

SPECIAL REPORT

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GARY YOKOYAMA, THE HAMILTON SPECTATOR

CT0050, the lowest-rated of Hamilton's 130 census tracts, bounded by Wellington North, Cannon East, Wentworth North and Main East. It had the highest rate of urgent hospital admissions.

CODE RED: It takes a lot of resources to fix a broken person

Continued from WR5

Next door to CT0050 is CT0049, which finished 129th out of Hamilton's 130 neighbourhoods.

It's even smaller than CT0050, just 0.5 square kilometres and a population of almost 2,600 people living in the area bounded by James Street North, Cannon Street East, Wellington Street North and King Street East.

CT0049 ranks among the worst three neighbourhoods in 10 of the 24 categories, including median income, psychiatric-related emergencies, hospital admission rates and respiratory-related incidents.

Nearly 70 per cent of the children in CT0049 live below the poverty line. That is nothing short of heartbreaking.

Combine the two neighbourhoods and the level of poverty and the depth of health problems are shocking.

There are just over 7,000 people living in CTs 0050 and 0049, and more than 40 per cent of them live below the poverty line. The two neighbourhoods also rank first and second for the highest rates of hospital bed use per person, based on The Spectator's investigation.

CT0049 and CT0050 used 1,442 and 1,430 hospital-bed days per 1,000 people respectively over the time period covered by the data.

At the other extreme, one Flamborough neighbourhood required just 85 hospital-bed days per 1,000 people, a difference of 17 times from highest and lowest.

"It's horrific," Christopherson said simply. "The solution to poverty is going to have to come from people who aren't in poverty.

"Charity can only take you so far."



Meet Dr. Walter Owsianik, a "dinosaur," as he calls himself — a one-doctor practice located in the heart of the North End at James and Burlington streets.

The apple hasn't fallen far from the tree — as a child Owsianik went to Bennetto elementary school.

"I work two blocks away from where I grew up as a kid," he said.

"I have patients I've known literally since kindergarten. You can't put a price on that."

He also has a lot of patients who are poor and mentally ill.

"The problem is that they're almost lepers in the health system because a lot of my colleagues don't want to take them on," Owsianik said. "They're a little bit scary, they take up a lot of time, they're not really cost effective.

"Certainly the poor and the mentally ill suck up a lot of time and resources, but they're the sick and challenging individuals who need our care."

Owsianik points to what he says is the diminished role of family as a major problem, particularly with mentally ill patients.

"They become isolated," he said. "These folks don't even have friends. Inadvertently, the medical office — me, my nurse — we become their friends because



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Karen De Silva: It took the work of many specialists to get her off the street and off drugs. Now she's in Mac's addiction-care worker program and even does counselling.

they come to me for everything, almost.

"It's a bit overwhelming because you can't be their mother."

Meanwhile, he shakes his head at the inefficiencies of the current health care model that employs him.

"It's a crazy system," Owsianik said.

"The government's got this money, in essence I'm working for them, yet they let me do anything I want.

"There's no real oversight about how effective I am or how I spend the money or what I do with my patients.

"There's no real incentive for me to think that way," he added. "I could spend thousands of bucks on you ordering CAT scans and MRIs, but for what purpose and is it really worthwhile?"

In what other company, he asks, do the employees tell the owner how the business is to be run?

"Can you imagine a train engineer just driving the train wherever they wanted to go that day?"



Once upon a time, Karen De Silva was a broken person.

Now 36, she tells her life story over a cup of coffee, and you can't help but wonder what chance she ever really had to lead a normal life.

Raised in the Jane-Finch area of Toronto by her alcoholic grandmother, because that was the better choice than being raised by her drug-addicted mother. Sexually abused at a young age by a family member. In and out of foster homes, a constant runaway.

Then other problems kicked in. Exotic dancer at age 16, heavy crack cocaine user by age 18, a baby removed from her care at age 21, prostitute by 22.

At first, it was ads in the paper, phone calls, private meetings for sex. She needed the cash because she'd already spent the rent money on drugs.

"How did I feel? I didn't feel at all," said De Silva. "After, though, I felt very yucky.

Very dirty. Very bad.

"But then I numbed that again with the drugs."

She ended up in Hamilton about nine years ago, ironically, to get treatment at a facility.

"I had gotten arrested and the judge said if I took treatment, they would drop the charges and it wouldn't be on my record," De Silva said.

But life in Hamilton didn't quite work out as planned. Her drug use worsened and she had a second baby, which was also taken from her care. Then she ended up on the street, homeless.

By this point, De Silva had slid into street prostitution, standing on downtown corners, sometimes as many as 10 tricks a day.

Where would she sleep?

"Sometimes in a crack house," she said.

"Sometimes in a staircase, sometimes in a hotel. It would depend on how much money you made that day."

And how would she stay clean?

"Sometimes I would even take a bath in a Tim Hortons washroom," De Silva said. "Wash up in the sink. Or I'd go to Urban Core (Community Health Centre).

"Or I'd go to a crack house where the washroom was in good condition or the shower was working and I'd use that. You give them a piece of drug and then they'll let you have a shower.

"I look back on it now and go 'Wow, I can't believe I did all that,'" she added. "Numb. I was numb to the world, numb to everything around me.

"I just wanted to use and use and use. Or die."

Salvation for De Silva came unexpectedly, in the form of another pregnancy, of all things.

At first, she thought of having an abortion but she never lived in one place long enough to get it arranged. Then she was going to give the child up for adoption.

She decided to get clean in preparation for the birth, then went further and

sought help from a number of programs.

By the time her daughter was born, De Silva had made the decision to keep her baby.

It's been nearly three years since De Silva turned her life around.

She has her daughter living with her, she's enrolled in the addiction-care worker program at McMaster University — and she even does some counselling with other sex trade workers, including some of the women she once stood shoulder-to-shoulder with on the streets.

De Silva rhymes off her problems one by one: drug addiction, bipolar disorder, obsessive-compulsive disorder, post-traumatic stress, high blood pressure.

Then she lists the resources she accessed to help heal herself: a psychiatrist, public health nurse, nurse practitioner, family home visits, one-on-one mental health counselling, one-on-one addiction counselling, sexual abuse counselling, an aftercare program, three parenting courses and a program offered by children's aid.

"I had to use a lot of resources because there was a lot wrong with me," said De Silva.

"With my addiction, it started from somewhere. You don't grow up saying 'I want to be an addict'.

"Now I know that it was stuff happening to me when I was smaller, as a child, that just built and built and built," she said.

And that's the larger point to this story.

It costs a lot of money and takes a lot of resources to fix a broken person.

Based on figures obtained from Ontario's health ministry, the cost of an acute-care hospital bed in Hamilton is \$1,299 per day, each emergency room visit costs \$259, and an ambulance trip is calculated at \$785.

Those amounts were then matched with the hospital bed and emergency room data obtained for this project to calculate costs at a neighbourhood level.

Compare the differences between both ends of the spectrum in Hamilton.

The total combined costs for hospital bed use, emergency room visits and ambulance trips for the five Hamilton neighbourhoods at the top end of the scale was \$38.3 million, according to The Spectator's analysis.

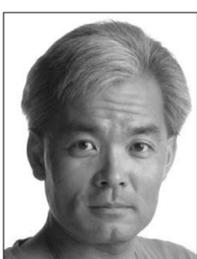
The total combined costs for the five neighbourhoods at the low end of the scale was \$4.3 million.

That's a difference of \$34 million in hospital, emergency room and ambulance costs — money that ultimately comes from taxpayers.

"Ultimately, what is our return on the money?" asks Johnston, the project collaborator. "And the answer, in many cases, is not very much, because it's a sort of revolving door.

"Which doesn't mean that the safety net shouldn't be there, it absolutely should, at all times," he hastens to add.

"But the costs are so huge that we again have to ask the question: Is there a better way?"



AS A TWO-TIME National Newspaper Award winner in the Investigations category, Steve Buist has established himself as one of the country's top investigative reporters. Along with his two NNA wins, Buist has also been nominated for four other NNAs, including two nominations this year. Last year, he was named the country's Investigative Reporter of the Year by the Canadian Association of Journalists for his innovative series A Pig's Tale, as well as North American Agricultural Journalist of the Year, the first Canadian to ever win the award. Buist is also a two-time winner of Journalist of the Year at the Ontario Newspaper Awards. You can contact Steve Buist by e-mail at sbuist@thespec.com or by phone at 905-526-3226.

GARY YOKOYAMA has been a staff photographer at The Hamilton Spectator for the past two decades covering a wide range of stories and issues for our readers: "People places and events are all part of the cycle of our community, which makes this a great place to live and work."