

# EQ THE ELIZABETH LOFTS

## QUARTERLY NEWSLETTER

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JANUARY 2020





# LOFTS HAPPENING: It's the End of the World as We Know It. And I Feel Fine!

By Larry Rosenblum

I had just finished getting dressed. The room seemed a bit wobbly, but after a good Friday night it often does. Then my lamp tumbled off my night stand and I knew it was an earthquake. I've never been in an earthquake, but as a floor captain I knew something needed to be done and on this floor I better do it.

So why were Teresa Jankus, Eric Lipanovich and Bob Garsha, the [ELEC](#) team, standing in my living room? Fortunately, this was only a drill. There was no emergency other than my over-acting. ELEC, the Elizabeth Lofts Emergency Committee, was conducting an exercise to see what floor captains might do in an earthquake. The goal is to learn what works, how captains communicate with residents on the floor, handle the unexpected and ultimately to develop a guide and procedures manual for all floor captains.

Everyone knows that Portland is in the Cascadia subduction zone. Less well known is that Portland's last major earthquake (8.0+ on the Richter scale) was in 1700. Worse, Portland averages a major earthquake every 250 years. By my math, we are overdue! If you haven't seen it or you need a reason to get prepared, [Portland Monthly](#) describes the havoc a major quake would unleash. If you are blasé about a quake, think about your pet.

In a major quake, Portland's emergency services will be hours or even days from responding. Power, cable and internet services are likely to be out. Back-up generators have just a couple of days of power. [Preparation](#) is key. Residents of the Elizabeth will have to band together to get through it. Floor captains are the first link with residents and a vital link with specialized but currently under-staffed teams that will help us cope.

The role of a floor captain in an emergency has not yet been well defined. I expect I will check on everyone to see if they need help, provide some general direction and check in with ELEC central command, but vague ideas are not a plan. That is why the ELEC Committee was here - drills have been a long overdue but extremely valuable asset.

So I climb out from under my dining room table (John Warner told residents in a [talk](#) it was the best place to wait out the great shake) and begin to assess my unit. Looking on are Bob Gordon and Teri Tong, two floor captains invited to comment on what they might do differently or add to my actions. The first thing I admit is that before helping others I am going to make sure I'm OK. A worried and distracted floor captain is going to do a poor job.

I call my sister in Sedona and tell her I am alright. Eric points out that I'm more likely to get through via text than either phone or email. I ask my Google assistant if there has been an



if

earthquake in Portland and she tells me “I don’t know how to help with that.” Thanks Google! So I go to my emergency supply drawer and pull out a flashlight and solar and hand crank powered radio. I tune it to the weather band which will also provide emergency info in a disaster. I start turning off the water to my toilets and sinks. My HVAC is in the ceiling of my closet, so I’m not getting on a ladder. Instead, I set my thermostat to off so that the water cooled heat pump won’t run. Finally, I check my windows for cracks and breaks.



Now I’m ready to leave my unit. Before I do, I put water and cookies on my dining room table. I gather the floor census and a notice identifying myself and inviting anyone who wants to come on in and I post it on my unlocked front door. I expect that people may want the reassurance of company in an emergency.

Before I can get out the door, Eric and Gordon get in a discussion about turning off the water. They conclude that the water should only be turned off if there is an active leak. They wonder how to deal with a cracked window and I mention that ELEC has a construction team to put up plywood. This is when I learn they will only do this for the first floor.

A discussion of the relative merits of various plastic sheeting make a shop class drop-out like me zone out. I suggest the low tech version of a trash bag and duct tape. Yikes, time to add duct tape to my emergency kit.

We now head to the trash room. I announce that I would immediately move the emergency supply cabinet away from the door so that I don’t have to hold the door open with my back while opening and accessing the cabinet. Eric laughed and tells me good luck with that. The cabinet is bolted to the wall! Fortunately, the ELEC Committee has placed a doorstop in each emergency cabinet.



I open the cabinet and immediately grab the walkie talkie and insert the batteries. The ‘walkie’ tells me the batteries are low and I smile because I tested them a few days before and got the same warning. So this is our first thing to improve. Everyone is surprised and Eric asks for the ‘walkie’ and checks the batteries. He does something with the batteries and the ‘walkie’ is working fine! It turns out I put the batteries in backwards (shop class drop-out strikes again). Everyone is surprised the ‘walkie’ worked at all with batteries in backward. So it is decided that the walkies should be prepped now rather than wait for an emergency. Teresa takes a walkie and heads out.



I now grab a marker and prepare to write the Gettysburg Address on the whiteboard. I want to write my name, unit, the non-emergency police number, the front desk and some reassuring words. Gordon and Eric have a different idea. They point out that speed is important. We need to find out quickly who might be injured or need help. So minimizing the time getting started should be the goal. They wonder about the value of the phone numbers since response will be very slow or even days. Someone proposes a pre-printed post for the whiteboard. This is positively received, but a discussion ensues about what it should say and if it might depend on the nature of the emergency. Finally, it is decided that the floor captain should just write that he is actively on the floor.

A mildly annoyed Teresa returns. Teresa had called us on the walkie, but we were too busy debating to answer her call. Another case of boys not playing with girls! So we sheepishly test the walkies with our best "Sorry Mom" face. I close up the cabinet and Teresa sneaks out again.



As we leave the trash room, Teresa is slumped on the floor and crying for help! Fortunately, I'm not the only ham on the floor, but floor captains may have to handle medical crises. I jog down the hall and ask Teresa what's wrong. She tells me she has a gash in her leg and her arm is hurting after she was struck by something. I'm an economist not a medical professional, so my help will be limited. I tell Teresa in my best "I'm faking it, but I know what I'm doing" voice that I will get supplies and be back in a sec. I jog back to the cabinet and take the medical supplies, my flashlight, and walkie back to Teresa. First thing the group realizes is that the medical supplies are a lot of little things and hard to carry. I tell her what I'm going to do and then clean and treat her wound (don't ask) and she tells me her arm is

feeling better. I ask if she wants to go the hospital, but she says she is doing OK and we help her return to her unit. So we learned the medical supplies need to be in 1 transparent bag for easy identification and carrying and I learned that no one better need help.

Now it's time to make the rounds of the units. I fake knock on a door and start my speech to the residents. I ask if they need help, tell them we will shelter-in-place as long as there is no smoke or fire and offer advice for 3 or 4 things they should do to secure their unit. Eric reminds us that I have 17 units to cover and giving this talk to each is time consuming. In an emergency, stressed people may not remember everything I said. So it is decided we need to make a checklist for each unit and hand them out rather than relay them verbally. This way we can concentrate on injuries and reassurance.

Sneaky Teresa had again slipped away and was now screaming from the stairway that she is trapped. Bless Bob Garsha's heart. He immediately opened the door to free her and was greeted with Teresa's frowny face. This was another test for the floor captain. So she returned to the stairway and I told her I would get the crowbar. I return and insert it into door jamb. Eric shows me a better way and Teresa emerges. Eric also points out that if the frame is bent, it is better to insert the crowbar between the door handle and the



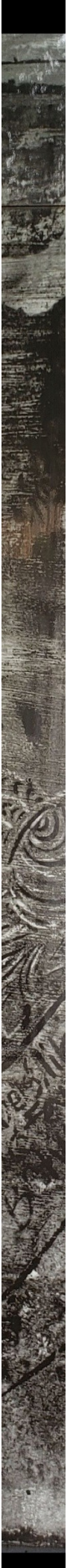
door and break the handle off. I'm now concerned that Eric has a secret life as a cat burglar.

We continued on with a few other issues, but the drill was winding down. We returned to the community room for a post-drill analysis. The ELEC team will write up a procedure guide for floor captains, a checklist handout for residents and order supplies whose need now became evident. I'm feeling more confident that I have a set of steps that can help residents in an emergency.

I don't know if it was a threat or a promise, but Teresa said there would be more drills. Hopefully, they will pick someone else to be the lab rat.

"If a tree falls in the forest and no one is around to hear it, does it make a sound?" Let's not find out. ELEC encourages you to [start an emergency kit](#), make a [family plan](#), and if you haven't already, meet your neighbors and talk about checking on each other in an emergency. ELEC invites you to [join in one of their many volunteer positions](#).

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# EQ TALKS: A Conversation with Dr. Ezra Rabie

With Bob Garsha



On a late autumn day, E.Q. sat down with Dr. Ezra Rabie. Here is a part of that conversation:

**E.Q.** When did you choose to become a doctor?

**E.R.** To be truthful, it wasn't like I woke up one day at a tender young age and said, "I want to be a doctor." It wasn't that simple at all. Rather it was more of a serendipitous event. To be honest, I wasn't the best undergraduate student. One might say I enjoyed the extracurricular college life way more than the academics during the first couple of years and was lost and floundering, but too dumb to know it. After my sophomore year I had a kind of awakening regarding what my future would hold for me if I continued this way. So I started hanging around a group of eggheads I knew from private and parochial high schools in Montreal. They thought I was cool because I made them feel like they were part of a world they had never experienced and didn't quite understand. They, in turn, gave me insight on how to study more efficiently and do well academically, which, quite honestly, my high school didn't convey all that well. In high school I kind of cruised through in what seemed like a big haze without applying myself very much. So this association with more scholarly and accomplished students than myself was a fortunate and timely one. As a result, I began having more confidence in my academic capability and soon I was even competing with them. I felt much more adapted to the sciences (the humanities were my utter bane). At the same time, I was motivated by the notion of helping the sick or injured, especially with hands on treatment. That's how it happened. It wasn't like I woke up one day with an epiphany

and it was certainly not because I was a gifted academician who was destined to become a doctor. But I think that's true for most doctors; it's part chance, part skill and part luck.

**E.Q.** Was it daunting when you entered medical school?

**E.R.** I took a lot of prerequisite science courses that served me very well. I also took some undergrad classes that I would normally have taken in medical school so that really gave me a boost. But don't get me wrong, med school was still daunting. I just didn't know if I fit in, especially in the first year. I wondered if I was good enough and smart enough to be in my class. It was rather intimidating. - *laughs*- On the flip side, I began to enjoy being a person who now had a distinct career path and a more clear picture of who and what I would become. That meant a lot to me, both because it took the guess work away about my future career path, and it was also something I deeply valued.

**E.Q.** When you were in medical school, when did the "aha" moment happen—this is what I was made to do?

**E.R.** I felt it in my clinical years (3rd and 4th), once we were out of the classroom starting to assess and treat real patients in hospitals. I was finally getting a firsthand view of the rubber meeting the road, not just seeing it in textbooks, especially with critical illness and trauma. It was really thrilling.

**E.Q.** What was your field of specialty?

**E.R.** Well, that was an evolution. After medical school and internship, I chose to try being a rural physician with a good friend of mine who was a pediatric resident. We moved to Colebrook, New Hampshire, a picturesque little town hidden in the northwestern tip. We lived off a dirt road, off a dirt road and had 3 horses, 2 dogs and a cat. It was rural life as well as medical practice at its best. I delivered babies, dealt with all sorts of trauma and acute illness, certified deaths. You name it, we were it. When you were on call you were expected to do everything. To be honest with you, it was one of the most formative experiences I have ever had on many levels. I frequently had to rely on myself when the other docs were away, and there were some truly scary moments that tested you emotionally, academically and physically. After Colebrook, I realized what I enjoyed most was critical care and not the office practice as much. I enjoyed treating life-threatening situations. It was like a delicate dance between saving a life or losing one. I was comfortable with and even relished the adrenalin rush. So when I returned to Montreal two years later, I started training in Emergency Medicine. It was exactly what I hoped and expected it would be. Ultimately, I became chief of a large university emergency department in Montreal (50,000 visits per year) and loved the work, but strongly disliked the politics. The government held the purse strings and was seriously hampering patient care through its severe austerity. Seriously ill patients lined the loud drafty hallways every night waiting for beds (up to 15 or so a night). So I decided to move to the states again, this time to Pittsburgh, PA, where I was in charge of developing a paramedic program in addition to practicing in Emergency medicine. After another 2 years I came to Portland because I loved the city's ambiance.

**E.Q.** What are the unique and different skills you have as a doctor?

**E.R.** As I alluded to previously, I feel most comfortable with hands-on critical care treatment because it made such a difference so quickly. For example, if someone came in with major trauma we could rapidly stabilize them with "garden hoses;" that's medical slang for very wide bore IVs that would replenish their fluids rapidly to reverse shock. I've had many challenging experiences that could have deterred me from being an ER doctor, but ultimately, I felt it was what I wanted to do. I'll give you an example of one of those challenges. I was walking into work one very cold Montreal winter day and I see this older man, on his back in a snowbank, who was dark blue. I pulled him out onto the sidewalk,



tried to awaken him, but couldn't get any response. He was clearly dead. Poor guy was probably on his way to Emergency. So I started CPR, and told someone walking by to go into Emergency (about 200 ft. away) and tell them there was a cardiac arrest outside the ER. Just as the team was approaching – people may not want to hear this part – he vomited in my mouth as I was giving him CPR. That happens because you've created pressure in the abdominal cavity as some of the air you're pushing in naturally goes into the stomach also, then the pressure suddenly releases, regurgitating stomach contents. I spit it out, disgusted that I even tried resuscitation. I said to myself "This guy is dead and I have vomit in my mouth. I must be crazy. I could be in a nice cushy warm office with a hot coffee and scone on my desk, seeing people with elevated blood pressure, rashes, upper respiratory infection..." I felt terrible and hated my work. As he was wheeled away, I followed the arrest team back through the ER entrance. But here's the strange thing, as I got inside, went to the locker, washed up and changed into scrubs, (while being the butt of jokes from colleagues, "hey Rabie how was breakfast?"), I was still enthusiastically looking forward to another day in the ER. It was a short-lasting internal tantrum. Then sure enough, three weeks later this man I didn't recognize comes to see me and thanks me for saving his life. I had no idea who he was until he said, "you found me in the snow." So to answer your question, the skills are unique only because you've trained for them but there are a lot of pleasant as well as ugly surprises along the way.

**E.Q.** What's the ability to face these challenges both medical and personal – how do you do what you do?

**E.R.** You know, that's a very tough question to answer except to say it's probably innate. I knew from my time in Colebrook that I just wasn't cut out for a quieter office practice. It just wasn't my thing. I wanted a practice more relevant to me personally.

**E.Q.** When you look back on your life do you consider this to be your dream job?

**E.R.** It was my absolute dream job – but I had to move on. After 15 years of exciting but also highly taxing ER work, my boys were now 2 and 3 years old. I felt a much stronger urge to be at their soccer and baseball games, their school plays and concerts. You know, just spending time with them, watching them grow. I switched practice to Occupational Medicine which truthfully was intellectually boring and unexciting. The nature of the practice was dealing with work related injuries and illnesses – mostly strains and backaches. I honestly wasn't that happy but continuing on in Emergency would have done my family and myself a bigger disservice. Looking back, it was totally the right decision.

**E.Q.** I know you took a trip to practice medicine in another country. Can you tell us about it?

**E.R.** Let me tell you how it happened with a digression. You see, a lot of what happens in life is chance. How you met your partner, how you chose your career, how you narrowly missed getting badly hurt or ill, I could go on and on. Let me give you a perfect example. My son Justin, who was 15 at the time, used to dumpster dive with friends. Of course, Marilyn and I tried hard to dissuade him (even bribe him) to cease, but to no avail. One day he came home with a large box of shoe rejects from a sporting goods store. Maybe 15 or 20 pairs of varying sizes which looked perfectly fine but had minor manufacturing flaws. We strongly objected to it being left in the garage, so we had a discussion about where it belonged. Justin suggested the nonprofit Outside In, for which he had a great deal of respect because they educate and assist homeless teens in Portland. So off we went the next day and donated the shoes, which were much appreciated. But then chance stepped into my life. While there I made some inquiries about their needs for volunteer doctors and ended up doing laser tattoo removal for about fifteen years for them. So that's the chance factor. Kid goes dumpster diving and I end up performing tattoo removal. Who'd have thought the two could be linked were it not for chance.



Anyway, sorry for the digression. So, also by chance I happened to look at a Kaiser Newsletter, which I rarely read now that I'm almost retired, and saw a posting asking if anyone was interested in going to Ecuador to medically volunteer in the high Andean mountains at around 11,000 feet elevation. It sounded interesting so I spoke to my wife, Marilyn, and that was it. We decided to go. I had no idea what I was about to get involved in. It was an adventure away from our routine which we had strongly desired and also sounded exciting. We would get up at 5:30 am and were transported by a chartered bus to remote mountainous areas – a different one every day – from a central high Andes town called Rio Bamba. It would take about 2 or 2 1/2 hours to get to the villages. The buses would go down these steep, winding, gravelly roads that seemed really scary and treacherous, but they were very skilled and got there effortlessly.

The destination was typically a poor, underdeveloped, underprivileged village consisting of concrete huts surrounded by farms. There were abandoned schools because the Ecuadorian government decided to eliminate all the village schools and bring the children to more centralized regional schools. That was where we would usually set up. The floors were covered in caked mud and dirt, but thankfully still had tables and chairs. But the spirit of the team was great. As we entered the abandoned buildings, it would be like Black Friday, everyone in the medical team rushing in and grabbing what they could to set up their specific area of treatment, such as physical therapy, chiropractic, dentistry, and in my case, general medicine and injections. There was also a pharmacy which consisted of meds we brought from the US. Before you knew it, there was suddenly a vibrant and highly functional clinic. Patients would line up, waiting for us for 2 or 3 hours, sometimes in the wind and rain, yet so nice, polite and grateful. It was humbling to say the least. I want to make it clear that this was not just a medical team effort but also included a vital support staff of dedicated translators, assistants, documentation staff, bus drivers, and even people who served us lunch. We would get back at about 7 at night, have dinner, shower, then hit the sack and start all over again at 5:30 the next morning. It was just go-go-go all day long.

**E.Q.** How severe were the cases you saw?

There wasn't much in the way of emergency, thankfully. Actually, there was just one – and it was a very heart wrenching situation - a 5-year-old girl with acute appendicitis. We couldn't do any blood or urine tests or imaging, but it was obvious this was a clear-cut case by history and exam, and was very advanced, perhaps even ruptured. She was brought in by her aunt and uncle because her parents were working in the fields. We tried to make arrangements for her to be transported to a nearby hospital two hours away, but we were unable to. There was no ambulance or other transportation available either. Moreover, we were forbidden by law (as an NGO) from taking her out of her village. So she was ultimately sent back to her village with just oral antibiotics, but likely didn't hold them down because of vomiting and may well have died. I don't know and it was impossible to get follow-up. Life there is harsh. They seemed to accept that, but we just couldn't. It wore us down to the wick thinking about that case, really tragic.

As for the rest of the experience, the population there are exclusively farmers. They spend their days tilling, sowing and harvesting their fields without any kind of mechanized equipment – everything is done by hand. Hundreds of acres of neat hillside farms with rows of potatoes as far as the eye can see, are all exclusively derived from hard unyielding labor. So they had a lot of joint problems, which is mostly what I saw. They were extremely grateful folks. To give you an example, I was training a fourth-year medical student to do a knee injection for arthritis in an older lady. After it was over and because the lidocaine had an immediate anesthetic effect on her knee, she got up and started kissing all of us. It was so

heartwarming and gratifying to witness that, even though we told her it would possibly wear off after a few hours.

Another common illness resulted from drinking from contaminated water. They would complain of cramps, bloating, diarrhea or vomiting so, we were dispensing a lot of antiparasitic medication.

**E.Q.** What advice would you give someone thinking of going into the medical profession?

**E.R.** To be honest, after all these years of medical practice, I'm doubtful I made a difference, which is disappointing because that's not what I hoped for when I began practicing. You have to understand what I'm providing is really tertiary care, which means after you've made poor lifestyle choices, whatever they are – unprotected sex, excesses of food, alcohol, or tobacco, lack of exercise etc., and developed a host of resultant diseases, here I am trying to take care of you. The influence of medicine should really be way ahead of that curve by encouraging and enabling people to make healthier choices. I think it's catching on, but not nearly enough – look at the diabetes epidemic in both adults and children for example. In Canada, even as far back as the 60's and 70's, we had this heavily promoted program by the federal government called [ParticipACTION](#). It was mostly in the form of TV ads showing people running, rowing, doing something, anything, active – with a large logo saying “get involved!” Canadians were “just doing it” way before Nike started that cliché. In that sense, I feel like had I perhaps done more broad-based epidemiologic prevention as opposed to tertiary care, I could have done more for society. So, for someone who is contemplating a career in Medicine, I would ask them, rather than thinking of medicine in terms of treating the already ill or injured, to consider whether they might make a much larger impact by getting people to change their lifestyles, their bad habits and attitudes. People like me and what I've done in medical practice will always be needed, but more medical professionals need to look into the much more significant impact of study and research in preventive care.

**E.Q.** If someone comes to you and says I am thinking of going on an overseas trip to use my skills as a medical professional, what do you say?

**E.R.** I would say you are a very valuable, skilled person and there's a tremendous need out there. Make a commitment and give back to a community in need, anywhere around the world.

Ezra Rabie ---E.Q. thanks you for this sit down and for your great humanitarian worldview.

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## WHAT'S UP WITH THAT? Is it ..... “V-ox” or “V-oh” ?? by Michelle Heckman

Vaux, pronounced “Vox”, which opened in mid-August in the Hilton Canopy Hotel (425 NW 9<sup>th</sup> Ave), is named after the Vaux Swift birds which are famous in NW Portland. Chef Sara Woods, has created an interesting, changing menu for hotel and public guests, in a comfortable setting just off the hotel lobby. Her diverse culinary experience incorporates flavors and products of the Pacific Northwest with “Italian and French accents”.



This was our second visit, with a 7pm reservation, on Thanksgiving Eve. The room was moderately busy, especially in the bar “area”, but I noted that it was still comfortable for visiting with others at our table. The wait staff service was spotty – sometimes well timed and attentive, and at other times we were left waiting for some time. To be fair, it was “late” on Thanksgiving Eve and it appeared they were a bit short staffed.



There was a nice selection of wines and beers, a few on tap, with an emphasis on cocktails.

We started our meal with the “Fish & Chips” appetizer – house made halibut pate with beet chips. The pate had great flavor, the chips extra crunchy and a bit bitter. It was an unusual combination and, we agreed that the pate and chips were each tasty, but the combination was difficult.

After trying several pickled accompaniments with the entrées, I’d be interested in trying the “Pickled things” appetizer. As condiments with the entrée, they were well done and pickled in-house.



For Entrees, we each tried something different so that we could explore the options.



The Braised Short Ribs (right) was served with “crispy spaetzle and pickled shallot.” The spaetzle could have been a bit more crispy, but the short ribs were delicious! They were flavorful and tender. And as mentioned earlier, the pickled condiments were spot on.

The Roast Half-Chicken (left), was paired with winter squash, figs and onion. The chicken was moist with a crispy skin, and although a bit under seasoned, was otherwise well prepared. The inclusion of figs with the winter squash and onion was flavorful, added a hint of sweetness, and was an interesting combination.



The Salmon was served with wild rice, roasted turnips, red onion and golden raisin agrodolce. The agrodolce, an Italian sweet and sour sauce, was well done and the golden raisins added a good deal of flavor to the dish. The salmon was nearly blackened, and although tasty, was a bit dry, perhaps a little overdone.

Our attempt at dessert was not very successful due to an apparent miscommunication with the wait staff. They had a seasonal deep dish apple pie, in addition to the standard menu desserts which we thought we ordered for the table. On their regular menu are the Ruby Jewel ice cream sandwich and a S’mores tart. We wanted an ice cream sandwich to go – but at the last minute. It all came packaged to go, including our after dinner coffee. We obliged by bringing it home. The apple pie was good, nice

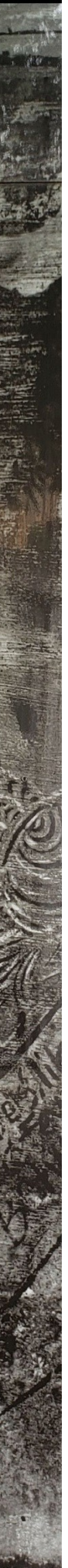


cinnamon flavors, with slightly firm apples. The Ruby ice cream, sandwiched between sugar cookies was tasty, too. And made a great midnight snack for sharing.

They serve breakfast and lunch in addition to dinner – lunch emphasis is on sandwiches, salads and flatbread. Two happy hour specials (4p-6p and 9p-11p) are also available. Dinner prices seemed reasonable: entrées in the \$18-26 range, and appetizers around \$8 for “pickled things” and \$18 for “meatier” offerings.

At our previous visit, a few weeks after they opened in early September, both the food and the service were excellent. The chef Sara Woods even came to the table to check on our meal. In conclusion, I’d definitely go back again when looking for an “up-scale” experience, perhaps adjusting the timing to a bit earlier in the evening, or at least not at a time when they might be short staffed. The food was great, and I especially like the ambiance in that part of the hotel. If you haven’t yet checked out the hotel ground (and below ground) floor – I recommend a visit.

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# DID YOU KNOW? Volunteer Opportunities in Your Neighborhood

By Paula McGee

Do your New Year's resolutions include finding ways to give back to your community? If so, there are plenty of opportunities right in your own backyard. Here are just a few ideas.

## Pearl District Neighborhood Association (PDNA) Foot Patrol and Clean Team

Have you seen the signs at Jamieson Park looking for volunteers for the **Foot Patrol**? Or a small group of neighbors walking with yellow vests? The Foot Patrol is sponsored by the Pearl District Neighborhood Association.

Volunteers, who describe themselves as Ambassadors of Goodwill, walk the streets of the Pearl District and engage with residents and visitors. The neighborhood walks are led by a Walk Leader on a regular schedule. The objective is to provide a presence that helps deter crime by being a presence, report illegal and suspicious behavior, report issues affecting livability, and interact with the community in a beneficial manner.



The Foot Patrol describes itself as a non-confrontational group of concerned citizens with a passion for improving the Pearl District and keeping it safe and vibrant. Everyone is welcome to walk with them at anytime, to 'try-out' a walk. If a stroll around the Pearl with your neighbors sounds like something you might enjoy, you can email [footpatrol@pearldistrict.org](mailto:footpatrol@pearldistrict.org) for more information.

Another group that the PDNA sponsors is the **Clean Team**. These are the folks you see wearing green vests and carrying trash pickers. The Clean Team provides a volunteer opportunity for neighbors to work in groups and clean up one of the designated zones in the Pearl District. Teams are assigned to specific zones (Zone 3 meets at Whole Foods) so it is easy to manage and they set their own schedule. The Clean Team provides you with the training and tools.



Some interesting stats from the PDNA website as of July 2019: 74 volunteers have given 226 volunteer hours to pick up 878 gallons of trash including 20,293 cigarette butts. We owe them



a debt of gratitude! Ready to lend a hand or have questions? You can send them an email at [cleanteam@pearldistrict.org](mailto:cleanteam@pearldistrict.org).

Both the Foot Patrol and the Clean Team work to promote positive communication and relationships within our neighborhood by providing an avenue for neighbors to get to know one another and build a strong sense of community.

These are just two of many volunteer opportunities in our neighborhood and broader community. We hope to share information about organizations that could use your help in future editions of the EQ. If you have suggestions, please send [them our way](#).

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# IN THE NEIGHBORHOOD: BASIC SPACE

By Chris Steele

Elizabeth Lofts residents may have noted the departure of the Basic Space gallery, where now a for-sale sign is displayed. Christopher Roberts, the owner and artist is still very busy in the Portland area, although he is no longer leasing a space in our building. For three years, Chris enjoyed doing business in The Elizabeth, next door to his good friend and fellow gallery owner, Jen Pepin. He has been in the gallery business for many years, prior to opening Basic Space.

While Chris himself is a painter, having been inspired by his artist grandmother at the age of 6, he enjoys representing artists who are less well known, and provides insights to struggling new artists on the process of selling their art. Chris looks for artists whose art tells a story and strives to create a visceral impact with his own art. While art is Chris' livelihood and passion, his educational background includes a master's degree in quantum mechanics, a rather different subject area from the creative career he now enjoys.

While Elizabethans no longer enjoy access to the gallery and its enticing art displays, Chris continues to show paintings by his artists in Specular Design. Even before he moved out of our building, Chris was finding less time in his busy schedule to keep the gallery open on a daily basis. His time is spent curating projects, in both private homes (including some in The Elizabeth) and businesses, including the local Artists Repertory Theater. We in The Elizabeth continue to enjoy his art in our hallway and community room.

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# AROUND TOWN: **Looking for Fun in All the Right Places**

Compiled by Larry Rosenblum

## Check These Out Before They Are Gone

[Rose City Classic Dog Show](#) - Jan. 15-19 @ Expo Center. Seniors free Thursday & Friday

Nerd Out! [Mystery Science Theater 3000](#) – Jan. 17 @ Keller Auditorium

[Chinese New Year Cultural Festival](#) – Jan. 25 @ Convention Center

[International Cat Show](#) – Jan. 25-6 @ Portland Airport Holiday Inn

It's the year of the rat! [Chinese New Year Celebration](#) – Jan. 25 to Feb. 9 @ Lan Su Chinese Gardens



[7<sup>th</sup> Coffee Beer Invitational](#) – Jan. 25 @ Goose Hollow Inn (1927 SW Jefferson St.)

[Japanese New Year Celebration](#) – Jan. 26 @ PSU Viking Pavillion (930 SW Hall St.)



Short attention span theater: [Portland Mini Musical Festival](#) – Jan 30 to Feb.2

@ Brunish Theater (1111 SW Broadway)

[Bridge City Improv](#) – Jan. 31 @ Siren Theater (315 NW Davis)

[Portland Seafood & Wine Festival](#) – Jan. 31 to Feb 1 @ Convention Center



[Cascade Festival of African Films](#) – throughout Feb. @ PCC Cascades, Moriarty Hall (704 N. Killington, room 104)

[Worst Day of the Year Fun Walk/Run](#) – Feb. 1 @ McMenamins Edgefield Troutdale

[Portland Winter Light Festival](#) – Feb 6-8 @ various outdoors locations

[Chinese New Year Parade](#) – Feb. 9 @ Chinatown Museum (127 NW 3<sup>rd</sup> Ave.)

Guilty feet have no rhythm so regain it at [ValenTango](#) – Feb. 12-17 @ DoubleTree Hotel (1000 NW Multnomah St.)

Beerfest aka [Zwickelmanian](#) – Feb. 15 @ various locations

OMG! [Polar Plunge](#) (benefits Special Olympics) – Feb. 22 @ Broughton Beach Park

[Mardi Gras Parade](#) – Feb. 25 – Starts at the Victoria Bar (4835 N. Albina Ave) and strolls down Mississippi Ave.



[Biamp PDX Jazz Festival](#) – Feb. 19 to March 1 @ various locations



[Portland Auto Show](#) – Feb. 20-23 @ convention center



[Portland Home & Garden Show](#) – Feb. 20-23 @ Expo Center

Relive your childhood at the [LEGO convention](#) – Feb. 29 to March 1 @ convention center



[Worst Day of the Year Bike Ride](#) – March 1 @ Lucky Labrador Brewpub (915 SE Hawthorne Blvd)

[43<sup>rd</sup> International Film Festival](#) – March 6-15 @ Whitsell Auditorium (1219 SW Park Ave.)

Like you need an excuse to drink! [St. Paddy's Day](#) at Kell's Pub – Mar. 15-17 @ (112 SW 2<sup>nd</sup> Ave.)

A reason to go to the coast! [Whale watching week](#) – March 21-29 @ various locations

It's an election year! [Whiskey Making Class](#) – various times @ New Deal Distillery (900 SE Salmon)



[Bunny Hop Through the Pearl](#) – Apr. 11 @ Jamison Square

[Hop Hop Half Marathon](#)/ 10K/5K – Apr. 11 @ Kliever Armory



## Live Performances



[Portland Center Stage](#) @ the Armory. Check out their season.

[Portland Center for the Arts](#) is 5 venues offering music, theater, comedy and more

[Moda Center](#) has many of the biggest music acts

[Oregon Ballet Theater](#) is in full swing

[Dead Comics Society](#) – Comedy Stand-up 3<sup>rd</sup> Thursday every month @ Rogue Brewpub (1339 NW Flanders St.)

[Coho Theater](#) (2257 NW Raleigh St.) has an adventurous lineup of plays

It's only rock'n roll. No, there's much more at the [Crystal Ballroom](#) (1332 W Burnside)

It's not around the corner, but the [Aladdin Theater](#) has some great music

We miss Jimmy Mak's, but fine jazz can be found at the [Jack London Revue](#) and at [Wilf's](#)

## Not the Usual Hollywood Blockbusters

[Living Room Theater](#) (10<sup>th</sup> and Stark) and [Cinema 21](#) (616 NW 21<sup>st</sup> Ave.) offer more than the usual fare

[NW Film Center](#) offers a variety of new and classic films in the Whitsell Auditorium (inside the Portland Art Museum)

## Thanks for Reminding Me

Local galleries open their door every First Thursday evening. Here's a [list of participating galleries](#). Don't forget the [Portland Art Museum](#) is free from 5-8 PM.



The [Saturday Market](#) is next to the Burnside Bridge

[PSU Farmers Market](#) – Saturdays 8:30-2pm @ South Park Blocks

There is nothing better than a good book, except listening to the author talk about it. Check out what's happening at [Powell's](#)

The Oregon Trail is now paved with wine. Why not spend a day along the [Oregon Wine Trail](#) enjoying a glass of your favorite?

"I'm ready for my close-up, Mr. DeMille" is not part of Oregon film history, but *Sometimes A Great Notion* is part of the [Oregon Film Trail](#).

There is more fun than we can mention. So check out the [Willamette Week's](#) or [Portland Mercury's searchable list](#) of events in the area.

What's the point of an evening out without good food? If you want to share your nearby favorite ethnic restaurant, brunch spot or a place full of charm or romance, [please let us know](#) and we may add these to an upcoming newsletter.

We endeavor to make this list accurate, but some events may change their dates and a few may have occurred before we could publish.

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# IN THE COMMUNITY: ELIZABETH INTEREST GROUPS

By Chris Steele

There are various special interest groups here in the Elizabeth, allowing residents to expand community involvement and get to know neighbors who share common interests.

The **book group** meets at 4:30 pm on the second Monday of every month in the community room. Each month a different reader, who has proposed a book of interest, then leads the group in a discussion. It is a good opportunity to extend your reading selection and socialize with your neighbors. The book selected for February is [The Overstory](#) by Richard Powers [author web site: <http://www.richardpowers.net/the-overstory/>].

The **knitting group** meets at 7:00 pm in the community room on first and third Wednesdays each month. The ability to knit is not a requirement, and some attendees come for the social time only, or a different craft project can be brought. Bring a beverage, if you like, and there frequently is food provided by one of our members. Wine is very often a staple during an evening of crafting and conversation.

The **game group** still has some interested participants. The choice of game is open, and attendees are welcome to bring a favorite. Munchies are provided. No specific dates are currently scheduled so if you are interested and have a particular day or date that works well, please contact EQ.

If any of these gatherings sound interesting, or you would like more information, please email [EQ@elizabethslofts.com](mailto:EQ@elizabethslofts.com) and you will be put in touch with an organizer for the group.

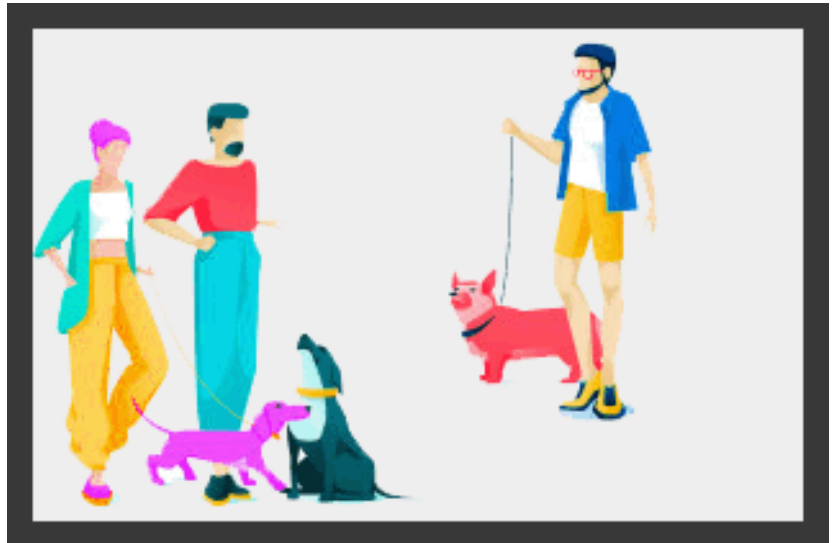
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# BARK ABOUT TOWN!

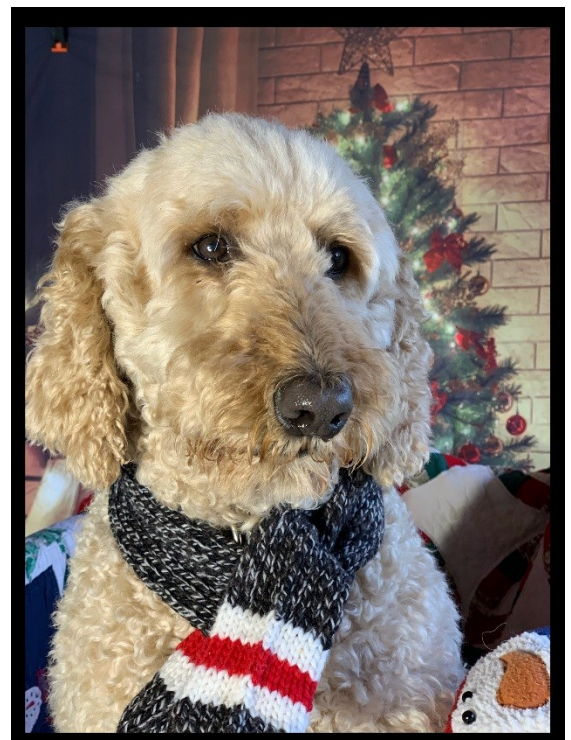
January 2020

"The best fashion show is definitely dogs on the street. Always has been. Always will be."

Our four-legged friends and their humans!



Mr. Jimmy Chen and his dog *Moochie* (mixed breed). Mr. Chen moved to the Elizabeth a few months ago. *"Moochie is still a puppy and doesn't sit still around new people."*

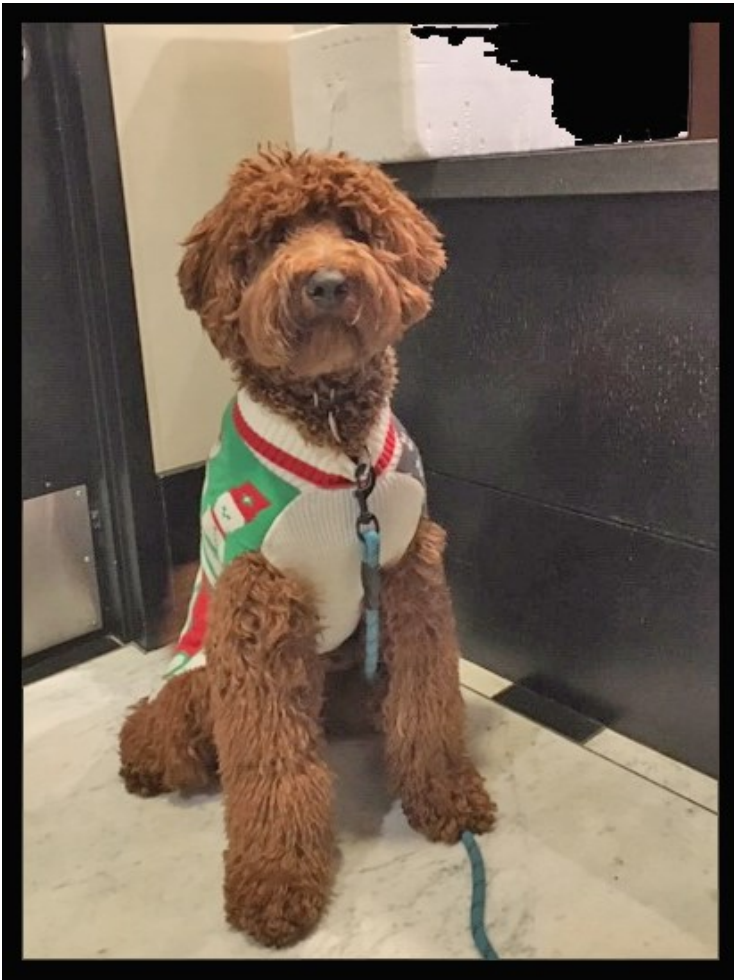


With thanks to Scott B for the suggestion;  
and Kati, concierge and dog biscuit manager, for the pictures!

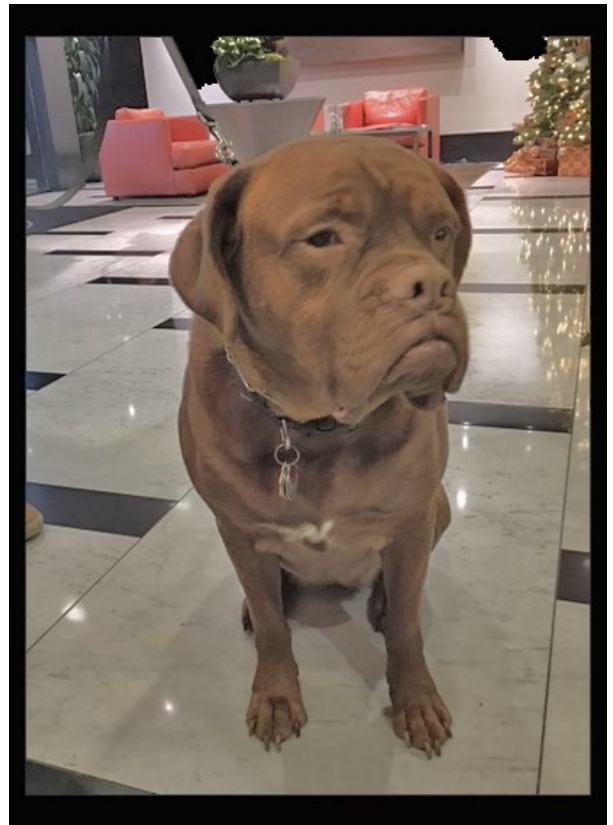
To be continued – so stop and get your buddy's picture taken.

*Harper*





*Leo*



*Sophie*



*Red (left) and Pinot (right)*