

I'm a retired doctor. I see homelessness differently.



A homeless camp off Palomar Street and Industrial Boulevard in Chula Vista in late 2023. Official mortality rates are shockingly high for homeless individuals. Alejandro Tamayo / U-T

BY MICHAEL MORELOCK

One number spotlights homelessness as a multilayered and deadly condition. The reported mortality among the roughly 10,500 homeless in San Diego County was 624 in 2023, placing the death rate at about 594 deaths in every 10,000 homeless individuals each year. This is 7.5 times higher than the mortality rate in the general U.S. population, an incredibly sobering number! To further underscore the scope of this unprecedented mortality rate among the homeless, it is 18 times higher than mortality from the tragic substance abuse crisis in the U.S. and about 3 times higher than that caused in Gaza by the devastating Israeli-Hamas conflict over the last year. Of course, these numbers do not explain specific cause, context or intent but are a stark and tragic result of the vulnerable, deadly underbelly of homelessness.

Drivers of health outcomes in general including mortality rates can be grouped into broad categories that include access to medical services, personal behavior

and what are known loosely as social determinants of health. Social determinants include social support, education, employment, housing, neighborhood and access to healthy food that are strongly linked to as much as 50% of overall outcomes. At the point people become homeless, they have figuratively fallen off a steep cliff without resources and support in multiple categories. Lying severely injured at the bottom, these individuals, perhaps once our friends, schoolmates, neighbors or even family, require individualized, highly coordinated, intensive, supportive and holistic intervention.

Opinions and supporting evidence for solutions to homelessness in San Diego County come from a number of diverse and unique perspectives — those that are homeless, local residents, businesses, law enforcement, front-line and academic organizations, health care and politicians. As an observer, it appears that recognizing, documenting and acting on drivers of homelessness has not fully considered the question: What causes what — and why? Current solutions that have already consumed billions of dollars over the last decade can solve only part of the problem at a nominal entry level based on the fact that the needle pointing at some key visible vital signs such as numbers of homeless, mortality rate and long-term outcomes is moving further into the red zone. Is this because there are insufficient resources available?

What if homelessness is seen through a different lens? The homeless are an economically, socially and medically impoverished population within the very prosperous San Diego region. Consider the principle of this lens from Clayton Christensen, a highly influential professor at the Harvard Business School who said in his book “The Prosperity Paradox: How Innovation Can Lift Nations Out of Poverty,” “Most of us are moved by the painful signs of poverty.” We all want to help. But what might seem to be the most obvious solution to these problems — directly assisting poor countries by investing to fix visible signs of poverty — has not been successful as many would like. What if, instead of trying to fix the visible signs, we focus on creating lasting prosperity? This may require a counterintuitive approach, but one that will cause us to see opportunities where we might least expect them.

Examples of counterintuitive principles include what can we do for the homeless versus what can the homeless offer us, solving a problem versus creating a market, and correlations versus causal mechanisms. Prosperity for the homeless means successful long-term healing of severely wounded lives within a self-sustaining model. Currently solving homelessness is thought of as only consuming resources using a deficit-based solution. How can resources be created? Creating a viable and effective solution focused on prevention requires innovations that are simple, less costly, and that pull in non-

government funded stakeholder financial and other resources for those with very difficult, complex problems including addiction, severe mental health issues, chronic diseases and loss of positive social determinants of health. This may appear unrealistic and overwhelming, but potential creative and innovative future solutions to be developed must be out there for those who are willing to look through a different lens.

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