 Million grant to provide a more cohesive residential treatment program for these women and their children. I am aware that the majority of these women come from the North-Northeast area, want to continue living in that area when they are successfully recovered, and I also know that most of their family support groups live in that area.

I strongly urge your support for Project Network and I urge you to sign the lease for the apartment house. I know there is opposition to Project Network, but I feel that the best interests of the whole community are better served by having this facility. This facility will not cure all the ills of substance abusers, but it will certainly provide a safe environment in which to gain a new way of life. Please sign!!


Jean Pullen, Chair, Project Network
7105 S.E. Insley Street
Portland, Oregon 97206

✓cc: Project Network



PORTLAND PUBLIC SCHOOLS

1710 North Humboldt Street / Portland, Oregon 97217

Phone: (503) 280-6236

BEACH SCHOOL

Office Of The Principal

December 7, 1993

Mr. Jim May, President
Emanuel Hospital and Health Care Center
2801 N. Gantenbein
Portland, OR 97227

RE: PROJECT NETWORK RESIDENT TREATMENT PROGRAM

Dear Mr. May:

I believe that I understand the dilemma that confronts you regarding the above, however, I believe that in this case the Eliot land use planning committee is at best ill advised or misinformed.

It is my opinion that the potential services to 21 families with children who will remain in the northeast area will be served by the above facility.

It has been my experience that the families that will be served will not only need the residence but the necessary support as they transition back into their community.

Please consider this letter as a strong endorsement and request for you to proceed with the signing of the lease for the recommended site for the Project Network Resident Treatment Program.

If you have any questions, please don't hesitate to contact me. It is my hope that this residence program will soon become a reality for the women and their families who are in such desperate need of this program.

Sincerely,



Mike Verbout
Principal

c: Jeanne Cohen, Project Director



December 8, 1993

Jim May, President
Emanuel Hospital and Health Center
2801 N. Gantenbein
Portland, Oregon 97227

Dear Mr. May,

In 1990 the report on The Infant Mortality Among Low Income Northeast Portland Residents was released. This report was based on information gathered during a study conducted by the Family Services Committee of the North/Northeast Economic Development Task Force. The first health care issue to be addressed was infant mortality.

Infant mortality was considered to be a high priority as early intervention was identified as being crucial in improving the quality of life for women and children. The report also identified the need to involve the efforts of public, private agencies, government, health care providers and the business community in addressing the issue of infant mortality.

Project Network's proposed residential treatment program will provide pregnant/postpartum substance abusing women with a critically needed service to reduce infant mortality and restore families. The comprehensive approach to services will ensure that women, children and other family members will be afforded the opportunity to reenter the community as productive members.

While I understand and agree with the Eliot Neighborhood Association's concern about displacing the tenants of the apartment building on North Mississippi, we must also look at the long term effect of delaying a program that will decrease infant mortality. The Hospital should ensure that the residents are provided with all possible assistance in their relocation and that they not bare any financial hardship as a result of the move.

Allowing women and children to receive treatment in this community is in keeping with Project Network's philosophy of "building on the inherent resiliency of the individual woman, her children and family in the context of her culture and community". It is my belief that a program such as this, in this community, will not only address the issues of infant mortality but will promote a stronger, healthier community in which our children can live and prosper. I am definitely in agreement of Project Network's efforts and encourage any support you and this hospital can lend them.

Sincerely,

Amina Anderson

Amina Anderson, Executive Director
Black United Fund

AVEL L. GORDLY
MULTNOMAH COUNTY
DISTRICT 19

REPLY TO ADDRESS INDICATED:

- ☐ House of Representatives
Salem, OR 97310
☐ 1915 NE 18th #3
Portland, OR 97212



HOUSE OF REPRESENTATIVES
SALEM, OREGON
97310

November 23, 1993

Jim May
President
Emmanuel Hospital
2801 N. Gantenbein St
Portland, Oregon 97227

Dear Jim May:

I am writing in support of the PROJECT NETWORK program that benefits drug affected mothers and their children through the construction of a residential treatment center. The Family Services Committee of the N-NE Economic Development Alliance has documented the extent of the problem through its Infant Mortality Study and described what kind of services are needed to deal with this life threatening issue. The treatment center would provide a vitally needed community service and work to address the crisis of infant mortality and substance abuse. In recognition of the urgency of the problem, I would encourage the immediate establishment of an expanded treatment center in our community.

Sincerely,

Avel Gordly
State Representative
House District 19

**Proposed
Project Network Resolution
for
consideration
by
ENDA's BOARD**

The Eliot Neighborhood Association board is prepared to withdraw its opposition to the siting of a residential facility for formerly drug-addicted women by Emanuel Hospital's Project Network program at 2631 N. Mississippi under the following conditions:

1. That Emanuel Hospital provide relocation assistance and benefits, in accordance with federal requirements, to all tenants now residing at 2631 N. Mississippi.
2. That Emanuel Hospital and Legacy Health System make a specific, written commitment to assist in replacing the 35 units of market-rate housing lost to this project somewhere in Eliot.
3. That the written commitment to assist in replacing the housing outline resources, methods, and possible projects, and that it shall be reviewed and approved by ENDA's board or land use committee before this resolution can become effective.
4. That Emanuel Hospital and Legacy Health System agree in writing and as a part of the "Condition L" agreement not to provide assistance, support or encouragement for the siting of any additional special needs housing, or institutional residential facilities, outside its growth boundary and within the Eliot neighborhood.
- 5. That a majority of tenants at 2631 N. Mississippi are satisfied with this arrangement.

Eliot board gives Project Network OK

■ The treatment center for chemically addicted pregnant women could open by mid-1994

By JIM KADERA
of The Oregonian staff

12/16/93

A proposed treatment center to rescue the babies of chemically addicted women has itself been saved.

The Eliot Neighborhood Association has withdrawn opposition to the siting of a residential treatment center for addicted pregnant women in a two-story apartment building at North Russell Street and Mississippi Avenue.

The association board of directors voted 12-5 to accept the project while holding firm to its belief that too many special-need facilities — such as detention centers and halfway houses — have been developed within the neighborhood.

The decision leaves Project Network, an outreach of Legacy Health System and Emanuel Hospital & Health Center, free to continue with plans to open the treatment center by mid-1994. It will be three blocks from Emanuel.

Project Network was under a deadline to win site approval by Dec. 31 or lose a \$5 million federal grant to operate the center for five years.

"We were pleasantly shocked," Elizabeth Waters, a Project Network consultant, said of the board vote. "We thought we were going to have to give the money back," said Jeanne Cohen, project director.

The new use for the apartment building is permitted under existing industrial zoning. But a five-year growth plan requires neighborhood support for Emanuel expansion.

Project Network began in 1989 with federal funding for substance abuse prevention among black females and their families.

One major goal is to reduce a high infant mortality rate among blacks in North and Northeast Portland. The death rate in 1989-92 for black infants was 21.6 per 1,000 births in Oregon. The death rate for white infants is 7.3 per 1,000 births Oregon.

The new center will be a temporary home for just more than 50

women with children annually, Cohen said. The building will have space for 21 families at a time, with occupancy varying from six to nine months per family.

"This will be the first program offering comprehensive treatment for women and children," Waters said. "And there will be counseling for couples, an outreach for males to become a part of the family."

"The trend is to reach out into the community with satellite programs to make health care part of daily life," Cohen said. "This kind of preventative medicine is in line with the Oregon Health Plan and others being looked at nationwide."

However, Eliot Chairman Steve Rogers indicated the neighborhood association has mixed feelings about resolving the siting conflict. A majority of board members changed their position "because they were inundated with letters from several African-American associations saying it was needed in the community. We felt we were between a rock and a hard place."

"We felt we were saturated with special-need facilities," Rogers said, "and now we are oversaturated."

Proponents of the center won the siting battle "but they did not win the hearts of the board," he said. "Saving black babies is a real issue and the board understands, but we also are fighting to save our neighborhood."

Bounded by Fremont, Seventh Avenue, Broadway and the Willamette River, the Eliot neighborhood has extensive industrial property and only 2,000 to 3,000 residents. A number of transition houses, homes for the handicapped and other special-need buildings also exist there.

"You can get to a point you have a special-need ghetto and not a neighborhood anymore," he said, noting that a Second Chance federal-funded detention center is proposed in an apartment building only 200 feet from where the Project Network center will open.

Some black leaders who lobbied for the center complained the white majority on the board had not cooperated with blacks. But Rogers said the board is pushing for more black participation in neighborhood activities and decision-making.

DRAFT

Mr. Jim May
President
Emanuel Hospital and Health Center
2801 N. Gantenbein
Portland, OR 97227

Dear Mr. May:

The Eliot Neighborhood Association (ENDA) opposes the siting of Project Network at 2631 N. Mississippi which is within the boundaries of the Eliot neighborhood for the following reasons:

1. ENDA's board voted at its October 1993 meeting to reconfirm its position that the Eliot neighborhood is saturated with special needs facilities and that it is opposed to additional sitings.
2. The 1993 Fair Housing Task Force Report by the City of Portland also indicates that the Eliot neighborhood is saturated with such facilities.
3. Project Network is a transition housing program. Eliot already has problems retaining its permanent housing (owner occupied and rental) and a sustainable owner-occupied/rental ratio.
4. ENDA has a no-net-loss housing requirement in its bylaws and there has been no indication by Emanuel Hospital and Health Center (EHHC) that it intends to replace the housing within Eliot lost to this program.
5. Project Network is a program of EHHC, not a separate nonprofit, with medical care required of its clients, and therefore should be sited within its growth boundary.
6. The Albina Community Plan creates institutional zones which are growth boundaries for institutions and gives them added flexibility for development within their growth boundary through the Impact Mitigation Plan process. Therefore there is ample opportunity for EHHC to incorporate such projects in other developments to achieve economy of scale.
7. Placing such facilities such as Project Network outside EHHC's growth boundary creates a "company" town effect in the Eliot neighborhood and makes meaningless the concept of boundary and zoning.
8. Proceeding with the siting of Project Network violates the letter and spirit of all draft agreements between ENDA and EHHC regarding satisfying condition L (EHHC activities outside the growth boundary) of EHHC's Conditional Use Master Plan.
9. EHHC has plenty of vacant land within its growth boundaries. ENDA voted to support expansion EHHC's boundaries as part of the Albina Community Plan.
10. There are two major apartment buildings in Lower Albina that form the base for its small, but viable residential community. Losing either one to special needs housing would significantly impact the nature and character of that small residential community, and dislocate low and moderate income persons.

Once again EHHC Hospital is doing the wrong thing for many right reasons. Approximately twenty years after the urban renewal action which still leaves empty blocks on the south end of the campus and destroyed a community, the hospital is poised to switch off another community on a smaller scale.

It is time that EHHC live up to its previous and current responsibilities to the Eliot neighborhood and to city code by siting such projects within its growth boundary and in such a way as not to decrease permanent residential community in Eliot. We recommend the south part of EHHC's campus as most appropriate for community and historical reasons.

cc Bureau of Planning
Commissioner Hales
Commissioner Kafoury



CITY OF
PORTLAND, OREGON
BUREAU OF PLANNING

ENDA 12/93
Charlie Hales, Commissioner
David C. Knowles, Interim Director
1120 S.W. 5th, Room 1002
Portland, Oregon 97204-1966
Telephone: (503) 823-7700
FAX (503) 823-7800

November 23, 1993

Gary Edwards
Emanuel Hospital and Health Center
2801 N Gantenbein Avenue
Portland, OR 97227

Dear Mr. Edwards,

On November 17, 1993, I received a letter from you requesting a postponement of the pre-application conference (PC 93-269) which was scheduled for Thursday, November 18, 1993, at 10:30 am. This is a second postponement of a pre-application request. The purpose of this letter is to discuss two concerns regarding your multiple requests for postponements.

Condition A of LUR 93-00366 CU, in part, states as follows:

The applicant shall file for a pre-application conference for a new master plan or impact mitigation plan, whichever is applicable, no later than October 1, 1993...At that time, the applicant shall provide a schedule for completion of the plan and a process for involving ENDA in the planning process. The applicant shall submit a completed application for master plan of IMP approval no later than October 1, 1994. The applicant may request up to a three-month extension if meaningful process toward completing the plan can be demonstrated. During the period that the plan is being formulated, the applicant may apply for Type II or III conditional use approvals, providing an adequate showing is made why said projects cannot be delayed until the approval of the plan.

The original staff recommendation to the Hearings Officer suggested that a completed master plan be required by January 1, 1994. However, staff received a memorandum from Beverly Bookin dated July 26, 1993, stating three reasons why the staff recommended condition was not realistic. This memo included the specific alternative language for that condition, which the Hearings Officer adopted. In short, this condition and the deadlines were suggested by the EHHC, yet the EHHC has failed to abide by them.

To date, it has been one and one-half months since the passage of the October 1, 1993, deadline. The Hearings Officer accepted the good faith effort on the part of EHHC in providing certain assurances in this language, including a promise to schedule a pre-ap, provide a specific date of plan completion and a specific process through which the Eliot Neighborhood Development Association would be included in the formulation of the IMP. To date, you have failed to meet any of these commitments. The Hearings Officer also sought to establish a reasonable schedule for completion of the IMP. Since you have failed to meet the first deadline contained in this condition, it is unlikely that the entire schedule for completion of the IMP which was established by the Hearings Officer can be followed.

In your letter, you state that a pre-application conference will be scheduled "in about 60 days." Because it takes approximately 30 days from the date of scheduling for a pre-application conference to occur, if you schedule a pre-ap on January 17, 1994, it will be held in the middle of



Legacy Portland Hospitals
Emanuel Hospital & Health Center
Good Samaritan Hospital & Medical Center
Holladay Park Medical Center
2801 N. Gantenbein Avenue
Portland, Oregon 97227
(503) 280-3200

October 19, 1993

Beth Normand, Hearing's Officer
City of Portland
1120 S.W. 5th Avenue, Room 1017
Portland, Oregon 97204

Dear Ms. Normand:

In 1988, the Oregon Health Division issued a report on the state of Black Healthcare in Oregon. The report listed North/Northeast Portland as having the highest infant mortality rate in the State. The African-American infant mortality rate in the country is 17 per 1,000; in Oregon, statistics show that it is 23 per 1,000. In response to the concerns this hospital received a Federal grant to set up a culturally-based outpatient treatment program for substance abusing pregnant and post-partum women and their children. For the past 4 1/2 years, Project Network has provided outpatient substance abuse treatment, case management, children's program, and mental health counseling for over 100 women, 68 babies, and approximately 160 siblings. Project Network was recently awarded another 5-year Federal grant to set up a residential treatment program for this population.

The selection process for a proposed site began over a year ago and included soliciting the input and concerns of the Eliot Neighborhood Association Land Use Planning Committee. We began negotiations five months ago to house the residential facility at 2631 N. Mississippi. The facility is located within close proximity to the hospital to ensure quick access in the event of medical complications for the mom during pregnancy or the high-risk infant after delivery.

Most of the women involved with the program are longtime residents of North/Northeast Portland. Over 40% of our current client population either reside and/or have family members residing in Eliot. In addition to needing a facility within close proximity to the hospital and community, we also needed a facility in a secure area which was non-residential with less activity.

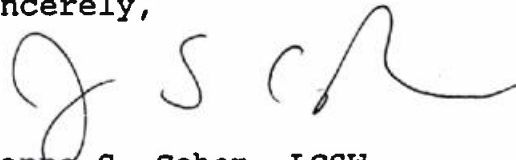
As the Director of Project Network, I would like to share with you concerns about locating the Second Chance program in such close proximity to Project Network. Women substance abusers are highly vulnerable, easily influenced, and often taken advantage of by their male counterparts, who tend to be heavily involved in drug trafficking and other criminal activities. It is imperative that for treatment purposes, we be given the opportunity to treat these women in a contained environment, away from negative influences. There are many unanswered questions pertaining to the criminal profiles of these felons. We are heavily invested in protect-

ing our vulnerable population of women and children, and believe that this Federal early release program poses many concerns.

Unlike Second Chance, Project Network is serving families from this community and is part of the rebuilding of the North/Northeast neighborhood. We need an environment that would afford us the opportunity to strengthen these women and their families, and empower them to be productive members in their community. It is my hope that in making your decision, you take into consideration the safety and well-being of these women and children.

Thank you and very best regards.

Sincerely,

A handwritten signature in dark ink, appearing to read 'JSC', with a stylized flourish extending to the right.

Jeanne S. Cohen, LCSW
Program Director
Project Network
Emanuel Hospital & Health Center

JSC/dc

cc: Dr. Lutz Kiesow, Dept. of Research
Teri Joyer, Director Patient Care Services
Jan Shea, Community Relations Dept.
Steve Telfer, VP Corp. & Community Relations
Steve Rogers, Eliot Neighborhood Assn.
Elizabeth Waters, Community Liaison
Mary Blum, Federal Bureau of Prisons, Wash., DC

ENDA 12/11/93



Legacy Portland Hospitals
Emanuel Hospital & Health Center
Good Samaritan Hospital & Medical Center
Holladay Park Medical Center
1015 N.W. 22nd Avenue
Portland, Oregon 97210
(503) 280-4008 Emanuel
(503) 229-7004 Good Samaritan
(503) 778-7297 Voice Mail
(503) 280-3756 FAX

December 9, 1993

Mr. Steve Rogers, Chair
Eliot Neighborhood Assoc.
533 NE Brazee
Portland, Ore. 97212

Mr. Lee Perlman, Chair
Eliot Land Use Committee
512 NE Brazee
Portland, Ore. 97212

Dear Mr. Rogers and Mr. Perlman:

Thank you for taking the time Monday to meet with Gary Edwards, Jan Shea, Steve Telfer and me. It was helpful to hear expression of your ideas, issues, and concerns.

The issue mentioned first was Conditional L of the Master Plan, namely, the boundary agreement. Again, I am sorry for the delay. I authorize Gary Edwards, Steve Telfer and Jan Shea to finalize the agreement. I would like to request that a 48-hour review by Legacy be built into the process, so that I may be kept fully informed as you move forward. We will do check-ins all along the process so there are no surprises. Our staff and I wish to move forward as quickly as possible, so that a completed document may be ready in a timely manner.

Our newly hired consultants, Clark Worth and Bing Sheldon, inform me that a work plan for the IMP process should be available soon. I will welcome your input. They will, of course, solicit your input and share their ideas with you.

Your agreement that we may try a simpler version of traffic management on Graham Street as determined by the study group is appreciated. We are unwavering in our commitments to control east access on Graham from the campus. Gary Edwards will keep me informed on the progress that Bob Hotchkin and neighborhood representatives are making.



N/NE Economic
Development
Alliance, Inc.

Board of Directors

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Black United Front

1st Vice Chairperson

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*Oregon Association of
Minority Entrepreneurs*

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Harold Williams

Coalition of Black Men

Cornetta Smith

Albina Ministerial Alliance

Amina Anderson

Black United Fund of Oregon

Darryl Tukufu

Portland Urban League

Ed Washington

N.A.A.C.P.

Sheila Holden

NE Coalition of Neighborhoods

Matthias Kemeny

N/NE Business Association

Jakie Walker

*NE Community
Development Corp.*

At-Large Positions

Jess McKinley
Resident

December 9, 1993

Jim May, President/CEO
Emanuel Hospital & Health Center
2801 N. Gantenbein Avenue
Portland, Oregon 97227

Dear Mr. May:

I am in receipt of a copy of Steve Rogers, Chair Eliot Neighborhood Association, November 8, 1993 correspondence to you opposing the citing of the Project Network Residential Treatment facility at the proposed North Mississippi location. As you know, I have been involved in establishing processes that affords individuals residing in inner North/Northeast Portland to identify community needs and problems. In addition to problem identification processes like the report produced by the North/Northeast Economic Development Task Force and the Albina Plan identify possible solutions to the problems.

The May 31, 1989 North/Northeast Economic Development Task Force; Economic Development Action Plan identified the lack of culturally appropriate drug treatment as a problem area. The findings of the report suggest the following, "We must have more free, sliding scale, outpatient, residential and transitional program treatment facilities that demonstrate a track record of successfully rehabilitating their clients. In recognition of culturally diverse populations, it is imperative that treatment and counseling methodology be culturally appropriate. The North/Northeast community has hundreds of individuals who need this service. Currently, it has few, if any, alternative to help them turn their lives around so they can become productive citizens. The needs of transitional living arrangements for persons leaving treatment programs should be investigated".

The absence of culturally sensitive programs for special needs populations was identified as a problem in the Albina Plan, February, 1992. "It is vital that family service issues be addressed as part of revitalization efforts of the Albina district...Specific programs and projects are needed to address the unique challenges of special needs populations..(Specifically) design service delivery systems to be responsive to the needs of Albina's diverse population...deliver family services in a culturally sensitive manner..increase and strengthen the number of

programs for the treatment and prevention of substance abuse and ensure that needy populations have access to them..provide more pre and post-natal services to women and children, especially to those who have traditionally gone without these services.

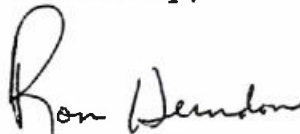
Both these processes clearly identify the need for substance abuse treatment for traditionally underserved needy populations. The identification of the need coupled with the alarming and devastating infant mortality statistics prevalent in the African-American community demonstrates beyond a reasonable doubt the vital need for residential treatment for women and children.

In his correspondence to you, Steve Rogers raises the issue of displacing moderate and low income persons. While I would agree that the issue of displacement must be considered in this matter we must also give greater consideration to the issue of reducing infant mortality. The perspective clients of the Project Network residential treatment program are primarily low/no income African-American women and their children who are living in potentially life threatening conditions.

These women and their children live in Eliot and the surrounding neighborhoods. They should not be forced to leave their community to obtain the services they are in need of. Although Steve Rogers site the 1993 Fair Housing Task Force Report by the City of Portland opposition to the citing of additional special needs facilities in Eliot, he failed to mention that the opposition does not include programs developed in the Neighborhood as a response to a direct community need identified by the residents of the community.

I encourage you to sign the lease agreement and afford Project Network the opportunity to assist the women of the community in turning their lives around.

Sincerely,



Ron Herndon
Director
Head Start

RH/dc

cc: Steve Rogers, Chair
Eliot Neighborhood Association

Emanuel Hospital & Health Center

2801 N. Gantenbein Avenue
Portland, Oregon 97227
(503) 280-3200



For release
March 1, 1993

Contact: Jan Shea
(503) 280-4630

Emanuel scholarship announced

Emanuel Hospital and Health Center announces that it will award five \$1000 college scholarships for high school students intending to study for a career in a health-related field. The scholarship is available to students who reside in North/Northeast Portland and who have a high school GPA of 2.75.

The scholarship is renewable and may be used for tuition and other college fees for up to four years of college. The student should intend to pursue a career in an accredited medical program on a full-time basis and the area of study should be a healthcare career that is represented at Emanuel. Minorities are encouraged to apply.

Application deadline is April 16, 1993. Applications are available in the Portland high school counseling offices. For more information, call Jan Shea in Emanuel Community Relations, 280-4630.

* * * * *



MEMORANDUM

B R W INC.

August 12, 1993

Planning
Transportation
Engineering
Urban Design

700 N. E. Multnomah
Suite 920
Portland,
OR 97232
503/232-5787
Fax 503/232-6373

Denver
Milwaukee
Minneapolis
Orlando
Phoenix
Portland
San Diego
Seattle

Donald W. Ringrose
Richard P. Wolsfeld
Thomas F. Carroll
Craig A. Amundsen
Donald E. Hunt
John B. McNamara
Richard D. Pilgrim
Dale N. Beckmann
Jeffery L. Benson
Ralph C. Blum
Gary J. Erickson
John C. Lynch
Paul N. Bay
Sabri Ayaz
Gary A. Ehret
Anthony Heppelmann
Arijs Pakalns
Martha McPhee
Howard P. Preston
Dennis P. Probst

TO: Members of the ENDA Land Use Committee

**FROM: Beverly Bookin, AICP
Consulting Planner**

SUBJECT: APPROVAL FOR EHHC'S NORTH PARKING LOT (LUR 93-00366)

As you may know, Emanuel Hospital & Health Center (EHHC) recently submitted a Type III request for approval to permanently retain its temporary north parking lot (LUR 93-00366). The inclusion of this lot as part of the permanent parking supply has already been approved in EHHC's comprehensive transportation management plan, which ENDA supported. The current conditional use approval is just another procedural requirement to which the City has required EHHC to comply.

The staff report included several conditions of approval, a copy of which are enclosed. EHHC has concerns about four of these and submitted a memorandum (also enclosed) proposing modifications at the hearing, which was held on July 26. Steve Rogers has requested that the record on this decision be held open until August 17, the day after the next scheduled meeting of the Land Use Committee so that ENDA can submit its formal response to EHHC's requested changes.

I am sending you the above background information in advance so you can be prepared to discuss these issues at Monday's meeting. Please do not hesitate to call me if you have any questions about this information. Thank you.



The Coalition of Black Men

December 2, 1993

Jim May, President
Emanuel Hospital and Health Center
2801 N. Gantenbein
Portland, Oregon 97227

Dear Mr. May:

On behalf of the Coalition of Black Men I am writing to encourage you to sign the lease agreement that will house the Emanuel Hospital Project Network residential treatment facility. I am aware that the Eliot Neighborhood Association held a board meeting on November 8, 1993 and voted to send you a letter oppose the siting of the Project at the North Mississippi location.

Based on the information I have received, there were fifteen board people in attendance at the meeting. Of those fifteen, eleven voted in favor of sending the letter, two opposed and two abstained. We clearly cannot allow eleven individuals to decide the fate of a program that will be instrumental in the reduction of infant mortality.

It is unfortunate that the Eliot Neighborhood Association has failed once again to work in collaboration with the leadership of the African American Community in addressing a vital community need. I understand their concern relative to the over saturation of special needs programs being housed in Eliot that provide services for individuals living outside the inner north/northeast community. This project, however, is in a direct response to a community need identified by members of the community.

I would like to commend the hospital staff who had the courage and foresight to respond to the problem of infant mortality that continues to plague minority communities. The work Project Network has done to date has been instrumental in revitalizing the lives of once seemingly hopeless women and children. The residential program will enhance those efforts and provide services for women who need culturally based comprehensive treatment where they can bring their children.

The loss of life of future generations is not an issue anyone should choose to divide on. We all must come together to ensure that African American, other minority and poor children are given a chance to live and thrive in the community.

For the sake of the future of the children of Eliot, Boise, Sabin, King and Vernon, I encourage you to sign the lease agreement.

Sincerely,


Lorenzo Poe
Co-Chair

CC: Steve Rogers, Chair Eliot Neighborhood Association



The Center for MATERNITY & FAMILY SUPPORT

2801 N GANTENBEIN Rm # 2048, PORTLAND, OR 97227

(503) 280-3775

ADVISORY COMMITTEE

Michelle Albert
NE Health Clinic

Amina Anderson
Black United Fund
of Oregon

Shafia Monroe
Imani Women's
Support Project

Susan Renner
United Way

Edna Robertson
NE Coalition of
Neighborhoods

Cornetta Smith
Albina Ministerial
Alliance

Janine Tebeau-
Jemerson
Jefferson Teen
Health Clinic

December 9, 1993

Jim May, President
Emanuel Hospital and Health Center
2801 N Gantenbein
Portland, OR 97227

Dear Mr May,

The Center for Maternity and Family Support was established in October 1991, in an effort to assist pregnant African American women in securing prenatal care. This project is one of many efforts to try and curtail the increasing infant mortality rate in the community. Emanuel's willingness to provide in-kind office space to house the program has been of tremendous assistance.

Since the inception of the program we have maintained a collaborative working relationship with the staff of Project Network. We rely upon Project Network to provide substance abuse treatment and mental health services for our clients in need of such services. In addition to being in denial about their substance abuse many of these women are not willing to seek medical care and/or treatment for fear of losing custody of their children.

Having a program that affords the women the opportunity to bring their children to treatment as a viable alternative to losing custody is crucial in maintaining the family structure and in revitalizing the community. The Center for Maternity and Family Support is one small component in the scheme of services pregnant and postpartum substance abusing women need in their struggle to maintain clean and sober lives.

The proposed five year residential treatment program for twenty families from this community will fill a vital need in this community. The infant mortality rate in inner northeast Portland is disproportional to that of the rest of the state. Delaying starting the program for a year or two to build a new facility as suggested by the Elliot Neighborhood Association would mean needlessly allowing innocent babies to die and substance abuse to grow in the community.

I understand the Association has a responsibility to monitor a variety of issues one would also hope that a crucial issue like infant mortality would be one of those issues.

Sincerely,

Selena Kahey
Selena Kahey
Program Manager

cc. Steve Rogers, Chair, Elliot Neighborhood Association



PORTLAND PUBLIC SCHOOLS

1710 North Humboldt Street / Portland, Oregon 97217
Phone: (503) 280-6236
BEACH SCHOOL

Office Of The Principal

December 7, 1993

Mr. Jim May, President
Emanuel Hospital and Health Care Center
2801 N. Gantenbein
Portland, OR 97227

RE: PROJECT NETWORK RESIDENT TREATMENT PROGRAM

Dear Mr. May:

I believe that I understand the dilemma that confronts you regarding the above, however, I believe that in this case the Eliot land use planning committee is at best ill advised or misinformed.


It is my opinion that the potential services to 21 families with children who will remain in the northeast area will be served by the above facility.

It has been my experience that the families that will be served will not only need the residence but the necessary support as they transition back into their community.

Please consider this letter as a strong endorsement and request for you to proceed with the signing of the lease for the recommended site for the Project Network Resident Treatment Program.

If you have any questions, please don't hesitate to contact me. It is my hope that this residence program will soon become a reality for the women and their families who are in such desperate need of this program.

Sincerely,


Mike Verbout
Principal

c: Jeanne Cohen, Project Director

December 7, 1993

Mr. Jim May
President
Emanuel Hospital and Health Center
2801 N. Gantenbein
Portland, Or 97227

Dear Mr. May:

I am writing to you in my capacity as the Chairperson of the Project Network Citizens Advisory Board. I have been involved with Project Network since 1989. At that time I was working for the Adult & Family Services Division, and I was well aware of the problems of the pregnant females who were involved with drugs/alcohol. Few entities existed to help them change their life style. Project Network's vision of what could be done to help the women, and to allow babies to be born drug/alcohol-free gave me some hope that some very practical things could and would be done.

I retired from State service in April, 1993; but because I truly believe that what Project Network is doing is making a difference, I stayed on the Citizen's Advisory Board. As were other board members, I was very excited to learn of the new \$5 Million grant to provide a more cohesive residential treatment program for these women and their children. I am aware that the majority of these women come from the North-Northeast area, want to continue living in that area when they are successfully recovered, and I also know that most of their family support groups live in that area.

I strongly urge your support for Project Network and I urge you to sign the lease for the apartment house. I know there is opposition to Project Network, but I feel that the best interests of the whole community are better served by having this facility. This facility will not cure all the ills of substance abusers, but it will certainly provide a safe environment in which to gain a new way of life. Please sign!!


Jean Pullen, Chair, Project Network
2105 S.E. Insley Street
Portland, Oregon 97206

✓ cc: Project Network



December 8, 1993

Jim May, President
Emanuel Hospital and Health Center
2801 N. Gantenbein
Portland, Oregon 97227

Dear Mr. May,

In 1990 the report on The Infant Mortality Among Low Income Northeast Portland Residents was released. This report was based on information gathered during a study conducted by the Family Services Committee of the North/Northeast Economic Development Task Force. The first health care issue to be addressed was infant mortality.

Infant mortality was considered to be a high priority as early intervention was identified as being crucial in improving the quality of life for women and children. The report also identified the need to involve the efforts of public, private agencies, government, health care providers and the business community in addressing the issue of infant mortality.

Project Network's proposed residential treatment program will provide pregnant/postpartum substance abusing women with a critically needed service to reduce infant mortality and restore families. The comprehensive approach to services will ensure that women, children and other family members will be afforded the opportunity to reenter the community as productive members.

While I understand and agree with the Eliot Neighborhood Association's concern about displacing the tenants of the apartment building on North Mississippi, we must also look at the long term effect of delaying a program that will decrease infant mortality. The Hospital should ensure that the residents are provided with all possible assistance in their relocation and that they not bare any financial hardship as a result of the move.

Allowing women and children to receive treatment in this community is in keeping with Project Network's philosophy of "building on the inherent resiliency of the individual woman, her children and family in the context of her culture and community". It is my belief that a program such as this, in this community, will not only address the issues of infant mortality but will promote a stronger, healthier community in which our children can live and prosper. I am definitely in agreement of Project Network's efforts and encourage any support you and this hospital can lend them.

Sincerely,

Amina Anderson

Amina Anderson, Executive Director
Black United Fund

Street
1825 Northeast
Killingsworth Ave.
Mailing
P.O. Box 12406
Portland, OR 97212
Phone
503-282-7973
Fax
503-282-3482

"Helping people help themselves"

MARGARET L. CARTER
MULTNOMAH COUNTY
DISTRICT 18

REPLY TO ADDRESS INDICATED:

☐ House of Representatives
Salem, OR 97310

☐ 2948 NE 10th Ave.
Portland, OR 97212



HOUSE OF REPRESENTATIVES
SALEM, OREGON
97310

December 3, 1993

Mr. Jim May
CEO Portland Legacy Hospital
2801 N. Gantenbien
Portland, Oregon 97227

Dear Mr. May,

I am sending you a letter of support for Emanuel Hospital's "Project Network" which will offer substance abuse treatment to pregnant women. It is a badly needed program and one which will benefit many women in my district. I wish the program the greatest of successes.

I did, and still do, have some reservations about the placement of the program. I understand that it will be located in what is currently an apartment complex which offers affordable rent. I was contacted by a tenant in that building when Emanuel announced its plans of "Project Network." She was very distraught about her ability to obtain other suitable, affordable housing.

I would like to make it clear that both issues at stake here are very important to me. It is unfortunate that it seems that we can get badly needed medical care for low income women at the expense of affordable housing. It is my hope that Emanuel Hospital is also supportive of both of these issues and will take into account all of the consequences in its decision making process.

Thank you for your attention to this matter.

Sincerely,

Margaret Carter
State Representative
District 19

MC/bk

cc: Elizabeth Waters, Cynthia Chase

BLACK UNITED FRONT

"Now Is The Time"

P. O. Box 3976
Portland, OR 97208

December 6, 1993

Jim May, President
Emanuel Hospital and Health Center
2801 N. Gantenbein
Portland, Oregon 97227

Dear Mr. May:

Substance abuse among pregnant women coupled with poor health status and lack of access to health care have been identified as the leading causes of infant mortality. According to a September 1989 report on Black Health released by the Oregon State Health Division a Black infant in their first year of life is 62.7 percent more apt to die than the average infant.

In my capacity as Co-Chair of the Black United Front I hear and see first hand the toll substance abuse has taken on members of the community. Those most severely impacted are the children being born drug exposed and/or affected. There is a dire need for community based culturally appropriate residential treatment for women and their children.

The proposed Project Network residential treatment program to be housed on North Mississippi would provide the women and children of this community with the services they need to become viable productive members of the community. The need for treatment is now, **we cannot afford** to wait another year or two for a new facility to be constructed.

Community and culturally based treatment programs in a non-institutional setting have a history of being much more effective in terms of treatment outcomes. I encourage you to sign the lease agreement to house the residential facility on North Mississippi. I would also further encourage you to provide every possible form of assistance in relocating the existing tenants.

Sincerely,


Richard Brown
Co-Chair

CC: Steve Rogers



N/NE Economic
Development
Alliance, Inc.

Board of Directors

Chairperson

Ron Herndon
Black United Front

1st Vice Chairperson

Sam Brooks
*Oregon Association of
Minority Entrepreneurs*

2nd Vice Chairperson

Jennie Portis
NE Jobs Center

Secretary

Carl Talton
*Portland Development
Commission*

Treasurer

Jeana Woolley
JM Woolley and Associates

Harold Williams

Coalition of Black Men

Corretta Smith

Albina Ministerial Alliance

Amina Anderson

Black United Fund of Oregon

Darryl Tukufu

Portland Urban League

Ed Washington

N.A.A.C.P.

Sheila Holden

NE Coalition of Neighborhoods

Matthias Kemeny

N/NE Business Association

Jakie Walker

*NE Community
Development Corp.*

At-Large Positions

Jess McKinley

Resident

December 9, 1993

Jim May, President/CEO
Emanuel Hospital & Health Center
2801 N. Gantenbein Avenue
Portland, Oregon 97227

Dear Mr. May:

I am in receipt of a copy of Steve Rogers, Chair Eliot Neighborhood Association, November 8, 1993 correspondence to you opposing the citing of the Project Network Residential Treatment facility at the proposed North Mississippi location. As you know, I have been involved in establishing processes that affords individuals residing in inner North/Northeast Portland to identify community needs and problems. In addition to problem identification processes like the report produced by the North/Northeast Economic Development Task Force and the Albina Plan identify possible solutions to the problems.

The May 31, 1989 North/Northeast Economic Development Task Force; Economic Development Action Plan identified the lack of culturally appropriate drug treatment as a problem area. The findings of the report suggest the following, "We must have more free, sliding scale, outpatient, residential and transitional program treatment facilities that demonstrate a track record of successfully rehabilitating their clients. In recognition of culturally diverse populations, it is imperative that treatment and counseling methodology be culturally appropriate. The North/Northeast community has hundreds of individuals who need this service. Currently, it has few, if any, alternative to help them turn their lives around so they can become productive citizens. The needs of transitional living arrangements for persons leaving treatment programs should be investigated".

The absence of culturally sensitive programs for special needs populations was identified as a problem in the Albina Plan, February, 1992. "It is vital that family service issues be addressed as part of revitalization efforts of the Albina district...Specific programs and projects are needed to address the unique challenges of special needs populations..(Specifically) design service delivery systems to be responsive to the needs of Albina's diverse population...deliver family services in a culturally sensitive manner..increase and strengthen the number of

programs for the treatment and prevention of substance abuse and ensure that needy populations have access to them..provide more pre and post-natal services to women and children, especially to those who have traditionally gone without these services.

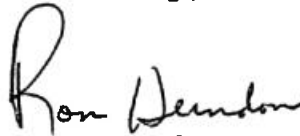
Both these processes clearly identify the need for substance abuse treatment for traditionally underserved needy populations. The identification of the need coupled with the alarming and devastating infant mortality statistics prevalent in the African-American community demonstrates beyond a reasonable doubt the vital need for residential treatment for women and children.

In his correspondence to you, Steve Rogers raises the issue of displacing moderate and low income persons. While I would agree that the issue of displacement must be considered in this matter we must also give greater consideration to the issue of reducing infant mortality. The perspective clients of the Project Network residential treatment program are primarily low/no income African-American women and their children who are living in potentially life threatening conditions.

These women and their children live in Eliot and the surrounding neighborhoods. They should not be forced to leave their community to obtain the services they are in need of. Although Steve Rogers site the 1993 Fair Housing Task Force Report by the City of Portland opposition to the citing of additional special needs facilities in Eliot, he failed to mention that the opposition does not include programs developed in the Neighborhood as a response to a direct community need identified by the residents of the community.

I encourage you to sign the lease agreement and afford Project Network the opportunity to assist the women of the community in turning their lives around.

Sincerely,



Ron Herndon
Director
Head Start

RH/dc

cc: Steve Rogers, Chair
Eliot Neighborhood Association



Legacy Portland Hospitals
Emanuel Hospital & Health Center
Good Samaritan Hospital & Medical Center
Holladay Park Medical Center
1015 N.W. 22nd Avenue
Portland, Oregon 97210
(503) 280-4008 Emanuel
(503) 229-7004 Good Samaritan
(503) 778-7297 Voice Mail
(503) 280-3736 FAX

December 9, 1993

Mr. Steve Rogers, Chair
Eliot Neighborhood Assoc.
533 NE Brazee
Portland, Ore. 97212

Mr. Lee Perlman, Chair
Eliot Land Use Committee
512 NE Brazee
Portland, Ore. 97212

Dear Mr. Rogers and Mr. Perlman:

Thank you for taking the time Monday to meet with Gary Edwards, Jan Shea, Steve Telfer and me. It was helpful to hear expression of your ideas, issues, and concerns.

The issue mentioned first was Conditional L of the Master Plan, namely, the boundary agreement. Again, I am sorry for the delay. I authorize Gary Edwards, Steve Telfer and Jan Shea to finalize the agreement. I would like to request that a 48-hour review by Legacy be built into the process, so that I may be kept fully informed as you move forward. We will do check-ins all along the process so there are no surprises. Our staff and I wish to move forward as quickly as possible, so that a completed document may be ready in a timely manner.

Our newly hired consultants, Clark Worth and Bing Sheldon, inform me that a work plan for the IMP process should be available soon. I will welcome your input. They will, of course, solicit your input and share their ideas with you.

Your agreement that we may try a simpler version of traffic management on Graham Street as determined by the study group is appreciated. We are unwavering in our commitments to control east access on Graham from the campus. Gary Edwards will keep me informed on the progress that Bob Hotchkin and neighborhood representatives are making.

AVEL L. GORDLY
MULTNOMAH COUNTY
DISTRICT 19

REPLY TO ADDRESS INDICATED:

- ☐ House of Representatives
Salem, OR 97310
☐ 1915 NE 16th #3
Portland, OR 97212



HOUSE OF REPRESENTATIVES
SALEM, OREGON
97310

November 23, 1993

Jim May
President
Emmanuel Hospital
2801 N. Gantenbein St
Portland, Oregon 97227

Dear Jim May:

I am writing in support of the PROJECT NETWORK program that benefits drug affected mothers and their children through the construction of a residential treatment center. The Family Services Committee of the N-NE Economic Development Alliance has documented the extent of the problem through its Infant Mortality Study and described what kind of services are needed to deal with this life threatening issue. The treatment center would provide a vitally needed community service and work to address the crisis of infant mortality and substance abuse. In recognition of the urgency of the problem, I would encourage the immediate establishment of an expanded treatment center in our community.

Sincerely,

Avel Gordly
State Representative
House District 19

NAACP

PORTLAND, OREGON BRANCH

P.O. Box 11367

Portland, Oregon 97211

(503)284-7722 · Fax (503)288-0015



November 29, 1993

Jim May, President
Emanuel Hospital and Health Center
2801 N. Gantenbein
Portland, Oregon 97227

Dear Mr. May:

The NAACP has a long history of advocating for rights and services often denied to African Americans and other minorities. When I took office I made a commitment to continue that advocacy particularly for women and children in the community. I see first hand on a daily basis the devastation substance abuse has had on the minority community.

The infant mortality rate in North/Northeast Portland is the most devastating evidence. Five years ago Emanuel Hospital and Health Center had a staff of committed doctors, nurses and social workers who took it upon themselves to take action in the war against infant mortality. Project Network was one of the first organized community efforts to provide women and their children with a viable culturally and community based treatment option.

The war against infant mortality is still being waged and the numbers of pregnant and postpartum women who are drug addicted is increasing. Many of these women are in need of residential treatment. Treatment that is both culturally and community based where women can bring their children. The women I speak of live in the community, they grew up here and have family members here.

According to information I received from Elizabeth Waters of Waters Consulting Group, she began attending Eliot Land Use Planning Committee Meetings over a year ago on behalf of Project Network. At that time Ms. Waters informed the committee of the Project's need to expand program services which conceivably would entail residential treatment. The reality at that time as it is today was that the hospital did not have existing space to accommodate the growth needs of the program.

Mr. Rogers had ample opportunity during a year long process to raise the issues outlined in his letter and to oppose the siting prior to the grant being awarded. To build new would mean an increase in the infant mortality rate, the further destruction of African American families and the loss of a grant that will provide resources for minority community based organizations that have been severely impacted by Measure Five cuts.

The North Mississippi location will afford the women and children the opportunity to live in their community while receiving treatment. The siting of the residential facility in lower Albina will enhance the character of the community because it will increase ethnic diversity in the area, as well as, return the area to a family setting with the presence of children.

The November 8, 1993 letter to you is another indication of the Eliot Neighborhood Association's inability to adequately represent the needs of their African American constituents. I encourage you to sign the lease agreement in support of providing the African American community with a viable option to substance abuse.

Sincerely,


Sharee Rhone
President

CC: Steve Rogers, Chair Eliot Neighborhood Association

Waters Consulting Group

2181 NW Glisan, Suite 502
Portland, OR 97210
(503) 223-5253



December 8, 1993

Steve Rogers, Chair
Eliot Neighborhood Association
533 NE Brazee
Portland, Oregon 97212

Dear Steve:

Thank-you for inviting me to attend the Eliot Executive Committee meeting on December 6, 1993. I am pleased that the committee agreed to afford me an opportunity to present information to the Eliot Board about Project Network at the December 13, 1993.

Due to the limited amount of time allocated for my presentation, I've decided to take this opportunity to provide board members with the historical development of Project Network's involvement with the Eliot Land Use Planning Committee.

Over the past year I have attended several Land Use Planning Committee meetings on behalf of my client Project Network. At the first meeting I attended (late summer/ fall of 1992), I informed the committee that I had been hired by the Project to provide community liaison services. In addition, I made the commitment to inform the committee of issues impacting Land Use, as soon as I became aware of them.

During that time period the committee was informed of Project Network's growth needs based on the increase in infant mortality and substance abuse rates amongst African Americans in the community. The committee was told of the Project's need to look for growth space outside the hospital grounds, due to the unavailability of space on the grounds.

During the past year the Land Use Planning Committee has raised various issues relative to Project Network's proposed expansion off hospital grounds. Those issues have included:

(1) Members of the Land Use Planning Committee proposing exploring the option of housing the program at the San Rafael Motel. When the suggestion was raised the Hospital hired an architect to determine whether or not the facility was appropriate for the program. As we reported back the facility would not meet the needs of the program.

(2) In early spring when Jeannie Cohen, Director was advised that the apartment building at 2631 N. Mississippi was for sale and zoned commercial and residential, I informed the committee of the Project's interest. I asked and received a list of concerns/issues relative to considering locating the program at this site. Some of the issues identified by committee members were: concerning the demographic makeup of the existing tenants, vacancy rate, length of stay and displacement. Based on the information from the property management firm I reported back to the committee that most of the tenants were single between the approximate ages of 24-36, with two elderly

residents, average length of stay was one year to sixteen months, there was one vacant apartment.

From my perspective the women and children of the community should not have to be displaced from their community where their support systems are, and where they have lived all their lives.

(3) Several issues were raised concerning whether or not the Project would be considered out right usage if, the Albina Plan was passed. The committee determined that with the passage of the Albina Plan the Project would be out right usage. Based on that the committee decided not to take a position. Because the Land Use Planning Committee was not taking a position it was decided that it wouldn't be necessary to make a presentation before the Eliot Board.

Since the Land Use Planning Committee made a decision not to take a position Jeannie Cohen proceeded with negotiations relative to the North Mississippi location. In addition, the decision was made to pursue a five year grant five million dollar grant from the Office of Substance Abuse Treatment to provide residential treatment for pregnant and post partum women and children. The application process required identifying a site location.

The North Mississippi location was identified because the Land Use Planning Committee had indicated they would not take a position. To build a new facility would mean securing funds and delaying the Project for an extended period of time, thus forfeiting the five million dollar grant. Delaying the project for another year or two at the expense of increasing the infant mortality rate and the destruction and disruption of African American Families.

Had I been notified that Project Network was going to be discussed at the November meeting I could have given the board members this vital background information.

I have worked over the past year to try and form an open and clear working relationship based on informing you of issues as they arose and responding to any concerns you or other members of the committee have raised. In support of establishing that relationship you asked that Project Network send a letter listing concerns about locating Second Chance in close proximity to the residential site. I testified before the hearings officer and Jeannie Cohen sent a letter.

I understand and respect the role the Association plays in advocating for viable housing stock in the community, monitoring the hospital's growth boundaries and managing over saturation. It is my hope that the Association will find away to support Project Network and the leaders of the Minority Community in the efforts to reduce infant mortality in the community.

I look forward to the meeting on the 13 th.

Sincerely,


Elizabeth A. Waters