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An Overview of OVP

by Edward Kim

History and Goals

In January 1997, a number of students at Boston University Schools of Medicine and Public Health started a service-learning project called the Outreach Van Project. From its inception it established three main goals:

- To provide basic necessities to medically underserved populations such as food, clothing, toiletries, dental supplies and basic medical care supervised by a physician
- To make concerted efforts to connect underserved populations to primary medical care and community services such as shelters and detoxification programs
- To give students an opportunity for hands-on experience working with underserved populations in the Greater Boston areas

In 2009, the Outreach Van Project started an academic elective for students at the Boston University Schools of Medicine and Graduate Medical Sciences. With a capacity of about 30 students per year for the past two years, the elective has provided an opportunity for these students to volunteer on a regular basis, as well as participate in readings and monthly educational events designed to both raise awareness about issues faced by the homeless populations we serve, as well as develop skills in outreach work. The goal of this elective is to create a community of future physicians and other health care professionals competent in and committed to outreach in underserved populations.

What do we do currently?

Every Thursday night, we travel to a site in East Boston where we aid the local homeless population by serving a hot meal and providing basic necessities such as clothing and groceries. In addition, each week we are joined by a physician who provides basic medical care to those in need. The population we serve is a diverse mix including many immigrants from Central and South America. Many are victims of violent crime or suffer from debilitating mental illness.

The Outreach Van Project also aims to educate the medical and public health student populations at Boston University by holding monthly educational events. Speakers are invited to lecture on a wide variety of topics relevant to homelessness and homeless populations. Some events we held this year include:

- Demographics of the Homeless in Boston
- Mental Health in the Homelessness Population
- Project ASSERT Detoxification Programs

How we are funded?

The Outreach Van Project is funded by a number of private and public agencies, as well as individual donations. We would like to thank the following past and current supporters of OVP: The Association of American Medical Colleges (AAMC), Tufts Health Plan, the American Psychiatric Foundation, the Massachusetts Medical Society, the Boston Evening Clinic Foundation, the Greater Boston Food Bank, Chequer's Cafe, and Andre's Cafe, and private donors, including the BUSM graduating classes of 1999, 2000 and 2001 for their generosity. Additionally, we would like to thank the staff at the Office of Student Affairs for all their help with regards to administration of the project.

If you would like to learn more about OVP, please visit our website at http://blogs.bu.edu/outreach/history/. We can also be contacted at outreach@bu.edu. For information on how you can help, see page 7 of this newsletter.

Thank you!
Reflections of a Physician Advisor

by Jason Lee

During our outings on the Outreach Van we are fortunate to be joined by a physician acting as both advisor and mentor – one such physician is Dr. Brian Penti. Dr. Penti is a Family Practice physician at BMC and has been with OVP for the past twelve years. He first entered the program during his studies as a graduate student at Boston University. I recently had the chance to sit down and talk to him about the changes the program has undergone, the successes that he has come across and difficulties he has faced.

In the time he has been with the program, Dr. Penti has witnessed how we as a society treat the less fortunate – the poor, the homeless, the struggling; these individuals have been ignored by society to the point where they are essentially invisible. The effects of this disregard? A characteristic low self-esteem, as exhibited by the clients of the Outreach Van. Many of them have families that they have not contacted in years because they feel ashamed with their situation. We strive to improve the self-esteem of our clients, so that they may have the confidence to improve their lives.

People can view success of the program in multiple ways – the amount of food and clothing that we distribute on a nightly basis or the awareness that we raise within the community. Dr. Penti’s idea of success is a measurement of how many individuals are no longer in need of our assistance. The absence of clients has a more profound impact on defining the success of the program than the presence. Perhaps the best example of this was during Thanksgiving 2010 where the OVP crew encountered a woman who appeared unfamiliar. Appearing somewhat distraught, she informed us that she had recently become homeless and was unsure of what to do next. We were able to provide her with a list of numbers to contact and fortunately, we have not seen her on any subsequent outings.

This is an ideal occurrence; where we assist the recently homeless, who are quickly able to get back on their feet. Sadly, Dr. Penti reiterated that may of our clients are the ‘chronically homeless’ and getting them the proper aid does not have a rapid turnaround. The process of becoming self-sufficient from the time of the initial contact can take up to several years. Therein lies the greatest difficulty of OVP; the demand for programs that are catered towards assisting the homeless and underserved far outweighs the available resources.

Homelessness is a state of living that can be brought on by any combination of circumstances. Understanding this is crucial for any practicing physician, believes Dr. Penti. It is easy to blame the noncompliance of a patient simply on his/her laziness; however, we are taught to understand the situations of each patient and realize that it may not be due to incompetence but other factors. OVP is more than simply providing the basic necessities of food and clothing to the homeless population and Dr. Penti is the perfect characterization of the values and ideals we strive to achieve. His dedication inspires us all and we are fortunate to have him as a role model.
My Boston Homeless Census Experience
by Kristine Karkoska

On December 6, 2010, the city of Boston held its annual homeless census, a project now into its twenty-third year. The census, held in either December or late January, involves a count of all of those housed in shelters, domestic violence, substance abuse treatment, youth and veteran programs, and transitional housing, in addition to those living on the streets. Teams of volunteers are assigned to each of Boston’s neighborhoods, as well as the public transportation routes and airport.

As part of a group of OVP members, somewhat ironically, we were assigned to East Boston where we take the Outreach van weekly. Our guide was a retired police officer who had participated in the census for close to a decade, particularly in East Boston. Not only did he know the history of the area, but also where people had been traditionally found as well as particular characteristics of places that offered the most protection. He told us we should search for areas that would provide defense from the cold and wind, such as door/entryways, or as we came to see, covered trash canteens.

We began our night at about 9:30 pm. Our guide’s advice for searching for places that offered protection from the elements was especially relevant. December 6 was bitterly cold, with resting temperatures in the 20’s and wind chills near 0°F. We began by driving through East Boston, to the waterfront, near Lo Presti Park. Our guide explained that he knew of a man who lived in this area, having spoken with him in previous years. The man was a veteran who preferred solitude, and thus had declined offers to be taken to shelters in the past. The Boston skyline was our backdrop as we walked throughout the small park, which ends literally along the water’s edge. This is arguably one of the most beautiful views of the city, which seemed somehow cruel as we came to the farthest corner of the park, hidden behind several trees, and away from the street lamps that illuminated Lo Presti’s entryway. Here, less than five yards away from the water, and fully in the path of the wind blowing inland, we found him. He had formed a small nest with several sleeping bags and blankets in order to protect himself from the cold, appearing to be nothing more than a flattened cushion. A shopping cart containing his possessions stood next to his nest, symbolizing both his desire for solitude as well as his vulnerability; he had almost no means of protecting himself from both the malice of nature and mankind, as someone could easily pilfer his belongings without his knowing.

As a group we decided not to bother him. It did not seem right to force him to leave his carefully constructed home. Rather, we marked on our census sheet that we had found one male, name unknown, within Lo Presti Park and then moved on.

The rest of our night was mainly uneventful. We split into smaller groups of three people and continued searching through East Boston’s many parks and abandoned areas near old industrial buildings, all places most people would find undesirable, but for those without shelter would offer a bit of relief. This included several empty trash canteens behind a shopping center; our guide explained he had found people here in past years, as the covered ones blocked the wind. However, the city had become aware of this and made changes to prevent people from staying in areas such as this. We actually did not find any other people that night, including our clients from the van (though we did locate their shopping carts behind a strip mall near Central Square; in the worst parts of winter, they pay a small fee to stay in the lobby of a building). I guess in a sense that is a good thing, the fact that we did not find any other people. No one deserved to be outside that night. This was illustrated more explicitly in the fragments of the radio transmissions we caught: “please call 911, a man in a wheelchair has been found unresponsive”, “a mother and child are here in a 7-11, please send the van to take them to a shelter”, and even just, “a man is requesting an extra blanket, would you mind fetching one?”.

I feel as though some might read this and find my experience rather anticlimactic. Maybe the reader was expecting us to have found a number of people, or have had a dramatic experience such as calling for an ambulance. Maybe in a sense my experience was just that; we found only one person in the three hours that we searched through the overlooked and undesirable parts of East Boston. However, even now, I cannot forget the rather stark contrast made from the austere beauty of the Boston skyline and our one lone figure, whose vulnerability and isolation seemed magnified by his palpable separation from the city, and humanity, centered away from him across the water.
Why do people become homeless? A brief overview.
by Jake Kuster

Studies concerning the public’s perceptions of the causes of poverty consistently include lack of effort, talent, and money handling skills in contrast to such structural factors as job shortage and support systems. (Lee, Jones, and Lewis. Social Forces. 1990.) In reality, while many factors contribute to homelessness, it is a shortage of affordable housing and rising poverty that have been largely responsible for the growing numbers in the past 25 years. (National Coalition for the Homeless). Coupled with financial hardships and less job availability in the current economy, more households are at higher risk of being a paycheck, unexpected medical cost, or accident away from being on the street.

According to the City of Boston’s most recently available homelessness census (2008-2009), the major trend was an increase in the number of homeless families, up 22% from the year before. Reasons cited include the foreclosure crisis and a need for increased housing subsidies. Current national average wait times of 35 months for section 8 housing vouchers, for example (National Coalition for the Homeless), force individuals and families to find shelter elsewhere. Friends and family, if available, or shelters and the street, often become the remaining options.

Other factors commonly related to homelessness include lack of affordable health care, domestic violence, mental illness, and addiction disorders.

Affordable health care: Unexpected costs for households living paycheck to paycheck can deplete their savings and eventually result in little money available to pay for housing.

Domestic violence: An estimated 63% of homeless women have experienced domestic violence. (Network to End Domestic Violence). Some women are forced to choose between living in a violent household or becoming homeless.

Mental illness: Job and housing options are not abundant for the mentally ill, who make up 16% of the homeless population. (National Coalition for the Homeless). This number is disproportionate when compared to the general population.

Addiction disorders: The presence of an addiction disorder makes day to day living more complicated for any person, and even more so for persons already at high risk for becoming homeless. Additionally, there is a high comorbidity of homelessness and addiction disorders. 38% of homeless people are addicted to alcohol and 26% are addicted to other drugs. (National Coalition for the Homeless).

It is clear that stronger support systems to assist those who cannot work or who encounter financial hardships are needed to combat homelessness. Rises in affordable housing availability and fair wages are needed to assist those at high risk, and while there is no simple solution, addressing these root causes is a necessary first step.
Demographics of Homelessness

by Steve Mills

According to US Department of Housing and Urban Development’s 2009 Annual Homeless Assessment Report to Congress, “643,000 persons were homeless on a given night in 2009 while roughly 1.56 million people, or one in every 200 Americans, spent at least one night in a shelter during 2009.”

It is a common myth that the homeless are a fixed population living on the streets in a chronic state of homelessness. While it is true that there is a portion of the population living in this state, approximately eight out of ten people classified as homeless are transitonally or episodically homeless. Over 78,000 families were classified as without shelter or in temporary shelter making up 37% of the homeless population. The most significant contributing factors for families were found to be a lack of affordable housing and high rates of unemployment. Encouragingly, reported rates for homelessness of individuals decreased 5% from 2008; however, for the second year in a row the number of homeless families has increased.

Interestingly, a 2001 report by Tessler et. al. found significant gender differences in self-reported reasons for homelessness:

“Males were more likely to cite the following as their main reasons for homelessness: loss of a job, discharge from an institution, mental health problems, and alcohol or drug problems. Women were more likely to cite the following as their main reason for homelessness: eviction, interpersonal conflict, and someone no longer able or willing to help.”

Of those that sought emergency shelter or temporary housing during 2009:

- 78 percent were adults
- 61 percent were male
- 62 percent were members of a minority group
- 38 percent were 31-to-50 years old
- 63 percent were in one-person households
- 38 percent had a disability

While it may be convenient to think of the homeless as a singular, homogenous group of individuals living on the streets, the reality is significantly more complicated. From lack of affordable housing to mental health issues, and especially with regard to length of time as homeless, there are myriad characteristics that define the homeless population.

References


Interview with a Homeless Person
by Apar Gupta

Every Thursday night, the members of OVP have a great opportunity to interact with and serve the homeless population of East Boston. There is a fairly regular contingent who expect and anxiously await our arrival every Thursday evening. This gives us a chance to form a relationship with our clients, and particularly, to follow their progress. One night, I used the occasion to conduct a brief interview with a regular — let us call him John.

John is a younger-aged Hispanic male, healthy-looking and quite jolly. He is always laughing and cracking jokes, lightening the mood even when it is 10 below freezing. He knows all of the other clients and the majority of us by name.

I start out by asking him to tell me his story, just the basics, before moving on to deeper questions.

Apar: So John, did you grow up around here? How long have you been in Boston?

John: Nah, I’m from Chelsea [not too far away from our location in East Boston]. I came here a long time ago, like when I was 7 years old.

Apar: Where’d you come from?

John: Honduras.

Apar: Oh Honduras. So what happened from there?

John: Well I came here, grew up here, and I just didn’t follow the right path. I ended up in jail, I got out of jail, and that’s why I reside now in East Boston. When I got out of jail, I had no choice — my family moved away with all the violence going on in Chelsea. With me following the wrong paths, I was stuck here in East Boston. Hey, I gotta survive somehow.

Apar: So how’d you end up in jail?

John: Because, like I said, there was a lot of violence going on in Chelsea and I made some friends that I thought were my brothers. They made me believe I was their brother and we started hangin’ and chillin’, shootin’ people with guns; that moment, that time, that date, I was put in federal penitentiary up in NJ.

Apar: Oh wow. All the way down to NJ. So what brought you back to Boston?

John: Well because this is where I live. Like I said, when I came from my country, I came to Chelsea, so this is all I know — Boston. I’m a Boston die-hard fan, Go Patriots! Love Boston. So let’s proceed with the interview.

Apar: Of course. That’s great that you love the city. So do you have any sort of family around here? I know you said your family moved out a while ago, but anything of your own?

John: Oh yeah. My girlfriend lives right down the street from here [pointing nearby] and we got 4 little kids.

Apar: So you guys don’t live together?

John: No she kicked me out a while ago. She’s like, “How you gonna help my kids when you can’t even help yourself?” And that’s the hard truth. It is — how can I take care of them when I can’t take care of myself? So last question — make it good!

Apar: Haha. Ok. So have you thought about ways of changing yourself, helping yourself out of this situation?

John: Oh yeah that’s a good question. Yes I’ve tried, but everybody goes through problems. You got your own problems, I got my own problems. I’ve tried getting work but I got a torn ACL so that’s not good. I’ve been trying to exercise it.

Apar: Oh wow, sorry to hear that. I think you should definitely get checked out for that so that maybe you can find some opportunities. I think you definitely have it in you to go out and accomplish things. Thanks for letting me ask you these questions and I’ll see you soon again!

And just like that, my interview was over. It had been a good one, quite revealing about the mind and body of a homeless person. They do not always fit into our own stereotyped images of homeless people — in fact they usually do not.

There are many homeless people out there, some transient and some confined to the streets forever. Many of them have active minds and open hearts (‘John’ and the others have really appreciated our weekly visits, and defended us in front of others as a sign of gratefulness). They have life stories and life goals. Sometimes it takes conducting an interview of one’s own to realize how much they actually have in common with us, just buried deep in unfortunate situations. As John wisely noted, we all have problems of our own.


How to Support OVP

Here is how you can help:

1. Send a tax-deductible donation for any amount to the address below (check payable to Outreach Van Project)
2. Volunteer to work with OVP (see below)
3. Share your skills as a physician, nurse, dentist, or health care worker, in treating the underserved.
4. Organize a food or clothing drive in your community. For donations of food and clothing, please email outreach@bu.edu for more details.
5. Send the necessary documents to the address below if your company has a matching gift program.
6. Tell others about our work.
7. Shop iGive.com and support the Outreach Van Project. It’s free, private, & easy. Shop the Mall at iGive.com. You’ll see familiar stores like Lands’ End, Office Depot, JCPenney, Neiman Marcus, Expedia, Barnes & Noble, and eBay to mention just a few. Up to 26% of each purchase gets donated to OVP. Plus, if you shop within 45 days of joining, OVP will get an extra $5 donation, free. To start, visit: http://www.iGive.com/html/refer.cfm?memberid=352000&causeid=32338

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Volunteering on the Van

If you are a BUMC student and are interested in volunteering on the van, you are invited to join the Outreach Van Project elective. The elective is already underway for the 2010-11 academic year, but you are welcome to join in the Fall of 2011. To find out more contact outreach@bu.edu.

We need volunteers to go out on the van during school holidays (winter break, spring break, and the summer). If you are interested in volunteering during these times, email outreach@bu.edu.