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STREET SHEET IS SOLD BY HOMELESS AND LOW-INCOME VENDORS WHO KEEP 100% OF THE PROCEEDS.

STREET SHEET IS READER SUPPORTED, ADVERTISING FREE, AND AIDS TO LIFT UP THE VOICES OF THOSE LIVING IN POVERTY IN SAN FRANCISCO.

INDEPENDENTLY PUBLISHED BY THE COALITION ON HOMELESSNESS SINCE 1989

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UNFENCE THE FUTURE

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A NOTE TO SACRAMENTO READERS

RV DWELLERS HAVE NOWHERE TO GO

PROP F IS NOT WORKABLE

SWEEPS DO NO END HOMELESSNESS

WHY ARE HOMELESS PEOPLE ARE DYING?

NEURODIVERGENCE SHOULDN'T MEAN HOMELESSNESS
Hello San Francisco! Hello Sacramento!

The Sacramento Homeless Organizing Committee (SHOC), is now publishing news and views from the capital city in San Francisco's Street Sheet. SHOC has published Homeward Street Journal, our local homeless paper, for over 20 years, providing thousands of issues for distribution on our city's street corners and in its encampments, supporting unhoused vendors and uplifting the movement for housing for all.

Now we are moving in a new direction.

There could not be a better moment for communities of unhoused people to unite in our region, combining resources and readerships as they widen their distribution and support of street newspapers. After all, the struggle for housing is common to our communities. New initiatives to make poverty and homelessness a punishable offense, and new policies to fund and carry out cruel sweeps, confiscations, and displacements are multiplying across the state.

We need a voice at every city hall and at the capital itself; we need a public that is aroused and aware, ready to take action and speak out; and we need to reach the people on the streets and in the shelters of Sacramento who want to know what is happening not only locally but in our sister cities in the Bay Area and beyond.

**BERNAL RV RESIDENTS FACE DEADLINE WITH NO EXIT PLAN**

The San Francisco Municipal Transportation Agency (SFMTA) recently began enforcing a ban on overnight parking on Bernal Heights Boulevard, endangering the homes of RV dwellers who have parked there for years. Now, the RV residents are protesting their impending eviction.

Two neighborhood residents—Armando Martinez, who lives in an RV on Bernal Heights Boulevard, and Flo Kelly, a traditionally housed neighbor—gathered vehicularly housed residents to give public comment at the March 5 SFMTA board meeting. The RV dwellers told the board how enforcing a parking ban would negatively impact them.

Kelly and Martinez told Street Sheet that they only found out about an overnight parking ban on the south side of Bernal Heights Boulevard when the San Francisco Chronicle reported on February 21 that a long dormant law preventing overnight parking would be enforced. A few days later, the city installed signs to the same effect. Kelly added that the RV residents were later told by Supervisor Hillary Ronen’s office they would have a grace period until March 28 before their RVs would be ticketed or towed.

But Martinez told the board that parking control officers and police had started issuing tickets despite the promised grace period. “Yesterday [March 4] around 11 p.m., an MTA person came and gave everyone tickets for $108 because [we] were parked after 10 p.m.,” he said. “I spoke with him and he agreed not to give the RVs tickets, but he ticketed all of the cars [owned by RV residents],” he continued. Subsequently, at 5 in the morning, a policeman who has been visiting repeatedly, at 5 in the morning, a policeman who has been visiting them regularly, ended their encampment.

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**The STREET SHEET is a publication of the Coalition on Homelessness.**

Some stories are collectively written, and some stories have individual authors. But whoever sets fingers to keyboard, all stories are formed by the collective work of dozens of volunteers, and our outreach to hundreds of homeless people.

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**ORGANIZE WITH US**

**HOUSING JUSTICE WORKING GROUP**

TUESDAYS @ NOON

The Housing Justice Workgroup is working toward a San Francisco in which every human being can have and maintain decent, habitable, safe, and secure housing. This meeting is in English and Spanish and open to everyone! Email mearrera@cohsf.org to get involved!

**HUMAN RIGHTS WORKING GROUP**

WEDNESDAYS @12:30

The Human Rights Workgroup has been doing some serious heavy lifting on these issues: conducting direct research, outreach to people on the streets, running multiple campaigns, developing policy, staging direct actions, capturing media attention, and so much more. All those down for the cause are welcome to join! Email tpierce@cohsf.org

**EVERYONE IS INVITED TO JOIN OUR WORKING GROUP MEETINGS!**
BERNAL RV DWELLERS: “WE DON’T HAVE ANYWHERE ELSE TO GO”

San Francisco’s most recent Point In Time survey found that 24% of the city’s 4,397 unsheltered homeless people were sleeping in a vehicle. Many do so with the SFMTA’s tacit approval. Indeed, Martinez told Street Sheet that representatives from the SFMTA historically notified the RV residents before they began ticketing for long term parking, allowing them to temporarily relocate to avoid citations. San Francisco may now be enforcing restrictive parking laws because it lost its right to tow vehicles for unpaid parking tickets: In July 2023, the California Court of Appeals declared that towing lawfully parked vehicles for unpaid parking tickets violates the state constitution. Towing vehicles for unpaid parking tickets—a practice activists call “poverty tows”—cost taxpayers while robbing RV and vehicle residents of their safety and security. After the ruling, Sasha Ellis, a supervising attorney at Bay Area Legal Aid, noted, “The court’s important ruling recognizes that towing practices can have dramatically inequitable impacts on low-income drivers, often disproportionately from Black and brown communities, including losing access to possessions, employment and even one’s primary shelter.” The End Poverty Tows Coalition, a group of over 80 community-based organizations, is fighting to end police practices that harm poor and marginally housed people, including the seizure of vehicles for unpaid parking tickets, expired registration or long term parking. Their efforts are backed by the experts: A recent study from UCSF Benioff Homelessness and Housing Initiative recommended “increasing opportunities for individuals to retain their vehicles, which [provide] a form of shelter and transportation.”

Another resident, who did not give her name, also reported that the police visited earlier on March 5 and tried to intimidate her into leaving, despite the promised grace period. “We don’t have anywhere else to go,” she said in Spanish, which Martinez translated. “We rented before and we had to leave and ended up [in an RV]. We like it there because it is a peaceful place. … Because we have dogs we find it difficult to find another place to rent.”

Darwin Pena, another RV resident, also addressed the board. Speaking in Spanish with Martinez translating, he told the board that his fellow RV residents respect the law and their neighbors. “The only thing we can tell you is that we … take care of the property and vehicles,” he said. “There are other people who park late at night who throw garbage and leave the garbage. We pick up that garbage. We say hello to all the passersby. We pick up that garbage. … People in RVs have lives just like everyone else. They have jobs, take their kids to school … People want to stay in the area [where they have parked] and have a safe parking spot in that area while they’re trying to get into permanent housing.”

In an interview with Street Sheet, Martinez shared that SFMTA told him and other residents that their tickets for late-night parking would be forgiven and that no more parking tickets would be issued until the grace period ends on March 28. But, Martinez reported, police officers have been finding other reasons to ticket the RV owners, including issuing $250 tickets to four RVs with expired registration on March 7 and again on March 11.
Proposition F, the measure that requires welfare recipients to be referred to drug screening if suspected of drug use, was approved by 58% of San Francisco voters in the March 5 primary election.

Prop. F passed with less than half of the City’s registered voters casting a ballot, and did so despite opposition from various political and advocacy organizations, medical providers, media outlets and labor unions.

Two days after the election, Service Employees International Union Local 1021 announced that it was moving to void the result. The union filed an unfair practice charge with the state’s Public Employment Relations Board, alleging the City failed to inform and negotiate with the union before Mayor London Breed placed the measure on the ballot. The union also asked the state board to hear the case immediately. Last month, the local’s lawyer wrote to the City Attorney’s office, demanding that the measure be struck from the ballot citing the same reasons, but missed the deadline for removal.

Local 1021, San Francisco’s largest public-sector union, represents around 16,000 workers across City agencies tasked with serving low-income and unhoused San Franciscans, including clinicians who would administer drug screening to people enrolled in the County Adult Assistance Program (CAAP).

In a press statement, SEIU Local 1021 president Theresa Rutherford said, “At a time when City eligibility workers, social workers, health care workers and other vital public service classifications are critically short-staffed, adding new requirements, processes and responsibilities to their daily workload makes Proposition F all but impossible to execute fairly and consistently without substantial new investment in staffing, training and worker safety.”

Rutherford said homelessness and overdose rates will continue to climb after the proposition takes effect. “All of this will further negatively impact City employees’ working conditions, not to mention exacerbating the very problems Prop. F claims to address,” she added.

Another concern with Prop. F is that it presumes a plentitude of available treatment options. The City has 575 substance-use treatment beds available at City-run facilities, with fewer than 100 open beds. Currently, housed CAAP recipients receive up to $697 per month, while unhoused ones get $105. Most recipients use the money to pay for housing or shelter, through the Care Not Cash program. Recipients who are physically able must participate in a “workfare” program, but can forgo the requirement if they voluntarily enter a drug treatment program.

Under the new measure, a recipient must enter a treatment program if they test positive for illicit drugs or miss a screening appointment, or risk losing their welfare check—and whatever housing is attached to it. That worries Jennifer Esteen, a psychiatric registered nurse at the San Francisco Department of Public Health who is chapter president of SEIU Local 1021. She estimates about 2,000 people currently enrolled in the program will lose their benefits, and other in need won’t apply at all.

“They’ll avoid using services out of fear of the long arm of the law,” she said. “It’s a war on the people of lower classes. It’s unfair to criminalize people experiencing poverty. The statistics of true drug use does not explain that drug use is not limited by poverty.”

Esteen noted that her department is short on clinicians needed to conduct the screenings. Even if the City hires enough clinicians, new workers would likely be hired on a contract basis. Esteen said contract workers don’t have the same level of commitment as regular employees.

“Our municipal employees tend to have strong training,” she said. “However, short staffing tends to lead people to take shortcuts and lead them to make mistakes.”
The idea of drug-testing welfare recipients has a checkered past in the United States. The American Civil Liberties Union has found that drug testing welfare recipients is costly and ineffective. New York and Maryland considered similar programs but scuttled the plans after finding the additional costs too expensive.

A 1999 Michigan law requiring drug testing of welfare recipients was struck down as unconstitutional by a federal appeals court in 2003. Other states who considered testing programs later rejected the idea for legal, fiscal and practical reasons.

The recent success of Prop F shows the politicization of poverty and addiction continues unabated. Jennifer Friedenbach, director of the Coalition on Homelessness, the homeless advocacy organization that publishes Street Sheet, said “voters got a misleading and performative ballot measure that demonizes welfare recipients rather than help them.”

She added, “San Francisco deserves better. Those suffering from addiction deserve actual solutions and real opportunities for treatment, not false promises and election year politics.”

Mayor London Breed released a statement on March 1 reporting on a reduction in the number of tents in San Francisco due to sweeps. While the Mayor’s office credits the Healthy Streets Operation Center (HSOC), which conducts encampment removals, conflicting data indicates that revenue from the November 2018 Proposition C—“Our City, Our Home”—is in fact responsible. On the same day, the Mayor submitted an amicus brief in support of overturning the Grants Pass case, which is being considered by the U.S. Supreme Court. If this case is overturned, San Francisco and cities across the country would be able to push those forced to sleep outside for using basic necessities like blankets with tickets and arrest. In sum, the mayor wants to be able to not only continue the current sweep operations, which remove encampments three times a day and are widely viewed as ineffective, but she also wants to be able to arrest and cite people without having to offer shelter first.

Approved by voters in November 2018, Prop. C is a tax on corporate income above $50 million that must be spent on housing, treatment, shelter and prevention. The measure was placed on the ballot by the Coalition on Homelessness. Mayor Breed was one of the few elected officials at the time who opposed the measure. Although Prop. C was delayed in court for two years, the funds have slowly rolled out and the impacts are now being realized. According to the 2022–23 fiscal year annual report, Prop. C housed 2,272 households, and it provided homelessness prevention services to over 15,000 individuals. Behavioral health services to 8,686 individuals and shelter to 2,772 individuals in that time period. This is in addition to service expansions since 2021 and more housing and services to come into place this fiscal year. By July, San Francisco’s Prop. C fund should have placed more than 4,000 households in housing, including youth, families, elders, working people and people with disabilities who have had the unfortunate experience of living without a place to call home. Housing is accessed primarily by unhoused people directly in the coordinated entry system. By contrast, the expensive HSOC operations touted by the Mayor account for a limited number of temporary shelter placements. Still, community members are pushing toward actual solutions, said Jennifer Friedenbach, executive director of the Coalition on Homelessness.

“Despite both the Mayor’s opposition to increased homelessness solution funding and a costly and ineffective street operation, community efforts to turn the tide on homelessness are in full swing,” she said. “Homelessness sweeps exacerbate homelessness with lost paperwork, and interrupted contact with outreach workers, while increasing morbidity and the suffering of those forced to sleep rough after having their survival gear confiscated by the city. That said, unhoused people are resilient and they are overcoming great odds and a tangled bureaucracy to access services and housing at record numbers.”

Counting fewer tents does not necessarily indicate a reduction in homelessness and is a poor measure of progress on the issue. Most unhoused people in San Francisco are sleeping rough, in shelters, or other locations not meant for human habitation. According to the latest available figures from the City’s Point-In-Time Count, there were 7,754 unhoused individuals, of whom 6,997 were living on the streets. In comparison, there are a few hundred tents in SF. The city frequently illegally destroys individuals’ survival gear, as evidenced in our lawsuit against the city.

Several studies and prominent national guidelines stand in sharp contrast to the City’s current practice of clearing encampments with force and without the adequate offer of shelter. HSOC sweeps can involve 15 to 22 City personnel from five different departments, outnumbering the number of people in tents at the operation, who spend most of their time standing around. Unhoused people may move, only to be displaced again as they have nowhere to go.

The constitutional protection that has been in place since Martin v. Boise provides a slender right that essentially forces local governments to at least offer shelter before they can cite and arrest unhoused people, or threaten to do so. This creates pressure on local governments to address the humanitarian crisis, instead of trying to push people out of sight. Since mass homelessness began in the United States in the early 1980s, local governments have used police to manage the issue. This has backfired because it wastes resources and exacerbates homelessness. Constitutional protection not only prevents cruel punishment, but also moves us towards real solutions to the lack of housing.

The Supreme Court will hear oral arguments on the Grants Pass case on April 22.

We all agree that homelessness is a crisis that requires focused attention and urgent action. We urge the City of San Francisco to continue to invest in proven solutions like Prop. C, which lead to lasting housing.
For many people, living on the streets of California is a death sentence. That’s according to a recent study that took the first deep look into mortality rates in homeless communities throughout the country. It found the death rate more than tripled between 2011 and 2020. The findings make it clear that at the same time the number of homeless Californians is soaring, it’s also becoming more dangerous to be homeless. And it means the stakes are sky-high when it comes to state and local efforts to combat the crisis: People’s lives are on the line.

The study’s co-author, Matthew Fowle of the University of Pennsylvania, said the 238% increase was “astounding.”

“It’s unlike any other mortality trend that we really see in demography,” he said. “It’s comparable to something like a natural disaster or war.”

Overdoses played a major role in the deaths studied. But people also are dying at increased rates of things that might be avoided if they had a home or regular access to preventative medical care, such as heat and cold exposure, traffic injuries, cardiovascular disease and diabetes.

“It’s just so hard to do that when you’re living on the streets or living in a shelter,” Fowle said. “Your main concern is, ‘Can I stay warm and dry for the night? Can I get enough food to eat?’ You can’t think about these other longer-term things that might be affecting your health until, in many cases, it’s too late.”

Some of the increase in the mortality rate may be attributable to county death records keeping better track of who is homeless, Fowle said. Other than that, he and his team aren’t sure what else is behind the rising death rates — more research is needed, he said.

“Clearly something is occurring across the country,” Fowle said. The study, published this month in health policy research journal Health Affairs, appears to be the first to look at death rates and causes of death in homeless communities nationwide. Data on this subject is spotty, as the feds and most states (including California) don’t require medical examiners to list someone’s housing status in their death records. Fowle’s study looked at 22,143 deaths of homeless residents in 22 localities across 10 states and Washington, D.C. — including eight California counties. The death rate across all 22 localities increased from 814 per 100,000 homeless residents in 2011, to 2,752 per 100,000 homeless residents in 2020.

Among the general population, the nationwide mortality rate was much lower: 1,027 deaths per 100,000 people in 2020, according to the Centers for Disease Control and Prevention.

In California, the study looked at Alameda, Los Angeles, Orange, Sacramento, San Diego, San Mateo, Santa Clara and Solano counties. In those counties, the mortality rate more than doubled between 2015 and 2020. Some of those counties didn’t start collecting data until 2015. Like most information on unhoused populations, the data has limitations. For example, it uses mortality rates based on the federally mandated point-in-time population counts, which are inexact estimates of the country’s homeless communities.

Nationwide, drug and alcohol overdoses were the leading cause of fatalities, accounting for nearly a third of all deaths. Overdoses caused 986 deaths per 100,000 unhoused people in 2020, a 488% increase from 2011.

The opioid crisis and the increased prevalence of fentanyl played a huge role in those numbers, said Fowle, a postdoctoral fellow at the University of Pennsylvania’s Housing Initiative at Penn. But deaths also may be driven by new efforts throughout California and beyond to crack down on people sleeping in public places, he said. When people use drugs in a homeless encampment surrounded by people they know and trust, or even alone on a busy downtown street, there’s a greater chance someone will see them and intervene if they overdose. If law enforcement breaks up their camp and pushes them out of downtown, they often go to isolated areas such as creek beds, where they’re harder to help in an emergency.

When someone is displaced from their camp, they also become less able to access a safe supply of drugs — putting them at greater risk for consuming something laced with fentanyl, said Dr. Margot Kushel, director of the UCSF Benioff Homelessness and Housing Initiative.

Being homeless is incredibly bad for your health, Kushel said. As soon as someone loses their housing, everything else starts to fall apart. Drug use tends to get worse, people lose the medication that treats their chronic illnesses, and they don’t go to the doctor for preventative care because they’re too busy worrying about where they’ll sleep or what they’ll eat. That means something like a small infection can turn life-threatening quickly.

And once someone is diagnosed with a serious illness, treatment is much harder on the street. A recent study of veterans with cancer, co-authored by Kushel, found that those without housing were 10% to 20% more likely to die than those with housing. Even for veterans who started out homeless during the study, once they found housing, their risk of dying plummeted.

“There is increasing evidence that you can prevent a lot of these deaths just by getting people housed,” Kushel said.

Clinicians who treat people on the street are watching in real time as conditions for their patients become more deadly. Whenever outreach workers call Dr. Susan Partovi, medical director of Homeless Health Care Los Angeles and author of the memoir Renegade MD, the first thing she asks is “Who died?”

“All too often, it’s someone she knew. It’s really heartbreak,” she said, “when you know someone, and you know their humor, and you know their dreams, and you know their past history, and you know their ups and downs in life...And you’re kind of in the trenches with them and their struggles. And then they die. It’s just so disheartening. It’s just so sad.”

Another reason being homeless has become more deadly? The homeless population is getting older, Kushel said.

The number of Californians 55 and older who sought homelessness services soared 84% between 2017 and 2021, according to the state’s Homeless Data Integration System. That’s compared to a 43% increase across all age groups. People become homeless for the first time after age 50 with more frequency now.

“As the homeless population continues to age, you’re just going to see death rates keep going up and up and up,” Kushel said. “You expect that, and it’s horrendous.”

The average age of death in the University of Pennsylvania study was 51 — more than 27 years younger than the average U.S. life expectancy during that time period.

Deaths attributed to cardiovascular disease, the second-leading cause of death, increased 172% between 2011 and 2020. Other causes that saw major increases include diabetes, infection, cancer, homicide and exposure.

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The media has taught Americans to associate “mentally ill” with “homeless,” and vice-versa. Politicians and authorities have been brainwashed into believing homelessness is caused by untreated mental disorders or a drug addiction. This is a badly mistaken way of thinking, and it is promoted so that society can continue to the pitfalls of thinking those who are different.

But it is a half-truth. Some people are homeless and have a mental condition or drug addiction, but also homelessness can cause a person to develop mental illness or substance use disorder. Once unhoused, the mind is the first thing to go. It is a mix because there are some who don’t treat a mental illness or substance use issue, which could lead to homelessness. Yet the mass media and people’s thinking paint with too broad of a brush.

The causes of homelessness are often unrelated to noncompliance with medication. The rents are too high. There is precious little housing for those of very low income. To boot, anosognosia, or the condition of not recognizing one’s own mental disorder, may not be the biggest cause of treatment noncompliance. The side effects of antipsychotics causing physical and mental suffering is a large motive to be noncompliant.

Members of the National Alliance on Mental Illness and other “advocacy” groups blame the victims and assert that mentally ill people become homeless by not taking their medication. Because of this misconception, programs have been hatched to force or otherwise cajole compliance, without providing very low-income housing. If there were a significant number of properties people could afford to rent while living on disability income, I believe it would put a massive dent in the bulk of chronic homelessness.

As it stands, living on public benefits alone does not allow someone to be housed and independent. If we rely on these benefits, we must live in a subsidized living situation, which requires a number of flaming hoops to jump through to qualify. If someone is neurodivergent and resultantantly has issues with basic survival ability, they must rely on family as a safety net.

But if they don’t have family that’s able and willing to help, the next rung is institutionalization, either inpatient or outpatient. But if we have difficulty following the rules of the place we live, we could be booted out. Then what?

If you live in a group home, someone could take a dislike to you and could influence the owner into kicking you out. In such a setting, you are probably not protected by a lease or any tenants’ rights, leaving zero protection against instantaneous homelessness.

We could be diligently taking our meds and participating in our treatment, but that doesn’t necessarily produce a roof over our heads. Once displaced, if we don’t have a method of getting our medicine, our food or anything else that is essential to mental and physical health, we fall through the cracks. Next thing you know, Gov. Gavin Newsom comes in on a white horse and puts us in front of a judge to compel us into treatment. Do we then become housed again after cycling through this?

The word “advocacy” has been twisted to mean something opposite what it once meant. Twenty or thirty years ago, “advocacy” was a catchword of the patients’ rights movement. An advocate would fight for your civil and personal rights so that you would not be victimized by the treatment system. An advocate would stand up for you and could prevent you from being hospitalized under cruel and inhumane conditions. They could protect you against inappropriate forced treatment. They could get you out of a place where you truly do not belong.

The new “advocacy” meaning has been co-opted by medication proponents, and it has been changed to “treatment advocacy” where medication and other treatment are forced on patients, supposedly for the good of the patient. Sometimes, it truly is in the patient’s interest to be medicated—I know it worked for me. Yet shouldn’t the patient get a say in this? Shouldn’t they be able to ask for different dosages or different medications? Couldn’t they stay in a safe place and be supported while they try to face symptoms without being forcibly medicated?

The hospitals will say, “It’s my way or the highway.” If someone refuses medication and still retains his or her rights, they could be booted out of the hospital to fend for themselves on the street, unmedicated.

In a 2022 statement about his Care Court law, Newsom said, “We must act with urgency and accountability to address this crisis which currently leaves thousands of individuals living on our streets without the help they need.”

To me, this “accountability” sounds more like punishment. Once again, we are blaming the victim.

Medication does not produce a place to live. Affordable rents and rental protections are the way to accomplish that. Once we have safe, secure, comfortable surroundings, medication could work to make a person get better. There are two factors: medication and environment. Both needs must be met.

The public should not assume that if you are neurodivergent, you are homeless or vice-versa. This assumption is a disservice, and it causes discrimination and other complications to lives already troubled.

Jack Bragen is a writer in the East Bay, and has indie books (fiction and self-help) available on Amazon.
STREET SHEET is currently recruiting vendors to sell the newspaper around San Francisco.

Vendors pick up the papers for free at our office in the Tenderloin and sell them for $2 apiece at locations across the City. You get to keep all the money you make from sales! Sign up to earn extra income while also helping elevate the voices of the homeless writers who make this paper so unique, and promoting the vision of a San Francisco where every human being has a home.

To sign up, visit our office at 280 Turk St from 10am-4pm on Monday-Thursday and 10am-Noon on Friday.

Writing: Write about your experience of homelessness in San Francisco, about policies you think the City should put in place or change, your opinion on local issues, or about something newsworthy happening in your neighborhood!

Artwork: Help transform ART into ACTION by designing artwork for STREET SHEET! We especially love art that uplifts homeless people, celebrates the power of community organizing, or calls out abuses of power!

Photography: Have a keen eye for beauty? Love capturing powerful moments at events? Have a photo of a Street Sheet vendor you’d like to share? We would love to run your photos in Street Sheet!

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Or bring submissions to 280 Turk Street to be considered. Pieces assigned by the editor may offer payment, ask for details!

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To sign up, visit our office at 280 Turk St from 10am-4pm on Monday-Thursday and 10am-Noon on Friday.

Writing: Write about your experience of homelessness in San Francisco, about policies you think the City should put in place or change, your opinion on local issues, or about something newsworthy happening in your neighborhood!

Artwork: Help transform ART into ACTION by designing artwork for STREET SHEET! We especially love art that uplifts homeless people, celebrates the power of community organizing, or calls out abuses of power!

Photography: Have a keen eye for beauty? Love capturing powerful moments at events? Have a photo of a Street Sheet vendor you’d like to share? We would love to run your photos in Street Sheet!

Visit www.streetsheet.org/submit-your-writing/

Or bring submissions to 280 Turk Street to be considered. Pieces assigned by the editor may offer payment, ask for details!