



## Our Mission

Inspiring and equipping communities worldwide to provide Street Medicine services to rough-sleeping homeless persons.

### Founder's Blog

SMI's Founder, Dr. Jim Withers, continues to be a source of inspiration for all of us as we struggle to find ways to serve the rough-sleeping homeless while maintaining our own resiliency in the face of daunting challenges to care delivery. Throughout the year, Jim offers us his observations on what he sees in his rounds on the streets and in his interactions with all of you. Now as we approach the close of what feels like the most arduous year in recent memory, Jim offers his reflection on the past several months along with hope for the future. Click below to read his most current blog.

[Read Jim's Full Blog for December 2020 Here](#)

### "My Ideal Doctor" by a member of Write to Life

One of the most moving sessions at the 16th annual International Street Medicine Symposium was the performance "Where Does It Hurt" by members of Write to Life, the longest-running refugee writing group in Britain and the only one specifically for survivors of torture. Many have requested the gripping words of "My Ideal Doctor" as read during the event. With permission from the author, here is the poem:

"My Ideal Doctor" by a member of Write to Life

"My ideal doctor is one who believes in me when I am taking my difficulties to my appointment with them. Who does not see me as an ATM that may tempt them to take as much as they can. Who does not judge and discriminate against me for what I have no power over. Who is able to treat me as one who deserves respect and professional care. Who does not want me to get desperate or close to death before I am seen as eligible to be looked after. Who of course never forgets that I also need human level contact from them as much as I need their professional care. So it does not take much: if they offer me respectful and friendly body language, a warm and nice welcoming smile and words can do more than drugs to heal."

[Learn More](#)

### Street Medicine Through a Different Lens

"Why would someone like **YOU** do this for someone like **ME**?"

It was a chilly and damp October night and I was making street rounds with a group of students from West Virginia University. As we came around the back of a convenience store, we encountered a man sitting on a milk crate whose first instinct was to run away. After reassuring him that we had friendly intentions, he indicated a willingness to engage.

In addition to medical supplies and socks, we had brought peanut butter and jelly sandwiches and hot chocolate. When I prompted a new first year medical student to hand out the food, the student nervously reached into his backpack, and with trepidation and shaking hands, offered the man a sandwich. It was at that time that a transformation occurred. The man looked straight into the eyes of the student and questioned why he would take the time to show concern for someone rejected by society and living on the streets.

For the student, it was a nodal event and showcased the power of caring and presence. For me, it magnified the marginalization that our brothers and sisters experience surviving outside the safety net. I saw clearly that repeated rejection and trauma had been internalized to the point that this man did not even feel worthy of our assistance.

I could have never taught this concept in the classroom. After rounds, our student group debriefed and we discussed what we had witnessed. It was a beautiful conversation about validation, resiliency, witnessing and nonjudgmental acceptance. Truly these young health professional students were able to see with new eyes the injustices imposed upon people who are more like us than they are different. Stereotypes were shattered and personal growth was fostered.

For me, having students as a part of the team sharpens my focus and clears away the jaded lens that can sometimes develop when rounds become routine. It allows me to see through the eyes of someone who has not seen before. It grounds me and teaches me humility.

I am a big proponent for having students involved on street outreach. If we are to change the health system and reverse the pervasive attitudes of exclusion, we must foster a generation that sees beyond the exterior and honors the intrinsic value of each and every person. We must welcome and support those who prompt us to go from "we should" to "we can".

I am excited and honored to say that this generation is already among us. The Street Medicine Institute Student Coalition (also featured in this newsletter) is a robust and focused organization of students from around the world committed to the mission and values of Street Medicine. These young people are passionate about the work we do. They seek our support, wisdom, and mentorship. Investing in them will assure growth of the Street Medicine movement. More importantly, it will open our eyes to see our work through a **different lens**.

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### ISMS XVI

Despite the obstacles for gathering, 2020 felt like a vital year for our street medicine community to convene. Thanks to the Richard K. Mellon Foundation, SMI was able to provide free registration to our first virtual international symposium. Being able to see everyone, listen to the speakers, and interact with one another remotely was uplifting for everyone who attended. There were a total of 543 registrants, the highest count ever! We are so thankful to all of you for participating in our shared mission. Here are some of the most requested statistics about the symposium:

543

Attendees

543 people registered, while "Street Medicine 101" was attended by 401 individuals.

12

Countries Represented

Including: Nigeria, Russia, Israel, and Nepal in addition to the US, the UK and Canada.

32

Virtual Meetups

Attendees created a total of 32 meetups outside of the symposium through the Whova app.

860

Community Board Messages

Attendees posted 860 messages on the community board.

57

Discussion Topics

The most popular topics created were Q&As subsequent to each session and Street Medicine Nurses.

195

Students

195 students registered from around the world.

### Street Medicine Institute Student Coalition at ISMS XVI

With a record number of students attending the symposium, this year's virtual agenda served as a wonderful platform to come together, exchange ideas, troubleshoot issues, ask questions, and learn from one another. As students in street medicine, many of the barriers we face are specific to students but not specific to our respective institutions. The student track at ISMS XVI included a multidisciplinary array of speakers on topics including assessing a student street medicine team, performing a qualitative needs assessment, osteopathic manipulative medicine on the street, and numerous poster presentations. By coming together to share our struggles and successes, ISMS again allowed us to learn from one another and grow together - even from a great distance. Both the current and past SMISC leadership teams are so incredibly grateful for the multidisciplinary and international student representation at this year's symposium, and we look forward to continuing to learn together to better serve our neighbors experiencing homelessness across our international community.

### SMI Board Members Speak to the CDC

In November, Drs. Liz Frye and Jim Withers had the opportunity to introduce street medicine to and discuss partnership opportunities with public health workers, epidemiologists, and physicians in the Homelessness and Public Health work group at the Centers for Disease Control and Prevention. We encouraged the CDC to prioritize research in three major areas: upstream drivers of rough sleeping, interventions for successful social and health restoration among rough sleepers, and establishing an evidence base for street medicine. We pointed to burgeoning problems for unsheltered individuals related to air pollution, access to clean water and sanitation, and natural disasters that disproportionately impact rough sleepers, but also signal future global crises. We highlighted issues related to mental incapacity and dementia - including traumatic brain injury, substance use, schizophrenia, and other causes of poor cognition - that both cause and are caused by rough sleeping. Emphasis was focused on the concept that primary prevention of adverse childhood experiences and improving the social systems that create them is necessary to prevent the morbidity and mortality associated with unsheltered homelessness.

Our friends on the streets are a distilled and compact slice of humanity; we encouraged the CDC to categorize them not as a unique health tragedy, but as uniquely effective educators of where, why, and how our health and social systems are sick. Through the credible witness of "outreach," the street classroom and its rough-sleeping teachers expose structurally violent systems and the leverage points amenable to complementary acts of "inreach." The resources, models, and interventions that improve meaningful healthcare access and equitable health outcomes for rough sleepers offer a blueprint for what's likely to work for everybody else. The leaders of the CDC homelessness work group are excited to have partners in street medicine teams throughout the world and to offer research to support our work!