

Health Care for the Homeless

By Barbara Ruben

In the early 1990s, Robert began a tangled spiral downward that led to the loss of his job, family and eventually his home. Living on the streets of Baltimore, Maryland, he began using IV drugs. He suffered a litany health problems, from depression to a heart attack to HIV.

Today, Robert, who is 56 and asked that his real name not be used, has AIDS. Yet in many respects he is better off than he has been for more than five years. He now lives in a government-subsidized apartment and receives \$490 a month in Social Security disability payments. He is making progress in a substance abuse program.

Baltimore non-profit organization Health Care for the Homeless has helped him rebuild his life. In addition to a primary care medical clinic for Baltimore's homeless population, the organization offers drug and alcohol rehabilitation services, mental health services, help with finding government assistance and even an art group.

"The needs of our patients often supersede those for primary health care," said Jeff Singer, executive director of Health Care for the Homeless. "You're not going to get far talking about the importance of taking medicine for high blood pressure, if they need a coat or food."

The organization keeps soup and crackers on hand as well as a supply of donated clothes to meet some of the basic needs of the patients. A soup kitchen is located several blocks down the street.

There are 128 similar clinics offering primary care exclusively to the estimated 2 million homeless across the United States. In Baltimore, with a population of 715,000, there are about 2,500 homeless on any given night, and about 20,000 who will be homeless at some point throughout the year, according to Singer.

"It is very, very difficult to keep these places funded, and we can't even come close to providing sufficient services to patients," Singer said, noting that 450,000 homeless obtained some sort of medical care last year in the United States. The Baltimore Clinic has an annual budget of about \$3.3 million, funded by federal and state money, as well as private foundation grants and donations.

Life on the streets raises the risk of a multitude of chronic and infectious diseases, from hypertension to AIDS, said Deborah Formella, nursing services coordinator for the organization. About 15 percent of patients are HIV positive, and there is a rising rate of hepatitis C among clients, both spread by sharing of needles for IV drugs. The clinic sees more diabetes cases than in the general population, along with rashes, lice and other parasites. One patient recently fell asleep on a bench in the sun, suffering second-degree sunburn.

"It's difficult to educate about diabetes education or teach lifestyle changes, when they're eating bologna sandwiches from the soup kitchen five days a week," Formella said.

Winter weather brings its own challenges: upper respiratory infections, pneumonia, hypothermia and exposure are the biggest risks, according to Formella. "The colder it gets, the more patients, we see," she said.

The clinic has cut emergency room visits--the only other point of entry most have to medical care-- by the homeless. Most recently, the clinic has set up a convalescent center for patients are too ill to stay on the streets, but who do not need to be hospitalized.

Formella is one of three nurse practitioners. In addition, Health Care for the Homeless employs two physicians and six nurses, along with several volunteer doctors and nurses.

The clinic occupies a bank built in the early part of the century; the basement vault has been converted to offices for substance abuse counselors. Instead of teller windows, the cavernous, high-ceilinged waiting room is now filled with orange plastic chairs bolted to the floor. Each patient is assigned a number on arrival, and digital sign flashes the number when it's the patient's turn to be seen. About 80 percent of the patients are walk ins.

On a misty fall day, about half of the several dozen chairs are filled. All are men and all but one are African American. Women and children (less than a quarter of the homeless population) are seen in a separate facility, affiliated with a hospital. Because some of the women are from abusive backgrounds, staff worried they might be intimidated by the presence of so many men.

Staff also treat the homeless where they live--under bridges, in abandoned cars, on park benches. These visits account for about half of Health Care for the Homeless's work.

With federal welfare reform mandating trimming of those of those receiving assistance and state programs cutting back on health care programs, Health Care for the Homeless and similar programs across the country are seeing an influx of patients. A Maryland health care program for the poor slashed its budget from \$12 million in 1992 to \$5.4 million in 1998, for example.

"It's getting harder and harder to help them, to give them a leg up," said Janet Harris, an addictions services coordinator. "People are getting sicker, and while we're here to help, we know how much is yet to be done."