Sign me up

Michael Moore didn't need to be convinced.

A year into a global pandemic, he was tired of talking to his sister on the phone, of seeing his 96-year-old mother, Mildred, through a window. So when his provider, Senior Medical Director Laura Garcia, CRNP, asked if he wanted the COVID-19 vaccine, his answer was simple: "Tell me where and when."

Michael was at severe risk for the worst outcomes of COVID-19. "You name it, I've had it," Michael says. "I've had heart issues, cancer twice, two strokes and kidney problems. I've had to be really careful."

Michael was one of the first of 1,300 people to get a COVID-19 vaccine from Health Care for the Homeless. At the current pace of 40-60 doses a day, we're on track to vaccinate over 2,000 people by this summer and at least 5,500 by the end of the year.

Michael knows he might not have gotten the vaccine without that direct call from his primary care provider. Maryland's vaccine rollout is mostly online, which makes it hard for people in distressed communities to get information or appointments. Despite the fact that Black people died from COVID-19 at rates twice those of whites, Black Marylanders like Michael remain much less likely to have been vaccinated than white residents (23.5% vs. 35.7% as of April 8).

In addition to daily vaccinations on-site at our downtown clinic, our providers are also delivering them to people in temporary housing, shelters and hotels-turned-shelters.

"If residents had to navigate the scheduling system and then find ways to get to vaccination sites, I am certain many would not have been able to get the vaccine," says Katie Allston, Executive Director of Marian House, where 30 women received the vaccine from our providers in March.

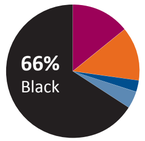
Now that he is fully vaccinated, Michael looks back on a year of COVID-19. Time alone, combined with regular telehealth and in-person check-ins with Laura, has helped him make significant strides. "My health is better," he says. "I've slowed down and focused on myself. I've worked to stop drinking, stop smoking and now I'm eating healthier, too."

And mostly he is excited, because for so long he has waited for the day when he could finally put down the phone and go spend time with his mother and sister. Now, that day seems much closer.

Our vaccine distribution

as of 4/9

965 Vaccines at our downtown clinic + **330** Vaccines at shelters and partner sites



14% White
13% Latinx
3% Asian
4% Other/Unknown

You can pre-register to get your vaccine, too. Visit: onestop.md.gov/preregistration

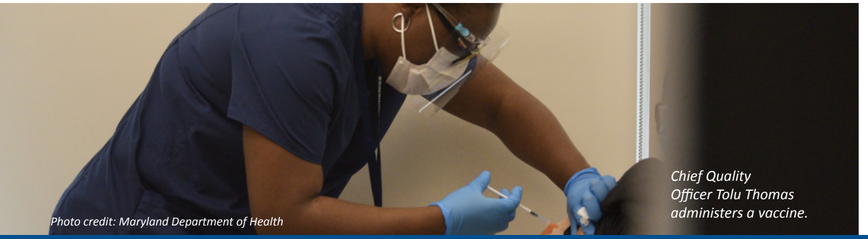


Photo credit: Maryland Department of Health

Chief Quality Officer Tolu Thomas administers a vaccine.

Make time to tune in

COMMUNITY OF PRACTICE

Thursday, June 3

Learn how to confront and address structural inequities in health, food, policing and housing through our Community of Practice on Homelessness. Register for Part 2 of our discussion on reimagining restorative justice.
www.hchmd.org/community-practice-homelessness

ORIGINAL FILM NOW AVAILABLE

Premiered during the 2021 Chocolate Affair, "Meant to Do Great Things" is available for you to **watch and share**. Take 15 minutes to see the story of Q Robinson, a Baltimore mom building the life she wants for herself and her daughter.

"I hope my story touches a lot of people," Q reflected after watching the film, "and helps more people get housing."
www.hchmd.org/videos/meant-do-great-things

Check out your creative neighbors

MASK UP

Masks remain the best way to prevent the spread of COVID-19. "I can't volunteer in person," says Claire Ritterhoff, who has crafted, collected and donated over 300 masks. "But I can use my sewing skills to keep friends, relatives and even people I'll never meet safe."
To donate masks, contact donations@hchmd.org.

LOOK LIVELY

That's just what the Johns Hopkins University Zinda dance team did. Through a series of virtual workshops, they turned living rooms into stages to raise $500 while teaching people this Bollywood fusion dancing style.
You can start your own fundraiser at: www.hchmd.org/raise-money-end-homelessness

GAME ON

From Fortnite Battle Royales to collecting Pokémon, gamers hosted charity streams on Twitch and encouraged their followers to donate. Jordan Uhl's charity stream made Fortnite more difficult by forcing players to drop their weapons and dance after each donation, raising over $7,000 for our neighbors without homes.
Level up your fundraising by starting a charity stream on Tiltify.com.

DINNER'S SERVED

As part of our Community of Practice on Homelessness, local architecture firm Hord Coplan Macht delivered 100 hot meals to residents at the Westside Men's Shelter. "Everyone should have access to healthy food. In the midst of the pandemic, we wanted to help our neighbors while also supporting Black-owned restaurants," says Melanie Ray, Associate at the firm (pictured right at Next Phaze Café).
To coordinate a meal delivery, contact us at donations@hchmd.org.

SPRING 2021

HOMEWARD

HEALTH CARE for the HOMELESS

Outreach Workers Roy Jackson and Terry Robinson prepare a food delivery.

Putting health on the menu for everyone

"The closest thing to a vegetable was a pickled onion," says Board Member Randi Woods, reflecting back on her childhood trips to the store in Southwest Baltimore. "You see, my elder brother, sister and I were latchkey kids. And while our parents were at work, we would often go to the convenience store and load up on honey buns, Now & Laters and chips."

While this is a fond childhood memory, Randi explains, it is also a reality grocery list for many city residents today.

"It's indicative of a larger problem in Baltimore," she says.

People living in predominantly Black and low-income Baltimore neighborhoods face food apartheid.* Their communities are hyper-saturated with cheap, highly processed foods and liquor stores, and they are targets of marketing campaigns for these items. Simply to find healthy food choices, they often must take multiple buses (and hours) to the closest grocery store and bring home only what they can carry, requiring multiple trips each week. It's no wonder that Black and Latinx/Hispanic communities have the highest rates of hypertension and diabetes, respectively.

Coordinator of Community Health and Outreach Lilian Amaya and her team witness the destructive results of food apartheid each day at Health Care for the Homeless.

"We're seeing more clients who have nowhere else to turn," Lilian says, acknowledging the COVID safety concerns that have exacerbated existing barriers to food. "Right now, everyone is working really hard to get food on the table so that kids aren't starving, the elderly aren't going without food—that's the reality on the ground."

To address real-time emergency needs, community health workers (CHWs) and outreach workers have forged relationships with food pantries and churches across the

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city, and they drop off boxes each week to particularly vulnerable clients. This month, with funding from private donors, we also launched an in-house food pantry at our downtown clinic. Clients who need food today can walk out of their health appointment with one-to-two days' worth of shelf-stable food—no cooking required.

"I'm grateful we can provide the food," CHW Briauna Wills adds. "But it's disheartening, too. Many clients aren't eligible for government assistance, and we can't establish an ongoing plan. Those cases affect me the most." Her fellow CHW, Greg Rogers continues, "Yes, it's tough when you walk away from dropping off a box of food and then you look in your own fridge and can have anything you want."

Even as we celebrate these efforts to meet immediate needs, we grapple with how to address the embedded structures that leave Black, brown and low-income clients with limited choices about the food they put in their bodies.

"A right to food goes beyond having food," Eric Jackson of Black Yield Institute explained during our Community of Practice on Homelessness on the intersection of food and race. "It's about how our communities can build and provide for ourselves and others."

Get involved to help end food apartheid in the Baltimore area.

JOIN
Community of Practice on Homelessness:
www.hchmd.org/community-practice-homelessness

SUPPORT
Black Yield Institute:
www.blackyieldinstitute.org/programs

WATCH
Local documentary, *Deserted*:
www.emilystubb.com

**Food Apartheid definition drawn from Dara Cooper, Executive Director of National Black Food and Justice Alliance*

COVID-19 has made access to food even harder.

Of Baltimore residents living in areas where access to healthy and sustainable food is limited:

Since the start of the pandemic:

46% of Latinx clients listed food as their primary need

An estimated
1 MILLION
additional Marylanders don't have enough to eat due to the COVID-19 pandemic (2.5 million total)

Source: Baltimore City's Food Environment 2018 Report and The Baltimore Sun

It's easier than ever to lose your home

Linda* was evicted during the pandemic. She had to find a new apartment. She had to come up with two months' rent. She had to remove all her possessions from her home before they were placed on the curb.

With all of her family out of state, a variety of serious illnesses and crushing medical bills, Linda's situation was life threatening. On the best of days, she was lucky to remain out of the hospital.

Linda eventually found a new home by chance, but it was at great personal risk, and without much support.

Luck should not determine if someone has a home.

The eviction crisis and the homelessness it causes is not new, but COVID-19 has brought it to the forefront, explains Director of Public Policy Joanna Diamond. "It's a direct result of deliberate disinvestment in housing."

When someone loses their home through eviction, everything else crumbles. Ending homelessness requires a more equitable approach to housing than the overuse of eviction.

This includes creating affordable housing that doesn't require tenants to jump through hoops to get and stay housed. And it requires putting tenant protections into law.

As of February 2021, nearly 200,000 Maryland families were at risk of losing their homes. "It is so easy to evict someone in Maryland," says Charisse Lue of the Public Justice Center. "In one week, I saw 50 families evicted, even with the CDC eviction moratorium."

Evictions are a way of criminalizing poverty and, as such, are experienced disproportionally by our Black and brown neighbors.

And eviction follows people throughout their lives—making it harder to regain housing, imposing compounding punitive debt, and putting the renter's health at risk. All of this leads people like Linda to our waiting room.

Dr. Max Romano advocates for housing justice for clients like Linda.

Linda's primary care provider, Dr. Max Romano, shared her story as testimony in support of HB 52—one of a package of housing justice bills we supported this legislative session. While the General Assembly failed to pass emergency relief for renters, we had one big housing win for tenants, which included:

- Access to legal representation in landlord/tenant disputes (the first in the nation!)
- Requirement for landlords to provide 10-day notice to tenants before filing for eviction

In his testimony, Dr. Romano stated, "These are vitally needed changes to prevent life-threatening harm caused by evictions."

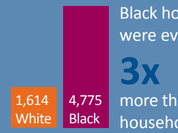
Policy decisions put and keep people in poverty. But policy can also be a step towards justice—ensuring that more Marylanders have a safe place to call home.

**This name is a pseudonym*

Learn more about our legislative priorities and their outcomes here:
www.hchmd.org/2021-legislative-session

In Baltimore:

Female-headed households were evicted
46x
more than those headed by men



Black households were evicted
3x
more than white households

The highest risk of eviction is on the segregated west side and gentrifying east side

Source: Baltimore Eviction Map

Our job is not to judge

Medication-Assisted Treatment Nurse Coordinator Molly Greenberg discusses how our new Syringe Service Program (SSP) complements our commitment to equitable access to care.

This year we became the first Federally Qualified Health Center in Maryland to establish an SSP, joining 15 organizations already operating these programs. As smaller SSPs had to alter services during the pandemic, it became clear that offering clients who inject drugs a safe place to get clean needles was long overdue.

Can you give some background on Syringe Service Programs?
Community activists formed the first program in 1988 in San Francisco to help stop the spread of HIV among people who use drugs. Baltimore-based organizations like Baltimore Harm Reduction Coalition, Baltimore City Needle Exchange, Youth Empowered Society, SPARC and more have paved the way for us to offer this service.

How are clients reacting to the launch of SSP?
Clients have been asking about this for years. They often experience stigma and judgment from health care providers when discussing their substance use. Some have told me they avoid care for fear of being mistreated. SSP provides a space to be their authentic selves in a medical setting.

What does an SSP visit look like?
The client is always the expert. We talk about their drug use and work together to get them what they need. We have the opportunity to provide wound care, connect clients to STI testing, medication for opioid use disorder or any other services that align with their goals or needs.

Why is the launch of SSP especially important now?
In addition to synthetic opioids like Fentanyl, addiction is a disease rooted in and often fueled by loneliness. So many of my clients are feeling even more alone because of the pandemic and are having difficulty not using alone—putting them at a much greater risk of overdosing. Being able to offer SSP reminds clients that their lives are valued.

Where do structural racism and stigma around substance use intersect?
There are several intersections. The opioid epidemic only gained recognition when white suburbanites started to die. The War on Drugs places individual responsibility for addiction on People of Color and criminalizes them. If people fear that they will be judged because of their race and substance use, they are unlikely to access services in the first place.

What should community members take away from this conversation?
For deaths to decrease and for people to feel worthy of quality care, we need to take the time to understand the trauma they have faced. Then we need to exercise our power to change the legal, cultural and political systems that continue to cause that trauma.

Syringe Service Programs reduce harm and open the door to care.

SSPs are estimated to reduce HIV and Hepatitis C incidence by 50%

People who inject drugs who regularly use an SSP are:

5x more likely to enter substance use disorder treatment

3x more likely to report reducing or discontinuing injection drug use

The U.S. disproportionately criminalizes Black and Latinx individuals for drug use.

Nearly 80% of people in federal prison and almost 60% of people in state prison for drug offenses are Black or Latinx.

Sources: CDC and Drug Policy Alliance