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A Man and His Mission: Dr. Jim Withers

Dr. Jim Withers, of Operation Safety Net, makes house calls to the homeless and envisions street medicine as a mission of mercy on a global scale.

BY GEOFFREY W. MELADA



PHOTO BY MARTHA RIAL

Needles of cold rain are falling on this January night, and Dr. Jim Withers is preparing to make his rounds in the unlikeliest of places.

Tonight, Withers is seeing patients—not in a hospital, clinic or convalescent home, but rather on the streets of Pittsburgh. In a few minutes, he and Mike Waoka Sallows, an outreach worker with Operation Safety Net, a ministry of Pittsburgh Mercy Health System, will leave their Uptown headquarters and embark on the same mission they lead nearly every Monday night: finding and treating Pittsburgh's homeless where they live.

Toting medicine, bottled water and peanut-butter sandwiches made by the Sisters of Mercy at their Motherhouse in West Oakland, the team will climb the South Side Slopes, walk under bridges downtown and venture into abandoned buildings in the city's North Side looking for patients.

Fifty-three-year-old Withers, a graduate of the University of Pittsburgh School of Medicine, started practicing in the emerging field of "street medicine" in May 1992. Withers realized he needed a guide to the streets, and after some searching, he met Sallows,

54, who helped him build trust and establish street cred with the local homeless population.

For six years prior, Sallows, whose Iroquois tribal name, Waoka, means “Good Hunter; Indeed It’s True,” was making connections with the homeless and hoping to find them a doctor—someone to treat the cases of frostbite, pneumonia, foot wounds and other medical problems.

Withers and Sallows became “fast friends” in 1992, recalls Sallows as he climbs into a late-model Jeep, slightly rusting but still reliable after 100,000 miles. The pair’s first stop this evening is downtown along the Boulevard of the Allies. In front of the Red Door at St. Mary of Mercy Church, 10 heavily bundled men and women are waiting to see Withers, jogging in place and blowing on their hands for warmth.

As he crosses the street, a stethoscope hanging around his neck and a backpack full of medications slung over the right shoulder of his brown-leather jacket, Withers is first spotted by 58-year-old Charlie Barringer. “Is there a doctor in the house? I’m dying of a broken heart,” calls out Barringer, wearing a red sweatshirt, a wool Steelers hat and a smile full of missing teeth. Everybody laughs.

Now homeless after spending one-third of his life in a state prison for burglary and other offenses, Barringer lives a life that is anything but comical. The former North Side resident confides that he suffers from depression and post-traumatic-stress disorder and has recently contracted bronchitis. Still, he tries to maintain a positive outlook: “When I was doing time, I learned a Native American saying, a philosophy: ‘Laugh once; feel good. Laugh twice; feel twice as good.’” He adds: “Every day above ground is a good day.”

Withers and Operation Safety Net’s 16-member full-time staff of social workers, case managers, physicians, nurses and outreach workers (not to mention dozens of volunteers), do their best to keep patients like Barringer above ground—literally and figuratively. Downtown’s Severe Weather Emergency Shelter, located in the Smithfield United Church of Christ and operated by Operation Safety Net, is only open mid-November to mid-March on nights when the temperature drops to 25 degrees. But on other nights, like tonight, when it’s just “freezing-ass cold,” in Sallows’s words, Operation Safety Net provides medical care along with sleeping bags, gloves and boots.

Barringer proudly points to his pair of Timberland boots, courtesy of Operation Safety Net, and to the binder of medical records he keeps to help himself and his caregivers keep track of his dizzying array of medications. (Operation Safety Net also maintains electronic medical records.) Not every person out here is such an ideal patient. After giving Withers a big hug, Noreen, a middle-aged woman, confesses that she’s still a heavy smoker and has developed asthma. Withers scolds her, employing a bit of reverse psychology. “Keep smoking. You’ll keep doctors employed,” he tells her, handing her an inhaler.

Soon, the duo is off to the McDonald’s on Smithfield Street, where 10 more of Withers’s regular patients are waiting. In the backseat of the Jeep, Withers explains that, when the shelter’s closed, this McDonald’s is a refuge for people on cold nights. Some managers will kick out the homeless, but others, he says, will kindly look the other way.

The latter sort must be on duty tonight, as most of the crowd inside seems to be waiting for the doctor. Everybody’s sitting so quietly that the atmosphere feels like the waiting room of a regular doctor’s office—except for the smell of french fries and the frequent beeping of the cash registers.



Dr. Jim Withers, who has been practicing street medicine since 1992, talks to a homeless man who has a chest cold.

PHOTO BY MARTHA RIAL

An old woman in a long gray coat sits shyly in the corner, nursing a small cup of coffee. Withers approaches her first, discovers she has a sore throat and offers her lozenges and water. He knows nearly everybody here. Most complain of minor ailments, until one surprisingly young woman shares that she is homeless and terminally ill with cancer.

“Getting people into better health care is often a process,” Withers explains after she’s gone, but this patient is afraid to undergo surgery and is wary of being judged by more traditional doctors in the more conservative setting of a big-city hospital. Withers looks crestfallen for the first time tonight. He can treat her nausea, but beyond that, there’s nothing more he can do for her but pray and encourage her to see an oncologist.

They climb back into the Jeep and head for the North Side near the entrance to I-279, where their luck worsens. They’re finding sleeping bags but few patients.

Under one highway overpass, they find evidence of a homeless camp, but the only living thing is a large river rat scurrying around. As they pull up to the “apartments,” as the homeless call this abandoned-building foundation made of recessed concrete compartments open on one side, Sallows lives up to his Iroquois name. A single turkey feather protruding from his black beret, he flips on a flashlight and disappears into the dark building. Inside, he navigates an obstacle course of plastic bottles, shopping carts and charcoal grills until he reaches the structure’s rear wall where he finds several sleeping bags and gently stirs their inhabitants.

He has located several of Withers’s regular patients, including 31-year-old Ron Painter, a former firefighter from McKees Rocks who lost his job and home four years ago while suffering from undiagnosed cases of bipolar and attention-deficit hyperactivity

disorder (ADHD). “It was difficult to work,” Painter says. “I had a hard time concentrating.”

He is happy to see Withers tonight, lifting up his Ben Roethlisberger jersey so the doctor can listen to his chest with his stethoscope. Withers gives him an antibiotic after diagnosing him with bronchitis. He also prescribed medicine for Painter’s mental illnesses.

The young man says he feels optimistic about the future. Using the top of a barrel as a makeshift desk and light from a small campfire, Withers signs paperwork so Painter can apply for Supplemental Security Income (SSI) and Medical Assistance. Painter says he’s been living here in the apartments for a year because it’s relatively “warmer and safer” than most homeless camps. But, he says, “I want to find my own place.”

Withers says Operation Safety Net case managers may be able to help with that goal, too. Sitting in his office the next morning beneath a framed photo of Mother Teresa, Withers notes that Operation Safety Net, the group he founded in 1993 with a \$50,000 startup grant from the Sisters of Mercy, does more these days than fund street medicine and operate homeless shelters.

With the assistance of local government, charitable foundations, corporate sponsors and individual donors, the group is also finding permanent housing for the chronically homeless. Withers says that Operation Safety Net has moved 525 of the nearly 2,200 homeless men, women and children in the area off the streets and into apartments and homes during the last four-and-one-half years—numbers confirmed by Rich Venezia, director of Allegheny County’s Bureau of Hunger and Homeless Services.

“We have not had a major problem with homelessness compared to other big cities, and Dr. Withers and his team from Mercy and Operation Safety Net are the reason why,” Venezia declares, “not only in terms of providing physical health care, but housing—short-term and long—the full gamut of services they provide.” He adds: “We can’t force the homeless to come and seek help where we are, but they engage the population, win their confidence and trust in order for them to come in and accept help.”



Dr. Withers listens to Ron Painter's chest before diagnosing him with bronchitis.

PHOTO BY MARTHA RIAL

Of course, it wasn't always so easy, Withers reflects. At first, before he was known to people on the streets, he was ignored, chased away and even threatened with violence. The memory of once having a shotgun pulled on him is "so raw for me," Withers stresses. On top of that, he felt like an "outcast" among some of his former colleagues when sneaking off to treat homeless people at night.

Some expressed doubts about his career path—even his sanity—especially when he started dressing less like a physician and more like the people he served.

Withers resolved to concentrate on the people who needed his help, whom he had come to "love and care about," even if it meant forgoing some of the trappings of a traditional medical career. In spite of the challenges of his profession and choosing a less than conventional career path, he and his former wife, Gayathri, successfully raised four children—Jonathan, 23, a scholarship student at Harvard University; Christopher, 24, a first-year medical student at New York Medical College; Gregory, 20, an undergraduate studying the Persian language at the University of Pittsburgh; and Jeneni, 15—in Wilkinsburg and sent them to a public school.

Withers drives a modest car. Throughout the course of two days' worth of interviews, he doesn't even wear a watch. The bookshelves in his office are lined with volumes by and about poets, revolutionaries and other rebels—Annie Dillard, Martin Luther King Jr., Che Guevara—but Withers didn't find his inspiration in the pages of books. He grew up surrounded by people who cared about social justice.

As a child, Withers accompanied his mother, June, a nurse who made home visits and volunteered her time delivering Meals on Wheels. He also joined his late father, Dr. Donald Withers, who made house calls in their hometown near York, Pa. He says he found the example set by his parents to be “inspirational even before I had any medical knowledge.” The patients, he goes on to explain, “obviously loved my dad. It was very human. They were very comfortable with each other. It still sticks with me.”

Withers’s undergraduate experience at Haverford College, a small, elite liberal-arts school with Quaker roots and a tradition of social activism, reinforced the values he gained from tagging along with his father on rounds.

As soft-spoken and gentle a man as Withers is, he’s still taking a stand today, a stand against indifference, intolerance and the attitude that, in medicine: “It’s all about me, and you as the patient need to come to me on my terms.” The point of practicing street medicine, he says, is the opposite: “I’ll honor who you are and come to you.”

Wouldn’t it be so much easier to see patients in a clean, well-lit place, like an emergency room or doctor’s office? Of course, Withers says. “I would love to have my patients show up in a place with an examining table. You have to be adaptable and fluid, though, or you’re not relevant.” Fewer homeless people are being treated on the streets or in the hospital emergency departments than in years past. Operation Safety Net has helped countless people obtain care from primary-care physicians in the private office setting. Yet some local doctors are finding that they enjoy the challenge of street medicine.

Dr. Michelle Barwell, a psychiatrist, started working with Withers in the late ’90s when she was a medical resident. “The work is hard,” she stresses, but it’s rewarding for those who can learn to “find joy from small gains.”

Barwell recalls a woman with bipolar disorder who, with the proper medicine, got off the streets and moved into her first apartment. She also remembers a man she treated for years who wore nothing but camouflage—until one day when he came into her office wearing regular clothes. “Everybody got excited,” she says. “It’s the small stuff like that. It keeps you going despite some of the disappointments.”

Not all of Operation Safety Net’s accomplishments are small joys: According to one study from the 1990s, the group’s work with the homeless saves between \$200,000 and \$300,000 per year in emergency-room costs at local hospitals. Building on Operation Safety Net’s success in Pittsburgh, Withers hopes that street medicine will take off as a global movement, and he says he already sees the signs of that happening.

Many of Withers’s former medical students (he’s a faculty member at the University of Pittsburgh School of Medicine) have started careers of their own in street medicine. Dr. Patrick Perri, one of his former students, is now helping lead a team of 16 full-time street doctors and 30 nurses through Boston’s Healthcare for the Homeless Program.

Another offshoot of Withers’s work is the annual International Street Medicine Symposium (ISMS), a conference he and Operation Safety Net program director Linda Sheets co-founded in Pittsburgh in 2005 so that street medicine practitioners worldwide could meet and share best practices. Withers sums up his feelings this way: “I think we’re reaching a point in our society where we have to decide whether we’re in it together or going our separate ways. Street medicine has the capacity to challenge conventional prejudice, or it could pull us together.

“Perhaps,” he goes on to say, “it could facilitate a new and unified vision of community and commitment to each other.”

Geoffrey W. Melada is a frequent contributor to Pittsburgh magazine. This article is dedicated to his father, the late Gary A. Melada, M.D.

