

**REMARKS OF JOHN PARVENSKY ON ACCEPTING PHILIP BRICKNER AWARD
NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL**

May 17, 2018, Minneapolis, Minnesota

Thank you, Bobby, for that kind introduction.

It is a great Honor to receive this recognition from an organization and community that I hold in such high regard. I was attracted to the work of the National Health Care for the Homeless Council for many reasons, but foremost because of their commitment to the belief that 1) health care is a human right, 2) that housing is a human right, and 3) that together Housing is Health Care.

I have never known a more compassionate, open and welcoming group of folks than those in the Health Care for the Homeless community.

And as I accept this award, I cannot overstate the fact that none of the work I have done could have been accomplished without the commitment and dedication and tireless work of the staff and consumers at the Colorado Coalition for the Homeless. These folks are awesome and will always be my heroes. Please give them a hand.

Now I came to this work a bit differently than most here. I am not a doctor, or a nurse, or a social worker. Or really even an administrator.

I came to this work as an attorney who went to law school to learn the tools and skills to use in the movement for social justice.

I learned social work and community organizing from my wife Tenley, who could not be here with us today.

I learned health care from by coworkers Mary Ann Gleason, Ed Farrell, Lisa Thompson and others.

I learned about housing by fighting against redlining and discrimination and for tenant rights in Philadelphia.

Then I found the Colorado Coalition, and saw it as a vehicle to bring together these elements to address one of the most visible manifestations of social inequality and injustice that we have seen in our lifetime – homelessness.

When I started at the Coalition some 32 years ago, we had a staff of 6 and a budget of \$60,000. Today we have a staff of nearly 600 and a budget of \$60 million.

We started with a small primary care clinic with two exam rooms – the Stout Street Clinic. We had a doctor, a nurse practitioner, a nurse, a social worker, a front desk clerk and an administrator.

As the number of people on the streets needing our services grew, we added more docs and nurses to meet that need.

When the mental health centers would not provide the care needed by our patients, we began adding psychiatrists and counselors.

When the substance treatment agencies would not serve the special needs of our patients, we added addiction counsellors.

When we saw the devastating connection between oral and physical health among our patients, we added dentistry.

And, we recognized early on that if we only provided quality health care to people and then sent them back onto the streets, under the bridges or even to the shelters, the likelihood that their health and mental health status would improve was extremely low.

So, when the housing authorities and nonprofit housing providers would not house our folks, we started buying housing and then building housing.

Over the past 30 years, we have developed more than 1900 housing units that we own and manage.

By the end of this month, we will complete construction of a new 100 unit permanent supportive housing building in downtown Denver that will house chronically homeless persons cycling through our jails through our social impact bond program.

And we were able to build the new 54,000 square foot Stout Street Health Center that fully integrates primary care, behavioral health, dental, vision and pharmacy, together with team based, patient centered care. And, we were also able to build 78 units of PSH on the upper three floors of that building.

That is the model of integrated health care and housing that we believe makes a difference in the lives of those we serve and creates lasting solutions to homelessness, not just in Denver, but across our nation.

We operate a Supportive Residential Recovery Community in SE Colorado that provides housing with peer supports for 225 homeless individuals working on their recovery from addiction and mental illness.

I recently talked to one of the residents there named Isiah. I asked him, “how did you get here?” He responded with a smirk that he took the van just like everyone else.

I said, no, what was it that allowed you to take that step to come to Fort Lyon to work on your recovery.

He responded that after years of living along the Platte River, and meeting our outreach workers from time to time, he woke up one morning and realized that he needed a change.

He said *“I realized that I was no longer content being content with sleeping on the river and hoping that I would wake up the next morning. So, the next time the outreach worker came by, I said yes.”*

And I remember that vividly – he said that he was *no longer content being content* with his situation.

Now, reflecting on 32 years of doing this work, that is how I feel today.

I can no longer remain content being content to allow things to continue the way that they are.

I can no longer remain content being content when too many of our brothers and sisters remain on the streets or under our bridges.

I can no longer be content being content when increasing numbers of mothers and children are living in cars or sleeping on floors because of the lack of affordable housing.

I can no longer be content being content when too many of our citizens do not have access to the health care they need to survive and thrive.

I can no longer be content being content when the wealthy and powerful are no longer happy to just let the poor and marginalized fall through the sheds of a tattered safety net, but are actively seeking to further undermine what we have achieved over the years -- by cutting Medicaid, Medicare, social security, housing assistance and food stamps.

We have come too far to allow that to happen.

And I can't continue being content to be content when our well-meaning friends in Washington seek to ration inadequate resources by creating inefficient systems for targeting resources – like coordinated entry and VI-SPDATS, and time-limited housing subsidies – rather than fighting to increase the resources to the level needed to provide adequate housing and health care for all of our people.

So, as I reflect on this award and my past work, I am not yet ready to ride off into the sunset, but I am getting my saddle ready.

As I look out across the room, I see many young faces who are part of the next generation of leaders in the fight to end homelessness.

As my friend Bob Ehrlenbush points out, many of you are young enough that you have never known a time when there was not widespread homelessness on the streets of our nation.

We have to fight back against the idea that homelessness is the new normal.

As a white man of privilege, I ask you to join me in standing up and fighting back.

Fight back against racism. Fight back against oppression. Fight back against sexism and homophobia that contribute to injustice and homelessness.

Stand up against inequality and the notion that we, in the richest nation on this planet, do not have sufficient resources to provide safe housing and health care for all of our people.

Stand with me against the forces who believe that people should be forced to work to receive health care or housing or food.

And stand up with me against the notion that we just need to tweek the system, to find the next “best practice,” or follow the next “great idea” coming from the beltway consultants – and then all will be well.

And so, it is in this vein that I accept this award -- in the footsteps of Philip Brickner and Jim O’Connell, and John Lozier, and my friends Mitch Snyder and Michael Stoops who are no longer with us.

I accept this award not as a recognition of past achievements, but as a **call to action for new leadership** in the fight for social justice, against oppression, and to end homelessness once and for all.

You are all warriors on the front lines of the struggle for social justice.

Will you stand with me and fight back?

Thank You