

Physicians Are Taking Health Care to the Streets

BY MARY ELLEN SCHNEIDER
New York Bureau

Dr. Jim Withers is a familiar sight on the nighttime streets of Pittsburgh. That's because for the last 15 years he's been leaving the hospital behind to seek out unsheltered homeless people in need of medical attention.

When he started in 1992, dressed down and carrying a small backpack of medical supplies, he had to work hard to earn the trust of the homeless individuals he met. Today he's well known among his patients, and the reputation of his program—Operation Safety Net—has grown across the country and around the world.

In October, Dr. Withers will be among a group of physicians and nurses from the United States, Europe, and Asia who will gather in Houston for the third annual International Street Medicine Symposium. The meeting, sponsored by Glaxo-SmithKline Inc. and the Robert Wood Johnson Foundation, aims to bring together health care providers who care for the hard-to-reach group known as the unsheltered homeless.

The meeting is a chance for street medicine providers to compare notes and swap ideas about fund-raising, outreach, and malpractice coverage.

The field is "growing very rapidly," said Dr. Withers, who, in addition to his role as director of Operation Safety Net, teaches internal medicine at Mercy Hospital in Pittsburgh.

Operation Safety Net has been the inspiration for programs in other cities. When it began in 1992, Dr. Withers was its sole physician. Interested in reaching out to the homeless population not being

housed in shelters, he teamed up with a formerly homeless man who made frequent trips back to the street to distribute sleeping bags and sandwiches.

With this entrée into the community, Dr. Withers began to offer his medical services. "I really had this vision of going and getting out under the bridges," he said.

Months went by before he finally confessed his nighttime efforts to the CEO of his hospital. To his surprise, she embraced the idea immediately and sought to find ways that the hospital could aid his project. With that official backing,

Dr. Withers quickly expanded his efforts with more volunteers and even a program administrator to keep things running at the office.

Out on the street, many medical needs can be met immediately, he said. For example, Dr. Withers and his team often treat wounds and burns, provide antibiotics, perform general skin care, and offer other services. "There's a huge amount of hypertension on the streets," he said.

But although there's a lot he can do for his homeless patients on the spot, the idea is not to be their only source of care, Dr. Withers said.

The goal is always to move people into more traditional health care settings, agreed Dr. Noemi "Mimi" Doohan, codirector of Doctors Without Walls in Santa Barbara, Calif.

"We're always sticking to the principle that every person should have a personal medical home," she said.



Dr. Jim Withers (left) brings medicine to the streets as part of Operation Safety Net, an outreach program for the homeless.

Dr. Doohan, a family physician who cofounded the Santa Barbara program with internist Dr. Dennis Baker, modeled her program on the work being done by Dr. Withers in Pittsburgh.

Doctors Without Walls began in 2005 and includes not only street medicine, but also care to the homeless in shelters, in the hospital, and at respite sites. So far, Dr. Doohan and her team of volunteers have focused on the Isla Vista neighborhood, considered something of a student ghetto with a stable, unsheltered, chronic homeless population.

The neighborhood already has an excellent not-for-profit clinic, so Dr. Doohan and her team don't try to duplicate those services. Instead, they go out into the streets to identify homeless people in need of medical care and walk them into the clinic where they can receive that care; if needed, they arrange for transfer to higher levels of care. This year, they plan to expand

the program into areas farther away from the clinic and to provide care on the street.

One of the keys to their success has been working with the existing programs and agencies that provide services to the homeless, she said. Dr. Doohan and her team can provide more mobile and flexible care, but they try to ensure that their services build on what is already available. "We're trying to fill in the gaps," she said.

Since 2005, the program has survived on a shoestring budget and the work of its completely voluntary staff.

But one of the challenges the program has faced is a sense among local physicians that there aren't medical volunteer opportunities in their own hometown. Dr. Doohan is trying to get the message out that working with the homeless can be as rewarding as going to a distant disaster area. "We look at homelessness as a chronic disaster."

For those involved, the time can be very rewarding. "It's very inspiring work," Dr. Doohan said. "It reminds us of why we got into medicine in the first place."

There are a number of challenges to providing care on the street, from record keeping to obtaining malpractice coverage, but Dr. Withers said he has found that many of his volunteers like to do it simply because it's rewarding. ■

For more information about street medicine programs or the International Street Medicine Symposium, visit www.streetmedicine.org.

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