



Health Care With Dignity

Alum Robert Taube helps homeless people build healthier lives—and self-esteem.

Casey Hubbs’s world crumbled after her husband died, and she wound up living under a bridge in Boston. Her existence was grim, and she felt ashamed. “I smelled bad, I looked bad, and I lived in constant fear,” she remembers. “There was no food half the time.” When outreach staff from the Boston Health Care for the Homeless Program (BHCHP) found her freezing on the streets one night, they brought her to safety. For the next few years, Hubbs was in and out of the program’s medical respite unit as she grappled with homelessness, addictions, and cancer. Finally, she stabilized. “They gave me back my self-esteem,” says the 64-year-old. “They treat you like you’re part of the family. Even a dry pair of socks can save your life.”

80 SITES, 11,000 CLIENTS

To many Bostonians, homeless people such as Hubbs are anonymous and marginalized. But to BHCHP’s 350 employees, they’re individuals who deserve attention, kindness, respect, and hope. The program helps more than 11,000 homeless people each year build healthier lives through care delivered at 80 sites around the city, from clinics to soup kitchens to heated grates. Its staff not only helped Hubbs recover physically and emotionally, but also helped her find an apartment where she now lives with three cats.

As its longtime executive director, Robert Taube, PhD, MPH ’95 has, against steep odds, kept the nonprofit organization financially strong, innovative, and unwaver-

ing in its commitment to providing high-quality medical, mental health, and dental services to a vulnerable population. This success has bred confidence in his intensely personalized approach to a widespread public health challenge. “I’ve become much more optimistic about our common desire to repair what’s broken in the world,” Taube says. “There’s something about this work that engages people from diverse backgrounds and makes our humanness more visible.”

On a typical winter night in Boston, about 5,000 adults and 2,000 children are homeless. Although some stay with friends and relatives, others lodge in emergency shelters and motels, down alleys, and under bridges. They’re exposed to contagious diseases such as tuberculosis, violence, emotional stress, and frigid weather. The daily struggle to find refuge and food eclipses their medical needs; common and preventable illnesses tend to worsen, and chronic problems like diabetes or AIDS become difficult to manage.

Research shows that homeless people live sicker and die younger than their housed counterparts. A prospective

10-year study of 119 street dwellers in Boston revealed they logged nearly 18,400 emergency room visits during the study’s first five years (1999 to 2003) and that more than 40 percent died.

FIRST RACETRACK CLINIC

One of 200-plus federally funded Health Care for the Homeless projects in the United States, BHCHP is a national model for its scope and ingenuity. Founded in 1985, it started the first respite unit for homeless adults too sick to return to the streets, the first racetrack clinic—at Boston’s Suffolk Downs—for migrant workers living in the stables, and the first electronic medical record system for coordinating homeless patients’ care. Taube continues that tradition by encouraging creative problem solving and launching new programs, including a clinic for homeless transgendered patients established in 2009.

He also advocates for policy changes to benefit the homeless population. In the mid-1990s, for example,

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Robert Taube, MPH '95 with patients at a Consumer's Board meeting at Boston Health Care for the Homeless Program's Jean Yawkey Place.



A MID-CAREER LUXURY

After 13 challenging years working at community health centers, going back to school was a treat for Robert Taube, PhD, MPH '95. “It felt wonderfully luxurious,” he recalls. With bachelor’s and master’s degrees from Temple University and

a doctorate in counseling psychology from the University of Texas at Austin, Taube enrolled at HSPH on a fellowship to sharpen his skills and better understand the theory behind his professional experience. He concentrated in health policy

and management and says his most helpful course was Professor Nancy Kane’s on analyzing financial documents: “I learned how to read an audit report and speak the language you need to solve financial problems at an institutional level.”

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Taube pressed for a checkoff box on a government form that helped people without addresses enroll in the Massachusetts Medicaid program. “In our part of the world, that was one of the most far-reaching pieces of advocacy in that decade,” says program president and founding physician Jim O’Connell, an instructor at the Harvard School of Public Health. “We went from having 15 to 20 percent of our folks insured to over 70 percent.”



Light-filled atrium at Boston Health Care for the Homeless Program’s Jean Yawkey Place.

HEALTH CARE AS A HUMAN RIGHT

What drives Taube is a deep-rooted belief in health care as a human right, which began while he was growing up in Paterson, New Jersey, the son of Jewish war refugees who settled there in 1946. “My parents were communists and union organizers in Europe before the war, and they believed we have a responsibility toward one another,” Taube says. “That was part of the air I breathed.”

He remembers a neighborhood physician who tended to Taube’s family from a leather bag and quietly left money on a dresser to pay for their prescriptions. The way Taube’s parents revered and counted on the doctor left a lasting

impression that primary care medicine should be based not on profit-making, “but on the fact that all human beings need health care,” Taube reflects.

He joined Boston Health Care for the Homeless in 1993 during his placement as a midcareer student at HSPH. A psychologist by training, he had run a community health center in Boston and was tapped to develop the program’s mental health and substance abuse services. Taube found the homeless patients’ resilience so compelling, and his colleagues so dedicated, that he never left. Taube also has a penchant for complicated topics like health care financing, and he stayed on after graduation to help the agency adjust to looming changes in the medical reimbursement system. He was named executive director in 1998.

“I THINK I’M IN THE WRONG PLACE”

Perhaps the best evidence of Taube’s leadership is the program’s hub, Jean Yawkey Place. It opened in 2008 after a \$42 million campaign to renovate a historic structure near Boston Medical Center, one of BHCHP’s partnering hospitals. Much like a community health center, the building houses exam and consultation rooms, administrative offices, and a pharmacy; it also has a 104-bed respite unit for patients with complicated conditions such as broken bones, burns, or cancer, who might otherwise need expensive hospitalizations.

Patients visiting Jean Yawkey Place enter a spacious, light-filled atrium and can pick up prescriptions, see their primary care doctor, visit a dentist, or talk confidentially with a counselor. During its first year, the center enabled BHCHP to serve about one-third more patients. But the more profound change, in Taube’s view, is how the setting supports people’s sense of worth. “When we first opened,” recalls Medical Director Monica Bharel, “patients would say, ‘I think I’m in the wrong place, because it’s so beautiful.’”

Taube knows patients appreciate the care his organization delivers. “They also expect to be treated with dignity,” he says. “There’s a statement people make with their words or eyes that says, ‘I may be on the margins of society, but I respect myself and I demand that of you.’”

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