DEREK WAHILA

Every winter, Operation Safety Net holds a vigil for the homeless who died on the street that year. The organization's founder, alumnus Jim Withers, is shown far right.

CASTING A SAFETY NET

HOW PITTSBURGH'S STREET DOC GOT STARTED

INTERVIEW BY TERRY GROSS

On November 17, 2008, National Public Radio featured University of Pittsburgh School of Medicine alumnus Jim Withers (MD '84) on Fresh Air with Terry Gross*, produced in Philadelphia by WHYY and distributed by NPR. Withers' Operation Safety Net started as an outreach program under the auspices of UPMC Mercy; it's now a nonprofit organization. What follows are excerpts of the interview. (© 2008, WHYY, printed with permission.)*

TERRY GROSS: My guest, Dr. Jim Withers, has practiced medicine in dark alleys and under bridges as he's traveled the streets treating the homeless. In 1992, he founded Operation Safety Net to treat homeless people in Pittsburgh. It's one of the nation's first full-time street-medicine programs and has inspired similar programs in other cities. Last month, Dr. Withers established the Street Medicine Institute, a nonprofit dedicated to helping communities throughout the world develop street-medicine programs. Withers is a doctor of internal medicine.

Dr. Withers, welcome to *Fresh Air*. Being among the first people to set up a street medicine program, what are some of the obstacles you faced in getting something like that off the ground? Or maybe, like, the rules are established now, but they weren't when you started?

JIM WITHERS: There really wasn't anyone to ask, in terms of guidance, even if this was a very good idea. Early on, I think I didn't tell the hospital for the first nine months what I was doing because I wasn't sure how they would accept it. Then I finally confessed that I was doing this work, and I would like some sort of support. At that time, they were able to give us a small grant, which allowed me to hire some of the homeless guys, formerly homeless guys, as outreach workers, and then get a secretary to sort of organize it all. The record-keeping is a challenge—people that gave you different names on different days. Acquiring supplies—we used to sort of steal things from a hospital early on, and then that worked itself out a little better later on.

GROSS: So, during those first few months, when you were dressing like a homeless person, was that helpful?

WITHERS: I think so. But it was amusing, because after I got established on the streets, they called me Doc Jim. And from one bridge to the next they would sort of refer me to someone else that needed help. And then one day a guy said, "Doc, why do you dress so poorly?" And I realized maybe I should dress up a little bit. So then I just got more practical in my outfit.

GROSS: So what do you wear now?

WITHERS: Just dark clothes, cargo pants, and I have a backpack, which has gotten much bigger; it has a lot of medical supplies and things in it.

GROSS: What do you keep in your backpack?

WITHERS: Well, the street really has to teach you how to do this sort of thing. And that's really the underlying philosophy, which I think is why within the medical field this is very timely. We need to learn to let our patients and those populations that are in need teach us. So as time went by, I saw people who—they had prescriptions that were melting in the rain that some emergency room had given them. They were coughing and ill, but they couldn't afford [medicine], and they weren't going to tell anyone. So, I realized that I needed to start taking some medicines out to the street. The police were kind of skeptical at first about me, so I worked on that relationship as well. And also, there was, in the very beginning, a certain individual on the street that I think would have taken advantage of me if I had anything that was of any great street value. So I began filling little Ziploc bags with medicines that could be very useful—antibiotics, pain medicines that weren't addicting, bandage material.

GROSS: You said initially the police were skeptical of you. What were they skeptical of?

WITHERS: Well, they didn't really believe I was a physician. I certainly wasn't dressed like one at that time. And it was at night. We were going into places that—actually we were probably trespassing in a few instances. So, they would stop and ask. And I particularly remember, a guy came up to me, and he handed me a handful of heroin and needles and things and just said, "Doc, I want to get off drugs." I looked down the street; there was a policeman watching us. And so, there really wasn't any precedent for them. But I got to know some of the police pretty quickly. I actually went to the station and talked to them and acknowledged

the hard work that they were doing and made partnerships with them. So that worked out pretty well.

GROSS: So what happened? Did you take the heroin?

WITHERS: I gave it back. I said, "You're going to have to get rid of this yourself."

GROSS: What are the typical problems you've seen on the street—medical problems—since you started doing this work?

WITHERS: Well, we live in a part of the country that's cold, and so we do see people who suffer from frostbite, the loss of toes, and trench foot. There's a lot of trauma. People are injured a great deal on the streets just by living out there, but also people are victimized by nonhomeless people, actually more often and [more] seriously than by other homeless people. But for the vast majority of people, it's medical conditions that we all suffer from but just go untreated due to the living circumstances.

GROSS: Many homeless people are mentally ill and are suffering with delusions and hallucinations. How do you treat someone in that condition? You don't have their medical records; there's no family members to tell you about pre-existing conditions; they're not going to be able to accurately communicate their symptoms or their, you know, long-term medical problems. So what do you do to get oriented to their problems and to communicate to them what they need to do?

WITHERS: Oftentimes you ask them, "What medicines have you been on?" And they'll mention some psychiatric medicines, so you know that's probably part of the history. But you have to be very indirect, because it's very threatening to people to go right to mental health issues.

So I found that even if a person is quite paranoid, delusional, and afraid, they still have a rich emotional life, and they do understand that you care about them, that you're consistent, that you're respectful. These are things that send powerful messages.

GROSS: Did you worry about protecting your own safety when you're on the street?

WITHERS: Well, when I started, basically it was just me and a formerly homeless person. I was quite concerned about my safety. We've been at this for over 16 years, and no one has ever been assaulted or hurt by any homeless person. But the first year was probably a little bit more up for grabs. I had three people point guns at me. I had someone threaten to cut my throat. It really became obvious to me after time that we had become part of the street culture and vice versa, and, if anything, we were well respected and cared for in the street.

GROSS: So when people held guns to you, were they other homeless people, or not?

WITHERS: Well, one was a fellow that we came up on the wrong way, and there's a lot of street etiquette and ways of doing things. (You really need someone who knows the street. And I would say anyone who is going to do this needs their own ambassadors to the street—formerly homeless are great types of folks to do that.) And that person we just surprised.

One guy, I also surprised, he knew me well, but he pulled a shotgun out, and another former homeless guy was able to redirect that—it didn't go off. One was a policeman who pointed the gun at us, and that frightened me more than anything because I knew their aim was good, and I didn't move a muscle. So those are the kinds of things. You just have to be careful how you approach people in remote campsites and things like that.

GROSS: You said, "You have to be careful not to do it the wrong way." What's an example of the "wrong way" that got you into trouble?

WITHERS: There was a guy who was nodding [off], and for whatever reason, he was against a wall, and we came at him in a sort of a horseshoe pattern. So he was surrounded. You know, there are a lot of predators out there that take advantage of the homeless. I guess that would be the way that they would assault someone.

GROSS: Is it difficult to work with people over an extended period of time? Do the homeless people that you see stay in one place? Can you find them after their first treatment?

WITHERS: It is a little challenging. I work with a lot of other cities throughout the United States to help them start programs or to improve the programs that they're doing in street medicine, and one of them had an interesting term. Instead of calling it "case management," he called it "chase management." There's a lot of effort that's put into keeping tabs on people and knowing where they are. Our electronic medical records allow you to put a name in and find out who's likely to know where that person is. We work with the morgue. We work with the libraries. And then the street has its own sort of network of knowing where people are and what's going on with them.

GROSS: Dr. Withers, I understand you started a wall in memory of homeless people whom you've worked with who have died. Would you describe the wall?

WITHERS: Years ago, I was in a *People Magazine* article, and Sidney Sheldon sent some money. It was very kind of him, and I thought, "I know what this money should go for." There were people dying on the streets, and no one was remembering them. So I used the money to buy 10 plaques, and I was going to drill them into the sidewalk or wherever that person had slept. Slowly they would accumulate, and they would make a—almost a political—statement about how many people are dying.

There were people dying on the streets, and no one was remembering them.

Well, it turns out that that's illegal. So we negotiated with the city, and we found a compromise of a wall. Every street person that we can account for [since 1989] has a plaque on that wall, and it's become one of the focal points for a sense of community. The homeless anticipate their friends' names appearing there when they've died. Family members come, and it's a place of healing and of acknowledging also the reality of what's going on. Each year, as in other cities, we have a homeless memorial service on December 21st. It's a candlelight service, and it has great meaning for all of us.

GROSS: Sounds like those plaques are part obituary, part tombstone.

WITHERS: That's right.

GROSS: Well, I want to thank you very much for talking with us.

WITHERS: Thanks for raising awareness. ■