

Supercourse Newsletter  
Feb. 29, 2012  
[www.pitt.edu/~super1/](http://www.pitt.edu/~super1/)

Dear Friends,

Happy Leap Year day. We will say this again in 4 years.

Please distribute this to those interested in the health of the Homeless.

mVET: During the last few weeks our mVET project has started to take off. This concept began about 5 weeks ago when I was talking with Rich Carmona, M.D. the former Surgeon General of the US, and Jim Peake, M.D. the former Surgeon General of the Army and former Head to the VA. The concept is extremely simple (as I am), the mortality of the Homeless is about 10 times that of the general population. A homeless Veteran in Baltimore, Pittsburgh, or Washington is considerably more likely to die than a soldier in Afghanistan. This is not only a problem in the US, but worldwide. The severe snow storms in Europe this year killed over 400 people of which 200 were homeless, and there are over 200 million homeless in the world, 600,000 in the US.

Average age of death of a homeless person is 45 in the US, 30 years less than the general population. AIDS is a very serious condition, but currently the age of death is 69. There are billions of dollars targeted to understanding, prevention, and curing of AIDS, whereas there is very little resources targeting the Homeless.

We are all beggars, each in his own way (Mark Twain)

Epidemiology and the homeless

We in epidemiology have not paid much attention to the Homeless, despite the homeless having the highest disparities for any population. The homeless are rarely included in national surveys as they do not have addresses and are difficult to recruit. There has been, to our knowledge, only one environmental health study with the homeless, and not unexpectedly the homeless had very high blood lead and Cadmium levels. The homeless are silent; we do not see the homeless despite the very high rates of disease. We need environmental epidemiology studies of the homeless. Outdoor air pollution is great when one is outdoors all the time.

The strength of a nation derives from the integrity of the home (Confucius)

Occupational Epidemiology: Dumpster Diving

To our knowledge the occupational hazards of the homeless have not been assessed. The homeless in fact have different, very hazardous jobs. Panhandling is a very dangerous occupation for mugging and assaults, the level of toxins for those earning money with dumpster diving has to be very high. Prostitutes get AIDS and drug dealers get shot. One little recognized occupational danger is asbestos exposure where slum landlords take down an old building with homeless people doing the labor; they do not pay much attention to OSHA standards. We need to look at homelessness in the context of occupational medicine environmental health. Despite the severity of the environmental and occupational program, we could not find any EPA, NIOSH or NIEHS research examining the most environmentally challenged group, the homeless.

mVETs: A group of us have banded together with the simple goal of halving the mortality rate of homeless vets in 5 years by approaching the epidemiology of homelessness and Mobile Global

Health. There are 80,000 homeless vets in the US. There is an overrepresentation of AI/AN homeless vets in part because the American Indians are more likely to enter the service than other ethnic groups. Our simple model is to first track the mortality of homeless Vets with the help of the VA. This will tell us the magnitude of the problem and our target. Secondly with the help of Life Line America we will provide a telephone to each of the homeless vets. Our goal is not to solve the problem of lack of shelter, or to try and cure the schizophrenic with diabetes. Our goal is simple, to prevent the homeless from dying.

To accomplish this with the cell phones the homeless vet will be able to call VA brothers and sisters at the time of crisis. The crisis could be a drug overdose, an injury, etc. It will be like a 911 call but with case managers. The advantage of 911 calls is that by law they must have GPS coordinates so we can easily find the location of the homeless vet in distress. From the case manager the homeless vet can find locations for food, safe shelter, hygiene and medical and psychiatric care. Also, the homeless appear to have many "hidden" murders where young punks beat them and kill them, but the death is signed out as an injury.

Another central feature is mVET street hospice care. It is our belief that no Vet should die alone. We want to have something akin to honor guards to be there at the end of life for these people who have given much to our country and worldwide.

Homeless: We are starting with the Veteran's homeless, in the US this represents about 25% of all homeless. We propose to expand this to all 600,000 homeless in the US, and with the help of the Supercourse Team to all 200 million in the world. We are in a world such that in only a few years we will be able to reach by telephone almost all, even some of the hardest to reach, the homeless in Brazil, Russia, Rwanda, UK, etc. There should be a worldwide effort to cut the mortality rate of the homeless in the next 10 years.

"Home is a name, a word, it is a strong one; stronger than magician ever spoke or spirit ever answered to in the strongest conjuration (Charles Dickens)

Peace on Earth, Good Will to Men (and women)

We have just been approached to establish a mirrored server in North Korea. Isn't that most cool? Talk about breaking down barriers. Eugene is working to copy to supercourse onto servers in North Korea bringing global health and prevention to this country.

Faina's lecture of the week

This week the Supercourse team is very fortunate to feature a new lecture of the week from Ines Serrano, MD and Jack Waxman, M.D. on Diabetic Retinopathy <http://www.pitt.edu/~super1/lecture/lec46191/index.htm> Retinopathy is a serious global health problem and a leading cause of blindness. It is asymptomatic in early stages but can lead to significant vision loss if left untreated. Retinopathy is a problem for both, Type I and Type II diabetes. Lecture from Dr. Serrano is wonderful in approaching the problem of retinopathy from multiple directions: epidemiology, biology, and overall global health significance. In this lecture, you will find interesting information about primary, secondary, and tertiary prevention of this disease.