

Profile

Susan Partovi: bringing health care to the homeless

It's a perfect morning in southern California, USA; the sun is already bright, with ocean breezes softening the heat. It's too early for tourists to be strolling along the Santa Monica pier, but Susan Partovi is interested in what's under the pier, not on it. The city of Santa Monica, part of the sprawling megalopolis known as Los Angeles, maintains public showers in an enclosure beneath its pier. Recently, the city has started opening the showers early in the morning for people who are homeless.

Partovi is Medical Director of Homeless Health Care Los Angeles (HHCLA) and, as part of a street outreach programme run by the Venice Family Clinic, she regularly visits the "hot spots" in Santa Monica where homeless people gather. The showers are her first stop of the day. "Hi—do you need anything?" she asks a woman lingering near by. The woman asks for "foot fungus cream". Partovi finds a tube of ointment in the knapsack she carries and hands it to the woman, urging her to visit the Venice Family Clinic, which provides free comprehensive health care. Homeless people who come here "are the more together people because they're taking showers: if you're concerned about hygiene, you're one step above the rest", she explains. "The really, really mentally ill are not going to be wanting attention; they'll hide in the nooks and alleyways."

As one of a handful of clinicians who delivery health care to the homeless, Partovi and a colleague from the Venice Family Clinic set up the street outreach programme in January, 2007, after attending a workshop sponsored by the US National Health Care for the Homeless Council. Her work is cut out for her, because Los Angeles has the largest homeless population in the USA. "Susan took the bull by the horns and created a street medicine programme in Los Angeles in short order", says Jim Withers, medical director of Operation Safety Net, a street medicine programme in Pittsburgh, PA. "She is in the next generation of bright and impassioned physicians who understand the importance of working with the poor directly where they are."

Wearing a stethoscope to signal her medical status, Partovi approaches people in a friendly, low-key way, handing out tubes of sunscreen and antibiotic cream, tending to blisters, and dressing wounds. In general, mental illness is the most common health problem she sees, although hypertension and diabetes are also widespread in this population, and she has removed stitches and staples on the street. "I don't know if they really need the rash cream", she explains, but it's a way of gaining trust among people deeply suspicious of doctors, hospitals, and authority. With their trust, she has a shot at persuading them to visit her clinic for more extensive care.

Partovi's interest in helping the poor goes back to her college days at the University of California, Los Angeles

(UCLA), when she volunteered weekly at a clinic in Tijuana, Mexico. After graduating in psychobiology, she attended medical school at Thomas Jefferson University in Philadelphia, PA, and then returned to Los Angeles. Alongside her duties on the outreach programme, she is a staff physician at the Venice Family Clinic, a preceptor for medical students and residents at the Family Medicine Clinic at Harbor-UCLA Medical Center, and leads a medical clinic at HHCLA's Harm Reduction Center in the heart of the city's infamous Skid Row.

Her next stop is an alley behind a nondescript office building a few blocks inland from the pier. There, a bedraggled man sits on the pavement, a wheelchair next to him tipped on its back, its seat and tyres threadbare. A few feet away, another man snoozes in a sleeping bag. The sun is higher in the sky now, and it is getting hot. The man with the wheelchair says he has "a broken spinal cord", and asks Partovi if she can get him a new chair. She notes that he has a chronic wound on his forehead. Arthritis swells his fingers. He complains of pain in his back, legs, and hip, and asks for Percocet (oxycodone).

Partovi convinces the man to allow outreach workers to take him to a local community centre, where the staff can tend to his wound and find him a new wheelchair. The request for oxycodone is a different matter. Her clinic does not dispense narcotics, and no longer treats chronic pain. She dislikes the policy, but understands it. "The homeless are often difficult to deal with: they tend to be very demanding; they may follow you around, [or] stake you out", she explains. Still, "where are they supposed to go if they have chronic pain?" Indeed, a little later, she learns that the man didn't want his new wheelchair because it wasn't electric. "The guy's a little manipulative", Partovi says wryly. She also learns that between welfare and state-subsidised health-care payments, his monthly income is about US\$900, enough for him to find a place to live if he wanted to. "That's when you start to think that there's something going on mentally."

The devastating toll of mental illness has been the biggest eye-opener for Partovi since she began working with the homeless. Equally frustrating is the hands-off attitude of much of the general medical community. "I've been hitting that wall over and over again", she says. Still, there are successes. One is a "very sweet, extremely delusional guy" who probably hadn't showered in years. As Partovi explains: "The outreach team won his trust over time and a psychiatrist from the department of mental health admitted him to hospital. He was hospitalised against his will, but he went quietly. He is showering every day now and doing well. I kind of hope I helped bring that along."

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