

Street medicine: house calls without the house

In Santa Monica and L.A., teams of health workers bring critical medical services to people who are often averse to seeking treatment.

By Martha Groves
Times Staff Writer

April 3, 2007

Friends call him Thurston Howell III, for his passing resemblance to the millionaire played by Jim Backus in the 1960s sitcom "Gilligan's Island."

But Mike Huffman, 60, is no millionaire. The former computer program analyst and TV technician sleeps on a concrete slab at the beach in Santa Monica. He sometimes goes days without eating. And he forgoes medication for high blood pressure because he has no money.

A break finally came Huffman's way last week after a homeless outreach team received word that he was exhibiting signs of pneumonia. A worker from the Ocean Park Community Center, one of the Westside's largest service providers, and a doctor from the Venice Family Clinic tracked down Huffman on Thursday at a gazebo south of the Santa Monica Pier, checked his blood pressure, took his temperature and whisked him to the clinic.

Street medicine, as this practice of making house calls on the homeless is known, is fast becoming a popular tool in Santa Monica, Los Angeles and other cities in their attempts to help an often disaffected population known for its aversion to accepting help. Activists acknowledge that street medicine can serve only a fraction of those who need care, but successful programs in Pittsburgh and Boston have helped spark the movement.

"We potentially have saved many lives by doing this," said Christine Fratino, a Venice Family Clinic doctor who helped develop the "street med" program.

The lifesaving starts with steps that might seem small to those who have Band-Aids, pain relievers and hydrocortisone cream close at hand. To those living in alleys and parks, however, the street ministrations of Fratino and her colleague, Dr. Susan Partovi, can mean the difference between a day spent suffering from a wracking cough or sore rib and a day when the body, at least, is free of pain.

Like many other homeless healthcare programs, the Venice Family Clinic-OPCC effort, launched in January, receives federal funding. Nationwide, such programs serve about 650,000 homeless people a year, according to the National Health Care for the Homeless Council.

For the Santa Monica street medicine team, the day began at 7:30 a.m. in the parking lot behind the Ocean Park Community Center at 16th Street and Broadway in Santa Monica.

On Thursday, Fratino and Partovi, who usually alternate on the weekly outings, decided to team up. With them were Susie De La Rosa, an OPCC outreach worker who drove the van, and Bryan Sauter, a physician assistant from the Los Angeles Mission Community Clinic. Fratino had packed a large black backpack with ibuprofen, asthma inhalers, ointments, multivitamins, a temperature probe, a blood pressure cuff and lots of disposable gloves.

The first stop was an alley between 4th and 5th streets near Broadway. There, next to trash bins and a bank parking lot, Amelia "Bootsie" Skinner, 68, was using an outdoor faucet to rinse out clothing and wash her face. Plastic trash bags stuffed with her possessions were piled high in a grocery cart.

Skinner, who is missing many teeth, recognized the outreach team and smiled as she greeted them. At Fratino's request, she removed her fleece-lined moccasins, unwrapped the plastic bags around both ankles and pulled up the legs of her jeans to reveal swollen legs and feet. She lifted her right foot to show Fratino a cut on the bottom.

Fratino, 35, handed Skinner a tube of ointment. The doctor also offered an antifungal cream, but the older woman — who insisted she has a doctorate in psychiatry and once practiced medicine in Tuskegee, Ala. — rejected it.

But Fratino wasn't fazed. The fact that Skinner, who the doctors believe is schizophrenic, accepted any aid at all was encouraging.

"At first she couldn't walk," Fratino said. "Now she's mobile."

The next stop was Palisades Park, where John "Teddy Bear" Cunningham, 43, sat on a bench, his legs splayed. Partovi took his blood pressure; at 158 over 96, it was too high.

One goal of the program is to encourage homeless individuals with skin infections, upper-respiratory ailments, high blood pressure, diabetes and other conditions to visit the Venice Family Clinic. Doctors hope that patients would then be willing to take advantage of other services such as rehab and counseling.

Partovi, 39, offered Cunningham, a former school custodian who has been on the streets for seven years, a ride in the van to the clinic. "OK," he said.

After dispensing Tylenol, vitamins and cream to treat the dry, cracked hands of Masako Ellis, a soft-spoken woman wearing hot pink lipstick, the team headed for the public showers under the Santa Monica Pier, an early morning gathering place for the homeless.

Just before they left, De La Rosa told Cunningham they'd return for him. "I'm not going anywhere," he said.

People who become homeless tend to have severe personal problems, said John Lozier, the Nashville-based executive director of the National Health Care for the Homeless Council. "Often those problems include illnesses that make people resistant to receiving care," he said. "Kind, competent professionals doing outreach becomes critically important."

The homeless population's transiency makes it difficult to measure results, but Lozier said studies have shown that healthcare projects for the homeless are as effective in helping control some chronic medical problems as are more established clinics. Small steps work, Lozier said, adding, "We tend to get our gratification one person at a time."

Jean Sedillos, a Santa Monica activist, said the city has known for years that it needs more outreach to homeless individuals. Nonetheless, she was concerned that a street medicine program could make it easier for transients to remain on the streets.

"It's hard to argue with an outreach program that really does bring people in" to services, Sedillos said. "But if it turns into another feeding in the park, with no questions asked and no accountability, then it is an enabling situation. It could go either way."

Members of the street med team say the outreach will encourage clients to get off the streets. The first step, they contend, is making the homeless comfortable with those providing the services.

And that means going to where the homeless congregate.

At the public showers, the team members were greeted by several regulars, including Arthur Tarango, 56, who asked: "You guys got any pills?"

He had fallen off his bike and was in pain. Partovi examined his left arm and identified the problem: an inflamed tendon. He walked off happily, toting several packets of ibuprofen.

Fresh from his shower, Dave Culver waved away the team's offer of help, saying, "I'm fine, except for being alcoholic, of course."

Then the team set off in search of a man named Mike who might have pneumonia. "He's my best friend," Culver said. "You'll find him at the gazebo."

Indeed, there was Huffman, struggling to breathe while suppressing a cough. He said he had injured a rib when another street person "popped me a good one and I hit the pavement."

Huffman said he averages a fifth of vodka a day and has been in and out of Alcoholics Anonymous. He hadn't eaten in two days. An exam yielded distressing data: He had extremely high blood pressure (170 over 124), a temperature of 100.2 and, Partovi suspected, pneumonia or bronchitis.

He accepted a ride to the clinic and climbed into the van. De La Rosa drove back to Palisades Park to pick up Cunningham, and the group headed for the clinic on Rose Avenue.

A scheduler arranged for afternoon appointments for both men.

Later, Partovi reported that she treated Huffman for his high blood pressure and gave him medicine for pneumonia and rib pain.

He agreed to return for a chest X-ray. Cunningham failed to show up for his appointment.

martha.groves@latimes.com