

# Pets and Poverty: A Call to Action

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### Abstract

As the cost of veterinary care rises faster than household income for millions of American pet owners, access to care becomes more problematic. For those living below the poverty line and for the growing population of indigent pet owners who are experiencing homelessness, veterinary care is inaccessible. Because African Americans and Hispanics are overrepresented in those living in poverty, there is a growing component of structural racism in veterinary medicine. Homelessness in the United States is becoming an unsolvable problem, as affordable housing projects and homeless shelters cannot keep up with the need. In parts of almost every major US city, a striking contrast exists between abject poverty and burgeoning wealth. Pet owners experiencing homelessness face additional challenges that make a hard life even harder. Their animals are an integral part of their lives, yet pet ownership adds additional barriers such as access to transportation, shelter, healthcare services, job opportunities, or even purchasing groceries or a cup of coffee. Pets can provide purpose in an otherwise purposeless life, as well as provide protection, navigation of trust, and unconditional love and companionship. Veterinary practitioners who provide care to unsheltered populations quickly discover that they must address the needs of both ends of the leash. By taking a One Health, collaborative approach, veterinary volunteers can partner with other healthcare practitioners to provide a safety net for these struggling pet owners, with those in the veterinary profession often finding this type of work to be therapeutic.

### Introduction

Tens of millions of US pet owners live below the poverty line and struggle with the cost of veterinary care (1, 2). Median household income in 2020 fell for the first time since 2011, and the cost of veterinary care continues to rise, creating an ever-widening gap of affordability (1, 2). Payment options such as credit cards, third-party payment plans, pet health insurance, and preventive health care plans fall out of reach of many people living in poverty.

There is a concerning component of structural racism embedded in this quandary, as African American and Hispanic populations are overrepresented in those living below the poverty line in the United States by factors of 1.8 and 1.5, respectively (1). As the affordability gap widens, veterinary clients will become whiter and richer, an undesirable demographic for those advocating for more diversity, equity, and inclusion within the veterinary profession. One could argue that before we can expect a significant result from our efforts to attract more minority personnel, we might focus on improving access to care for our most vulnerable residents, to confirm our commitment to all pet owners, regardless of ethnicity and ability to pay. Of special concern are unsheltered pet owners, who are often forced to live outside and deal with additional barriers because they own a pet.

### Indigent Pet Owners

In January 2020, there were an estimated 580,000 individuals experiencing homelessness in the United States (3, 4). This is likely a significant undercount because the homeless census is conducted on 1 day only and does not

include people who are camping or sleeping in remote/hidden areas, doubled up with others, living in vehicles, or squatting in abandoned structures (5).

Although about 65% of US households overall have pets, only about 10-15% of the unsheltered are pet owners, according to multiple estimates from organizations working with this population (6-8). Based on personal and widespread observation, only about 10% of these pets are cats, which is not surprising considering the issues that arise for someone living with a cat on the street. It is not hard to see the additional challenges of having a pet by one's side at all times; access to housing, transportation, healthcare, job interviews, grocery stores, or just a cup of coffee at a convenience store becomes challenging or impossible. Pet ownership for those experiencing homelessness makes an already hard life even harder (9).

Persons living on the streets often experience feelings of isolation, rejection by family and friends, and stigmatization by other members of society. They are more frequently exposed to violence, theft, and especially for women, sexual assault (10). Because a pet can provide unconditional acceptance, nonjudgmental companionship, protection, and "navigation of trust" (the ability to intuitively identify persons who are untrustworthy or unreliable), they can contribute immeasurable benefits to those who have otherwise felt rejected by society (11). Therein lies the paradox: those that would benefit most from the companionship of a pet may have the least access to the necessary services for their pets and themselves. Access to care is not limited to those who are unsheltered, as financial challenges also face low-income, working-class pet owners living below or near the US poverty line, and recent studies have outlined a widening gap between the cost of veterinary medicine and pet owners' ability to pay (2).

Stigmatization of homeless populations is further extended by the idea that an individual living on the streets cannot adequately care for a pet and therefore should not have one (9, 12). A recent study done in Canada suggested that this may be inaccurate. The researchers examined 936 dogs owned by people experiencing homelessness and reported that their overall health as evidenced by body condition score was similar to those of pets with housed owners (13). In her book, *My Dog Always Eats First*, sociologist Dr. Leslie Irvine, among others, argues that pets living outside with their unsheltered owners may have better lives than many housed pets (12). They are with their owners most of the time, live highly active outdoor lifestyles, are well socialized to other pets and people, and may even be fed before their owners eat. More importantly, they provide purpose in an otherwise purposeless

life and in some cases may be barriers to suicide (14-16). Homeless veterans, often suffering from post-traumatic stress disorder and/or previous traumatic brain injury, are especially in need of unconditional companionship and love, as the country they served and sacrificed for seems to have delivered them to a different battle, that of survival on the streets (17-18).

### **Life on the Street**

Many studies have documented the underlying health challenges faced by homeless populations in US cities. In one study of the chronically homeless, 80% of those interviewed had a history of traumatic brain injury (19). A regional study from the University of Southern California Kirk School of Medicine found that the average life expectancy for the unsheltered is 42 to 52 years of age as compared to 78 years for housed individuals. It was also determined that 38% of the studied individuals had 2 or more major medical illnesses, 25% had a severe mental illness, and at least 30% had a current drug use disorder (20). It is no surprise they are unable to secure and maintain housing and function within the norms of American society. Another study in Boston showed the unsheltered homeless to be 3 times more likely to die than the homeless that are sheltered, and 10 times more likely to die than the general Massachusetts population (21).

Pets are often not allowed in homeless shelters or on public transportation. In an unpublished, observational study done by The Street Dog Coalition (a), a nonprofit organization whose mission is to provide free medical care to pets of those experiencing, or at risk of, homelessness, only 6% of more than 280 homeless shelters in the 100 largest US cities indicated they allow pets, except for service dogs. In another unpublished study by the same organization, in the 50 largest US cities only Boston, Seattle, and San Francisco allowed pets on public transportation. Of the remaining 47, 10 disallowed pets entirely, and 37 permitted boarding with small pets able to fit in carriers under the seat. These barriers to care in housing and transportation greatly diminish the opportunity for pet owners with significant financial hardship to be able to seek any needed veterinary treatment (22).

### **Zoonotic Disease**

Zoonotic disease risks are increased when people and animals live in close proximity to one another for extended periods. Both potential transmission of and exposure to disease are greatly increased. In addition, homeless populations have higher rates of immunosuppression related to increased incidence of HIV, alcoholism, and drug use, and greater incidence of underlying health problems (23).

Pet ectoparasites, such as mites and fleas, and endoparasites, such as roundworms and hookworms, pose additional risks to immunocompromised individuals. Other infectious disease agents such as *Campylobacter* spp, *Helicobacter* spp, *Salmonella* spp, *E coli*, *Leptospira* spp, *Bordetella bronchiseptica*, and *Bartonella* spp all pose additional risks (24). The current COVID-19 pandemic has disproportionately affected those experiencing homelessness, further increasing their susceptibility to zoonotic disease (25). In a somewhat surprising study, trench fever, a World War I-era disease caused by *Bartonella quintana*, was discovered in 15% of 242 persons experiencing homelessness in Denver, Colorado (26). Since trench fever is contracted by exposure to the feces of human body lice, it is not considered zoonotic, although the same organism can cause cardiac disease in dogs (27).

In the author's experience, ectoparasitism among pet owners living in close proximity with their pets is not uncommon, regardless of immunocompetence. *Sarcoptes* mites can be found on dogs and cats and their unsheltered owners, with unchanged/unwashed bedding a source of the infestation. In these cases, pets are treated, owners are referred to a physician, and sometimes funds are provided to purchase new bedding.

Rabies becomes a public health risk when an unvaccinated pet bites a person or another pet. Although the incidence of rabies in pets and people is very low, bite wounds create major hardships for unsheltered pet owners (28). The need to quarantine "at home" is problematic, but animal shelters may board the pets for the mandatory 10-day period, albeit at significant expense to the owner. There may be fees and penalties for lack of current rabies vaccination, no pet license, or running at large, as well as boarding fees at the shelter. The outcomes of these bite wound cases could be surrender of the pet(s) or even a citation for the owner to appear in court.

### Co-sheltering

Sheltering people and their pets together, known as *co-sheltering*, is an important solution for pet owners living on the street. Few shelters welcome pets, destining homeless pet owners to sleeping outside, regardless of the weather. A bitter irony exists in cities when there are not enough beds to shelter the homeless population, but it is illegal to camp on city property. This is especially dangerous during freezing weather. Solutions are needed in the form of pet-friendly homeless shelters, domestic violence shelters, addiction recovery shelters, and even hospitals. A novel project was recently launched in Grand Junction, CO, where a local pet shelter installed modular housing on its property, reserving this for pet owners experiencing

homelessness (29). Veterinary input and oversight are required to set up safe and effective protocols for shelter intake and operations.

### Physicians Have Led the Way

Prior to the addition of veterinarians, street medicine teams of medical students, physicians, nurses, and others have been providing street-based care in the United States for 40 years, working from large medical centers or medical schools (30). According to The Street Medicine Institute, an international organization for healthcare providers working on the streets of cities around the world, there are close to 70 teams providing care in American cities, and many more around the world (b). They concur with the importance of a non-judgmental approach to care. For example, in his book *Stories from the Shadows*, Dr. James O'Connell explains that when new residents go out on street medicine rotations, they focus on caring for their patients' feet, since healthy feet are critical to be able to function on the streets (31).

### Street Medicine: A Focus on Preventive Care

Pet owners living on the street are usually indigent and cannot afford to pay for veterinary care. They rely on help from friends, family, heavily discounted or free care, and for a serious illness or injury may have to choose surrender of the pet or, ultimately, humane euthanasia. Free street clinics are the most effective way to provide preventive and minor medical care for pets whose owners live on the streets. Using a "take-the-medicine-to-the-people" approach, clinics can be located close to homeless shelters, other homeless services, parks, parking lots, or even in encampments. Communication with unsheltered pet owners is problematic, as many have only limited access to email and the internet on a phone and few, if any, have computers. Posting fliers in homeless shelters, soup kitchens, and other homeless service providers, along with handing out cards on the street, is generally most effective, though word of mouth is also an important component. Follow-up via telemedicine is an excellent option if pet owners have the phone capacity and technological skills to navigate it. According to a 2018 study of homeless adults over 50, 73% had cell phones and of these, 32% were smartphones (32). Most of the time, care is provided under canopy tents using folding tables or the tailgate of a truck (33). Street clinics also are an effective model of care in low-income neighborhoods, at a central location such as a school or church parking lot. The author participated in a zip code clinic in downtown Chicago where over 500 residents were waiting with their pets when the clinic opened in the morning. With higher-volume free clinics such as these, the focus is on rudimentary preventive care with little capability to address medical concerns.

In addition to a thorough physical exam and history, the triad of baseline preventive care includes core vaccines, heartworm prevention, and internal and external parasite protection. Heartworm testing is performed when resources are available before dispensing preventive medication in heartworm-endemic areas. To augment preventive care, a small pharmacy stocked with common antibiotics, anti-inflammatories, and other widely-used medications should be available as well as dispensing supplies such as labels, vials, permanent markers, and tape. Discharge and follow-up instructions along with a durable vaccine/preventive record card should be given to pet owners before they leave. In addition, spay/neuter vouchers can be provided for surgery at a collaborating low-cost spay/neuter clinic or hospital. These vouchers may also cover the cost of additional care that cannot be provided in the street setting (33).

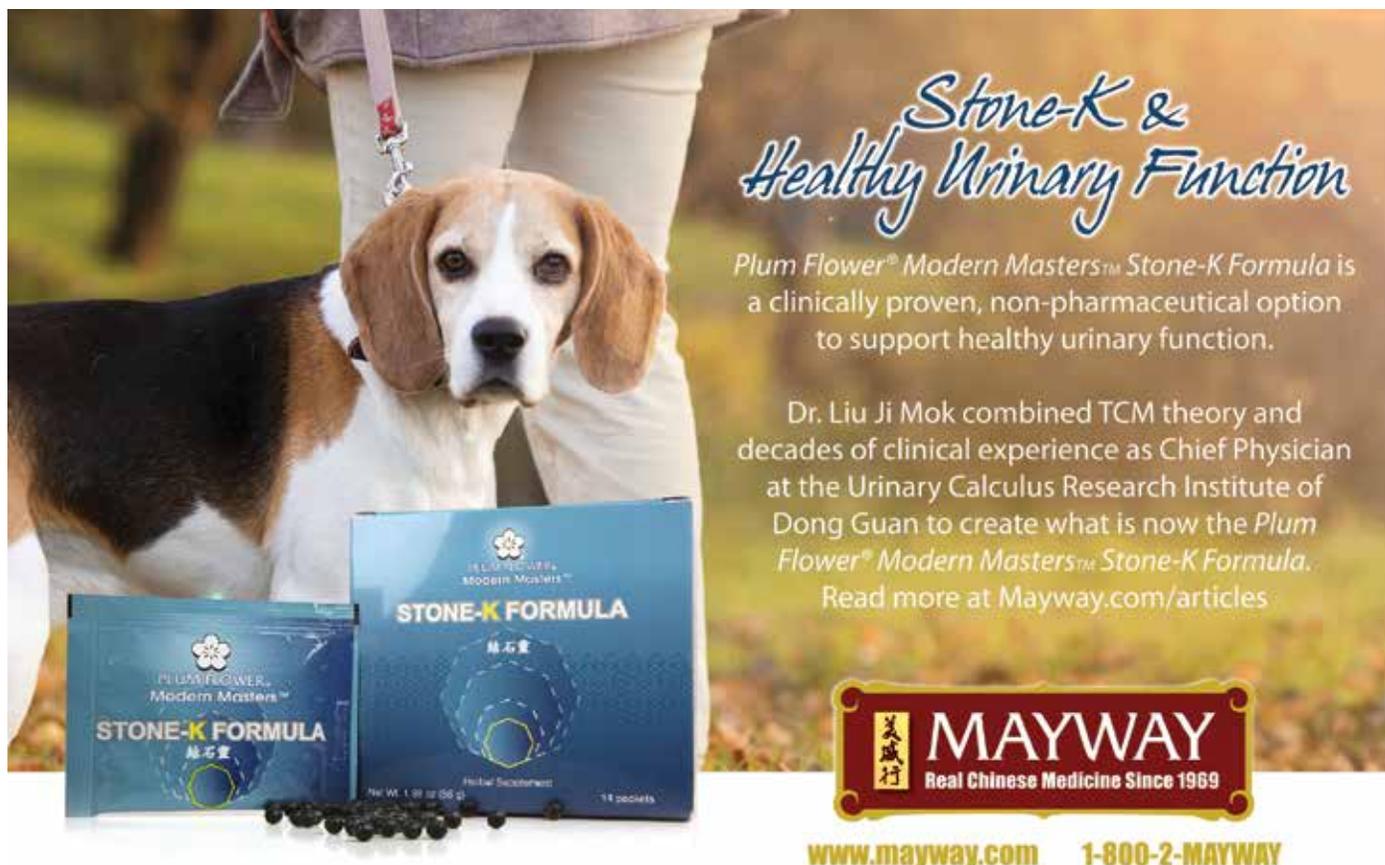
### One Health Outreach

It does not take long for anyone working with the pets of the unsheltered to recognize that the owners have significant challenges and needs themselves, necessitating the provision of care to both ends of the leash. This requires the involvement of other healthcare practitioners and leads to a collaborative One Health approach. According to the CDC,

One Health is “a collaborative, multisectoral, and transdisciplinary approach—working at the local, regional, national, and global levels—with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment” (34). In the street medicine setting, it becomes real-time One Health, where a team of veterinarians, medical personnel, case-workers, dentists, and others work together to provide a menu of services. Other ancillary services and goods such as haircuts, clothing, a food pantry, pet supplies, pet food, and free meals further enrich these events.

### One Health Mobile Outreach

The Street Dog Coalition, a Colorado-based charity founded by the author, recently piloted a series of free community health fairs using this One Health approach in underserved rural communities where homelessness may not exist, but housing insecurity and significant poverty are prevalent. In October 2021, a team of 30 healthcare professionals, professional students, and other volunteers traveled to 2 underserved low-income small towns on the eastern plains of Colorado (35). A recreational vehicle was used as an office, parked at a centralized location, and surrounded by a network of large medical tents, smaller canopy tents, and tables.



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Residents were given a menu of services to choose from upon arrival. Usually, the pets received veterinary care first, and the positive interactions that resulted created a bridge of trust toward human medical or dental services that resulted in a high level of compliance. The convenience of these additional free services also created a “well, I’m here anyway” receptiveness. Over the course of the weekend, veterinary care was provided to over 90 pets, medical screenings were done on 24 human patients, and dental exams and cleanings were performed on 14 people. Of particular importance, a Colorado Department of Health van was present to give both COVID-19 and flu vaccines to residents living in an area with very low COVID-19 vaccination rates compared to the rest of the state.

### Access to Care Funding Solutions

AlignCare® (c) is a promising program being developed to provide funding for millions of Americans who cannot afford full veterinary care but can pay a small portion of the cost. The program was developed as the operational arm of the Program for Pet Health Equity, established at the University of Tennessee in 2018 (36). It affords low-income clients who are on government assistance financial support when they take their pets to a veterinary hospital for an illness or medical condition. Participating hospitals typically offer a 20% discount, pet owners pay a 20% co-pay, and AlignCare covers the rest. AlignCare® pilot programs have been successfully run in multiple locations but have lacked enough money to be sustainable (Personal conversation with Michael Blackwell, DVM, MPH, Director at AlignCare®, September 16, 2021.). The program has based its funding model on grants from government and local charitable organizations. A possible solution for longer-term funds might be a partnership with the AVMA and/or other veterinary specialty organizations to add a modest increase in membership dues (2 to 3%) for programs like AlignCare®, which may also help demonstrate the profession’s commitment to providing access to veterinary care for all.

Another important solution might be proposed through a partnership with the American Veterinary Medical Foundation (AVMF), which is an Internal Revenue Service-registered nonprofit that provides funding at the hospital level for urgent care and emergencies via its Veterinary Charitable Care program. This program is funded by contributions from veterinary hospitals, industry partners, other foundations, and individual donors (d). Finally, emergency care for pet owners with financial hardship can also be provided by a “trickle funding,” or “check-out charity” program, in which paying clients have an opportunity to donate additional funds at check-out to a hospital fund dedicated for that purpose.

### A Call to Action: Volunteerism as Therapy

Veterinary volunteers are readily available and enthusiastic in providing free care to the pets of the homeless and pet owners living in poverty because they see the need firsthand and want to give back. Veterinary students have shown a particularly strong passion for engaging more with society. This work can be a welcome change from the confines of a veterinary hospital where financial and work pressures can dilute the joy that motivated doctors and staff to pursue careers in veterinary medicine in the first place. It can be liberating to work in a situation where no money changes hands, even if the event is in a parking lot or under a bridge. Volunteering can be therapeutic and, for some, may have a spiritual aspect and serve a guiding purpose (37). By helping these pets and owners, we can show our love through our work.

### To Those We Have Left Behind

The veterinary profession has work to do. We must provide better access to care to a growing number of low-income, below-poverty-level, and indigent pet owners who cannot afford the rising costs. One of the major challenges facing the profession, especially in regard to increasing diversity within its ranks, can be met by making a commitment to providing care to those pet owners being left behind.

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### Endnotes

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- d. American Veterinary Medical Foundation (AVMF), 1931 N. Meacham Rd. Ste 100, Schaumburg IL 60173, <https://www.avmf.org/programs/veterinary-charitable-care/?back=programs>

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