



Zumbro Valley Medical Society

**SERVING PATIENTS EXPERIENCING HOMELESSNESS:
A TUTORIAL FOR PHYSICIANS IN TRAINING**

January 11, 2021

LAW ENFORCEMENT'S ROLE IN ADDRESSING HOMELESSNESS

with

Officer Doug Remling

Community Action Team, Rochester Police Department

[Transcript]

Derrick Lewis, medical student, Mayo Clinic Alix School of Medicine:

Thank you everyone for joining part four of our series, serving patients experiencing homelessness. We'll have Officer Rembling joining us from Rochester Police Department. He told me he's been here since 1995. He's going to be able to avail us of his knowledge and experience when it comes to how we can really be partners with the police department in caring for patients experiencing homelessness.

Officer Remling, Community Action Team, Rochester Police Department:

Hello, everybody. I'm Doug Remling. I'm part of the Community Action Team here with the Rochester Police Department. The Community Action Team is engaged in various aspects. If there are problems in an apartment complex, things of that nature, we work to resolve problems rather than just go there and deal with a situation. We'll work with the landlord for problem tenants. We'll work with the tenants for problem landlords, etc. We do a fair amount of the downtown bar stuff, liquor licensing, things of that nature. We're also part of the homeless outreach team. Rochester has experienced a problem with homelessness, people living in the skyways and in the ramps inside the city. We were tasked with addressing some of those problems. That's what we're here to talk about today.

There's a lot of perceptions that people have regarding people that are homeless. They just need a leg up, etc. There's a lot of different factors that come into play here, such as mental health, substance abuse, past events that people have been arrested, or they have had circumstances such as domestic. I know one lady that doesn't want to provide her name or any information because she's afraid that her abuser will locate her. She doesn't get an apartment, etc. I don't know how valid these concerns are, but I mean these are the reasons why she states that she's homeless. You can have life choices. You have some people that's the lifestyle they lead. One guy's a professed hobo. That's what he does. He lived his life on the rails. Or, you can have combinations of all of the above.

With law enforcement, our interactions sometimes are viewed by the public as harassment. As an example, on Christmas Eve, I was walking the skyways and the ramps with Dan Fifield from The Landing. We were looking for people who might need assistance. I got a complaint from one of the businesses that there was a problem at another business. I went over there. The owner immediately told me the person hadn't committed a crime and that they were just trying to help him. The young man was sitting on a chair. He was crying and telling us that he was trying to get back to, I believe it was, Carolina, and times were hard. He's just trying to get back to his family for Christmas. I don't know what the events were that led to the problem in this store. But, I sat there and I talked with the gentleman. I offered some advice as to the different avenues that he could get some assistance here in Rochester, as far as getting food, appropriate clothing, possibly getting some funding to help them with a bus ticket, etc. I stayed part of the conversation for a couple of minutes. Then I stepped up because I could see that it

was making the young man nervous. I let him talk with Dan and the store owner. A well-dressed lady went into the store and then came out and she was just staring daggers at me. I mean, you can tell, she did not think it was appropriate that I was there at all. And her misconception was that I was probably there to arrest him when he came out of the store or something along those lines, when in fact I had been there to help him. I found out afterwards she gave him a hundred-dollar bill. She had no idea what my interaction or what my role there was, whether I was trying to help or trying to take the person into custody, but she made the assumption that I was there to do some harm.

Some of the criminal behavior that we deal with can be survival related. Trespass is an example. When the conditions are very cold outside, people will go, they'll seek shelter. They may commit a burglary. They may go into the skyways and ramps and be trespassing. And, while they're there, they may be smoking in non-smoking areas, etc. We run into a lot of problems with interactions between substance abusers and the public. It was last fall, I believe, or last summer we had an individual that was experiencing drug-induced psychosis. He went after I believe he was a daycare person. He had a scissors or some type of weapon and he actually stabbed the lady while she was trying to walk with these children on the sidewalk.

The video that I'm going to show you here is another interaction. You're looking at one of the Rochester ramps. See the gentleman come out of the ramp, out of the elevator. See the hammer in his hand. I don't know what was going through his mind, or if that lady ever realized the danger that she was in, why he thought he needed to arm himself at that moment. I know the individual. I would not turn my back on him for a moment. I mean, this is the type of thing where we'll get the complaint. Law enforcement has got an expectation to protect people from events like this.

You also deal with the increased demand for services by this small segment. When, say, the people were camped at Kutzky Park, I would get a call. Fire department would get a call. They would have a fire going underneath the bridge at 16th Avenue and Cascade Creek that runs through them. There's an undercut and overpass right there by the old Perkins. And, the one call that I got there, I thought the subject was intoxicated to the point of passing out. I found out after the ambulance got him to St. Mary's that it was actually carbon monoxide poison. So, even with the bridge being open on both sides, there was still enough carbon monoxide from their fire under there to . . . they said if much more time had elapsed, he probably would have died. And, we've gotten calls of people falling into the creek there. We get calls of people dragging stolen property down there. We get complaints about fights. There's a large demand for calls for service. This creates a strain on some of our resources, law enforcement and our emergency medical services, things of that nature.

Then, you have what we've deemed our resource-resistant population as well. These are the people that don't want help, whether the reasons might be some type of mental health problem where they don't trust the system, they don't trust help from anybody, they want to do everything on their own. Or, it could be because they're using their homelessness as a base for their criminal operations, where they're going around and taking anything that's not nailed down, things along those lines.

Here's another video. This was just here the other night. This was in the Third Street Ramp. I didn't take the whole video, but you'll see people are smoking methamphetamines. Not literally just a minute before that, somebody had to step over and around them to try to get through the doorway that's just there to their right. Now, can you imagine if you're walking through the skyways with your children, you're with your family, and you've got to try to get past these people? A lot of folks would be

intimidated by this and rightly so. I wouldn't want to experience the second-hand effects of walking through a cloud of meth smoke either.

The fallout from homelessness, as you can see by this photo, that's The Landing, that's Dan Fifield. We went to an abandoned campsite last fall and cleaned it up. This [in the photo] is what we removed from that campsite. This is after the people have already removed the property that they saw as valuable. I think there was like a dumpster and a half worth of property. A lot of the bicycles that you see are stolen property. There was evidence of them stealing wire, burning the insulation off of it. The sanitary around there, I mean, people were defecating out in the open. There was no attempt to bury it or cover it up or anything. Discarded drug paraphernalia. There was a number of needles that were found by the workers there. I had to continually caution everybody to be careful about reaching into piles of garbage to load it up into bags so that nobody suffered a needle stick. Again, I've talked about the burning of the copper, the fire and the health risks. Burning plastics in an enclosed environment is never a good idea. Plus, I already discussed the theft of the property from the local businesses in the area around this encampment.

Here [in the PowerPoint] is another encampment. This is just on the south side of Silver Lake Park, over by the skate park. I'm not sure what the cause of the fire was, but their entire encampment burned up. I don't know if they were burning wire or if they were trying to heat their camp. But, if you look over here, you can see multiple propane tanks. I'm surprised the fireman is standing there, but these valves definitely suffer damage. These tanks suffered damage. I would not have wanted to be close to them. A lot of the items that you're seeing around here are probably stolen. There were three different individuals that were living at this camp. Even though that literally The Landing, the shelter, is right across the river, they chose to live outside in his camp rather than go to a shelter because, as they told me, they don't like a lot of rules in their life. So, this was their choice.

This camp [in the PowerPoint] is in back of the old Michaels [downtown]. What they had done was they had broken the lock here so they could gain entry to the building. But, they also had another camp right on top of the transformers up here. And, of course, the transformers generate heat, so they were able to stay there later on in the year. I'm not sure what the RFI would have been doing to their bodies by laying in close proximity to that much electricity. But, again, it's choices. Again, these are people that chose not to go to the shelter because that wasn't their lifestyle. That wasn't where they wanted to be.

The damage to the public property: I watched the video of this. I decided not to put it on the PowerPoint. The gentleman just walked up. There's a restroom in close proximity to this. He just walked up and just urinated all over the wall right there. Of course, it splashed back on him and he walked all across. Then, a few short days later, I see the people passing through there. Their children are running through the skyways crawling around on their hands and knees. And, they have no idea that a short while ago, there was a big puddle of urine in there. These windows [in the PowerPoint] on both sides and the doorway were smashed. This happened here recently within the last month. I've just got the estimates in. These windows are a little over \$1,500 a piece. This is public property. This is going to be paid for out of your tax dollars. I never got the estimate or found out who kicked the hole in the wall here. Again, there's no real reason for it. They're just damaging the property.

I don't have the photos where this [in the PowerPoint] was a solid wall of people up here, but we had upwards of at times 30 to 40 people that were sleeping in the skyways. You go up there in the evenings now, you'll find that they're pretty much vacant. They're empty. We've worked with the shelters. We created the Warming Center. We've gotten people housing. We've worked with social services to try to

clean this up. And then, the city did work with the ordinance. We already had the ordinance in place, but we decided to start enforcing it that the skyway closes after midnight and opens again at five o'clock in the morning, just to try to break up that encampments there. During the day, they can be up there if they need to seek shelter. If the weather is serious outside, we will not evict somebody to go out into the cold. We will offer them transport to one of the shelters. We'll offer whatever we can do for assistance for them.

You get a lot of property that's abandoned. If the Reef Parking or the others don't clean this up, they will find places to put their bicycles. You end up with a pile like you looked at it in those different encampments, just abandoned property. When we had them at the Civic Center, dealing with weapons and paraphernalia, there was a complaint that one of the kids from the Boys and Girls Club that were there went out onto the playground and found a large pocketknife that had been left there by one of the people camping out there. I went out to address that and on the various steps in the entryway that's used by the Boys and Girls Club, I picked up some methamphetamine paraphernalia and a couple of pipes. Can you imagine how you would feel if your son or daughter went out to play on a playground and brought you back a meth pipe or an exposed needle or something along those lines? So again, that expectation from the public to be safe in these environments. This other camp to the right of here [in the PowerPoint], you can see the volume of garbage and the piles that are left behind from these camps.

Solutions? As I said, we've been working with the Salvation Army. We worked with Dorothy Day. Catholic Charities is running a warming shelter at night. The Landing, Dan Fifield, runs the day center of the adult day center. Olmsted County Public Health has been helping us out with the COVID issues and helping us to try to locate housing for some of these people. The Department of Health is providing some guidelines during COVID on what we can and can't do. Parks and Recreation assist me when I identify an abandoned encampment or one that is dangerous, like the one where the fire was started up, I can contact them, they'll come out and help me to clean it up and do it in a safe manner and make sure that things are disposed of properly.

Rochester is a leader in training crisis intervention officers. We actually have training every year. All our new officers are trained in it. We hire actors that come in that play the part of people with mental health issues or drug issues. The officers learn to work through those problems by using active listening and other interaction skills to help to diagnose the problem. CIT [Crisis Intervention Training] is a wonderful thing. I've been using it since its inception. I've talked people out of bad situations in so many occasions that I can't even count anymore. It's a good tool and Rochester is making very good use of it.

As far as physicians' interactions, again we have that service-resistant population that won't go to the shelters. So, be aware of patients that are using medical services to obtain food or shelter. We've got a number of different people that will turn around and they'll call us and say, "I'm sick, I've got chest pains, etc.," just to get us to transport them because they know that they'll get some food, they'll get to go to a warm place, or they may be even med-seeking. Continued medication compliance or cooperation from your patients might be difficult. As an example, a lot of people who have mental health issues will self-medicate using recreational drugs. We will get them, there will be comments, suicidal ideations. We'll transport them to St. Mary's Hospital. Then, the psych department is contacted, but they won't talk to somebody while they're intoxicated because it's kind of pointless. So, these people get sent over to detox and then from detox, once they're sober, they do a brief assessment and then they're kicked out and then the cycle starts over again. There's not a lot of follow through with these patients to try to break the cycle.

The patients themselves can make it very difficult even when we do try to follow up with them. As an example, one lady, I got her to sign off on all the letters, allowing Zumbro Valley [Health Center] and Olmsted and Mayo to all communicate about her condition and her issues and everything. Then as soon as they try to work with her on that, she rescinded all the letters and wouldn't let us work with her anymore. So, she just continued to call law enforcement and law enforcement and we would make the transports. And again, it was a bad cycle.

When your officers do bring in somebody say to the ER for whatever issue, whether it be narcotics or alcohol or other injury, communicate with the officer. The officer that's bringing that patient in is there for that patient. We might be able to tell you the circumstance that the patient was found in, what was going on, what we observed at the scene, what do we know about this individual? Is he going to cooperate? Is there somebody we can contact? Is there family in town. The more you talk to the officer, the more you're likely to learn and the better you can help your patient.

Question 1:

Officer Remling, thank you for giving us this talk today. My question is, when you have someone who is resource-resistant and is doing something they shouldn't be doing, it sounds like it's just this frustrating cycle of trying to help and then them not wanting help. What do you do in that scenario when they're doing bad things, but they don't want help?

Officer Remling:

When an officer encounters somebody, say in the skyways, we try to educate that person on what resources are available to them. We will try to get to know them. We'll ask them what their story is. Why are you here? What's going on with you? What's your plan? What do you want to do? Do you want to try to get housing? Do you want to try to get out of Rochester? We'll find out what attempts they've made at getting housing. A lot of times they're just sitting there in this waiting cycle to try to get in with housing via Zumbro Valley [Health Center] or with the state of Minnesota, and they're just kind of stuck. Sometimes we can help to accelerate those things. My goal is to get them out of the skyway, to get them to a point where I'm not getting called on them. We have the drug recovery program. I can assist them in getting into some of the other programs that are out here as well. These are the things we try to do. The better I get to know them, then ultimately if I find there's still resistance, I'll tell them, "Well, this is the law. You can't be here. You can't be doing this. If you continue to do it, then I'm going to have to take action." Then, say for like a trespass issue, my next step would be to write them a ticket. If they still refuse to comply, then I'm forced into making an arrest.

But, the big thing that I do is I document, I document, I document. That way, I believe it was Portland. There was a group of attorneys that decided that they were going to be helpful. They got a conglomeration of the homeless together. They filed a suit against the city on behalf of the homeless. And, they won. When we decided to try to help and take action on the skyway, they sent us a letter, saying they were very disappointed in our action. The only thing that they were looking at was the legalistic side of it, the fact that the ordinance was there and that we were considering enforcing that ordinance. They didn't even ask about what we were doing to educate, what we were doing to try to help these people. I believe there's upwards of 40 or more people that have found housing because of our efforts during this last couple of years, plus many others have gotten all kinds of different assistance. They weren't interested in that. They were mainly interested in just kind of warning us that they were paying attention to what we were doing here, with a veiled threat of a lawsuit behind that.

Question 2:

Hi, Officer. Thank you so much for giving this talk. I was curious about when you mentioned that a lot of these folks aren't interested in going to the shelters and you mentioned that these are choices that they make. One reason that someone gave you was that they just didn't want the rules and regulations. I'm curious, as you've gotten to know a lot of these individuals, what other reasons have people expressed about not wanting to go to shelters.

Officer Remling:

The shelters themselves, when we talked about setting them up, we worked with the parties that were doing this, with Catholic Charities and with The Landing. These are low barrier. You can be intoxicated. You can be on drugs when you come there if you're not threatening or disturbing other people. The interactions between them and the other people is what tends to cause problems, where there's theft issues, there's people that just plan every day don't get along. Some of the complaints that I've heard is they don't like to be in close proximity with others. So, they would rather be out there in the woods rather than be around other people.

There's one gentleman, for example, he thinks that we're watching him, that the government is watching. He goes around to all the different cameras that he could find in the skyways and reports in each morning. So, he's got to go and stand in front of each of these cameras in turn. He's one that given a chance, he would not go to the shelters. Luckily, I've gotten to know him. I know his story. I can go and tell him, "You can't be here tonight. You've got to go to the shelter." And, he'll tell you, "Well, I've got a pass." "There's no pass and you can't be here." And, he will comply. He will go to the shelter. Well, we have to keep reminding him.

Question 3:

Hi, Officer, thank you for your presentation. You talked about some kind of health hazards that people experiencing homelessness might come into unintentionally, like the fire under the bridge. I was wondering if you have any kind of thoughts about other types of counseling or preventative type things we could do if we're seeing people experiencing homelessness in a primary care type setting.

Officer Remling:

Like I said, the burning of the wires is very common. They'll steal large amounts. They'll steal extension cords from the sides of people's houses. Or, they'll go, a lot of businesses during the Minnesota winter, they plug in their vehicles because they're diesel and they've gotta be warm or they won't start the next morning for that business day. They'll go through and steal all those extension cords. And, they'll turn around and put them in a fire and burn them. Burning that plastic can't be good. You've smelled burnt plastic before. A lot of that stuff is toxic. And the smoke from that, I've learned that from working with the fire department at building fires. That would be one thing.

Again, the drugs, one of the hazards that dealing with some of the other narcotics is the heroin. We're seeing things that are laced with fentanyl now that can be absorbed through the skin just by handling it. We've got to take so many precautions. You see so many more uses of Narcan in the city of Rochester than we did before. To get these people to treatment, I'm really not sure how we can press upon them because I mean, we've resuscitated some people over and over again. Even though they know that they were at a near death experience, that addiction is so strong, they'll go back and do the same thing again.

I've seen the same thing with Dust-Off, where we've had shoplifters that we've dealt with over and over again stealing Dust-Off. I don't know if you guys have ever seen that, but I watched the one person do it

right alongside me. Locked himself in his car. He had stolen the cans of Dust-Off. He does a hit off of it. The only thing he was able to do, he had snot and vomit running out of the front of him, he could make animal noises at me. By the time I was able to keep my radio and call for another car over there to give me some assistance with him, it had passed and he was able to speak with me again. So, ultimately, he was arrested for driving under that condition. The same person we dealt with over and over again, even though he knew he was killing himself in the process, he would still go back. That addiction was that strong.

I'm not sure how we can induce them to go and get help then. We've got the police assisted recovery, the PAR system, where we can help people. The drug court has been enacted where we try to help people in their recovery scenario to try to guide them. Rather than just bury them in criminal charges, they work with them, where if they're going through this, some of the charges are set aside. As long as they're going through this and if they complete the program, then charges may be dismissed. There's a lot of programs that are out there trying to accomplish this, but I don't know how much success we're having.

Question 4:

I was wondering, you mentioned some of the resistance that you meet with when you bring someone into the hospital setting from providers, nurses or physicians. I could imagine that a provider might be hesitant to talk about the patient's status with you out of concern, that it could be used for legal implications. Is that a valid concern, or is that not really something that they need to worry about?

Officer Remling:

In my experience, I find we accomplish more when we're able to work together. I realize the limitations of HIPAA and other patient data information, but when we're dealing with someone's health . . . like a victim from a car accident, by my being able to communicate with that doctor, I can show them photos of the accident. I can show them the trauma that the patient experienced, same thing with homeless. I could have just let the person go in with carbon monoxide poisoning, but instead went to the ER, communicated with the doctor, they had this big fire going underneath this bridge and explain what the ventilation was. The doctor would have had no knowledge of any of that. They would have just seen what the patient was presenting at the time. So, that's why the communication is important. Do we go there and glean information for criminal prosecution? Sometimes. But, we always try to have the patient's best interest. Even when the patient is a suspect, as in somebody coming in where they've been arrested for criminal charges but they're injured, we may be there, but we'll stand by. If we need to remove restraints for that person for whatever medical care, we're certainly happy to do that. There's different circumstances that this would apply to, but if we're there to take a statement from somebody for criminal, we're going to advise them of their Miranda Rights.

I've actually had nursing staff, a patient called me there that was victim of a domestic assault and a nurse got extremely angry with me because I was taking photographs of the person's injuries. I had that person's permission. I was there at their request and this nurse is going to try to stop me. It actually got to the point where I told her, "Ma'am, I'm sorry, if you continue with this, I'm going to charge you with obstruction," which I legally could do. But then she understood enough. She went and talked to Mayo legal and legal explained that I have the authority to go there and do that. I'm not going to do that against the patient's wishes.

Question 5:

Officer Remling, in your work with people experiencing homelessness, it seems like there's been a lot of frustration. But, do you remember instances where you were able to break the cycle? How were you best able to do that as an officer?

Officer Remling:

Communication mainly. The one person that I talked to that I got to sign off on the letters, and again, she had some mental health issues, we got with her social worker. We placed limitations on her calling 911. Instead of having her call us, we were able to redirect her to call the crisis team out at Zumbro Valley [Health Center] and come out and have a conversation with them rather than calling out the police department and having a conversation with us. Because the outcome was the same. She wasn't a danger to herself or anyone else, but she would continually make these 911 calls. If you call 911, we have to respond. It's not where we can pick and choose. So that's one of the ways that we worked with her. Again, it all boils down to communication. Social services was willing to work with us. Zumbro Valley [Health Center] was willing to work with us. Breaking the cycle with some of the homelessness. We were able to go out with Fifield and others and give out bus passes where people could get from the downtown environment to get out to Zumbro Valley [Health Center], to go there for an assessment, or to go there to talk about housing or talk about treatment. It's whatever we can work out between the different agencies. But the main thing is we need to communicate.

Question 6:

Do you feel like you have enough resources to do the work that you want to be doing? Do you feel as though you need more, or do you feel like you have adequate support from the city and your department to do everything that needs to be done when it comes to patients experiencing homelessness?

Officer Remling:

The city has gone a long ways towards working with homelessness. Again, we've got all these different groups that have now come together, Salvation Army, The Landing, Catholic Charities, are all working together. Even our library staff is involved. Since the library can't be open, we're using our staff to assist with the Day Center. All of these things help in the long run. And, again, we interact with Zumbro Valley [Health Center]. Olmsted County actually goes out into the centers and will interview patients there and do assessments there at the warming shelters. So, it's getting better and better all the time, which is why, like I said, if you go for a walk in the skyways right now, you're not going to encounter very many people. The only ones that I'm still having issues with there are the ones that are service resistant.

Question 7:

You had mentioned that sometimes people see you talking to someone and they may think a certain thing about you, that you're potentially harassing a person, or you're doing something that you shouldn't be, even though it's your job. What would you like us to take away? What would you like the public to know about how you take care of people who may be more vulnerable and people who you find in these situations, where they're in encampments or doing things that may be a danger to themselves?

Officer Remling:

Remember that our goal as police officers is to improve the quality of life for the citizens of Rochester. That's by reducing criminal behavior. If it means me working with social services or other agencies, then so be it. The officer's goal, like I said, is not to try to write a ticket. There's no benefit there. It's just like a

traffic stop. I'll give someone a warning if in speaking to that person, I think that that warning is not going to be effective, then my next step would be to issue them a citation. To be honest, a monetary fine tends to last longer than a verbal warning when it comes to somebody speeding. Our goal isn't always to be punitive. If we can try to help somebody work through their issues to get beyond that, to the point where they're not having steal to eat, then that would be a better goal than to just try to bury them in paper. But again, there are those that you can't reason with, you can't work with, and those are the ones that you're going to see interacting with us over and over and over again.

Derrick Lewis:

Thank you so much for your time and your presentation.

Officer Remling:

You're very welcome.