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Authors: Kevin Kearns, Kate Gascoine, Lydia McShane, Rachel Schneider, and Doreen Hernandez¹

Pittsburgh Mercy Operation Safety Net: The Origins of Street Medicine

This case study explores the leadership of Dr. Jim Withers, who founded Pittsburgh Mercy's Operation Safety Net (OSN), an organization that attends to the medical needs of people who live on Pittsburgh's streets. Withers and a team of volunteers and professionals make "house calls" to these people where they actually live — under bridges, along riverbanks, in abandoned buildings, and on street corners. Working with a global network of other healthcare professionals, Withers has been instrumental in catalyzing an international *street medicine* movement. At the International Street Medicine Symposium other organizations like OSN convene regularly to share ideas, conduct research, and advance the medical art and science of serving the most marginalized people in our communities.

The case study is appropriate for classes in public health, public and nonprofit management, social work, and other disciplines interested in techniques for creating and sustaining social capital. The case also illustrates the arc of development of a grass roots organization from start-up through maturity.

Formative Years

Jim Withers remembers being a small boy watching his parents deeply engaged in community service here and in other countries. In their small hometown, Jim's father Dr. Donald Withers was a physician who made house calls and responded to emergencies at all hours. Perhaps, even at a young age, Jim sensed that he would someday follow a similar path.

Jim would accompany his father on some of those house calls. He also helped his mother June as she delivered meals to homebound neighbors. When he was old enough, he traveled with his parents to Guatemala, Nicaragua, St. Lucia, and later, while enrolled in medical school, made his own trips to India and the Philippines. Jim recalls



Dr. Jim Withers

fondly, “I was literally vaccinated by my dad, but also figuratively vaccinated by my mom and my dad against cynicism and negativity. So it was a really natural thing in my family to do service.”

Many years later, Jim Withers would infuse his parents’ values into his own work as a physician – empathy for people in need; commitment to helping people who are marginalized by traditional healthcare systems; willingness to risk his reputation and even his life to address these needs; and, a strong sense of accountability to himself, his patients, and the community.

The “Reality Gap” in Medical Systems

Like most medical students, Jim Withers was immersed in a time-honored system of medical training that emphasizes technical competence, persistence, and even sheer stamina above all

else. Every day was spent balancing a grueling schedule of classes, long shifts as a resident with little or no sleep, and the pressures of studying for board certification. The U.S. model of medical training pushes students to the limit physically and emotionally as well as intellectually.

Throughout their studies, medical students are encouraged to contemplate their future. A lucrative specialty like cardiology? A prestigious research and teaching position at a university? As they do internships and residencies, medical students are given a front row seat to the daily stresses and rewards of various medical specialties. Many of them conclude, with good reason, that primary care physicians are perhaps the most stressed and least rewarded of all the medical specialties. It takes a special type of person to pursue this course over more lucrative choices like orthopedic surgery.



(L) Jim Withers and (R) Kevin Kearns

Jim Withers was one of those special people. He was genuinely interested in the patients he treated during his rotations, sometime to the consternation of his mentors who pressed him to look the other way, get to the next patient, keep working faster and smarter.

A trip to India brought him face-to-face with people in desperate circumstances and a public health system that turned its eyes away from them. It was an experience that would alter his view of medical practice and his own future in the profession.

Back in the U.S., Jim's residency training opened his eyes to the enormous gaps in the healthcare system. He was especially moved by patients who were poor, uninsured, and desperate. With no insurance and little or no preventative care, their ailments were varied, and many felt ignored and distrustful of the system. In one instance, a patient who was homeless hated the hospital so much that he discharged himself against medical advice. The next night he froze to death. Jim heard other physicians in training refer to this man as "Bumcicle" which riveted his attention on the gap between the hospital and street realities.

I began thinking about this reality gap, between the health system and the folks who are out there. Not just the people in the waiting room, but the people who weren't in the waiting room – those out on the streets or living in abandoned buildings. Who are they? And why aren't they here?

To answer these questions, Withers decided he needed to go to the streets, to see the people who lived there, to speak with them if possible, or at least observe the way they live and how they cope with the daily challenge of staying alive.

Taking the Leap

Jim Withers had lived in some spartan conditions, especially during his travels abroad, but he had absolutely no conception of what it was like to live on the streets. In 1992, in order to begin his learning process, he attended a meeting of professionals and volunteers who worked on the social issues leading to and caused by homelessness. The first thing he noticed was all of these professionals knew each other and respected each other's work. He was impressed that there was a large and compassionate professional community who worked with the people who live on the streets. But he also noticed that most of the discussion at the meeting concerned people who lived in shelters or were otherwise benefiting, even in the smallest way, from the social safety net. He asked the person sitting next to him, "Is anyone actually going under bridges to serve these people?" The answer was "Sadly no. All of us work in the social system and we must work with that system to help people."

Through a respected professional in the field, Jim was told how the system worked. "She was really gracious and connected me and took me around to different places and helped me develop a map of who was doing what." Jim was introduced to Mike Sallows, a person who would change the course of his life. Sallows had a reputation for developing trusting relationships with the people who live on the streets, and he was skeptical of Jim's motives and commitment. Nonetheless he said, "I'll give you a chance. Just don't dress like a doctor and ... don't act like an asshole."

Jim shadowed Mike Sallows and others during their forays under bridges, in abandoned buildings, along river banks, and in other places that were home to the people he wanted to

meet. At first, he simply listened and watched as Sallows interacted with people. They seemed to trust Sallows, but why? How did he earn their trust? “I don’t judge them,” said Sallows, “and I don’t try to change them. I just meet them where they are.” Jim tried to do the same. Nonetheless, many people ignored him and some chased him away. Occasionally he had to talk his way out of some potentially violent situations, including the night when he found himself looking down the barrel of a shotgun.

Sallows taught Jim that trust was built a little at a time; it was built by showing up night after night, not just every now and then or when it was convenient. First with Sallows, and eventually alone, Withers continued his nightly “house calls” walking and sitting among these people with not much more than a backpack full of bandages, antibiotics, antiseptic creams, and other medical supplies “borrowed” from the supply room of Mercy Hospital, where he worked during the day. His aim was not to change people or even encourage them to enter the medical system, but rather provide even temporary relief from cuts, bruises, frostbite, infections, flu, and other chronic and acute ailments typically found among people who live on the street.

As Jim made his rounds, he observed and tried to make sense of what he was experiencing. He saw people who were traumatized by years of physical and psychological abuse and neglect. He began to see some parallels with the type of trauma experienced by victims of domestic violence, a group with whom he had previous experience. Specifically, many of the people he met had come to believe that they deserved their fate, that they were alone, that no one would be interested in their story.

Exercise

Effective leaders are self-reflective. They begin by knowing and accepting who they are and working outward from there, leveraging their natural inclinations and strengths and trying to learn from others whose experiences are unlike their own.

Start from your earliest memory and draw a timeline of critical junctures in your life that have had a powerful influence on who you are today. Jim Withers reflects on the example provided by his parents but also the negative role modeling of his professors and peers. Try to make a list of positive or negative childhood experiences that have had an impact on who you are today.

Are there certain themes or patterns that emerge? How have these experiences influenced the person you are today? What personal strengths have emerged as a result of these experiences? In what way might some of these experiences have left you lacking in some way in terms of knowledge, capabilities, skills, or performance? How can you embrace all of “you” as a human being to inform your journey as an aspiring leader?

One thing I experienced was a humbling awareness of the resilience and humanity of the people I met. I gained respect for their ability to endure both the harsh physical conditions and the hatred coming from the general community towards them.

There were moments when Jim felt like an outcast among some of his fellow physicians,

some of whom expressed doubts about his career path, even his sanity.

Accumulating Social Capital

Noted political scientist Robert Putnam has done extensive studies on the concept of *social capital*, which he says refers to interpersonal connections and social networks and the norms of reciprocity and mutual trust that arise from these connections. The “currency” of social capital can vary from one context to the next. In the business community, it might be the kind of reciprocity that leads to mutual economic gain. In research communities, it might be sharing data and communication that advances the state of knowledge.

Jim Withers quickly learned that for people who live on the street, the most important currency of social capital is *information*. The people who live on the streets ask questions of each other like, “Where are the police patrolling tonight? Who was arrested today and why? Who died last night? Where is the best place to panhandle today? Is someone among us seriously sick or in trouble?” Jim recalls:

I was really amazed at how quickly information spreads out there – everybody needs to know what’s going on. Many of the people are survivors. They’re extremely inquisitive and they don’t miss a thing. Information is really, really important to them. I developed a “medical practice” from one bridge to the next because of the referrals I got from people on the street. It was great. But it depended initially on Mike [Sallows] and his ability to connect me with people. Then it was up to me to not be an asshole.

As a full-time teaching physician at Mercy Hospital in Pittsburgh, Jim knew that patients

who were homeless often were brought there for care. It was from his home base at Mercy that he began making his trips to the street. Much of his motivation was to help the residents and students see people living on the streets in a new light, as human beings, and to help the hospital work better with the homeless.

Located on the very edge of downtown, Mercy was the first chartered hospital in the city of Pittsburgh and the first hospital to have been established by the Sisters of Mercy, a Roman Catholic congregation of nuns founded in Ireland in 1831. From its inception in 1847, the hospital has had a reputation for welcoming all who are in need regardless of race, nationality, age, gender, or religion.

Eventually Jim had to tell his bosses what he was doing, which led to a meeting with Joanne Andiorio who was the CEO of the Mercy Health System. He wondered if he would be reprimanded for borrowing supplies from the hospital to make his nightly house calls. Instead Andiorio gave Jim a history lesson on the founding principles of Mercy Hospital. She told him of the original seven nuns who came from Ireland and literally walked the streets serving the poor as best they could. They were called the “Walking Nuns” and six of the seven died in an epidemic. So Andiorio said, “I think what you’re doing is keeping with our mission and if anyone gives you trouble you let me know.” She then invited Withers to apply for a grant – \$50,000 – which was the seed capital for Pittsburgh Mercy’s Operation Safety Net, formally created in 1994. Andiorio recalls her interactions with Withers:

Jim always marched to a different drummer and not all of our medical staff understood his

work. We served many poor people as part of our mission but Jim's approach was unique. But in the end, no one really stood in his way. Some were persuaded when Jim started keeping medical records of people living on the street, which were really valuable to our medical staff if Jim's patients ever came to our emergency room seeking help. The record would give our staff at least some rudimentary information about the person.

Of significant note, Jim did not start an entirely new organization but instead embedded OSN within the Mercy corporate umbrella. Thus, the official name of the organization is Pittsburgh Mercy's Operation Safety Net, hereafter OSN.

Jim used some of the grant money to pay a small salary to Mike Sallows and another formerly homeless volunteer, both of whom were invaluable to OSN's work. Then one of the hospital clerical staff members became fascinated by his work and asked for a transfer to work with him. She took a significant pay cut to work on OSN.

Other healthcare professionals – nurses, medical interns, EMS personnel — volunteered and joined Jim on his nightly house calls. Donations began to come in and he received additional grants from corporate and private sources.

OSN now had a foothold in the community and also was attracting some attention from other areas. Jim gave a guest lecture in the classroom of Dr. David Deci at the School of Medicine at West Virginia University. Deci himself had started a program at WVU that addressed medical needs of people who live in remote rural areas where access to quality care is limited and wariness of the healthcare system runs high. Deci recalls:

One of my students brought Jim to my attention. The next day the student returned with five

Discussion Questions

How do you define social capital and how does it contribute to the creation and expansion of a radically new idea or clinical model like OSN?

Give another example of social capital from a context or issue with which you are familiar. In a small group, share your ideas and experiences with social capital. Are there common themes? In your experiences did social capital just appear spontaneously or did it need to be cultivated and deployed?

In what ways did Dr. Jim Withers accumulate the social capital that created OSN?

In your opinion does Withers match the archetype of a “leader” – someone with the power and resources to influence the thinking of others? At this point in the case study, what leadership characteristics does Jim Withers seem to have?

Dr. Withers chose not to incorporate a new organization by creating, for example, a 501c3 nonprofit entity. Rather, he embedded OSN under the Mercy Hospital umbrella. Discuss the pros and cons of this approach. What are the advantages of being affiliated with a large hospital? What are the disadvantages? What administrative and governance infrastructure would have been needed had Jim formed a separately incorporated charity?

others who also were interested in Jim's work. They wanted to meet Jim and hear about his work. So we invited him to come to WVU to speak about OSN. Three weeks later, Jim came

to speak and there were 90 medical students in the room. These students were drawn to his message of caring for the homeless. I was captivated not only by Jim but by these students and their interest in Jim's story. They pushed me beyond my comfort zone.

Deci and Withers saw the opportunity for collaboration and building a community of healthcare professionals devoted to serving marginalized populations.

Capacity-Building

OSN has come a long way since being not much more than a bundle of assorted medical supplies “borrowed” from the hospitals supply room and stuffed into Jim's backpack. For example, OSN developed and maintains an extensive database

of everyone they know who is living on the street. It is color-coded – red, yellow, green – to denote the person's risk level and health status. Withers and his staff share the information with social service agencies and other healthcare institutions. Even basic information on these people can be helpful to physicians if they ever come to a hospital for help.

Some specialized professionals have been added to the staff. OSN now provides a variety of services including a winter shelter program, transitional housing, and referrals to other social and medical services. For example, OSN hired a social worker to assist with non-medical interventions and referrals. Jim is very pragmatic about capacity-building and is fully aware that he cannot carry the organization on his back. Speaking of the social worker, for instance:



Dr. Jim Withers

She could sit with individuals and guide them through the public assistance process. The folks on the street often have really complicated histories. Almost by definition you can't just plug them in to a ready-made solution. It has to be tailored to fit their criminal record, their mental health disorder, their social situation, their dog, whatever. They've fallen through the cracks for a reason. This work is not for beginners.

Jim speaks of his organizational philosophy as a two-pronged strategy – *Outreach and In-Reach*.

Outreach is what was accomplished in the early days of the OSN and continues to this day. It involves learning about the system, gaining trust from people on the street and established professional services, summoning the courage to step into the community, passing the word, and asking a lot of questions.

The second prong of Withers' approach, *In-Reach*, is what many people call capacity-building. In a well-practiced fashion, Withers recites the five components of what he calls his "seat of the pants" approach to *In-Reach*:

- **Collaborate:** Jim visited many agencies and introduced himself and talked directly with staff who serve people like those living on the street. Through direct interactions he was able to create collaborative relationships.
- **Advocate:** Advocacy is generally done on a one-to-one basis by literally following the homeless into the social service system and standing by them.
- **Innovate:** As OSN advocates for people to get the services they need, they can reach a point where there simply is no program that exists for that purpose. At that point, OSN works collaboratively to create the needed service.

OSN's severe weather winter shelter is one such example.

- **Integrate:** In Jim's terms, "People living on the street cannot be kept in a separate category forever." OSN tries to find ways that existing social services can adapt to include those like the homeless; they do not want to just create parallel service systems for them.
- **Celebrate:** Jim notes that "People don't really buy into something unless they feel good about it, they can see the accomplishments. Once word got out what we doing, and nurses wanted to volunteer, pretty soon retired doctors wanted to volunteer. I really feel like part of the influence in the medical community was that we're doing what makes sense and we're having more fun. There's a waiting list of people who want to volunteer. So you celebrate that."

Discussion Questions

Dr. David Deci concludes that students, not the establishment, gravitated to Jim's model and pressured authorities to respond. Why was Jim's message so appealing to the medical students who invited him to West Virginia University? Was it just Jim's personal charisma or something else?

Think about your own field of interest whether it is business, social services, government administration, or any other field. Are there traditional and historically rooted assumptions that are embedded in the professional training (i.e. college curricula) or credentialing that should be challenged? What is needed to challenge these practices and change the way your profession is taught?

A friend persuaded him to use his position and his leverage as a physician to spread the word of how street medicine was practiced in Pittsburgh. *People* magazine did a story on his work as did other national media outlets. The word was out.

Soon Jim was invited to other cities in the U.S. and elsewhere to help establish street medicine programs. He published a rudimentary manual about what a good street medicine program should look like. Physicians began descending upon Pittsburgh to observe and be mentored on street medicine. Dr. David Deci recalls:

Medical students are drawn to Jim's message. Our efforts at West Virginia University were student-driven. If students exert pressure, then medical school faculty will follow. He estimates that more than 60 medical schools now have street medicine programs. Some of the medical students who first were drawn to Jim years ago are now teaching at universities in the U.S. and around the world. They are advancing the art and science of street medicine at their institutions.

Administrative professionals who have been recruited to work with OSN also are drawn to the mission and to Jim's message. Brian Matous, Homeless Services Supervisor, says, "I left a six-figure job in the hospitality industry and gave my Cadillac to my mom." Dan Palka, leader of OSN's Outreach Team, came to OSN from international work with Doctors Without Borders.

I was burnt out and returned to Pittsburgh without a clear plan. A friend was working with Jim and I became transfixed by the mission and by Jim's approach. The people we work with are like refugees. I recall a guy on the street who had a bunch of swords and was very aggressive. No one could even talk to the guy except Jim.

The patient-doctor interaction in OSN is better than many people have with their family physician.

Stewardship and Sustainability

By 2002, OSN had an annual budget of around \$300,000 and was reaching over 900 people per year living on the streets and alleyways of Pittsburgh. Jim's work was beginning to attract national attention, fueled in part by speaking engagements and a growing number of national and international awards.

Jim and his colleagues had learned a lot about the art and science of street medicine, and he was beginning to hear of comparable programs in other cities in the U.S. and elsewhere. It was time, in his opinion, for people doing this work to start sharing their experiences and wisdom gained from years of work on the streets. He received an offer of funding to help "replicate" the Pittsburgh model in other cities. "I do think we have a good model here, but I don't think we can replicate it like a McDonalds. It won't work that way." So he asked if the funding could be used to start a symposium.

In 2005, with support from GlaxoSmithKline and the Robert Wood Johnson Foundation, OSN hosted the world's first Street Medicine Symposium in Pittsburgh. Seventeen people attended the first symposium. "For me it was like my *Field of Dreams*. I was meeting my heroes from Puerto Rico, Boston, Calcutta. Some of these people had done jail time for their work."

In 2008, Withers founded the Street Medicine Institute, an international membership organization that hosts the annual symposium and also produces manuals and other educational materials for people who want to provide medical care to people who live on the streets,

Discussion Questions

The spread of the street medicine philosophy was driven in part by Jim Withers's notoriety and even his "celebrity" catalyzed by national visibility, news stories, awards, and speaking engagements. Yet there can be pitfalls if any movement becomes solely identified with its founder and their charisma.

What should be the next steps in securing "legitimacy" of street medicine in the medical community? In public policy? In affiliated professional communities like law enforcement, social services, and research?

meeting them where they live, and attending to their needs with compassion. Dr. Deci notes that street medicine is now more than just a philosophy or vocation – it is an evolving science. "At each symposium we see more evidence-based research and papers that are of higher and higher quality." Jim reflects on these developments:

One of the things that I can say about leadership — or about helping to build something new — is that you can't just settle for your local work and perceptions. You have to tirelessly travel and explore the rest of the country and the world to find others who might join you in a larger movement. I think all the starting qualities that make you go outside the box, create new solutions and such are definitely part of leadership but then you have to push beyond that to connect it to a larger scale and power. I try to talk to other leaders on how to do that — which led to the annual symposium and the Street Medicine Institute. I even try to talk to leaders in other fields to learn about how to go from local to global.

In 2019, the 15th International Street Medicine Symposium attracted more than 500 people from all continents.

Epilogue: More than "Healthcare Delivery"

One needs to spend only a few minutes talking with Jim Withers to realize that there is something deeply philosophical – even spiritual – about his commitment to street medicine. He has the uncanny ability – rare in leaders – to be able to simultaneously be intensely focused on each individual he serves but also to see the bigger picture and long-run implications of his work. The following extensive quote expresses his sentiments and his unique gifts as a leader:

I feel that we've become disconnected and fragmented from each other, and that we need healing, we need reconciliation. That's what's really going on here. It's not about healthcare delivery. It's about healing and reconciliation. The street medicine model or journey at its best is when people find common ground, love, mutuality, and solidarity with each other. We have to keep reaching for that because that's how we would want to be treated if we were left behind or excluded. I don't know how to put all that into better words than that. I feel that emerges when you talk to folks that do this and when you hear from people how this affected them. "Yeah you treated my leg wound but you welcomed me back from a dark place with love, and with lack of judgement, and with consistency." I think that's what really puts the juice in this ... this is what we're really trying to do.

Jim Withers continues to serve people who live on the streets, train and mentor healthcare professionals, and speak gently but passionately about our shared humanity.



(L-R) 2017 Exemplary Leadership Award winner Dr. Jim Withers with Kevin Kearns, Ariana Patton, Seth Patton and Miles Wallace

References:

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University of
Pittsburgh

Johnson Institute for Responsible Leadership
Graduate School of Public and International Affairs

University of Pittsburgh

Graduate School of Public
and International Affairs

3916 Wesley W. Posvar Hall

230 S. Bouquet Street

Pittsburgh, PA 15260

412-648-1336

johnson.gspia.pitt.edu

