

# HOMeward

SUMMER 2020

## Kim is happy to stay home

It's early in the morning and Kim Hawkins sits out on her balcony. A rustling bush across the street in Leakin Park catches her attention. Out pops a fawn, then another, then another. Six in total.

"They're out there playing just like kids!" she says. "It's so peaceful here. I love it."

Kim recognizes the irony in the fact that as soon as she found stability, the world turned upside down. Just one month after she moved into her new place at the Bernard Mason Apartments, COVID-19 changed everything.

She had big plans this spring because she completed her bachelor's degree in philosophy and psychology at Coppin State University at the age of 61. But her graduation ceremony was postponed.

"That's the only thing bringing me down right now," she says. "I really wish my grandnieces and grandnephews could have watched me walk across that stage."

But Kim doesn't spend much time focusing on that disappointment. She's too busy relishing in her newfound peace and quiet.

For decades, Kim worked tirelessly as a nursing assistant. But she was barely getting by in a state where Black women make just 69 cents for every dollar paid to white men. When her knees gave out after years of pushing a cart up and down hard hospital floors, she couldn't work anymore.

Kim spent the next six years living in a cramped room.

Many nights she huddled on the floor with her cat, Chloe, listening to a seemingly endless chorus of sirens and gunshots.



*Kim Hawkins loves the peace and quiet of her new apartment.*

"I felt so unsafe where I was," she says. "I was terrorized inside and outside the house."

A Health Care for the Homeless client, Kim has a particularly strong relationship with nurse practitioner Tyler Cornell, who has helped her recover from two knee replacements and surgery for an ovarian cyst. Therapist Jan Ferdous also helps her cope with the fear and trauma from years of unstable housing.

Kim doesn't mind that most of her care has shifted to telehealth. She loves calling Tyler and Jan from the comfort of a safe home she worked so hard to find.

"Every morning I wake up and I'm so grateful I'm here," she says, Chloe purring in agreement. "I don't think I've ever felt so good about staying home until now."



See what we're doing to create more affordable housing for people like Kim: [www.hchmd.org/supportive-housing](http://www.hchmd.org/supportive-housing)

# A quarantine success story

Ranette and David have known each other since the fourth grade. In fact, David was Ranette's first boyfriend. They grew apart, but found their way back to each other. And last fall, they got engaged and began the exciting (and stressful) process of planning their wedding.

But when David started coughing blood, wedding plans became the least of their worries. At the hospital, he tested positive for coronavirus.

David had a severe stroke from coronavirus complications. "I thought I was going to lose him," Ranette says. She had reason to worry. COVID-19 has had a disproportionate impact on families like hers. As of July, Black people are dying at more than twice the rate of white people.

Less than 24 hours after David's diagnosis, Health Care for the Homeless providers, including Medical Director Dr. Alia Bodnar, were on site at the family shelter where Ranette and her two children were staying. They helped the family move to the Lord Baltimore Hotel to safely quarantine.

"It happened so quickly," Ranette reflects. "When we got there, Alia and her team took our vitals and took us to our room. They checked our symptoms and made sure we had food every day."

Reflecting on how worried she was about her fiancé, she adds, "Health Care for the Homeless staff sat with me and made me feel so supported. They've helped my kids cope, too."



*Ranette and her family are happy to be on the other side of a COVID-19 diagnosis.*

David is now out of the hospital and with Ranette and her kids back in the shelter. But they won't be there long. While in quarantine, Ranette connected with our Housing Services Department and recently got the news that her family was approved for housing.

"I can't wait to move into our place and for our life together," Ranette says with a smile in her voice.



## DONATE

Help neighbors like Ranette and David navigate crisis and see hope in the days ahead.

[giving.hchmd.org](http://giving.hchmd.org)



## CONNECT

Looking for the latest on telehealth, COVID-19 and advocacy? Subscribe to our email list.

[www.hchmd.org/email-signup](http://www.hchmd.org/email-signup)



## WORK HERE

Driven, compassionate professionals like Jan and Tyler (pg 1) could be your co-workers!

Apply today:  
[www.hchmd.org/work-here](http://www.hchmd.org/work-here)

# Telehealth opens new doors to care

Have you made any changes during the pandemic that you'll carry forward? For us, providing care over the phone to clients like Antonio Barnes (right) has been a major breakthrough.



Antonio Barnes

Before COVID-19, Antonio was a regular at our Medication Assisted Treatment (MAT) group where he looked forward to therapy, Suboxone and peer support in facing over 20 years of depression and substance use.

"When MAT shut down, I was like, 'WOW, I really miss the group,'" Antonio says. "But I had my Suboxone and my other medications. And two weeks later I got a call about telehealth. We didn't miss a beat."

Jan Ferdous, LCSW-C, Director of Behavioral Health and Antonio's therapist agrees. "We rolled right into it. At a time when depression and anxiety are high, I can't imagine clients being without support from providers they trust."

As the pandemic continues, we're learning that telehealth is more than just a good public health practice; it's an issue of racial and economic justice.

People who can't afford internet, unlimited data or a car get cut off from the health services and information they need. Outsized risk of chronic conditions like high blood pressure make low-barrier care even more pressing for people of color.

For Antonio, care by phone is a lifeline.

"COVID-19 is really challenging. I call three times a week just to talk to someone who has a plan," he says.

Antonio has telehealth phone appointments for therapy, psychiatry and medical care. His team of providers talk him through anxieties around COVID-19, managing high blood pressure, substance use recovery and when to ask family for help.

"Every month is getting better," Antonio adds. "The staff give me the tools to be strong on my own, and everyone is working on one accord to make sure I'm okay."



**Telehealth meets people where they are.**  
**Since the end of March:**

- **3,100** people got care through
- **12,000** telehealth visits

Learn more about our agency response to COVID-19 at [www.hchmd.org/covid-19-updates](http://www.hchmd.org/covid-19-updates)



## The first of many conversations

In June, 170 people joined our inaugural Community of Practice conversation *Addressing Racial Inequities in Health Care*. As you read through the questions we explored with our panelists, take a moment to reflect on your own answers.



**Lisa Cooper,**  
**MD, MPH, FACP**

*Director, Johns Hopkins Center for Health Equity;  
Director, Urban Health Institute*

**In your field, why is racism so uncomfortable to discuss and address?**

As physicians, we take an oath to do no harm to others. To talk about racism means we need to admit to ourselves that we are contributing to the problem.



**Rev. S Todd Yeary,**  
**JD, Ph.D.**

*Senior Pastor, Douglas Memorial Community Church;  
Senior VP & Chief of Global Policy, Rainbow Push Coalition*

**What is your analysis of racial disparities in the time of COVID-19?**

People are dying in real time because we're not willing to deal with this issue of the system being skewed toward those who have. The government deployed  $\frac{3}{4}$  of a trillion dollars to support businesses. The argument that we can't come up with the resources is a fiction.



**The Honorable John Olszewski, Jr.,**  
**MA, Ph.D.**

*Baltimore County Executive*

**What should you be doing differently to address structural racism and racial inequities?**

Government is disproportionately white and male. We need to look at our hiring practices, how we allocate resources, implicit bias training and policing. As white leaders, we need to listen.

Watch the full conversation and join the next session: [www.hchmd.org/community-practice-homelessness](http://www.hchmd.org/community-practice-homelessness)



# Go, Bushra, go!

**B**ushra Lohrasbi is always on the run—literally. And not even a quarantine can stop her.

It was late-April and Bushra was like most of us: stuck at home. COVID-19 had brought an early end to her final semester at Penn State, and she was back at her parents' house in Ellicott City, looking for a way to help.

Her daily runs gave her time to think, and she devised a way to turn her favorite activity into frontline care for people without homes. She asked friends and family to sponsor each day she ran in May by donating to Health Care the Homeless.

"I could sense a lot of helpless energy on social media and in calls with my friends and family," she says. "It was a hard transition. I wanted to give my friends and family an easy way to help."

Bushra quickly had a sponsor—sometimes more than one—for every day. Over the next 31 days, she ran 135 miles and got 50 donations, raising over \$700.

Bushra was surprised by the response, but she also sees it as an indication of how young people like her are eager to push for social change. You can see that across the country with youthful energy fueling protests against police brutality and systemic racism.

"As young people, we have so many tools at our disposal," she says. "Our education, social awareness, *ginormous* social media connections—that can drive us to fight for changes in our communities."



*Bushra Lohrasbi turned her daily run into a way for her friends and family to give back.*

Bushra's passion is studying the ways trauma—childhood abuse, homelessness, racism—impacts our brain's way of processing communication and producing speech. She dreams of becoming a speech pathologist and helping those who are too often overlooked to find their voice.

COVID-19 didn't stop Bushra from running. And it's not stopping her education either. She's starting a master's program at the University of Maryland this fall.

"I'll get a graduation ceremony eventually," she says.

In the meantime, she's going to run.



## MARK YOUR CALENDAR

### ROCK YOUR SOCKS 5K

Saturday, November 7



Looking for a way to give back like Bushra? Register for a virtual sock-rocking 5K to deliver care everyone deserves. [giving.hchmd.org/5K](https://giving.hchmd.org/5K)

## WORKPLACE GIVING

### October-December

Help end homelessness with each paycheck. Your pledge of \$25/month moves neighbors from crisis to stability.

- United Way of Central Maryland: #6322
- Baltimore City Employee United Way Campaign: #6322
- Maryland Charity Campaign: #521576404
- Combined Federal Campaign: #55079

