

Supercourse Newsletter

[www.pitt.edu/~super1/](http://www.pitt.edu/~super1/)

11 March 2012

Dear Friends,

Epidemiology of Hobo-ism

I very much appreciate the outpouring of concern in response to our newsletter about the lowest 1%, the homeless. In all of our societies, we as epidemiologists and experts in global health should tackle a simple problem of a 10 fold increase in mortality, average age of death of 49, and "death by frostbite." Epidemiologists are very good at reducing mortality, but perhaps we have not been very good at "hearing and seeing" the panhandler, beggar, street urchin, bum, throwaway. We need to first see the lowest 1% of our population in order to do something to halve their mortality in 5 years. The highest 1% appears to control most of the money of the world. The lowest 1% controls most of the death, but we can change this. It is most interesting that Hobos are considered to have freedom, independence to go where they want and we admire them to a degree.

I crept with lice that stayed for spite  
I froze in "jungles" more than can be said,  
dogs tore my clothes, and in a woeful plight  
At many a back door for my food I pled  
Until I wished to God that I was dead...  
On every side the world was all my foe  
Threatening me with jibe and jeer and chains  
Hard benches, cells, and woe on endless woe  
And yet that life was sweet for all its pains.  
Harry Kemp, Hobo Poet.

It is very interesting that many "hobos" are admired for their freedom, and we would all like to leave our troubles and hit the open road. In many ways they are viewed as Noble Hobo. As the poem shows, "hobos" are infested with insects, animals, malnutrition, stress, being beaten, jail pain and death. They may be noble for their independence, but a SMR 10 demands attention from epidemiologists. Why are our citizens dying at age 45?

I am not a flaming liberal, I am an epidemiologist. My focus is not to get housing, take care of the mentally ill, or stop people from drinking. That is not my job, and epidemiologists are not good at this. We are good, however, reducing mortality rates, and this is what we should do. When epidemiologists chose a targeted approach for a very high risk population like this, we are usually successful.

We have targeted first the homeless US Veteran and developed the concept of mVET. This concept was developed only 5 weeks ago, but has grown into a national campaign. We had a simple idea, cell phones are becoming ubiquitous. Why don't we give every homeless vet a cell phone, life line apps and a Point of Contact. With the cell phones, the homeless vet becomes visible, with the point of contact they can receive help and we can "attack" crises that can lead to death. Jay Sander and Pam Gallent were wonderful in linking us with line American, and appears that the VETs especially are likely to receive 1000s of phones. We have been very lucky

to be at the same time. The VA indicated that we would obtain the mortality data, as we need to monitor our progress. Then, on Thursday Faina and I met with Ron Conley from the American Legion. He is helping us develop a resolution for the American Legion to present to congress.

The final big hurdle is to establish a point of contact. We have been discussing a local point of contact, who could rapidly help and visit in a crisis. As soon as a crisis is reported, the point of contact friend will talk with them.

mVET Global: We are starting in the US, however, the model is equally applicable in other countries. It will be impossible to give a cell phone to all 200 million homeless in the world. However, the prevalence of cell phones among the homeless is markedly increasing. In the next few years we likely will be able to contact almost all homeless people either directly, or indirectly through family friends of someone in the community having telephones. We can monitor their morbidity and mortality, intervene on crises and provide health education over cell phones in native languages. Our goal again is to reduce mortality by 50% for the homeless worldwide. We can do this with mobile phones and epidemiology.

Homeless YouTube Survival skills

Wouldn't it be cool to have a homeless survival skills YouTube so that homeless people can teach other homeless people how to survive? Right now if you search on YouTube and homeless there are 100s of videos of the homeless man with the golden voice, but that is about it.

Low Hanging Death Fruit: We believe a targeted approach can be taken by the VA, e.g. in the first year death from Hyper and Hypothermia, Suicide, Drug OD, and injury should be reduced by 50%

We wanted to thank you for your support. Please go to our homeless supercourse at: <http://www.pitt.edu/~super1/globalhealth/homelessness.htm> . On the right hand side are several outstanding lectures on homelessness. You can help mVET by presenting to your students about the homeless.

Subway walls:

Sorry this may seem to be a rather depressing newsletter as the one before this was. I got a note from a very good friend of mine who said that the last newsletter about the homeless was about as uplifting as reading subway walls! However I am really happy, as there is hope, and epidemiology can impact change. We should all be happy that a problem has been identified that we as epidemiologists can markedly impact. It will be wonderful to say in 5 years that you and the Supercourse prevented 50% of the lowest 1% in the world from dying.

Superstick to North Korea: As we write a SuperStick with 5100 lectures is being flown to North Korea. North Korea is amazing as it is so closed. We just used Google Scholar and could find no scientific articles from North Korea. We are asking the scientists to put the SuperStick onto their Intranet, and share these with the 12 Medical Schools and all Nursing schools in South Korea. We have about 30 lectures in Korean, and we are asking the North Koreans to translate lectures. When the US started to develop ties with China, it was through ping-pong diplomacy. Perhaps the world will develop ties with North Korea through the SuperStick!!

This has been a rather amazing week, for me a cognitive psychologist turned epidemiologist. My mother most definitely did not pick me as a person to help write a resolution for US Congress, and to start global health discussions with North Korea, both in the same week. The only reason that this could be done is because of all of our friends on the Supercourse!

Please write to me, Ron LaPorte, ([ronlaporte@gmail.com](mailto:ronlaporte@gmail.com)) if you have comments. I really appreciated the many emails about eHealth.

What is health.

Don't forget to share the WHO Definition of health with your faculty and students. By the end of 2012 we want all students and faculty to be familiar with this. The logic is simple, if students and faculty are learning about health in public health, medicine, nursing, history, etc., They need to know What is health!! Test your friends to see if they know what is health.

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO)

Best Regards,

Ron, Faina, Eugene, Francois, Nicholas, Gil, Mita, Ismail, Eric, Kawkab, Vint, Ali, Meredith