

“I Can Handle It”

Former HCH client John “Rusty” Stewart tells his story...



John “Rusty” Stewart

I drift through high school and my life. Married at 18, I start my career as a pressman. I begin to experiment with ups, downs, acid, you name it, but *I'm too smart to get hooked: I can handle it.*

At 24, we start a family; we have a townhouse in a nice neighborhood. When my wife becomes pregnant with our first child, she is smarter than I am: she quits using drugs for good. We have two wonderful children. We move into our second home, in the suburbs. Now we can afford a bigger mortgage because of advances in our careers. Unfortunately, I can also afford better drugs. *Cocaine: what a high!*

My drug use causes problems in our marriage, but I can handle it. Our problems

continue to escalate until I am finally thrown out. Another addict introduces me to the lowest rung on the ladder: *crack. What a rush! You guessed it: I can handle it.*

I convince my wife to take me back. After 10 years of difficulty, she gains the courage to divorce me. I'm devastated. I have no home, no family, no friends, no job. I'm living on the street.

I learn to locate free meals and how to sleep in abandoned houses. Then I am introduced to homeless shelters. What a world: dinner, a bed, a shower, breakfast, and toilet paper!

Then a miracle occurs: I'm sent to Health Care for the Homeless. My first visit I get a check-up. My blood sugar is 280. *Come back tomorrow so we can*

I thank all HCH staff, not just for the physical care, but also for their incredible kindness and support.

check it. The next day, my blood sugar is over 500. The nurses call an ambulance immediately; I'm off to the hospital. Now I'm over 600. *Hurry up; I've got to be at the shelter by 6:00.* The doctor tells me he wants to monitor my blood sugar for a while. At 7:00, the head of the E.R. arrives. Then, at 7:05 I am back out on the street.

My next trip to Health Care for the Homeless lands me a bed in their convalescent care facility at St. Ann's shelter, which is now my home. There, I participate in a recovery program and get a full range of services at HCH. I thank all HCH staff, not just for the physical care, but also for their incredible kindness and support. I now have hope for myself instead of despair. *And I can handle that.*

HEALTH CARE FOR THE HOMELESS

111 Park Avenue
Baltimore, Maryland 21201
410-837-5533
Email: info@hchmd.org
www.hchmd.org

2003 Board of Directors

Mary Jean Herron, *Chair, Wilmax Coaching and Consulting*
Michael Steele, *1st Vice Chair, Elder Health, Inc.*
Geoffrey H. Glazer, *AIA, NCARB, 2nd Vice Chair, Kann and Associates, Inc.*
Christopher R. May, *Treasurer, PricewaterhouseCoopers, LLP*
Carrol Barnes-Bascus, *Secretary, U.S. Small Business Administration*
John G. Bartlett, M.D., *The Johns Hopkins University School of Medicine*
William H. Bass, Jr., *Legg Mason Wood Walker*
Richard Berkowitz, M.D., *Drs. Hoffman & Berkowitz LLC*
Donald Bousel, M.D.
Donna Bradley
William Breakey, M.D., *The Johns Hopkins University School of Medicine*
Sita Culman, *The Abell Foundation*
Mark G. Glaze, *NeighborCare*
Dr. Nancy S. Grasmick, *Maryland Department of Education*
Sarah P. Harlan, Esq., *Maryland State Department of Labor, Licensing & Regulation*
Rev. John Heath, *House of Mercy*
Jeff Jacobson, *Erickson Retirement Communities*
Catherine Kelly, *Mercy Medical Center*
Edgar (Larry) Lawrence, *Maryland Hospital Association*

Paula Lewis, *Maryland Department of Human Resources*
Pam Malester
John H. Mulholland, M.D.
Debora Perrone, *The Johns Hopkins University*
Mark D. Smolarz, *Baltimore City Public Schools*
Paul Sheitel, D.P.M.
Wardie Smith
Doris Trainor, *Loyola College in Maryland*
Frank Williams, *Baltimore City Department of Social Services*

HCH Advisory Board

Dr. Karen Haller
Dr. M. Virginia Ruth
Dalton A. Tong
Paul J.M. Towell

Board Member Emeritus

Armand Levin

Jeff Singer, *President & CEO*

Non-Profit Org.
U.S. Postage
PAID
Baltimore, MD
Permit No. 2058

HealthLine

A PUBLICATION OF HEALTH CARE FOR THE HOMELESS, INC.

FALL 2003

Housing Is Health Care

Message from the President & CEO

Several years ago, at a "housing is health care" conference, organizers presented data illustrating the relationship between lack of housing and poor health and the impact of obtaining housing on improved health.

We are reminded that "housing is health care" on a daily basis. A local hospital telephones concerning a gentleman with mental illness who was admitted with an overdose of his prescription medication. Unable to find a place to stay, he reasoned that he would be hospitalized if he harmed himself—and this would be preferable to sleeping on the sidewalk.

An HCH social worker calls every shelter in town seeking placement for a woman with a respiratory ailment. Several shelter workers laugh at the notion that they have vacancies. A state official contacts HCH seeking assistance for an amputee; we are eager to provide medical care, but unable to secure even temporary housing.

Today, few would disagree that housing and health are closely related. During the summer, people who live on the streets are subject to dehydration, respiratory distress, and even death. During the winter, hypothermia and frostbite lead to loss of limbs, as well as loss of life. Indeed, life on the streets was accurately described by the 17th Century British philosopher Thomas Hobbes as being "poor, nasty, brutish, and short."

Unfortunately, understanding the relationship between housing and health has not led to public policies that improve health by creating access to affordable housing. Data from

(continued on page 3)

Giving Back: Formerly Homeless Leaders Further the Work of HCH

For the past eighteen years, Health Care for the Homeless has helped countless individuals move from the streets to the mainstream. Along the way, many of our former clients have contributed their time and talents to further our work. *HealthLine* staff caught up with a few of them to learn why.

A supporter of Health Care for the Homeless since he was a client, Rev. John Heath lived on the streets in the early 1990s and worked with HCH staff to find stable housing. Since then, he joined the HCH Board of Directors, chaired the Consumer Relations Committee, and served for a term as Board Secretary.

"Being formerly homeless, it was important for me to understand that my experience had a purpose," Heath said. "I am sensitized to those experiencing homelessness. Just as I overcame it, others can too."

Reverend Heath's career has enabled him to address the root causes of poverty in the state legislature, Congress and Maryland's Executive Branch. He currently serves as senior advisor to Governor Robert Ehrlich and Lieutenant Governor Michael Steele and is responsible for faith and community based initiatives in Maryland.

"If you have a passion for helping people in vulnerable situations, HCH is an organization that draws you in," said Heath, when asked why he volunteers his time. "I am helping to support a superior organization."

Paula Lewis, another strong supporter of HCH, took over this year as chair of the



HCH board member and former client Donna Bradley looks on as Eldridge Jones completes a tally of the day's registrations during a recent voter registration drive.

Board Consumer Relations Committee. After struggling with addiction and homelessness for eight years, Lewis said she was able to look back on her life and see how using drugs and alcohol had affected her children, her family and herself. "I knew there was a better way," she reflected.

Lewis now works as an Office Assistant at the Family Investment Administration of the Maryland Department of Human Resources. She also advocates on the federal level through the National HCH Consumer Advisory Board. Ms. Lewis believes advocacy can make a difference, regardless of an individual's life circumstances.

"There are people out here in the world who are not mentally, spiritually or physically able to speak out on issues important to them. They often think that others simply don't care," said Lewis. "I hope I can give

(continued on page 3)

HCH Mission Statement

We provide health-related services, education and advocacy to reduce the incidence and burdens of homelessness.



Shine the Spotlight!

Community Spotlight

Thanks to the support of the Open Society Institute, HCH will use the recently approved medication Buprenorphine to facilitate outpatient detoxification. HCH will work in partnership with I CAN, Inc. to ensure appropriate shelter for individuals participating in the program. We look forward to the success of this innovative detoxification opportunity for people experiencing homelessness.



New HCH employee and Licensed Practical Nurse Lucree Kimbrough is assigned to the Buprenorphine project.

A special HCH thank you to Erickson Retirement Communities and its Senior Vice President and HCH Board Member Jeff Jacobson for a combined \$30,000 contribution toward a new HCH facility.

Long time HCH supporter Suzanne Cohen made a \$1,000 contribution towards our 2002 operating budget. Thank you for your ongoing support!

HCH appreciates the support of the Maryland Hospital Association and its Vice President and HCH Board Member Larry Lawrence for a \$4,000 contribution towards our capital campaign.

HCH thanks Becton Dickinson Diagnostics for an \$18,000 contribution toward our Hepatitis B vaccination program.

This past summer, James B. Lockhart III, Deputy Commissioner of the U.S. Social Security Administration, and Phillip Mangano, Executive Director of the federal Interagency Council on Homelessness, visited HCH as part of a series of conversations designed to improve access to Supplemental Security Income (SSI) for people with disabilities experiencing homelessness.

In a new partnership with the Smith College School for Social Work, HCH Mental Health and Case Management Team Coordinator Jan Caughlan and fellow social worker Nicole Kennedy attended a field instructor conference in preparation for a social work student this fall.

Help Wanted: HCH seeks donations of new socks and shower shoes for our Diabetes Collaborative. Contact Monica Anderson at 410-837-5533 x310.

The Mercy Children's Health Outreach Project and Nurse Practitioner Betty Schulz recently received an award for outstanding leadership from the Clinicians' Network of the National Health Care for the Homeless Council.



Dr. Scott Spier (left), Senior Vice President for Medical Affairs of Mercy Medical Center, Catherine Kelly, Director of Community Health Programs for Mercy FamilyCare, and Betty Schulz accept the Clinicians' Network award.

HCH Staff Shine!

Vicki Dailey was promoted to *Lead Connect Case Manager*

Gwen Highto was promoted to *Lead Therapist Cast Manager*

John Lane was promoted to *Client Services Coordinator*

Kevin Morton was promoted to *Addiction Team Coordinator*

Rolesia Rogers was promoted to *Addictions Operations Manager*

Pat Scott was promoted to *Client Registration Manager*

Ricky Thaxton was promoted to the *Viola Project Case Manager*

Dr. Michael Obiefune and *HCH Medical Director* Dr. Njide Udochi both received certification to dispense Buprenorphine for outpatient detoxification.

Still Growing . . .

HCH welcomes our newest staff members:

Joshua Lee, *SAMHSA Case Manager*

Jenifer Briscoe, *Development Assistant*

Charmaine Johnson, *Case Worker*

Lynn Woodson, *Billing & Finance Assistant*

Ken Hess, *Security Guard*

Mike Rudolph, *Security Guard*

Dorian Scott, *Addiction Counselor*

LaTanya Mack, *Medical Unit Clerk*

Lucree Kimbrough, *Licensed Practical Nurse (LPN)*

Hazel Graham, *Sr. Accounting Clerk*

David Johnson, *Lutheran Volunteer Receptionist* ☺

"I gave at the office"

Health Care for the Homeless, Inc. (HCH) participates in a number of charitable campaigns throughout the Baltimore-Washington metropolitan area. Please indicate the appropriate designation number to ensure that your contribution supports our work.

- United Way of Central Maryland Private Sector Campaign: #6322

- United Way of the National Capital Area: #7757
- United Way of Delaware: Please write in agency name & address
- United Way of Tri-State Area: Please write in agency name & address
- Combined Federal Campaign of Central Maryland: #6322

- Combined Federal Campaign of National Capital Area: #7757
- Combined Charity Campaign for Baltimore City: #6322

For additional information, please contact Jenifer Briscoe at 410-837-5533 x336. ☺

Seeking the Solution to Bureaucratic Disentitlement

Two years ago, the Bush Administration convened a series of "Policy Academies" to serve homeless individuals and families better and faster. Rather than pour more money into *homelessness*, went the argument, we should encourage existing programs to use their resources more effectively.

The idea was hardly new. In 2000 the Baltimore City Task Force on Homelessness encouraged local service providers to collaborate with each other on shared cases. That same recommendation only echoed another made ten years earlier by the Mayor's Homeless Relief Advisory Board (the predecessor of the current Commission on Homelessness, which, in recently adopting the recommendations of the Task Force, reaffirmed such a goal). One sees a pattern here.

Considering the number of entities pursuing the same goal of collaboration, the continuity of homeless services in Baltimore must by now be seamless, the effectiveness of our homeless service system absolute.

Alas

Last month in Baltimore, an HCH social worker walked to the clinic past the mentally ill blind gentleman for whom adequate shelter had not been found in the last ten months, another man in a wheelchair for whom assistance remained unavailable due to his inability to navigate

steps, and a homeless family forced to separate in order to find shelter (the women's shelter wouldn't accept the husband; the men's shelter turned away the wife and kids).

Waiting for her at the clinic, a newly homeless woman diagnosed with HIV requested shelter. After calling a short list of known resources, to no avail, the social worker dialed a central intake number and was instructed to call the Department of Social Services (DSS). When the number provided was no longer in service, she tried alternate numbers until a brusque voice told her to call Emergency Housing. This number produced another voice, equally annoyed, which asked *why on earth she would ever call here!?* A call to the Office of Homeless Services was redirected back to DSS, and then to a second and third contact there. The voice on the line chuckled when the social worker repeated the woman's request for shelter, and said *well, at least she didn't have kids, because then it would be even more impossible to find a place to stay*. In the end, the woman was asked to travel to the other side of town and wait to see another social worker for an assessment. One sees the pattern here, too.

Employees of these public agencies simply don't have the resources they need to respond in a human way. So they respond in the only way that's left to them. They are

reduced to anger, tears, or laughter. That these systems fail to work well together is no accident. If they could work well—if agencies and programs truly were coordinated in a seamless manner—it would require sufficient resources both throughout the system and at the end of it.

It's almost as if it's designed to fail—this pattern of bureaucratic disentitlement—because system failure, in the end, gets everyone off the hook. No one is responsible, except the 15,000 people turned away from shelter last year in Baltimore alone. No one is to blame, except the tens of thousands of Baltimoreans in need of drug treatment. The finger can only point to individuals with low or no incomes, standing in an eight-year line for the chance to lease a remaining public housing unit.

Fortunately, there are other patterns to follow. The antidote to bureaucratic disentitlement is the creation of an entitlement to safe and affordable housing, comprehensive health care, and sustainable incomes both for workers and people with disabilities. Around these guarantees, we can build a responsible and accountable service system with adequate resources—and then, and only then, endeavor to measure its effectiveness. It is only our inhumanity that we have to lose. ☺

Giving Back

(continued from page 1)

others inspiration to let them know they can do it."

One long-time supporter of Health Care for the Homeless recently endeavored to remind HCH clients of their right of participation in a democratic society. For two weeks in August, former client Donna Bradley, assisted by current client Eldridge Jones, set up a booth in the HCH waiting room and registered 117 individuals to vote in the September 9 primary election.

"I was out on the streets once, and I come back here to help my brothers and sisters," said Bradley. "Registering to vote is a basic way to be counted in society. I

hope to make people realize that they do count. They have a voice."

Both Bradley and Jones have volunteered throughout the organization for the past several years. Bradley is a five-year member of the HCH Board of Directors; Jones has served for the past three years on the Consumer Relations Committee. "As long as I've got my two legs, I will be here to help HCH and our clients," said Bradley, enthusiastically. "My main concern is the people. I won't leave my seat until I've registered every last person who wants to vote."

HCH is proud and privileged to have the support of so many individuals who once experienced homelessness and now choose to support our work to end it. ☺

Housing is Health Care

(continued from page 1)

HUD shows that 10% of Maryland's households are poor, and that 73% of these households have significant housing problems. 52% of these households pay more than 50% of their income for housing, and are thus at great risk for becoming homeless.

The Maryland Secretary of Health recently asserted that "health care is a right, not a privilege." As "housing is health care," an adequate supply of affordable housing should be included in the universal health care solution. The health of us all demands no less.

—Jeff Singer, President & CEO ☺