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MULTCO

•
THE MAGAZINE
OF MULTNOMAH COUNTY

The Disease Detectives

MULTNOMAH COUNTY'S
COMMUNICABLE DISEASE SERVICES
TEAM TRACKS DOWN THE CAUSE
OF FOODBORNE ILLNESSES AND
OTHER THINGS THAT THREATEN
THE PUBLIC'S HEALTH • PAGE 14



Our cover story: The Disease Detectives

Joan Coleman is a community health nurse who spent years trying to eradicate parasites in developing countries. Dr. Jennifer Vines is a family physician with a masters degree in public health who serves as a deputy health officer. Amy Zlot is one of the scientists who figured out how norovirus once ravaged Blue Lake Park and how elephants at the Oregon Zoo spread tuberculosis.

As members of Multnomah County's Communicable Disease Services team, these women are a few of the "Disease Detectives" featured in this edition of Multco magazine.

They are the sleuths who spend most of their time fighting to keep the public safe from foodborne and other illnesses. If this unit was the subject of a made-for-television drama, think "CSI" meets "ER," only these cases are real.

In fact, most county residents don't know these detectives exist until they become ill. But every day, these highly educated and trained professionals are interviewing and counseling people to find out what made them sick — and to stop it.

Multco magazine's Julie Sullivan-Springhetti spent time with this dedicated team from the county's Health Department to find out how the detectives work through a crisis. She traced a recent investigation about a food illness outbreak at a local convention and shows how the team responded.

County nursing supervisor Laura Reynolds is an Oregon



Air National Guard captain who served in the U.S. Air Force. Soon she will be doing a two-year fellowship with the Centers for Disease Control and Prevention's elite Epidemic Intelligence Service, based on her experience here. She says investigations like these are fulfilling in a lot of ways.

"I like helping people, but in public health you're helping the masses," Reynolds says. "It's a true investigation because you don't know what's causing the illness and you get

to collect data and clues and figure it out."

Coleman, the community health nurse, can't see herself doing anything else. She cites a quote from Mahatma Gandhi that captures her feelings about work: "The best way to find yourself is to lose yourself in the service of others."

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BELOW ARE MEMBERS OF THE "DISEASE DETECTIVES" TEAM.

FRONT ROW (LEFT TO RIGHT): TAYLOR PINSENT, MAAYAN SIMCKES, LAURA REYNOLDS, AMY ZLOT. **MIDDLE ROW:** RWAYDA HASSAN, SHERRI SALAS, SANDY HOLDEN, AMY SULLIVAN, SHELLY PAQUETTE, DAVID CUEVAS, ALYSSA FARR, RITA MCCONATHY, MARTA FISHER. **BACK ROW:** TYSON HEGARTY, PAUL LEWIS, MICHAEL MCLUCKIE, MEREDITH JONES.

ON THE COVER, MEDICAL TECHNOLOGIST DAN ROTHBARD HOLDS UP A CULTURE DISH OF HEKTOEN MEDIA TO A LIGHT SOURCE IN SEARCH OF PATHOGENIC BACTERIA. NORMAL INTESTINAL FLORA WILL GROW ORANGE COLONIES ON THIS MEDIA, WHILE DISEASED PATHOGENS WILL GROW EITHER BLACK OR DARK GREEN.

(PHOTOS BY RANDY COX)





WELCOME, SELLWOOD BRIDGE

The new span opened to traffic Feb. 29 and Multnomah County's newest bridge is safer than ever for motorists, bicyclists and pedestrians.

PAGE

24



FINDING HER WAY

Elizabeth Loving describes her job as a mental health consultant as fulfilling and important to the community. Learn how she handles the pressure.

PAGE 22



FINDING SHELTER

As the county fights to find adequate housing for the needy, we take a look inside the shelter system during a 24-hour period.

PAGE 6

BY THE NUMBERS

Take a look at the numbers behind Multnomah County government.

PAGE 4



Bythe Numbers

COMPILED BY JESSICA RIVERA

18

444,231

TOTAL
NUMBER
OF
LIBRARY
CARDHOLDERS



How many times
the Sheriff's Office
Green Hornet Wilderness
Law Enforcement Services
located lost hikers
in 2015

454

Number of times in 2015
that library patrons checked out
Taylor Swift's "1989" album

13

School
based
health
centers
serving
students

11,840

FOOD HANDLER CARDS ISSUED IN 2015

15,152

Flu shots

administered by the Health Department in 2015





443,493

Registered voters
in Multnomah County

130

TOTAL NUMBER
OF COUNTY
OWNED
OR LEASED
BUILDINGS

3,000,000

COMBINED
SQUARE
FOOTAGE
IN THOSE
BUILDINGS



44,378

County
residents
who have
served
in the
United
States
military

40,000

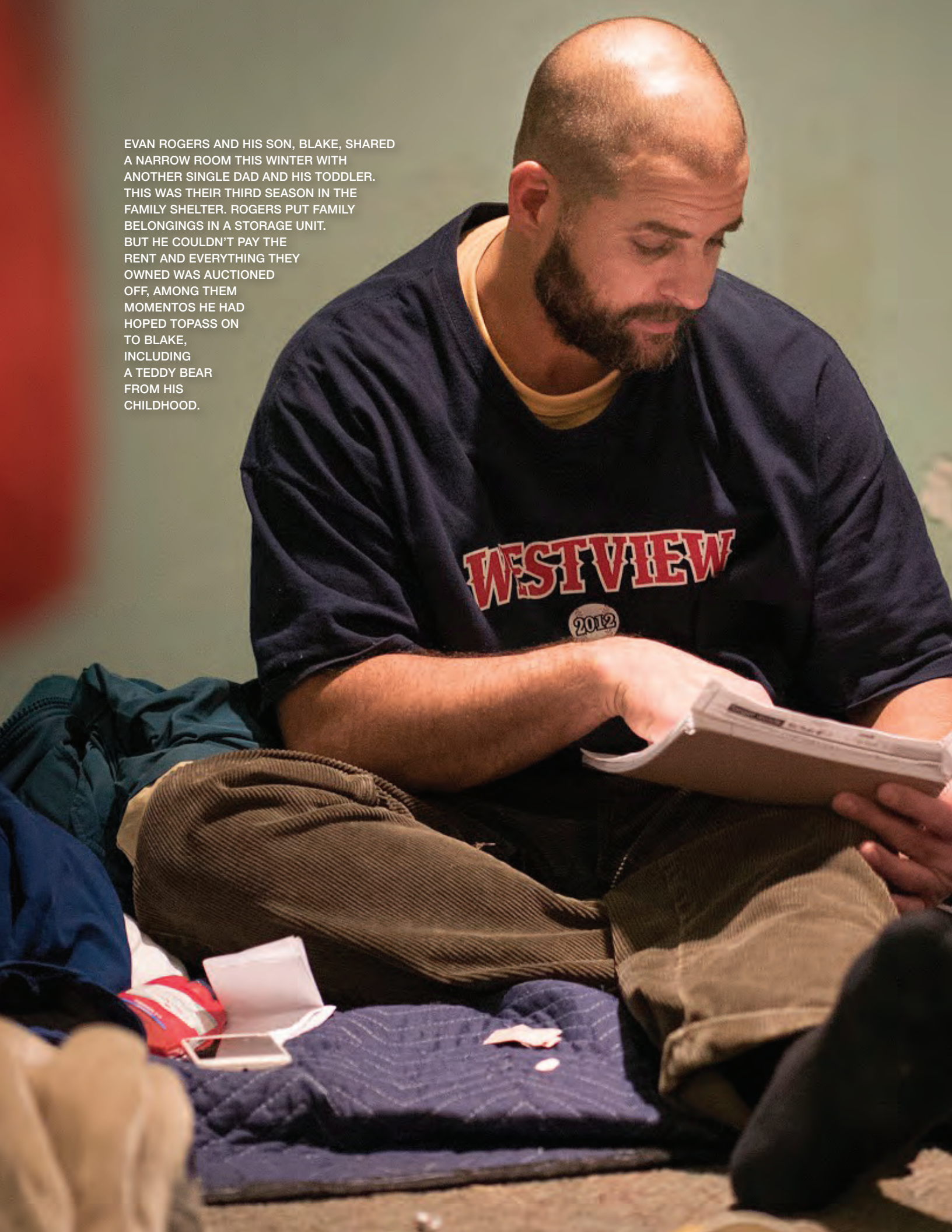
AVERAGE
NUMBER OF
VEHICLES
THAT
CROSS THE
BURNSIDE
BRIDGE
DAILY



5,795

PASSPORT PHOTOS
TAKEN BY THE
COUNTY'S DIVISION OF
ASSESSMENT, TAXATION
AND RECORDING in 2015

EVAN ROGERS AND HIS SON, BLAKE, SHARED A NARROW ROOM THIS WINTER WITH ANOTHER SINGLE DAD AND HIS TODDLER. THIS WAS THEIR THIRD SEASON IN THE FAMILY SHELTER. ROGERS PUT FAMILY BELONGINGS IN A STORAGE UNIT. BUT HE COULDN'T PAY THE RENT AND EVERYTHING THEY OWNED WAS AUCTIONED OFF, AMONG THEM MOMENTOS HE HAD HOPED TOPASS ON TO BLAKE, INCLUDING A TEDDY BEAR FROM HIS CHILDHOOD.





At home WITH strangers

A 24-hour look
at one of Multnomah County's
family homeless shelters

Story and photos by Kate Willson
Multco Communications Office

Vivian coughs.

It's 2:30 on a Friday morning in winter at the Family Winter Shelter, and Vivian's coughs echo down the hall. The corridors are dark, but for the glow of lights strung on a Christmas tree in the main hall. On its branches hang red paper stockings with children's names scrawled in black marker. There are no requests for gifts on the other side.

The temperature has dropped in the early morning. The place echoes with the sounds of snoring, shifting bodies and the coughing.

Vivian is 7, her coughs are hacking. The sound travels from the room she shares with her father and brother, and two other families.

Across the building, a friend sleeps next to her mother. They're petite on the long blue cots pressed against a wall of windows. Outside, a ringing periodically announces the arrival of a MAX light rail train at the Southeast 162nd Avenue and Burnside Street stop.

They sleep among strangers who have become neighbors, friends, almost family in a way. They joke, gossip and fight. They are forced together by circumstance — unpaid water bills, a broken nose, a criminal record, drug addiction, mental illness, layoffs, firings, downsizing; or eviction without cause — and for cause — by landlords who will get higher rents after renovations or through Airbnb.

They are homeless. And for the winter, this is home.

Each year, the Family Winter Shelter opened its doors after Thanksgiving and stayed that way until school let out for Spring Break. It technically only slept 100. But this season, the staff at Human Solutions, which operates the shelter, counted upwards of 120 guests a night.

Families who didn't get a spot in the main shelter

went to “overflow,” set up in a nearby church. Normally, that happens sometime in January, if it happens at all.

This year, overflow opened two weeks into the season.

“Rent has gone up 14 percent over the last year and there are building-wide, no-cause evictions associated with rent increases,” says Rose Bak, who oversees Multnomah County’s anti-poverty efforts. “The other thing is, wages have not kept up with rents.”

About a third of the families coming in this season report being newly homeless rather than chronically homeless. That’s why the county has partnered with Gresham, the City of Portland and others in a regional initiative called [“A Home for Everyone.”](#) Multnomah County Chair Deborah Kafoury and Portland Mayor Charlie Hales have committed to investing an additional \$30 million next year to help those in need. And the initiative recommends spending another \$12.5 million on stable and supportive housing.

But, Bak says, we can’t ignore the immediate need. That’s why the initiative also recommends spending \$5 million on emergency shelters.

[A larger family shelter opened in early February 2016,](#) with 135 beds and new amenities like showers. And it’s open 24 hours a day. At the Family Winter Shelter, things shut down before the sun comes up each morning and open again about the time kids get out of school.

That leaves sick kids like Vivian little choice but to get up and get out.

Staff arrive about 3 p.m. to set up tables and set out snacks. Outside, the rain beats steadily as families wait for the doors to open.

Isaiah Williams, 14, slouches in the driver’s seat of a Grand Prix jammed with bags. The car’s rear window has been replaced with plastic and is held together with duct tape. It’s missing a rear view mirror and much of the original



Homelessness: 2015 by the numbers

3,800: The number of people counted on a single night, sleeping on county streets, in shelter and in temporary housing

374: The number of those that were under 18

12,500: The number of people doubled up without housing of their own, yet not counted as homeless

1,203: The number of shelter beds available for individuals

453: The number of shelter beds available for families

3,500: The number of homeless who secured permanent housing with help from local government

paint on one side.

Williams has a science fiction novel open on his lap, but at six feet tall, his long legs and size 19 (extra-extra-extra wide) feet stretch out the door. It’s not easy to find clothes and shoes that fit, but he’s sporting a new pair of trainers — a gift from the Oregon State University men’s basketball team.

There isn’t enough room for his mother, Christy, and her boyfriend, Mike, to sit in the car.

They stand outside.

By the time the doors open, a crowd has gathered around them, parents pushing strollers, toddlers toddling in and out of puddles. They’ll sleep more than 100 this night. More families will wait for overflow shelter.

Inside, every spare office has been turned into a bedroom. Those lucky enough to score an assigned room



drop off their things. Floors are covered wall to wall with blown-up mattresses, cots and flat-patched plastic mats. Those without a room wait until much later to end the day.

Vivian comes in with candy and shakes the sweet-spicy-sour grains into her palm. She gives some to her friend, known as Nae Nae, and they lick the candy until their hands and sleeves are stained orange. The girls crouch down and stick their sticky hands into a kennel where two chihuahuas tremble from the chaos.

Isaiah comes in and sits nearby. Nae Nae immediately clambers onto his back. “Really, Nae Nae!?” he says, shrugging her off. Vivian wanders over to her father, Eric Herrera.

Herrera looks tired. He’s sick. His son, 1-year-old Oni Pa’a — Oni for short — has a runny nose that won’t quit.

ABOVE, RAVEN MANARD WAITS FOR A BUS TO TAKE GUESTS TO A LOCAL CHURCH, WHICH OPENS WHEN THE FAMILY SHELTER GETS TOO FULL. SHE’LL GO THERE WITH HER MOTHER, JERRI. KIDS LIKE HER OFTEN GET TO BED LATE. BUT THE OVERFLOW SHELTER IS QUIETER, AT LEAST, AND IT HAS SHOWERS.

He totters away, gripping a glazed donut. Eric watches, then dashes off to corral him.

Eric is any Portland hipster, with stylish black hair touched with grey, thick rimmed glasses and keys on a carabiner. He’s dressed in quintessential Portland gear — the flannel plaid Oxford.

“I was that Portland hipster,” he says. But he quit his job with a tech company and went back to school. Then his



girlfriend broke his nose and landed in jail. He was left to care for their two kids. Life just fell apart.

"I ended up a homeless single parent," he says. "I'm trying to get us out of here. But some days I'm so exhausted, I drop Vivian at school and then we just sit in the car and sleep."

Oni's eyes are red and he begins to cry. Herrera straps him into a stroller and rolls it back and forth. The boy's eyes flutter closed despite the din of voices all around.

Dinner is a vat of spaghetti, light on the sauce, and baby carrots. But families have already snacked on slices of donated chocolate cake, seaweed snacks, tubes of "squeeze candy," microwavable fried chicken, apples and chocolate milk. Dinner is more for the sake of structure.

Afterwards, guests and staff fold up the tables. Parents push children into rooms, bathrooms and corners to change into pajamas.

Families without a room claim space on the floor, unfold mats and pull out cots. Other families wait for a bus to take them to the overflow shelter. Gracey, who's 8, slouches

in a chair with her purple book bag between her legs. Jada, who's 6, sits on her mother's lap, playing "Princess

Nails" on an iPhone.

Just then, Vivian runs from her room and beelines for an industrial trash can. Her dad, Eric, follows with a bottle of water. Her bony elbows point to the ceiling as she doubles over with her head in the can, throwing up. Her father holds back her hair. She intermittently gags and coughs and takes sips of water, her thin legs and feet dwarfed by the red snowflake fleece pajamas she's wearing.

Paul Hobson, a 46-year-old conservative in a camouflage T-shirt and knit cap, ambles down the hall. It's only 9 p.m., hardly the hour many adults go to bed. He sits down to watch the night settle in and feel the chaos calm.

He's been homeless for three months. He doesn't want a handout, he says. Just a basic nine-to-five job in a warehouse somewhere. "Clock-in, clock-out," he says. "I'm not looking for anything fancy."

He's had a hard time finding even that.

"There's no way to stay clean, no way to shower, to do laundry," Hobson says. "People say, 'Pick yourself up by your bootstraps.' Really? How do I do that? I live day to day... There's a lot of embarrassment, a lot of shame. You sit under a bridge and watch people pass, living their lives."

ERIC HERRERA AND HIS KIDS, ONI (LEFT) AND VIVIAN, BECAME HOMELESS FOR THE FIRST TIME DURING THE WINTER AFTER HE LOST A JOB AND HIS CHILDREN'S MOM LANDED IN JAIL. HE SAID THE EXPERIENCE HAS GIVEN HIM A LOT OF COMPASSION FOR SINGLE MOMS. "IF YOU DON'T HAVE SOMEONE TO BACK YOU UP, YOUR KID GETS SICK, YOU MISS DAYS AT WORK, YOU GET FIRED," HE SAYS. "IF ANYTHING, IT REALLY OPENED MY EYES. BUT 95 PERCENT OF THE TIME, IT'S WOMEN." BELOW, ONI ENJOYS THE COMPANY OF HIS SISTER VIVIAN IN THEIR ROOM AT THE SHELTER.

Once, in a rainstorm, one of those passersby joked because Hobson was huddled under an awning. "You won't melt," the man said to him.

"You're going home," Hobson thought to himself. "If I get wet, I stay wet until the sun comes out. I have one pair of shoes and in the morning, they're still wet."

Between the hours of 10 p.m. and 6 a.m., few people move about, except to step out for a smoke or use the bathroom. A toddler sleeping in the middle of the hall tugs at the edge of a blanket to pull it between him and the linoleum floor. He gives up and curls into his mother's abdomen. The sounds of sleep are constant. It becomes like white noise. Even the coughs.

Albert is first to wake on Friday; it's not quite 5 a.m. He walks outside in neon green waterproof pants and starts his Chevy. He comes back inside to make a cup of coffee. He wears his wedding rings on a chain around his neck.

He has a job as a flagger; it pays well. But he has a criminal record, too. "That's the only reason we can't find housing," he says.

As Albert walks out the main hall door, Gary Jones wakes up. He sits in a chair in the dark and coughs. Then he breathes from an inhaler. Shannon, a staffer, stops to ask: "Are you OK?"

His name is Gary Jones, but everyone calls him Pops. He's a Marine veteran who's been homeless on and off for a decade. He's included in a list compiled as part of an initiative called "A Home for Every Veteran."

"All I need now is a landlord to let me in," he says. "I'd be happy if I had a closet."

Then the lights come on.

"Good morning everybody," staffer Ellie Hayes says. "It's 6 o'clock. There's some coffee and donuts in the kitchen."

People have an hour to pack their things, dress their kids and leave. Sabrina Waters, a mother of three, walks to the office and asks why the two handicap bathrooms are locked. One flooded, a staff member explains. They found a discarded methamphetamine pipe in the other.

"Damn, so ungrateful. That bathroom has hot water. At least I can do a wash-up," she complains to no one in particular. "If you're getting high, why

would you do it in this facility where there are women and children?"

Evan Rogers, a Navy vet here with his son, chimes in: "And men and boys."

"I stand corrected," Waters says with a laugh.

By 7 a.m., the staff is sweeping up and restacking wayward cots. Eric Herrera is the last guest to leave. He pushes Oni in his stroller toward their red Mercury sedan. Vivian trails behind, her oversized pajamas tucked into a pair of winter boots.

She won't go to school today. Instead, the Herrera family will spend the morning at Oregon Health Sciences University. Eric has already been to the doctor four times since arriving at the shelter in November.

He's hoping this time Oni and Vivian will be prescribed antibiotics.

Epilogue: Eric Herrera secured a room at My Father's House, a sober transitional nonprofit where the family can stay for a few months. He landed an information technology job. A week later, he was rushed to the hospital with heart pains and underwent open heart surgery for Marfan syndrome, a disease that had killed his mother and brother.

He's recovering. He says his neighbors help him with the kids. And his job will be there when he gets well. ■



The landlord is worried about the man who has stuffed his apartment so full of soggy belongings that the windows are sweating. Water spots are appearing on the carpet and the building manager wonders if mold will start creeping in.

Enter Melissa Greeney, the proverbial Multnomah County problem solver. As a safety net specialist for the county's [Aging, Disability and Veterans Services Division](#), she helps prevent the county's most vulnerable individuals and families from falling through the cracks.

Greeney meets with the landlord and the building manager of the apartment complex that welcomes Section 8 clients. She develops a plan to work with the tenant to get him to remove things. And she's careful to make sure her intervention is welcomed, not intrusive. She even offers to make arrangements to get help cleaning his apartment.

"It's my role to empower people who are vulnerable and help solve their problems," Greeney says.

Right now, Greeney's work is more important than ever. According to the 2014 Poverty in Multnomah County report, for every 100 extremely low-income renter households, only 21 available rental units are considered affordable for them. Greeney is one of the people working to turn the tide.

"Housing is a basic human need," Greeney says. "If there's a way for me to help keep a roof over someone's head, I want to find it."

For as long as Greeney can remember, she's wanted to give back to her community. She credits that drive to her upbringing in South Jersey, a suburb outside of Philadelphia. Her neighborhood was tight-knit, Greeney says, and she and her older sister would play with their neighbors in the streets until dark.

At home, Greeney remembers her mom, a school teacher, and her stepdad, a state worker, instilling hard work and generosity in her during conversations at the dinner table.

Melissa Greeney (friends call her Missy)

Age: 45

Hometown: South Jersey, PA

What's in the fridge: extra water in case of an earthquake; vast array of condiments

Latest book read: *The Boy Who Fell* by Mark Alan Lilly; currently reading *All The Light You Cannot See* by Anthony Doerr

Favorite music: lately loving KMHD (FM 89.1) Jazz Radio's Friday Flashback show

Lending a hand

Safety net specialist
Melissa Greeney
can always find
the answers

So when Greeney got her first volunteer gig at age 12 as a hospital worker — they were known as "candy stripers" because of the red and white striped uniforms they wore — she was ecstatic. Her duties ranged from replenishing patients' water pitchers to wheeling people to their radiology appointments.

"I loved having a job and a responsibility and carrying it out," Greeney says. "The fact that I was helping people made it a great experience for me."

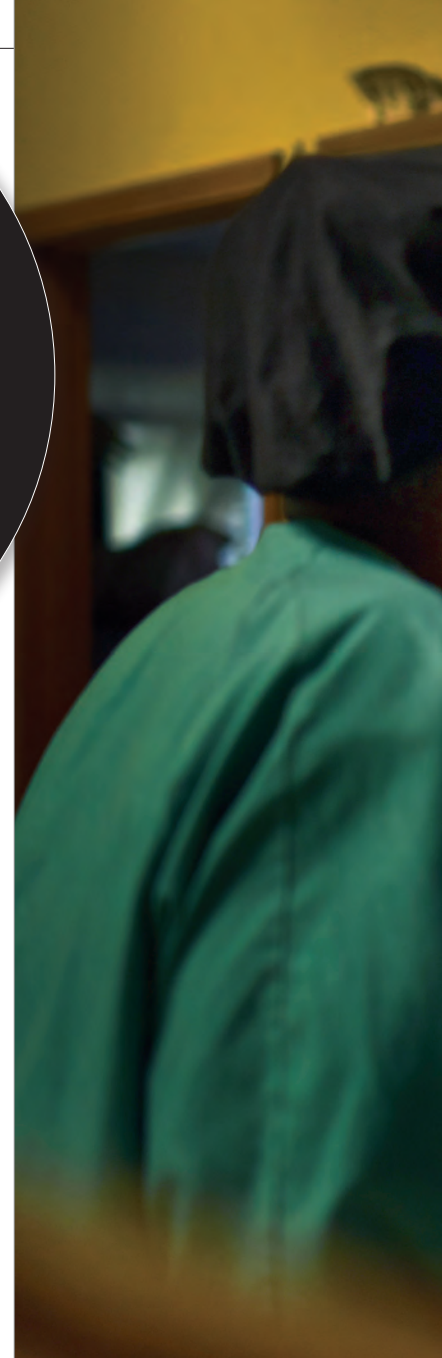
From that point forward, practically every job she held had her working closely with the community.

After high school, Greeney studied at Rutgers University. She held a number of jobs during college, including a position at a group home for people with developmental disabilities. And in 1994, two years after graduating, she moved to Portland and trained to be a hospice volunteer. She went on to take a job at a nonprofit supporting people with multiple sclerosis across the Pacific Northwest.

"Doing that type of work, I learned everybody's life is valuable," she says. "And sometimes, if I can just be that person who's listening to them, that's important."

Greeney worked at the nonprofit for about eight years. She came across an opportunity to be a community information specialist for Multnomah County.

"I found my perfect fit," Greeney says. "I had been working with a small population over a large area, but this





gave me an opportunity to help a large population in my own community.”

In 2008, Greeney was tapped to work with the safety net program. The program uses county funds to help homeless individuals and families find housing. Her team also works to keep people from being evicted from their homes. On top of that, they have limited funds to give certain people emergency medication assistance and other support.

No two clients are the same for Greeney, whose team handles more than 1,000 cases each year. From fighting the eviction of a disabled resident to helping a homeless veteran get into stable housing, each day brings Greeney a new set of challenges. But she’s up for it.

“It used to be if the rent was raised, you could go and find a more affordable place to live,” Greeney says. “Now, the more affordable place to live is hard to find.”

MELISSA GREENEY (RIGHT) IS A SAFETY NET SPECIALIST FOR MULTNOMAH COUNTY. SHE MAKES A POINT OF BRINGING SOLUTIONS TO THE TABLE THAT HELP SENIORS AND PEOPLE WITH DISABILITIES SURVIVE.

(PHOTO BY RANDY COX)

When Greeney’s not hard at work, she likes to be in nature. Whether it’s gardening, camping or bird watching, Greeney finds solace outdoors. And usually she’s joined by her dog, Olive, a Lhasa Apso mix. Just last summer, they traveled cross country and back in Greeney’s Honda Fit.

“Being in nature is cleansing for my soul,” she says. “Under the stars, next to water, looking at flowers — that’s peace for me.”

But down time is a luxury for Greeney, and she’s always drawn back to doing what she loves most: helping people.

“Right now, our community is responding to an unprecedented need,” she says. “My dream is that we have enough resources so people who are aging and living with disabilities can find safe, affordable and permanent housing.” ■

THE DISEASE DETECTIVES >

When there's a disease outbreak in Multnomah County, this team jumps in

By Julie Sullivan-Springhetti
Multco Communications Office

The first hint of trouble for those attending a convention in Portland appeared on Twitter.

"Welp," a woman tweeted on a summer Sunday. "I have Con crud."

"I'm dealing with some illness," posted a second. "Pretty certain it's food poisoning."

"I know at least 3 people besides me who have digestive illness," wrote a third.

"I've been pretty miserable."

By Wednesday, the organizer of the convention counted 12 people ill.

Diarrhea, stomach cramps, fever, chills, dehydration. At least two people had been sick enough to go to the emergency room.

The organizer reached for her phone.

Mike McLuckie was pulling one of his two shifts a month on the [Multnomah County Health Department's food safety hotline](#) when he picked up the call.

In 24 years as a health inspector, he'd watched his team go from routine restaurant and pool inspections to "full-on protecting public health."

Before him was a checklist of criteria. But experience and numbers told him it was an outbreak.

McLuckie shot an email to the Communicable Disease team, then picked up the phone: "Expect some calls," he said.

Diseases of the day

Across the city, inside the third floor of the McCoy Building downtown, the Communicable Disease Services team raced to make the daily debrief.

Every afternoon at 3:30 p.m., up to 14 staff, epidemiologists, communicable disease nurses and data technicians leave their computers and cubicles to report the diseases surfacing that day.

The team monitors measles, mumps and meningitis in





AMY SULLIVAN,
COMMUNICABLE DISEASE
SERVICES MANAGER
IN THE COUNTY'S HEALTH
DEPARTMENT, DISCUSSES
NEW FINDINGS WITH
SENIOR EPIDEMIOLOGIST
TAYLOR JONES PINSENT
(RIGHT).

(PHOTOS BY RANDY COX)

Multnomah County, but also malaria and the human form of “mad cow” disease, Creutzfeldt-Jakob. They track the tick-borne babesiosis, borrelia,

Rocky Mountain Spotted Fever and Lyme disease. They also follow typhus, tuberculosis and Tularemia. They check travelers’ temperatures twice a day for Ebola, follow up on food samples for E. coli, and trace clusters of influenza and norovirus.

They train for the worst – anthrax, botulism, smallpox – and respond to the rest. In all, they track more than 5,800 reports of contagious diseases a year. They play one of the most important roles in public health, identifying and stopping illness that can cause disability and death. And they remain, to most people, all but invisible.

On a sweltering afternoon last year, while much of the city emptied for the Fourth of July weekend, the team members

stood to report out. Four new cases of whooping cough. Influenza sweeping a nursing home. A live bat in a summer school bathroom, possibly exposing 12 children to rabies. (The bat was captured and tested negative.)

And then, this late bulletin: 12 gastrointestinal illnesses associated with a downtown Portland convention. The team knew the most likely culprit was norovirus, what most people think of as the stomach flu. Noroviruses are a group of viruses that spread easily when people don’t wash their hands after using the bathroom. They are also hard to kill, surviving on kitchen countertops up to six weeks and in water up to eight weeks. The diarrhea and vomiting caused by it could shut down a cruise ship or a school.

Yet, the Disease Detectives knew the most obvious answer was often not the correct one.

In the spirit of Sherlock Holmes

Senior epidemiologist Taylor Jones Pinsent was just



GO TO: multco.us/magazine-videos
TO SEE A VIDEO ABOUT MIKE MCLUCKIE
PRODUCED BY MARK BAKER

ending her first week at the [Multnomah County Health Department](#) when she got the case.

The daughter of a police officer, Pinsent had started out as a Colorado environmental health inspector but was drawn over time to the epidemiologist's detective role. She loved the sleuthing: interviewing people, visiting sites in the field to pick up clues, and using math and science to find what happened. Her tools were microbiology, pathology, genetics and immunology, along with calculus and statistics.

There was a reason so many colleagues have sat beneath photos of Sherlock Holmes hanging in the health department offices.

"It's like a puzzle," she says. "You have all these different

pieces and you know it will form a picture. But you don't know how it will look, or what it means, until you begin putting the pieces together."

Pinsent learned 492 people had registered for the Portland convention where food had been served for four days. But the convention had ended a week earlier. All the food was gone. Everyone had gone home.

Then the daily state disease report reached her.

Every day, every laboratory and doctor in Oregon is required to report diseases that are so easily spread, or so deadly, as to be of public importance. That morning, Pinsent saw that local labs were reporting four patients had tested positive for *Salmonella* Typhimurium.

Salmonella Typhimurium is one of the most common types of the *Salmonella* bacteria and one that kills 450 Americans a year and sickens more than 1.2 million.

Outbreaks have been traced to contaminated peanut butter, tomatoes and poultry.

Unlike norovirus, *Salmonella* is hard to spread.

"If you see *Salmonella*, something egregious has happened in food handling," says the head of the unit, Dr. Amy Sullivan.

On a hunch, Pinsent compared the four lab reports to the convention registrations. Every one of them matched.

Pinsent raced down the hall to nursing supervisor Laura Reynolds.

"I think we have a *Salmonella* outbreak," she told her.

New threats in an old science

Reynolds dialed Sullivan, the Ph.D. epidemiologist who leads the team. The word epidemiology is the study of "what is upon the people."

Although many diseases have been conquered, threats emerge that demand vigilance: meningococcal in 1994, West Nile in 1999, SARS in 2003, anthrax in 2011 and plague in 2012.

On Halloween 2014, the team faced Oregon's first suspected case of Ebola – in full costume. The team arrived at work dressed for the holiday when a person under monitoring after traveling to West Africa spiked a fever.



DEPUTY HEALTH OFFICER
DR. JENNIFER VINES
EVALUATES HEALTH RISKS TO
THE PUBLIC FOR THE TEAM.



(AT LEFT) MIKE MCLUCKIE, A COUNTY HEALTH INSPECTOR, EXAMINES FOOD-HANDLING PRACTICES AT A SOUTHEAST PORTLAND RESTAURANT. MCLUCKIE AND OTHER INSPECTORS VISIT EVERY FOOD CART AND RESTAURANT IN THE COUNTY AT LEAST TWICE A YEAR, BUT DROP EVERYTHING TO INVESTIGATE POTENTIAL FOODBORNE OUTBREAKS.

With no time to change, supervisor Laura Reynolds, an Air Force veteran and current Oregon Air National Guard member, helped organize the testing

and hospitalization of a suspected case while dressed as Snow White. She was joined by Robin Holm, as a convincing Frida Kahlo, and Amy Zlot as a 1980s disco queen.

The traveler did not have Ebola. Nor did the 76 other people from Oregon, including aid workers, immigrants and travelers monitored over the next 15 months.

Unlike other states that quarantined people, the county team arranged safe and convenient twice-daily checks of the traveler's temperature and symptoms using the phone, text, video chats and emails.

"The county used science and trust, not fear and politics, to protect health," says international aid nurse Aaron Highfill.

From the first days of the Ebola epidemic, the team also met with immigrant and refugee community members to provide information and tamp down the discrimination that West Africans living in Oregon were experiencing. Sullivan was the first public health worker to respond to the home of the suspected case. Health Officer Dr. Paul Lewis delivered groceries to the ill person. People are always the focus of their concern.

"We understand how diseases are spread," Sullivan says. "Diseases are doing what diseases do and the people are innocent bystanders. Sometimes people get blamed, but I'm asking, 'What can we do to help the innocent bystander in this situation?'"

The art of the interview

With a possible Salmonella outbreak unfolding, the team needed to interview as many people as possible – and fast. A single interview could bust open an entire case.

One county man had almost died once of the deadly hantavirus, contracted while traveling overseas. But in a single interview, a skilled nurse discovered that he had torn down a barn in east Multnomah County right before he traveled. Sullivan took that nugget and, working with Multnomah



County Vector Control, Portland State University and an Arizona lab, traced his exposure to the local barn, where they trapped mice in the area with the same type of virus and proved it.

Staff interviewing ill people on the telephone were painstaking in their approach.

"For me, there's an incredibly high intellectual satisfaction in the work," says epidemiologist Nicole West. "You're talking to people, so there's a social work component, and you're making sure they get treated before they have renal failure or something horrible."

The team created a case definition, set up a timeline and began a detailed record of every person and fact identified. Pinsent created a web-based survey to conduct as many interviews, as fast as possible. The county had never used such a broad web-based approach – most outbreaks are much smaller – so Sullivan and Pinsent worked with

How to avoid a food-borne illness

- If you are ill with diarrhea or vomiting, do not prepare food for other people until one day after you feel better.
- Wash hands with soap and warm water before preparing food and after handling any uncooked fruit, vegetables or meat.
- Wash produce thoroughly with running water.
- Store raw meat in the refrigerator where it can't drip onto other food.
- Germs can grow in perishable food between 41°F and 135°F, which should be thrown away if it is out for more than four hours.
- Make sure to cook poultry to 165°F; ground beef and ground fish to 155°F; and eggs, fish and pork to 145°F.
- Avoid unpasteurized milk and juice.

Suspect a problem? [Call Multnomah County Environmental Health](https://www.multco.us/environmental-health) at 503.988.3400 or email foodsafety@multco.us.



EPIDEMIOLOGIST AMY ZLOT (LEFT) AND HEALTH INSPECTOR MIKE CHRISTMAN LEFT THEIR OFFICES TO INSPECT A HOMELESS SHELTER IN DOWNTOWN PORTLAND.

technology experts to develop the Google form. They emailed 492 people who'd registered for the conference.

Within hours, results began arriving: 223 people responded from 16 different states and four countries. Soon, they found 53 people had become ill. This was big.

A deluge of data

Sullivan sat at her computer facing an avalanche of survey responses. As a Peace Corps volunteer in Sierra Leone during the 1980s, she drove a motorcycle from village to village, educating people about AIDS.

On this case, she relied on statistics and software. She used classic public health analysis, but wrote her own

computer program to untangle what food and drink was associated with people getting sick.

Seven meals had been served by four caterers over four days, plus four breakfasts with pre-packaged dried fruit, nuts and fresh fruit. Each meal was prepared by a different caterer, then transported to the conference and served with sauces, garnishes and side dishes. Some leftovers were kept in a refrigerator and served a second day. Volunteers had helped put out the food.

In light of so many factors, Sullivan compared her job to the Japanese home organizing guru, Marie Kondo, who teaches that taking a series of simple steps will ultimately lead to a clean closet.

"It's a very structured, logical process," Sullivan said of her analysis. "That is my strategy, to do one piece at a time, and after you take the time and then go through the drudgery, you get there."

The difference, she admitted, is that unlike a clean closet, a disease detective would never know what she might find.

Sullivan worked through the weekend, knowing if one common food was contaminated, they had to get it off the shelf as soon as possible because the more people who became ill, the more likely someone could die. And always, in the back of her mind, was bioterrorism.

As Sullivan worked, Pinsent developed questionnaires and tried to find people who had not responded to the email survey.

The team's experts in tuberculosis and whooping cough pitched in.

"We complement each other. We feed off each other," says Joan Coleman, a whooping cough expert who'd worked on the Jimmy Carter effort to eradicate the guinea worm in Africa.

"We have epis, nurses, people with different experience and training," she says of their work. "If you have a question, there is someone to ask. We all try to help each other out."

With five screens open on her computer, Sullivan veered from coding to creating graphics to the responses. Then one meal jumped off the page.

People who ate two entrees at lunch on Day 3, or the leftovers from that lunch, were 10 times more likely to be sick than everyone else.

Sullivan felt a great sense of relief.

"When I saw it was those two foods, I thought, 'This is a point source but this is probably not an ongoing threat,'" she recalls. "My biggest anxiety had been who else was going to get sick."

Questions with no answers

The problem with solving food-borne illness mysteries is that most people who get sick never go to the doctor. Doctors don't suspect an outbreak, so they don't order tests. Some people don't want to share any information with the government. Finally, the modern food supply is a vast international network with corners the county can never reach.

Laboratories, like the full-service lab for the vast Multnomah County health center system, can identify the bacteria or virus suspected. Staff process stool samples, for instance, record patient demographics and run tests, says Chris Nytko, lab manager.

The answers often deepen the mystery. That's when the health officers step in.

Their speciality, Dr. Lewis says, is handling "the questions with no answers."

Deputy Health Officer Dr. Jennifer Vines is a family physician with a masters in public health. When 70 people got sick after visiting Blue Lake Regional Park in July 2014, she worked with government leaders to proactively close the park. The team traced the source to someone vomiting in the lake,



but it was up to Vines to determine when it was safe to go back in the water.

She also decided how to protect the public and employees after elephants at the Washington Park Zoo tested positive for active tuberculosis. And on Halloween 2015, she and Lewis were working to close local Chipotle restaurants to protect people from a widening E. Coli outbreak. The restaurant chain volunteered to temporarily shutter its 43 outlets.

"It's a balancing act on how to intervene in a way that is productive and protects public health," Vines says. "You go from microbiology and genetic sequencing to the big picture about how to prevent disease. It's psychology and anthropology, because we're identifying risky behavior and trying to get people to change."

The health officers also work as fixers, bringing local and state officials, healthcare providers, businesses and the public together around sticky situations.

Inspections on the ground

As soon as the Salmonella outbreak was identified, restaurant inspector McLuckie and his supervisor, Jeff Martin, inspected the conference caterers. They asked: "Was any employee sick? Who are your suppliers?"

"There is not a standard script for this," McLuckie says of his job. "You're out there and you've got a list of things to check, but you're trying to keep an open view."



DAN ROTHBARD, A MEDICAL TECHNOLOGIST IN THE COUNTY'S CLINICAL LABORATORY, USES HIS WORK DESK LAMP TO OBSERVE BIOCHEMICAL REACTIONS OF SUSPECTED PATHOGENIC BACTERIA. THE CHEMICALS WILL REACT TO THE GROWING BACTERIA WITH COLOR CHANGES THAT CAN INDICATE THE PRESENCE OF DISEASES.

Pinsent and other epidemiologists joined them for the inspection. "When you are formulating a hypothesis, it helps to get out there with the regular inspectors, to see what they're seeing. It helps you get that epic picture of what is happening," Pinsent says.

Once the investigation narrowed to a single meal, the inspectors drove to the food carts that made the lunch. But when they arrived, they learned the food had been prepared in the owner's brick and mortar restaurant — in another county.

That meant another county health department had to take the lead. McLuckie and Multnomah County joined the neighboring county's inspectors to visit the restaurant. Still, they found no obvious health violations. No obvious cause. No employees were sick. And, no one had become ill from eating at the restaurant itself.

The one remaining area of concern was literally parked outside.

The restaurant owner disclosed that she had used her private recreational vehicle — and not a food cart — to transport and reheat the entrees from the restaurant to the convention.

The vehicle had never been inspected and licensed for that use. It had no running water for hand washing and no thermometer probe.

The vehicle had been well cleaned — but inspectors could not say when that occurred. All they knew for sure is that people who ate the food transported in the vehicle were 10 times more likely to be ill than those who had not.

It was as close as they would come to solving the mystery.

The neighboring county staff drafted an agreement under which the owner won't ever use the vehicle again for such purposes.

And the Multnomah team then moved on to its next case.

"Getting a positive food sample and positive environmental swab (from an inspection) is a perfect picture that almost never happens in science," Pinsent says. "I'm actually used to it. You may never have the perfect outbreak.

"But it helps to know that you've done your job knowing no other people are going to be exposed and get sick."

Epilogue:

Two days before Christmas, epidemiologist Zlot and health inspector Mike Christman left their offices to inspect a homeless shelter in downtown Portland.

Since July, the disease detectives had been monitoring a small number of cases of a bacterial diarrhea illness in the Portland area when suddenly, as the holiday neared, the number of cases in the metro area inexplicably quadrupled. Eight people who stayed at homeless shelters or in tent camps had been hospitalized.

The team feared heavy rains, flooding and poor sanitation around homeless camps were the cause.

As the city emptied for the holiday, the team emailed area healthcare providers, urging them to look for any illness and treat it aggressively with antibiotics. They set up a daily planning call with partners, working with the Oregon Health Authority to get a stash of hand sanitizers, and with a homeless services agency to get sanitizers and flyers to outreach workers.

Then they hit the streets. Zlot and Christman carried hand sanitizers into one popular shelter, then headed for Right to Dream 2, the nonprofit camp where homeless people can sleep.

"Would you like a tour?" permanent resident Ibrahim Mubarak said as the health officials stood in a light drizzle. He had met Christman on an earlier visit and escorted the investigators inside, showing how sleeping areas remained dry because they were on pallets, how meals were prepared and that the portable restrooms were maintained. No one reported being ill, he told Zlot and Christman and, yes, they would share the health advice if it was laminated. The team left, satisfied they could follow the investigation elsewhere.

Mubarak seemed satisfied that they were there at all.

"Thank you," Mubarak told the disease detectives.

"Thank you for caring." ■

Putting **kids** first

An interview with school mental health consultant Elizabeth Loving

By Jessica Rivera and Andrea Coghlan
Multco Communications Office

From an early age, Elizabeth Loving was dealt a difficult hand.

Born and raised in Northeast Portland, Loving witnessed the effects of racism and poverty in her community and lived with a mother suffering from paranoid schizophrenia.

And though the road to where she is today was not an easy one, Loving recently landed her dream job as a mental health consultant at [Multnomah County's school-based health centers](#) at Parkrose High School, Parkrose Middle School and Russell Elementary School.

At the Parkrose district schools, Loving draws on her personal and professional experience to help kids and teenagers contending with emotional, behavioral or family-related challenges. She works with her young clients to provide them with the resources they need to thrive in school.

Multco magazine recently sat down with Loving to find out what inspired her to become a mental health consultant and how she transformed her passion into a vocation.

How would you describe your job?

My role is to provide mental health and emotional relief to students at the school. I connect them to resources in the community if necessary and teach them the tools to cope so they're able to engage in school, with their families



and community. Based on the assessment results and our conversations, we come up with a treatment plan. Sometimes, they come in once a week; other times it's every other week. It just depends on the condition and their needs. What are some of the problems students are experiencing at school? Anxiety, depression, relational issues and family dynamic problems.

Why did you decide to become a mental health counselor?

I want to help people learn how to feel good in a healthy way. I know what it feels like not to feel good, to be an adolescent and be at a place where I don't feel heard or connected to anything. I've always wanted to be a supportive person to someone.

At a young age, you saw the effects of mental illness first hand. How has that experience shaped you?

There were some good times and some bad times, but all times were character building. My mom has paranoid schizophrenia and later my brother was also diagnosed with the same mental illness. My dad – who is the most amazing dad in the world – worked one to two shifts per day at the post office, so I hardly saw him at home because he was working to provide for the family. My mom would walk up and down the street, yelling and preaching. Our home was really filthy, infested with rats and roaches, to the point where DHS (the Department of Human Services) had to get involved a couple of times. We were almost taken away and put into foster care due to neglect.

What was your family situation like?

I have two older brothers, one older sister and one little sister. I was pretty much raised with my brother and little sister. We grew up during a time when gangs and crack cocaine were all around us, and the system didn't care about the welfare of African Americans. As a result of my experience, I am sensitive and compassionate to the needs of my community, to kids without a voice and to people who suffer from mental illness.

How did you escape that environment?

The only exit I saw was to do well in school, academically or athletically. I ended up applying for the underrepresented minorities achievement scholarship, and I got a full, five-year scholarship to Portland State and Oregon State University due to my academics and extracurricular

activities. I signed up for any program that said, 'This is going to help you get into college.' I was focused.

How did you stay motivated?

I wanted better for myself, my family and my community. I wanted to be a resource for not only my family, but for my community. When I was a kid, I couldn't wait to be an adult. I just wanted someone to help me feel better in the right way. My high school had counselors, but not mental health therapists and clinicians. At the time, mental health seemed like such a stigmatized concept. I felt like there was no help for my mom, besides family. My dad did the best he could and did a great job in teaching us how to be independent. But she needed mental health help. We needed help. I didn't know how to get access so I became the solution.

How do you connect with students?

I bring myself to every meeting with youth and family members. Anybody that knows me says I'm genuine and real. I might laugh or I might tear up, depending on the situation. But they know I'm human. They feel like, 'She's a real person and she's got my back.' I also hold myself in a way that's respectable. I make sure clients understand the paperwork before they fill anything out. With every client that I engage with, I hope they feel that I'm there for them. If they don't feel that, then I don't know if I'm doing my job.

What are some of the challenging parts about your job?

I want to make sure kids in the school know I'm there. I randomly walk around the hallways, I check in with the counselors and I work with the dean of students. I want them to know that I'm here and I'm a resource to them. Also, engaging the family. Youth at 14 years old sometimes prefer not to include their family. I could foresee that as being a challenge because all I'm getting is a small picture. The bigger picture includes their family. The treatment needs to at least have the family's voice so it's most holistic.

What has been a major influence in your life?

My dad's strength. He worked so hard to provide. I think back on the values that he demonstrated. He was a quiet man, but he demonstrated resilience, consistency and security. I knew the bills were going to be paid. The lights were always on and there was always water. At times, when I'm stressed out and feel like I can't do it, I think back and reflect on my dad. I know what a good man is because of my dad.

What do you like to do in your spare time?

My husband and I love to dance; we are very spontaneous. We go out to eat, watch movies and spend time with the family. I'm a mother with two birth kids and six stepkids. I'm also a foster mother of a developmentally disabled child. My strength is renewed because of the life I have with my husband. I also exercise. In the past, I organized a county team – mostly county employees over 30 – and we played indoor soccer for a year. By the way, I've never played soccer before. That's just the type of person I am. ■

ELIZABETH LOVING USES HER PERSONAL EXPERIENCE TO HELP SCHOOL CHILDREN AND STAY MOTIVATED ABOUT HER JOB.

(PHOTO BY RANDY COX)

February 29, 2016, marked a historic time for Multnomah County. The **new Sellwood Bridge** — one of the region's longest awaited transportation projects — opened to traffic.

Commuters who've watched construction for four years are probably exclaiming, "Finally!" Here's why the new bridge is a big deal for the entire county, and what's in store for the fifth and final year of the project as it winds down.

It was broken, so... — The old Sellwood Bridge that **opened in 1925** was known to have problems. A landslide in the early 1960s damaged the west end of the bridge. Its light design forced the county to **lower the vehicle weight limit** in the 1980s.

Unfortunately, the county had more pressing transportation priorities for several decades. Cracks in the Sauvie Island Bridge required the only bridge to the island to be replaced. Aging downtown drawbridges required expensive repairs to stay operational.

Finally in 2003, **critical cracks were found in the west approach** to the Sellwood Bridge. From that point on, replacing the bridge became the county's top transportation priority.

Location, location, location — The new Sellwood Bridge is located in the same corridor as the old bridge.

We m

New Sellwood Bridge

An active landslide at the west end had damaged the old bridge. Engineers had to **install complex foundations and tiebacks to halt the landslide** before the new bridge was built. The landslide protection is working. Geologists say the landslide protections would have been needed at any location south of Taylors Ferry Road, due to unstable geology on the west side of the river.

Construction under traffic — The new bridge could have been built faster if the old bridge had been shut down during construction. Business owners said they would not have survived an extended bridge closure. And traffic engineers were concerned that local bridges could not absorb 30,000 daily vehicle trips if the Sellwood Bridge was closed during construction. So the new bridge was built a piece at a time, while traffic continued to pass through the work zone, including a half-mile of Oregon Highway 43 that

• TO SEE MULTIPLE VIDEOS PRODUCED BY MARK BAKER OF THE SELLWOOD BRIDGE CONSTRUCTION PROJECT, GO TO:

multco.us/magazine-videos



made it!

bridge opens to traffic

was rebuilt to modern standards. “It’s like entirely rebuilding your own house while you continue to live in it,” says Ian Cannon, the county’s project manager.

The Big Bridge Move – In order to create room to build the bigger new bridge, the contractor came up with a plan to move the old bridge 66 feet north, to get it out of the way. The bridge move in January 2013 was one of the longest structures moved in history. While this added time before the new bridge could be built, it spared many homes from being bought to make room for the project. Moving the old bridge also saved time and money that would have been needed to build the new bridge in two phases.

We made it – A theme of the bridge opening event was “We made it!” That reflects several special qualities of the Sellwood Bridge project. It’s overcome barriers from lack of funding to historic landslides. It was designed and built with almost exclusively local labor.

And it was largely paid for by Multnomah County residents, who contributed some 70 percent of the funding. County residents deserve a big thank you for helping to fund this major bridge project.

Construction will continue through November 2016. Major work items that remain include:

- Opening the westside trail from the bridge to Willamette Park
- Removing the old Sellwood Bridge and two work bridges
- Installing a public art project on Southeast Tacoma Street at the east end
- Completing the east approach (which can’t be built until the old bridge is removed)
- Opening the northbound through lane of Oregon Highway 43 under the new bridge
- Opening the ramp for westbound traffic on the bridge to access Highway 43 southbound

Factbox

By the numbers on the new Sellwood Bridge

- **Length** 1,922 feet
- **Width** 64 feet (at narrowest)
- **Number of spans** 10
- **Sidewalks** 1 on each side
- **Lanes of traffic** 2 (widens to 4 at west end signal)
- **Daily traffic volume** 30,000 vehicles
- **Project cost** \$319 million

For more information, [visit www.sellwoodbridge.org](http://www.sellwoodbridge.org)

MULTNOMAH COUNTY OPENED THE NEW SELLWOOD BRIDGE TO TRAFFIC ON FEB. 29, 2016. THE BRIDGE, WITH THREE ARCH SPANS MADE OF WEATHERING STEEL, IS ON THE UPSTREAM-SOUTH SIDE OF THE OLD BRIDGE, WHICH HAS BEEN KEPT IN PLACE DURING CONSTRUCTION. THAT BRIDGE WILL BE REMOVED THIS YEAR.



The treasure trove of archives

By Ryan Yambra

Multco Communications Office

Each year, more than 37,000 people are booked into the Multnomah County Detention Center in downtown Portland. Staff from the Sheriff's Office search, photograph and record fingerprints for every one of them. Those records are then kept in a digital database and preserved electronically.

But did you know that before the digital age, the Sheriff's Office used to record each arrest by hand? Not only was the volume of arrests much smaller – only about 3,000 each year during the 1930s – but lots of labor went into documenting each one.

Nestled deep inside the Multnomah County archives are three volumes of booking registers that span from 1929 to 1941. The books cut across a slice of American history, covering the Great Depression, Prohibition and parts of World War II.

Altogether, the volumes hold thousands of mugshots of those who were arrested for offenses ranging from bootlegging to forging checks. And each photo tells a different story: a businessman arrested for larceny or a housewife caught stealing cars.

Terry Baxter is an archivist for Multnomah County. He's in charge of recording and maintaining the county's historical documents. Baxter says the collection is more than just photographs.

"These booking

MultCo TIME Capsule

COUNTY
HISTORY
REVISITED

INCLUDED IN THE COUNTY ARCHIVES ARE MANY VOLUMES OF BOOKING ARRESTS, INCLUDING MUGSHOTS AND INFORMATION ON CRIMES OF THE TIMES. FROM TOP, **GERTRUDE EPPERS MYERS**, CHARGED WITH "POSS. OF STOLEN PROP.;" **THOMAS EDWARD FITZPATRICK** WITH "LARCENY FROM STORE;" **UMBERTO MURANI** WITH "SABOTAGE & HOLD FOR IMMIG.;" AND **POLLI GIOVANNI** WITH THE SAME CRIME. AT BOTTOM IS COUNTY ARCHIVIST **TERRY BAXTER**, WHO WATCHES OVER THE ARCHIVES OF THE COUNTY.

(PHOTOS BY RANDY COX)



registers took a lot of work," Baxter says. "Somebody had to print high quality photographs. They had to be trimmed. They had to be mounted. Somebody had to write all that information in there, and – if it had to be updated – somebody had to go back and write in it again."

Since then, modern technology has made recordkeeping much easier. But that doesn't make the old records any less valuable. Baxter says they help us better understand our past.

"People are looking at these kinds of stories to tell a fuller story of American history," he says. "The whole nature of crime and criminal justice has varied through time, but the people it's touched are usually people who won't be documented anywhere else. Their story deserves to be told, even if sometimes it's a grim or a sad story." ■



How to get help from Multnomah County

Want to get a marriage license?

Follow these simple steps to obtain one:

- Fill out the marriage application at www4.multco.us/OnlineMarriage.
- Appear in person with your spouse at the Multnomah County Division of Assessment, Recording & Taxation Offices, located in Suite 175 of 501 S.E. Hawthorne Blvd., Portland, OR 97214.
- Each member of the couple must bring a valid photo identification.
- The couple must also bring \$60. Cash, certified funds (money order or cashier's check) and debit or credit cards are accepted. Personal checks are not accepted.

Marriage license applicants must be at least 17 years old, getting married within 60 days, having their ceremony take place in the state of Oregon, and not be first cousins or any nearer of kin.

FOR MORE INFORMATION,
CALL **503-988-3326** AND SELECT **OPTION 4**.

Want to pay your property taxes?

There are multiple ways for Multnomah County residents to pay their property taxes.

PAY IN PERSON

At the Multnomah County Division of Assessment, Recording & Taxation Offices at 501 S.E. Hawthorne Blvd., Room 175, Portland, OR 97214, property taxpayers can make their payment at the tax office's customer service counter. Cash, check, money order, debit or credit card are all acceptable forms of payment. The customer service counter is open Monday through Friday, 9 a.m. to 4:30 p.m.

-or-

If you're paying by check, you can deposit your payment in the payment drop box in the building lobby Monday through Friday 6 a.m. to 6 p.m.

PAY BY MAIL

If you'd like to mail in your payment, follow these simple guidelines:

- Make your check or money order payable to "Multnomah County Tax Collector." Do not send cash.

- Write your account number (property ID) on the front of your check or money order to ensure proper credit.
- Return the lower portion of your tax statement with your payment.

Mail your payment to:

Multnomah County Tax Collector
P.O. Box 2716
Portland, OR 97208

Be sure to mail your payment early enough to be postmarked on or before the due date.

PAY ONLINE

It's also possible to pay your property taxes online via your financial institution or a third-party platform called "Official Payments."

FOR DETAILED STEPS ON HOW TO SUBMIT PROPERTY TAX PAYMENTS ONLINE, VISIT WWW.MULTCO.US/ASSESSMENT-TAXATION

Want to visit a county primary healthcare clinic?

Multnomah County primary care clinics offer low-cost health care to underserved, low-income and uninsured county residents. Services offered include adult health care, children's care, women's health, birth control, pregnancy testing, prenatal care, mental health care and refugee screening.

COUNTY CLINIC LOCATIONS ARE:

East County Health Center

600 N.E. 8th St., 3rd Floor
Gresham, OR 97030 | 503- 988-5155

Mid County Health Center

12710 S.E. Division St.
Portland, OR 97236 | 503-988-3601

North Portland Health Center

9000 N. Lombard St.
Portland, OR 97203 | 503-988-5304

La Clínica de Buena Salud

6736 N.E. Killingsworth St.
Portland, OR 97218 | 503-988-3991

Northeast Health Center

5329 N.E. MLK Jr. Blvd.
Portland, OR 97211 | 503-988-5183

Rockwood Community Health Center

2020 S.E. 182nd Ave.
Portland, OR 97233 | 503-988-5400

Southeast Health Center

3653 S.E. 34th Ave.
Portland, OR 97202 | 503-988-5140

CALL **503-988-5558** TO MAKE YOUR FIRST APPOINTMENT. RETURNING PATIENTS SHOULD CALL THEIR CLINIC DIRECTLY.



Elected Officials

Chair

Deborah Kafoury
503- 988-3308
mult.chair@multco.us



District 1

Commissioner

Jules Bailey
503.988.5220
district1@multco.us



District 2

Commissioner

Loretta Smith
503.988.5219
district2@multco.us



District 3

Commissioner

Judy Shiprack
503.988.5217
district3@multco.us



District 4

Commissioner

Diane McKeel
503.988.5213
district4@multco.us



Auditor

Steve March

503.988.3320
mult.auditor@multco.us



District Attorney

Rod Underhill

503.988.3162
da@mcda.us



Sheriff Dan Staton

503.988.4300
webmaster@mcso.us

'Book a Librarian' and you'll get all the help you need

By **Andrea Coghlan**
Multco Communications Office

For decades, the Multnomah County Library system has helped push our region's love of literacy.

But did you know that since February 2013, the library has offered a service called "[Book a Librarian?](#)" Open to anyone, Book a Librarian offers 30-minute research sessions where members of the public can receive one-on-one help.

Library staff can assist in gathering information on a wide variety of topics including, but not limited to:

- Business plan research, small business resources
- A research project for school
- Finding a good book to read
- General library resources
- Family history research
- Local historical research using newspaper archives

The Book a Librarian service gives patrons "a chance for more dedicated, personal service," says Lori Moore, regional librarian of Belmont, Woodstock and Albina branches. Moore often provides research help at her designated branches.

"I can really sit down with a patron and give them my full attention so they know we have that one-on-one time," says Moore. "Sometimes, too, when you sit down with someone, it gives them a chance to sort of talk out their question. We work together to arrive at a solution."

Since it started, library patrons have made about 1,000 Book a Librarian appointments, with 600 of those happening in 2015.

Most people use the service to ask for help using their e-readers (think Kindles or iPads), but requests also come in for help creating a résumé, surfing the net and performing complicated research like genealogy.

There are some ground rules for using the service.

Library staff can't give members of the public medical help, legal advice or fix computers (although they can point folks in the right direction).

Also, everyone is limited to two, 30-minute appointments per month.

Book a Librarian is available at all 19 Multnomah County Library locations. To sign up, complete a request form online at multcolib.org/book-librarian. Or call the library's information line at 503-988-5234. You can also visit your local branch.

"I think a lot of times people don't know what the library can do for them," says Moore. "But if they have a chance to sit down with us, it opens up an opportunity to tell them about all the great things that we can do." ■



LIBRARIAN LORI MOORE (ABOVE) WANTS LIBRARY PATRONS TO KNOW THAT USING "BOOK A LIBRARIAN" CAN HELP WITH ANY PROJECT. AT RIGHT, LIBRARY EMPLOYEE CARLOS GALEANA (LEFT) WORKED IN A SESSION WITH FRANCISCO MIRANDA. MIRANDA SIGNED UP FOR THE SERVICE SO HE COULD LEARN MORE ABOUT HIS APPLE LAPTOP.

(PHOTOS BY RANDY COX)

