Are we truly listening?

Behavioral Health Therapist Johanna Galat reflects on nine clients who passed away in 2020 and the systems that normalized their pain.

I've been attending Homeless Persons' Memorial Day since before I joined Health Care for the Homeless as a therapist. At December's memorial, I heard the names of nine of my clients. Most of them were Black and men in their 50's.

Nicholas* volunteered all over the city. Mary* loved Madonna and Justin Timberlake. Ronald* wrote poems about the universe. And Lisa* was so creative with a really friendly soul. There were so many different things to love about them. The only thing they had in common was being treated badly by the world to the point of homelessness—a trauma that played a part in their deaths.

Having a home means you'll live longer, yet housing is treated as something to be earned. It's like charging someone to breathe.

Discrimination takes a toll, too. Whether in a hospital or health center, we as health care providers often believe people's state of emergency is too constant to be real. Many of the people I see suffer from having their pain ignored. And we need to take responsibility for the health care system that causes and normalizes this pain.

Mary didn't like going to hospitals even though she had a lot of medical issues. At times, staff would attribute everything to her delusions.

Robert* was repeatedly turned down for benefits because he wasn't considered disabled enough. I helped him prepare for an appeal and he died of a heart attack later that day—unable to make it to the hospital.

Nicholas had a brain tumor, but I thought his depression was related to getting housed and having space to process his trauma. We don't know his cause of death, but it's possible that I missed a bigger, life-threatening issue.

I don't want 2020 to be representative of the future. As a health care provider, it's my responsibility to confront my own bias and fight for policies I believe in, like rent control and more funding for public housing. It's on all of us to dismantle the systems that lead to the avoidable deaths of our friends and neighbors.

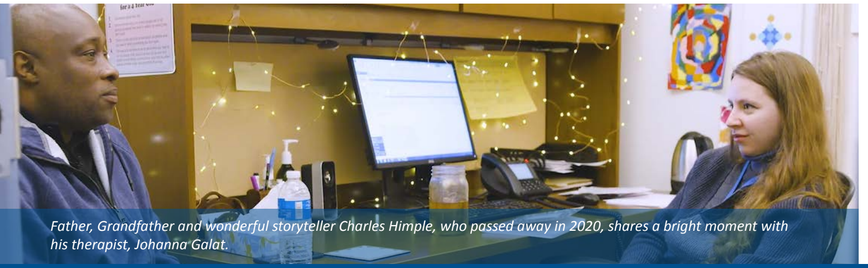
**These names are pseudonyms*

Homelessness takes years off your life.

82 years	68 years	48 years
Wealthiest Maryland counties	Low-income communities of color in Baltimore	People experiencing homelessness

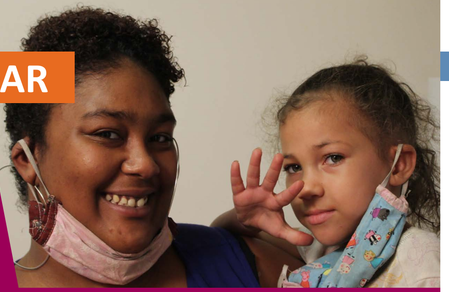
Average life expectancy rate

Read the names of the 157 Baltimore City residents who died in 2020:
www.hchmd.org/news/pearls-remembrance



Father, Grandfather and wonderful storyteller Charles Himple, who passed away in 2020, shares a bright moment with his therapist, Johanna Galat.

MARK YOUR CALENDAR



THE CHOCOLATE AFFAIR
Saturday, March 6

The sweetest night in town, delivered to your door.

Spend an hour with us watching a series of short, independent films. Together, they reveal how homelessness is created in our communities…and how to end it.

The program closes with the premiere of our documentary about Q Robinson (pictured right).

Buy your ticket at chocolateaffair.org
Movie Night Box (for two): $500
Film Series Only (for one): $25

For the first time ever, share this event with friends and family from across the country.

COMMUNITY OF PRACTICE
Thursday, March 25

Learn how to confront and address structural inequities in health, food, policing and housing through our Community of Practice conversations. Register for our upcoming discussion on reimagining restorative justice.
www.hchmd.org/community-practice-homelessness

Dental care is back

"I'll do whatever it takes," Pamela* thought, the pain of her infected tooth consuming her entire body.

Alone in her apartment in Dundalk, she began to pool her rent money to pay for an emergency dental procedure. "It was excruciating," she said. "I couldn't eat anything. Everything was painful."

Meanwhile, across town, Health Care for the Homeless Dental Director Parita Patel was figuring out how to safely reopen the dental clinic during a global pandemic. She thought about Pamela and the hundreds of other clients in desperate need of relief. Pain or homelessness is a choice no one should have to make. But dental care is expensive, and Maryland has no public insurance coverage for adults.

"I'll do whatever it takes," Parita said.

Pamela's phone rang. It was Health Care for the Homeless. After seven long months, the dental clinic was reopening. She would be the first client in the chair.

"I knew I had an infection and the x-ray confirmed it," Pamela said. "I was able to get it taken care of that day."

"We've been so eager to get back," Parita said. "And now we're equipped to slowly start caring for clients in a safe environment."

Pamela had her tooth removed at no cost and received antibiotics to treat the infection. She paid her rent and is now pain free at home. "I don't know what I would do if Health Care for the Homeless hadn't been there," Pamela says.

Dental staff Ashli Cumberbatch and Judy Sparkman suit up on re-opening day.

While we won't be able to reach full capacity until a vaccine is in widespread use, we will do whatever it takes to remain open. Pamela and so many others are counting on us.

**This name is a pseudonym*

Your donations are the reason we can safely provide urgent dental care when it's needed most. Give at www.hchmd.org.

WINTER 2021

HOMEWARD

HEALTH CARE for the HOMELESS

Racial equity and inclusion should be the foundation, liberation is the true goal

Accounting Manager Jeremy Givens (left) and Board Member Michael B. Jackson (middle) sat down with Senior Director of Equity & Engagement Eddie Martin, Jr. (right) to discuss their new roles as our respective Staff and Board REI Committee Chairs.

Martin: It's exciting to have this conversation with two other Black men who will be pioneers in this space. Can you tell me what moved you to become agency leaders in our REI work?

Givens: It's a pleasure to be here, Eddie. There isn't a lot of Black leadership at Health Care for the Homeless, especially Black men. I felt I had a voice not often represented. So, I felt a great responsibility—I needed to accept that charge and be the one to step up. I think it's important for the agency to see a Black man pushing this work forward.

Jackson: I couldn't agree more. 2020 shined a spotlight on complex systemic problems that have existed for generations, but so many in power have had the privilege of ignoring them. These issues already existed—whether gaping health disparities, voter suppression, gerrymandering, or a lack of equity in criminal justice—they were already there.

Even in my "day job," I see alarming industry statistics. As an example, for every $1 million that a white male founder raises for his start-up, a Black female founder raises an average of $36,000. This kind of inequity, that's what called me. I feel obligated as a Board Member to leverage my influence to help make sustainable changes—starting from where we are.

Martin: Thank you both for sharing. I agree. Many of us are teleworking, which provided us all the opportunity to see the 8 minutes and 46 seconds with George Floyd. The elephant's out of the room. These realities have always been there, as you said, Michael. African Americans are dying at 2.5 times the rate of white Americans during COVID-19. We know that in any crisis it is the distressed individuals who get hit the hardest and the fastest, and have to deal with its lingering effects.

Martin: What makes you hopeful that you will succeed in this work as committee chairs with the agency?

Givens: This is my first time spearheading this kind of work. I'm looking at things from all angles and doing my groundwork. Often I feel both the responsibility and the burden of being a Black man. But I'm also hopeful because of the diversity and training of the committee, and the clear intention and investment by the agency.

Continued on page 2…

...Continued from page 1

Jackson: As a Black man, disparities are a lived experience; they were already top of mind, an anxiety, a burden that we can't take off. It's important for me to raise awareness and use data to move people to action. I really take this responsibility seriously. I'm encouraged by the fact that we've been empowered here. I've seen the numbers as a Board member. I know we're putting in the resources and the budget. This is not something that is a passing phase, and we'll all work to make sure it's not.

Martin: What impact do you imagine REI having in the lives of our clients, staff and Board members, and what does success look like to you?

Jackson: We're looking to address disparities, inequities and biases that exist in housing and health care. For instance, studies have shown that providers assume that Black patients are able to tolerate greater levels of pain. We need to make sure that we are identifying and addressing these kinds of harmful falsehoods in our own practices. As an employer, we're looking to ensure racial equity and inclusion across the organization, including in our hiring, retention, promotion and compensation. Our efforts should be aligned with the needs of our community; we should be able to quantify our impact and hold ourselves accountable; and we will need to ensure that the changes are sustained over time. These efforts should continue with as much vigor as they start with, not fade away as the headlines do.

Givens: Through my experience here and at other community health centers, I have seen that clients are not always able to be treated by providers who look like them or have an understanding of what they've been through. Fixing that will be a big part of what success will look like. Also I'm hopeful that the committee can open up people's minds, especially to things like implicit bias.

Martin: I hear from both of you that success is about our *structure*—how we look and how we practice. But I also hear you talking about cultural change. I want to be an individual, who, as a person of color, can *feel* the change, who doesn't feel limited as a Black man in my position just because I am a Black man. For me, "inclusion" is a low bar. You can "include me" all day but not address issues of equity. Racial equity should be a bar that we cannot fall below. So let me add this thought: Our goal should be liberation. I want to be free. Free of the pains of racism, ranging from institutional and interpersonal racism, but also from the white supremacy etched within my own psyche.

"2020 shined a spotlight on complex systemic problems that have existed for generations, but so many in power have had the privilege of ignoring them."

Martin: What is at stake if we do not explicitly talk about race and work toward establishing racial equity as the foundation?

Givens: If we don't talk about race, we become stagnant. We risk creating an echo chamber, resting on our past accomplishments and not reaching our full potential. We have to change culture, mindsets and hold the mirror up to ourselves. Let's put the spotlight on our blind spots and then we can hurdle over them.

Jackson: I agree with Jeremy. Not to be hyperbolic, but I would say it's a matter of life and death. If we don't have these conversations, the inequities will linger and grow. We may not be able to impact everything within society; but here, where we deliver critical services and employ people, these changes have a ripple effect. We need to think big. I want us to dig in and really think big to impact long-term change. And we have to be careful not to dilute or lose the focus specifically on racial equity—we cannot let this happen.

Martin: To your point, Michael, the ability to drift away from racial equity work is privilege. We, as Black people, can't "opt out." We have to deal with these realities every day. We have to think about the balance between grace and accountability. We have to think about transformation, not just performance. This leads me to my last question: What advice would you give to those who may feel uncomfortable leaning into this work or doubt that the agency will succeed in this work?

Jackson: We can't place the catalyst for change solely on the person who has been treated unjustly. *We* have to take the first step together, starting with what we have in common and then empathize—not sympathize—with the person you're talking to. It's awkward, but the relationship will be stronger for it.

Givens: Lean into the uncomfortable conversations. That's where growth and change happens. Appreciate the moments of discomfort because we will be better for them. Come to the conversations in good faith and empathy. To colleagues who doubt work we're doing, my response is don't lose the faith in the organization—we're going to push forward.

Martin: I appreciate the both of you for opening up. This is the start of many conversations. I'm looking forward to working with you.

Meet the other members of our REI Committees at www.hchmd.org/REI.

The REI work ahead

Phase 1: Examination *(January-June 2021)*

Hiring of additional staff, weekly management meetings and organizational assessment by the Center for Urban and Racial Equity (CURE). Assessment includes surveys, focus groups, policy review and workshops.

Phase 2: Implementation *(April 2021-August 2022)*

Presentations of assessment; implementation of metrics and action plan; anti-racist trainings; mentorship program and affinity group formation.

Phase 3: Execution *(June 2022-ongoing)*

Formal integration of REI approach across clinical, administrative and cultural practices; 2022 Strategic Plan design and implementation.

Rachelle Adams (right) and fellow COVID-19 screener Keiren Havens keep our downtown clinic safe.

How are you feeling?

Rachelle Adams was sent home on her first day of work.

It was March 16, 2020, and our new Director of Human Resources got her laptop and, like many of us, was promptly ushered into the world of telework in the face of a global pandemic.

A few months later, she had a chance to be back in the clinic in an unexpected role: a trained COVID-19 screener.

"I was a little nervous, but I didn't hesitate to sign up when medical staff requested support from administrators to screen clients at the front door," Rachelle says. "The pandemic was seeming overwhelming, and this was an opportunity to help."

Being on the frontline—asking anyone who comes in about potential symptoms—has helped Rachelle see first-hand the wide range of urgent needs that come with not having a stable place to stay:

"I'm here to get my mail."
"Someone at the shelter tested positive and I need a test."
"Just picking up my new prescription."
"I'm here to sign my lease!"
"My stomach hurts. Can I see a doctor?"
"I don't have anywhere to stay tonight."

Each short encounter reinforces why in-person care is still critical for the people we serve. And Rachelle sees that in the relationships she's building during her shifts, too.

"It brings a smile to my face when people come back and recognize me," she says. "One client keeps me updated on all his care. 'Remember when I told you I was worried I had cancer?' he asked me once. 'I'm going to be ok.' I could tell it meant a lot to him to have someone to talk to about his progress."

The last three months have been tough. The number of people screening positive and needing testing has jumped as COVID spikes across the country. But Rachelle and the rest of our screeners are out there every day, creating a safe place for people to get care.

Want to join the team that makes sure our neighbors get the care they need? Apply for an open position at www.hchmd.org/work-here

COVID-19 doesn't affect everyone equally.

Latinx/Hispanic neighbors are more likely to work in "essential" jobs with limited protection. Many are denied insurance and have nowhere else to go for care or tests.

1,373 clients have gotten tested at our clinic.

Positivity rate:

Latinx **35%**

non-Latinx **8.5%**

On average **200** people per day still need care in-person

Latinx clients make up:

28% of our client population **but**

65% of positive COVID tests

Adjusted for age, Latinx and Black Marylanders are far more likely to die from COVID-19 than are white people:

White

Black **2x** more likely

Latinx **3x** more likely

www.apmresearchlab.org/covid/deaths-by-race