STREET MEDICINE

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EPIGRAPH

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Live among them,

Love them,

Learn from them.

Start from where they are,

Work with them,

Build on what they have.

But with the best leaders,

When the task is accomplished,

The work completed,

The people all remark:

We have done it ourselves.

- Lao Tzu

DEDICATION

To all the current and future participants of Street Medicine

TABLE OF CONTENTS

ABSTRACT

The homeless and other underserved populations have numerous difficulties receiving health care. Street Medicine programs bring direct medical services to these people where they need them the most. It is not meant to replace hospitals or clinics. However, by providing medical services to those who do not utilize regular methods of care, they are helping to keep people and the community healthier.

CHAPTER ONE

WHAT IS STREET MEDICINE?

Their philosophy is simple. “Go to the people.”

So doctors, medical students, social workers and other volunteers regularly head to the streets with backpacks stuffed full of medical supplies.

An emerging type of medical practice, street medicine, brings primary care services to the most vulnerable populations when and where they most need it.

Dr. Jim Withers coined the term “street medicine” on the streets of Pittsburgh twenty years ago under the non-profit organization Operation Safety Net, and he’s still there to this day.

“I didn’t know anyone else who was doing this kind of work so I had to kind of wing it,” Dr. Withers (2012) explained. “I had done a lot of wilderness medicine so I was comfortable having a backpack that I put medicines into and so that was my start.”

The idea of street medicine is to serve as a bridge between street reality and established primary care, to work with people where they gather -- in the streets and in the parks.

“It’s still in the wild and wooly phase of being recognized, established and refined,” Dr. Withers (2012) said.

One year after he started Operation Safety Net, Dr. Withers heard about someone in India who was also doing street work. He took a trip to Calcutta and met with Dr. Jack Preger, a British doctor.

Jackpreger.com gives a description of the non-governmental organization Calcutta Rescue Clinic:

> Visualize the essentials: a building, a medical team, nurses, an examination room, a treatment room, equipment, medicines, and medical records.
>
> Now, transport these basics to the side of the road in India, but with no building to operate in. Instead, [there is] an open-air clinic, working on the pavement with traffic passing by, in a huge, chaotic city of over four million people.
>
> Try now to see several hundred impoverished patients, standing in line, waiting for the free medical treatment being offered here by a British doctor. *(Calcutta Rescue Clinic 2012)*

"I looked at his work and was amazed at what he was doing, and how well and how long and I felt like we were doing basically the same thing," Dr. Withers (2012) recalled. "And that's when it really hit me that we had our own field of medicine."

Aside from Dr. Preger, there was no example to guide street medicine's beginnings. Sponsored by Operation Safety Net, the first annual street medicine symposium in 2005 in Pittsburgh was to change that.

"The goal of the symposium was to bring together these people to kind of reaffirm to each other that there were other people doing what they were doing and figure out how to do it better and to support each other in the movement in general," Dr. Withers (2012) said. "I think that really helped the momentum."

People were coming to Pittsburgh to see what street medicine was about, and Dr. Withers was traveling to cities around the country where there were efforts to do the same kind of work.

Dr. Withers increasingly received requests to go to communities that asked how to start similar programs.

About 30 cities are now practicing street medicine across the United States. Pittsburgh and Boston are two of the street medicine initiatives that have been around the longest.

In 2009, Dr. Withers started the Street Medicine Institute with four objectives in mind: to help communities start new programs, to serve as a central resource for the field of street medicine, to have the annual international meetings and to provide learning opportunities for students within the street medicine context. (Steet Medicine Institute 2013)

Street medicine follows basically a patient-centered medical home (PCMH) model, in which doctors wrap medical care around a person.

Hospitals or clinics, with a centralized hub to provide the necessary services, make it easier to coordinate all health care for a single patient, to provide standardized care and, meanwhile, save costs.

Providing all medical services through one primary doctor on the streets allows the homeless to build a rapport with the organization from which they are receiving treatment.

Given this population, trust is the most important thing, said Dr. Paul Gregerson (2013), chief medical officer of the John Wesley Community Health Institute, located in downtown Los Angeles, which follows the PCMH model. “They’re all people that mistrust the system. People have been in jail, they’ve been disowned by their families and they don’t trust people.”

While living on the streets, the homeless have learned to be street smart, but they are also scrambling for someone, some agency to support them.

They are very skeptical because they have been through the system too many times; they won't become attached to anyone until they are sure it might be different this time.

Not everyone who is homeless is drug addicted or mentally ill. Many are homeless because they chose it, or lost their job and were then evicted or found themselves in a bad relationship and had to get out.

Whatever the reason, approximately 633,782 people in the U.S. on any given night are homeless. Some 99,894 people are chronically homeless, according to the 2012 Annual Homeless Assessment Report to Congress. (U.S. Department of Housing and Urban Development 2012)

A homeless person is generally defined in three ways: someone who slept on the streets, in a tent, or in their cars overnight; someone who slept in a shelter overnight; or someone who was formerly homeless, who had been in housing for less than a year.

"Studies show that once you put people in housing, if you don't provide services to them -- even if it's just across the street -- they won't access care," Dr. Gregerson (2013) noted.

Keeping a person in housing is extremely difficult, which is why the formerly homeless are still defined as homeless for the first year.

"Everyone knows that there's a big possibility you're not going to be able to stay in housing because you relapse on drugs or alcohol, or do not pay your bill, or get

arrested; you'll lose your housing and then you have to start all over again," Dr. Gregerson (2013) explained.

According to the Los Angeles Homeless Services Authority (LAHSA), 34 percent of homeless people suffer from substance abuse. (Los Angeles Service Homeless Authority 2013)

Nationally, an average of 26 percent of homeless people are considered mentally ill, according to the National Coalition for the Homeless. (National Coalition for the Homeless 2013)

Because of substance abuse, mental illness, and trust problems, the homeless population is often resistant to care.

“If someone has to come into a building somewhere, or has to know what time it was to get there, or not have paranoid thoughts,” those are all things that will prevent a person from receiving care, Dr. Withers (2012) said.

Some of the most prominent medical issues of the homeless population are diabetes, hypertension, asthma, and skin infections. Many have chronic illnesses such as heart disease.

Diabetics don’t have a regular place to refrigerate their insulin and they’re not allowed to bring syringes for the insulin medication into homeless shelters. Medication is often stolen. And serious foot problems aren’t caught early on because these people are constantly walking and almost never check their feet.

The UCLA Happy Feet Clinic, a student-run mobile clinic directed by Dr. Lawrence Hy Doyle, helps to address this in Los Angeles. With a disease like diabetes,

infection can happen easily because the homeless don't get clean showers, clean socks, and properly fitting shoes.

So a few times a year, Happy Feet goes to different shelters or schools around LA. They wash the feet of those who come, have a doctor check their feet for cuts or abnormalities, give the patients properly fitting shoes if they have them, and educate them on living with diabetes.

Prevention of medical issues is challenging for the homeless; they lack the resources to stay healthy.

The emergency room is currently the most often used method of care for the homeless. Healthcare for them isn't a high priority, and tends to fall behind finding food and a roof for the night.

According to Dr. Withers, (2012) "It's known anecdotally but not very well documented in terms of research that street medicine prevents a lot of emergency room usage, and it likely decreases the number of people who have to be admitted to hospitals because they got sicker."

Other barriers to health care for those who want to access services are transportation, limited clinic hours, lack of knowledge about where to get treated, and no identification. The most common hurdle though is cost.

According to the National Coalition for the Homeless, "psychological barriers also exist, such as embarrassment, nervousness about filling out the forms and answering questions properly, and self-consciousness about appearance and hygiene when living on the streets" (National Coalition for the Homeless 2013).

So street medicine follows Lao Tzu's philosophy:

Go to the people,
Live among them,
Love them,
Learn from them.
Start from where they are,
Work with them,
Build on what they have.
But with the best leaders,
When the task is accomplished,
The work completed,
The people all remark:
We have done it ourselves.

CHAPTER TWO

HOW DOES STREET MEDICINE OPERATE?

Five years ago, Nadine saw a rat in her bathroom in Santa Barbara and went running off to the Salvation Army. She never went back home.

"I decided I didn't want to be in housing in this city ever again," she (Nadine 2013) said.

Nadine had a medical emergency after a couple years on the streets in Santa Barbara. Part of her internal organs started to bulge out through a weak area in her abdominal wall.

She had a hernia.

The doctors at the county hospital performed a surgery, but Nadine felt no better**;** her primary care doctor did no further tests.

She instead went to the Alameda Park clinic in Santa Barbara one Thursday evening and saw one of the doctors with Doctors without Walls - Santa Barbara Street Medicine (DWW-SBSM) who gave her the name of a surgeon.

She immediately received another surgery and is now completely healed.

"If I ever need any real emergency help, Doctors without Walls is the one to go to," she (Nadine 2013) said. "They saved my life."

The street medicine team operates out of backpacks every week at Pershing Park, Alameda Park and Isla Vista in Santa Barbara.

Inside two bright orange backpacks is everything the doctors need to treat their patients in the parks and in the streets: wound care and medications. Every Wednesday at

the end of the Pershing Park clinic, the team shoulders the backpacks and sets off on street rounds.

"We're walking to find people who are not seeking care at all," explained Dr. Jason Prystowsky (2013), communications leader of Doctors Without Walls in Santa Barbara. "People who are sleeping behind dumpsters and behind benches, we find those people and just ask if they need a doctor."

Sometimes the homeless will ask for hospitality items. They'll ask, "Hey do you have any socks, do you have any sunscreen, do you have a toothbrush?"

And then maybe two months later, they'll trust the organization enough to tell them about an illness, a cut or infection that has festered.

"We're there every week, and we're consistent," Dr. Prystowsky (2013) said. "And they see that we're there every week, and they see that we're not there to exploit them."

It starts small.

"We've met people where they're at. We've now expressed and demonstrated consistency and now we are starting to chip away those barriers of access to care," Dr. Prystowsky (2013) said. "We have a patient population with extraordinary barriers of access to care."

When a homeless person wants to go to the doctor, they have to take two different busses to get there. They have to find someone to watch their possessions while they're there, and sometimes they have to find someone to watch their dog while they're there.

They have to be of reasonably sound mind and sound judgment enough to keep their appointment. It's possible they are so mentally ill so they don't know what time it is. They are self-medicating themselves with alcohol or drugs because that's what's available to them. They lose track of time.

Despite everything, they do come every week for the food because it's a free meal.

"While they're there, they see that we have a free clinic, and maybe they come and they don't trust doctors, because a lot of the homeless through one reason or another have had a bad experience with doctors," Dr. Prystowsky (2013) commented.

They can treat the smaller medical problems like infections at the clinic they set up in the parks, but if someone has something more complicated, such as a chronic illness, DWW-SBSM will seek to help that person through its Companion Care team instead.

Aaron Chin, companion care coordinator, said the idea was to help the chronically ill get more comprehensive care and into a medical home. It works to take away some of the stress associated with going to see a doctor.

A volunteer from the program will go with a homeless person to the doctor's appointment, sit with them in the waiting room, help them fill out their paperwork, then make sure they understand what the doctor tells them during the appointment.

The volunteers will help to get their prescription filled if necessary, and then take them back to th**os**e streets they call home.

"Now all of a sudden these appointment slots that used to always go vacant are being filled and patients are getting the care they need," Dr. Prystowsky (2013) said. "Because at the end of the day, it's all about improving the quality of health for a community.

Yet it is not day's end.

Santa Barbara has an overrepresentation of mental illness and substance abuse.

According to the Substance Abuse and Mental Health Services Administration, 20 to 25 percent of the homeless population in the United States suffer from some form of severe mental illness. (Substance Abuse and Mental Health Services Administration 2013)

In contrast, the Common Ground 2013 Vulnerability Index survey results revealed that in Santa Barbara 31 percent of the homeless are seriously mentally ill. (Common Ground 2013)

Common Ground is a non-profit organization committed to housing the most vulnerable people on the streets of Santa Barbara County.

Marc, a homeless man in Santa Barbara, suffers from depression so severe that it almost immobilizes him at times.

His is a familiar face at Alameda Park. He considers Dr. Prystowsky and the other clinicians and medical students to be his friends. Though he has a primary physician, he uses Santa Barbara street medicine from minor pains and illnesses.

While in a serious depressive state, Marc was sitting off by himself**,** away from the homeless crowds one evening at Alameda Park.

A nurse from the Doctors without Walls organization could tell something was wrong.

They talked for a while about his daily life on the streets and his depression, and Marc was able to get a load off his shoulders.

Talking about it seemed to ease his anxieties. "If you ask me, they rate a 25-30 on a scale of 1-10," Marc (2013) said.

"They have really been there for me when I needed them the most."

The relationship between substance abuse and mental illness is very complex. A lot of people are mentally ill, or depressed or stricken with anxiety, or gripped by schizophrenia, yet they do not have access to mental health resources.

So they self-medicate.

They treat their symptoms with marijuana, alcohol, methamphetamines, or opiates.

In many cases, mental illness comes first; substance abuse follows. However, the flip side is also true.

A lot of people experiment with methamphetamines and then go on to develop psychosis.

Sometimes the mental illness a person suffers arises only when they become homeless. A back injury, for example, may force the use of pain meds. Then they may not have enough sick leave or vacation time to stay home and recover.

They lose their job because they can't work. They lose their company-funded insurance because they've lost their job. They're sick and they've lost their jobs, and their home. They are now homeless.

Homeless in the park, they're awakened every few hours by the police, by other homeless or by good Samaritans. After six months of that, they now may have an anxiety disorder.

The problem in the statistics is to understand how mental illness and substance abuse are being counted considering the complicated interrelationship between the two.

Health is a state of complete physical, psychology, social well-being, according to the 1948 health definition of the World Health Organization. For the street medicine organization in Santa Barbara, part of improving health is solidarity.

Even if they don't see a single patient in the park, the homeless population knows that they are there.

Bruce Heckman, who has been homeless for more than 30 years, has used the Santa Barbara street medicine services since its beginnings.

"We're glad for the opportunity to seek help," he (Heckman 2013) said. "It's a blessing."

Heckman chose to be homeless. He said he didn't want to run after a job where they could easily replace him and he didn't want the government to be able to take anything away from him.

Although happy to be on the streets, he said he doesn't see enough compassion or smiles from passersby.

"[Doctors Without Walls] have the compassion because they willingly serve. We share a smile back with them and it's good to know we can still see people smiling," Heckman (2013) said. "A smile, a wave, a confirmation – that's beautiful."

Part of what street medicine is about is meeting people where they are at and adapting care to the need, not adapting the need to the regiment of care they have to provide.

“In a lot of ways part of what's wrong with our traditional western model of medicine is what do we do,” Dr. Prystowsky (2013) said. “You as the patient aren't feeling well and we squeeze you into a diagnosis, and then squeeze you into a treatment regiment and that's how it works.”

Some people do really well under that model, but DWW-SBSM treats every patient on a progressive and individual level.

“Part of adapting is practicing good medicine,” Dr. Prystowsky (2013) said.

Every few months, the Santa Barbara street medicine organization holds a Journal Club where they look at the research of one clinical paper, one policy paper and one public health paper, and discuss how they can learn from the literature and provide better health care.

They change what they do based on the latest research. The method of treating scabies, for example, has changed because of something they read in Journal Club.

Scabies is a common skin disorder that the homeless or anyone living in small, huddled conditions are at higher risk for. The standard method of treatment is a cream called Permethrin.

The person infected rubs it on their body, leaves it on for 12 hours, and then washes it off.

“Well, you need a shower so you can have clean skin to put the lotion on, you put the lotion on, then you need a clean set of clothes, and then you need a shower 12 hours later to wash it off,” said Dr. Prystowsky (2013). “That's the standard of care and that's what we were doing because we hold ourselves to the same standard as a fixed clinic.”

The homeless don’t often have access to showers or clean clothes, which makes the standard treatment difficult.

In a review article published by The Lancet, they found that there is a pill that will work for the treatment of scabies.

“We’re adapting our medical care for our patients where we in good intention and good judgment based on sound evidence-based scientific data are making the best treatment regiment for the patients in front of us,” Dr. Prystowsky (2013) said. “It may not be standard of care, but based on our patient population, it's better medicine.”

CHAPTER THREE

WHAT ARE OTHER STREET MEDICINE PROGRAMS LIKE?

Herded by their classroom teachers, the children clamber aboard the emblazoned bus. They have or will have a dental problem in the near future – which explains the bus from USC's dental school and the children.

The dental hygiene students are there to deliver healthcare to elementary school children at schools scattered across Los Angeles.

The USC Neighborhood Mobile Dental Van Prevention Program serves as a source of healthcare for communities who have limited or no access to dental care. Their main focus is prevention.

Carlos Sanchez, co-director of USC's Neighborhood Mobile Dental Van Prevention Program, explained that the primary goal is to bring down the prevalence of tooth decay.

Tooth decay happens when bacteria in the mouth forms acids that eat away at a tooth. This, in turn, results in pain, infection and, eventually, tooth loss.

The Centers for Disease Control and Prevention report that dental decay is the number one chronic disease in children, and it is almost 100 percent preventable.

Brushing regularly, avoiding sugary snacks and drinks, and seeing a dentist annually can easily help prevent tooth decay.

In order to prevent the bacteria from doing damage, the dental hygiene students on USC's bus provide sealants to the necessary teeth. Sealants are resin-based plastic materials applied to the grooves on the chewing surfaces at the back of the teeth.

"For some of these kids, it's their first exposure to any kind of dental setting," Sanchez (2013) said. "So it can break down that barrier of fear for the kids of being in a dental setting and it's usually pain-free so the kids have a positive experience and we hope that prepares them for future visits."

Linda Brookman, co-director of USC's Neighborhood Mobile Dental Van Prevention Program, said because they aren't doing anything invasive, it ends up being fun and educational for the children.

Some of them say, "I want to be a dentist when I grow up." (Sanchez and Brookman 2013)

Marjorie Domingo, for example, had her first dental experience in the mobile dental van years ago as a child. She went on to become a dentist and even worked with USC.

The dental hygiene students working in the mobile van see from three to 12 children each visit. They generally provide services at a school three times a week for about three months.

Brookman said two of the main challenges the clinic encounters are time constraints and money constraints.

The Los Angeles Unified School District (LAUSD) used to be on a year-round schedule so the clinic could take place during the summer. Due to school cutbacks and their limited hours. the dental clinic has had to cut down their operations as well.

One of their hopes is to try to reach out more to the parents through assemblies parents generally attend.

"We can give this message to the kid and send home literature, but we feel like we need more direct contact with the parents," Brookman (2013) said.

They also hope they will be able to reach more children and provide more services to them.

Street medicine can take other forms of delivery.

Harbor Care LA, instead, holds an annual event spanning four days at the Los Angeles Memorial Sports Arena.

Thousands of people line up outside the sports arena waiting for their chance for free medical services.

It's first-come, first-served.

Those who arrived early will receive a wristband allowing them entrance into the massive annual clinic.

Last year, Care Harbor LA and their supporting organizations provided 3,758 people with medical, dental and vision care, and prevention education and resources. They also gave follow up care to those who needed it.

The need is staggering. They can serve just a small percentage of the 2.7 million uninsured in Los Angeles County -- who have limited access to health services.

"The patients we see may have insurance, but they have a deductible of $5,000, which is the same as not having insurance," said Donald Manelli (2013), president and founder of Care Harbor LA.

The organization works to serve anyone who needs health care, no questions asked: homeless, jobless, educated or insured.

The top priority for the patients is dental care. The patients' next top request is vision.

Only 25 percent choose eye care for the vision exams and prescription glasses. In comparison, 53 percent ask for dental services including cleaning, fillings, extractions, dentures and root canals.

"Dental care is really neglected in many parts of the population, even working people," said Niel Nathason (2013), administrative director of the USC dental clinic. "Instead of a simple cleaning, most of them need a full four visits of what they call quadrant scaling."

The quadrant scaling is used to help remove all of the plaque and tartar that has built up over the years.

Nathason said that dentures are given frequently to the homeless patients so they can look better, eat better, speak better and be more likely to be employable.

According to the California Dental Association, one out of three Californians doesn't have access to dental care. Costs, problems with transportation, or difficulties fitting their schedules with a clinic's hours are a few reasons for this lack of access.

Most of what Harbor Care LA sees each year is preventable. The treatment is relatively simple: make lifestyle changes.

“Prevention is by far the most effective and the most economical form of health care. If you don’t get sick, it doesn’t cost as much to cure you, obviously,” Manelli (2013) said.

Thirty-eight organizations and agencies were involved in prevention and education for the last event.

Despite the patient’s main prerogative, everybody also goes through medical triage to determine the less obvious medical problems such as hypertension and obesity.

“It’s hard not to have your life changed when you go to this event,” Manelli (2013) said.

One patient was found to have a macula-on retinal eye detachment, in which his eye was hanging on by a thread.

“He would have been blind,” Manelli (2013) said.

He was operated on that night at USC and the doctors saved his vision.

Another patient who came in looked to be pregnant, but she had a 24-pound abdominal tumor. She had emergency surgery and the tumor was removed.

“The thing that impresses me about the people is the courage that they have,” Manelli (2013) noted. “It’s not the suffering and all that. It’s the courage. They deal with so much.”

CHAPTER FOUR

WHAT DOES THE FUTURE OF STREET MEDICINE LOOK LIKE?

The future of street medicine is both growing and evolving through education, funding, and consistent day-to-day operations.

"I think it's a great new horizon for medical education because it's reality based and it is context driven," said Dr. Jim Withers (2012), modern founder of street medicine in the United States.

Operation Safety Net brings University of Pittsburgh students to an elective class in which they learn about how to give primary care to the needy homeless.

Doctors Without Walls – Santa Barbara Street Medicine (DWW-SBSM) does the same through the University of California Santa Barbara for undergraduate and graduate students.

The Underserved Medicine class would be a space where speakers, not only locally but globally, would talk about what they were doing for the underserved including care of refugees, care of homeless, care of people affected by disaster, or simply logistics.

"We've had people talk about a whole variety of different topics and by the end of the course, the students get nothing but a whole series of role models who are talking about the principles of caring for their populations," said Dr. Jason Prystowsky (2013), communications leader of DWW-SBSM.

Students tend to think of underserved work as something that only happens outside of the United States, he commented.

"What students have is this very sexy idea of wanting to go overseas to Africa, [to] take care of African babies, but what they don't realize is they can develop the skill sets that they need here locally taking care of the homeless, inner-city gang bangers, and migrant farmworkers," Dr. Prystowsky (2013) said.

Tim Holtz traveled from Bangkok to be a speaker for the class**,** the farthest distance of any speaker spanned in the spring semester 2013. Holtz spoke about working with vulnerable populations there and his research on HIV.

"(Holtz) was totally pumped and energized because he's so used to giving lectures to graduate students and policymakers and it's very dry and there's always an agenda," Dr. Prystowsky (2013) said.

Dr. Prystowsky surveyed the students at the end of the course. All of the comments, he said, were very positive.

One student stated, "Fabulous (Underserved Medicine) course. It is probably the most informative, inspiring, and applicable course that I have taken at UCSB. I look forward to every lecture!"

Another commented, "This course is awesome and the people who speak are truly inspirational! I've learned so much applicable knowledge and it's even motivated me to get involved with a local organization presented in one of the lectures."

Of the 49 students' comments recorded on the survey, 47 of the students said they would recommend this course to someone else.

Dr. Withers said one of the strongest trends right now that is actually impossible to keep up with is the demand by medical students to start similar street medicine programs.

Street Medicine Detroit started out a year ago as a co-curricular program of Wayne State University School of Medicine. It runs as an out-of-class program supervised and financed by the university, but it is not required.

This means the university has recognized the practice of "street medicine."

Through this partnership of medical school and university has managed to train 140 – 150 student volunteers to treat the causes and alleviations of the most needy.

"There's a lot of enthusiasm that we've been able to generate," said Jonathan Wong (2013), founder of Street Medicine Detroit.

The short to midterm goal for Street Medicine Detroit now is expansion. They have plenty of medical students volunteering their time. What they need now is more MDs.

Wong said the physicians he approached while getting the organization off the ground thought it was a great idea, but the problem was time.

Street Medicine Detroit was built around the premise of Dr. Wither's street medicine program in Pittsburgh that going to the people is the best way to provide medical care.

So the ultimate goal, Wong (2013) said, is to be like a "Dr. Withers Street Net Operation" one day.

The challenge that programs such as Street Medicine Detroit and Doctors without Walls – Santa Barbara Street Medicine have is to expand the organization without intimidating the population they serve.

Growing too slow means that they can't serve the needs of the homeless. Growing too fast, however, means that they may lose the intimacy with which the organization is respected**,** even celebrated by the homeless. That too is failure.

Characteristically, street medicine programs everywhere don't have any funding to begin.

"They just do the work and hope they get supported somehow," Dr. Withers (2012) said.

Since Street Medicine Detroit is connected to Wayne University, an alumni-funding program supports it. Furthermore, they rely on individual donations from all over the country and fundraisers where they sell Street Medicine Detroit T-shirts. They also have some funding from grants.

Santa Barbara's street medicine program runs on a shoestring budget. For the first half of 2011, the organization allocated more than 95 percent of its expenditures directly to their programs, and spent only 3.5 percent of their total expenditure on administrative business expenses. (Doctors Without Walls - Santa Barbara Street Medicine 2013)

They embrace the grassroots volunteerism approach in how they serve. Feeling they have ownership of their community and a moral responsibility to take care of those on the fringes, they donate their time.

“We practice under the model that if we take good care of our patients and take good care of our students and do it with transparency and integrity and collaborative partnerships, then people will want to donate to us, and so far that's worked,” Dr. Prystowsky (2013) said.

Dr. Withers (2012) summarized what Pat Perri, chairman of the board of the Street Medicine Institute, said as: “People don't respect our work as much because they don't respect the people that we work for.”

The homeless are often unappreciated and disrespected. “If we were helping babies or veterans, we'd have plenty of funding,” he (Withers 2012) added.

The belief is that every community should have a street medicine program just as every city has a fire department.

In the end, it saves everyone a lot of money.

Malcolm Gladwell’s Million Dollar Murray article, originally published in *The New Yorker* February 13, 2006, is a huge point of reference that explains this point.

The typical homeless person has a tri-morbidity: chronic illness, mental illness and substance abuse.

This person uses ambulatory services to get to the ER three or four times a week, racks up a large bill that “ultimately the hospital eats or the taxpayers pay.” (Gladwell 2006)

This amounts to millions of dollars a year.

It’s cheaper to put him at the Four Seasons and give him three meals a day.

"It's actually not just cheaper. It is way way cheaper," Dr. Prystowsky (2013) explained. "Because that costs $100,000 rather than $1 million a year."

The homeless are healthier if they are housed. Housed and healthy, they may start to work and pay taxes to support the system.

Housed and healthy, they are out of the hospital, not always running up a tab in the ER or calling the ambulance**.** That ambulance then will be out of commission for other emergen**cy** patients.

"By keeping people housed at a very low budget, which is what we do, everyone saves money, everyone is healthier and our community is actually stronger," Dr. Prystowsky (2013) stressed.

One of the long-term goals for Dr. Withers is to be as helpful as possible in assisting organizations to go from a pure volunteer-driven program to raising funding themselves.

"If we really got where I want to be, we could provide some small grants to communities to help them leverage getting their own funds elsewhere," he (Withers 2012) said.

Dr. Withers added other long-term objectives for street medicine would be to improve the Operation Safety Net website and be able to provide more materials for student-initiated groups who want to start their own program.

Data collection also needs improvement. It is especially important to use in helping people argue the case of street medicine and their benefits.

“Sometimes people don't see. They don't see why would you do this,” Dr. Withers (2012) said.

Street medicine benefits more than just the street people.

It benefits the community by lowering their health care costs. It also benefits the health care providers because they learn how to work with individuals better.

“I certainly hope the day we close shop is a good day,” Dr. Prystowsky (2013) commented. “I hope that one day we as a society will be able to provide the resources so that small non-profits like ours, with well intentioned professionals, are no longer necessary.

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