

Shifting Lenses: Homelessness and Access to Medical Care

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Universal health care is a constant debate in many modern societies. Pros and cons are weighed and can be heard worldwide in many government halls. Most of the time, these conversations revolve solely around those who can afford such privileges; but one must also consider the homeless. Shouldn't they also be able to have proper medical care and the same level of care that housed individuals do? What methods do these individuals go through to acquire medicines or other means by which to control their pain and sickness? These are the kinds of questions that generally get overlooked; primarily because of the many preconceived notions about the relationship between homeless individuals and drug use. However, it is precisely these notions that hinder the actual care and help that individuals need. By raising awareness about the needs of this population, more eyes can be opened to the disparities that homeless people face when it comes to medical care and getting proper treatment.

Archaeological work has been conducted at the Middle Fork Camp just a few minutes outside Boone, NC to help uncover these questions. Over two days, the camp was successfully surveyed, with small centimeter-level excavations taking place to uncover items slightly visible or beneath other rubble. The objects that were found that will be focused on include several over-the-counter medications, hypodermic needles, prescription medications, and the remains of prescription bottles. This paper argues that systemic biases and inadequate healthcare infrastructure exacerbate the healthcare inequalities faced by homeless populations, as evidenced by material culture and ethnographic insights.

Context

Archaeology has been a discipline that has been around for ages; it has been used to look at the distant past through the lens of today. A new subfield is emerging, however, and it has been growing ever so steadily. Archaeology of supermodernity, as González-Ruibal calls it, focuses on the material culture left behind via the destructive impact that has affected the archaeological record. Supermodernity encompasses a variety of historical areas including “industrialism, colonialism...the world wars, the environmental crises, and the heyday of globalization” (González-Ruibal, 2008, p.247). González-Ruibal writes that while supermodernity is defined by its patterns of consumption and production, it is more characterized by destruction and the remains left behind because of it. One way to study the supermodern is to look at homeless populations and the material culture left behind. Homelessness is a global issue; according to the National Alliance to End Homelessness (2024), there has been a rapid increase in individuals who experience homelessness staying in shelters, and unsheltered homelessness increased by 9.7%. Additionally the idea of what homelessness “looks like” is perpetuated through media (Gent, 2022). Often regarded as “inescapably other,” (Ibid, 2022) individuals are continuously depicted in terms of mental illness, addiction, and flawed character which drives the never-ending loop.

The approach to this study is one of dualism, typically seen in many modern theories of archaeology. Much of these approaches and the ideas of supermodernity and how to study it seem to come from phenomenology, a study of human experience; something that can be done through the study of material culture and meaning. Origins of this framework date back to the 19th century and focuses on the experiences of individuals instead of the impartiality of the

objects (Johnson, 2020). This framework, along with the understanding of supermodernity, can help shift the lens on homeless individuals and help provide better care to them.

The population of Boone sits roughly around 20,000 individuals; a quarter of which are under the poverty line, just over double the national average. North Carolina as a whole sits at just over 17% of the population, meanwhile, Boone has one of the highest rates in the western part of the state, sitting at 31.4%. Many things can lead one from being in poverty to being homeless; this mainly has to do with a shortage of unaffordable housing which has been steadily increasing since the 1970s. (Soucy, et. al., 2024). In a study published by the Hospitality House, the results show that for every individual who stays in a sheltered center, there are three that are unsheltered, coming in at just over 50% who are unsheltered and 43% who are sheltered (Hospitality House, 2024).

The problems with access to healthcare and other services further the risks associated with homelessness and can increase the likelihood of adverse outcomes. (IHPL, 2021). Looking at what type of access people have is crucial as well. Using the data gathered from Rebecca Brown and colleagues on the differences in utilization of health care between older and younger homeless people, it is found that those above the age of 50 had better access to health care in terms of having a primary place of care as well as a primary care provider (Brown, et al., 2010). Brown and colleagues document that the main reason for this was insurance status, primarily from a public insurance plan such as Medicare/Medicaid. Based on this model, it can be hypothesized that the individuals who were using the over-the-counter medications were those of a younger demographic, and might not have had access to a care physician for a stronger medicine. In comparison to the Boone area, discussions with a volunteer at a local shelter have indicated that much of the unhoused population is in the middle stages of life, typically between

30 and 50 years of age. When asked about insurance status to corroborate the study by Brown and colleagues, it was revealed that most of the time the individuals do not qualify for state-provided medical insurance. This can be detrimental to some because people can go through other avenues if it means feeling better.

To study these issues, we can take a look at the Middle Fork Campsite; long since abandoned, the camp still contains materials such as medical supplies, pet supplies, and even children's toys. From these remnants, we can get a glimpse at what life was like when this space was inhabited. Among the medical supplies found a few certain items stand out. These items include a prescription bottle for buspirone, a common anti-anxiety medicine; hypodermic needles, often used for the injection of prescription drugs or illicit substances; and a bottle of Nyquil, an over-the-counter cold medicine known for its drowsiness-inducing effects. From these, we can paint a picture of the hardships people at this site were facing. Perhaps the buspirone was the only source of relief from the stress induced by the situation surrounding them. Nyquil is a symbol of perseverance through the cold and dark; the hypodermic needles are the only thing keeping them alive. These objects portray a story that can lead researchers to better understand homelessness and its relationship with medical care.

Methods

The methods used for this project primarily consisted of surveys within condensed areas; marked A through E respectively. Some pseudo-excavations took place, consisting of just a few inches of the earth being moved to reach items that were somewhat buried. The project took a total of two days for survey and excavation work, the first day focusing on area A while day two was spent on areas B through E. Many of the items found were primarily located in Area C,

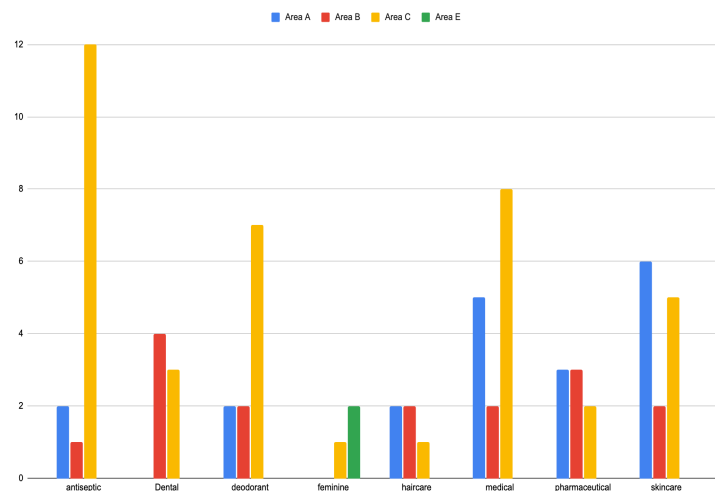
hypothesized to be one of the primary living areas of the camp. Much of these were seen by others working on this project and not myself, so much context and methods are believed to be the same as the area previously worked in the day before. Items were first categorized by broad function (ie. clothing, food and beverage, shelter, miscellaneous, etc); after which they were further analyzed to see what exactly they were and if they had any distinguishable features. After the data was collected, some items were placed in bags to take back to the lab for curative purposes, while everything else was put into waste bags to be disposed of the following days. When discussing how the project should be done and what methods to deploy, it was clear that personal interviews were something that seemed a little too invasive. Projects done by Larry Zimmerman and Jessica Welch (2011) have used this approach, providing them with direct contact with homeless individuals for their study. This approach seemed to be too invasive given the topic, though an interview was done with a previous staff member and volunteer worker at local shelters to try to replicate the same experience.

Where these items were found and what they could be used for is important to unraveling the growing dilemma of healthcare access to the homeless population here in Boone. Utilizing the data gathered from different areas of the Middle Fork Campground as well as an interview with a past staff member at the Homestead Recovery Center, can provide valuable insight to the above questions. Much of the archaeological data is lost for these objects; most of them have been discarded after the initial clean-up and survey of the campground. What we do know is the area that they were found in, and by looking at pictures that documented the process of the work that was done. Items categorized as “medical” include syringes, tourniquets, surgical masks, and surgical gloves. Those categorized as “pharmaceutical” consisted of cold and flu medicine, pain relievers, antifungal spray, a diabetes test strip, as well as unmarked prescription medicine

bottles. The frequency of these items specifically occurring in Area C can help to indicate that this area was used as a “communal living area.” The bottles were found primarily in Area C, at a rate of 1.6 times more than in Area A and 4 times more than in Area B.

Additionally, with archaeology skills, an interview was conducted with a staff member at a local recovery center about the lives of unhoused people and their stories with access (or lack of) to medical care. Medical care in these regards covers a broad range: hospital visits, insurance coverage, prescription medications, over-the-counter medications, illicit substance use, and pain management. Looking at specific items that are labeled as medical or pharmaceutical or have some connected to the other can showcase what kind of medical access these individuals had. An example of this is the bottles of pain relievers and cold and flu medicine to indicate a low level of medical access; on the other end, prescription bottles, hypodermic syringes, and an insulin test strip were also found, indicating a higher level of medical access.

Table 1. Frequency of items found in categories related to “medical”



Descriptions

Many of the objects follow a similar or standard set of measurements and qualities. First are the cold and flu medicines. The two bottles that were found were a half-empty Nyquil bottle and an Assured branded cold and flu medication. Nyquil traditionally is a cherry-flavored liquid

medication that is used to help soothe the effects of colds and runny noses, while also having an extra ingredient, doxylamine succinate, that causes the drowsy and tired feeling. Standard bottles are typically eight or twelve ounces and market at around five dollars depending on the store bought at. The other bottle, brand named Assured, is a medication that is in an orange bottle; measuring four ounces, the bottle is rather small compared to Nyquil eight and twelve. The medicine markets for around two dollars, making it a cheaper form of pain relief in comparison.

These kinds of medications can help with answering a multitude of questions: first, we can explore how much individuals would be spending on over-the-counter medications. The Nyquil bottle and the Assured bottle can describe two different ends of a spectrum; one where the Assured bottle is at the lower end and the Nyquil bottle is at the higher end. With Assured marketed at just over two dollars per 4 oz bottle, it can be safe to assume that it is a more “generic” brand (generic here meaning that it does not come from a high market value brand) whereas Nyquil is known by name to commonly refer to a nighttime cold and flu medication. It can be justified to say that these two bottles are from different people, one who might not have had access to the money needed to pay for a higher strength or greater quantity of cold medicine and another who did have the access, either by financial means or others. This can be used as a base model to understand the financials of unhoused individuals.

The presence of a prescription medication sheds light on the potential higher end of medical access. The bottle, labeled with the medication Buspirone (Figure 2), is a prescription medication that is most commonly used to treat the symptoms of anxiety disorders in individuals (Wilson, & Tripp, 2023). Unlike most anti-anxiety medications, Buspirone is classified as an anxiolytic, typically a second-step prescription after the use of selective serotonin reuptake inhibitors (SSRIs) to help curb the aftereffects or provide more comfort. It is also important to

note that some prescriptions with anxiolytic effects can be used for “off-label” reasons. The main “off-label” use for Buspirone can be used to treat major depressive disorder and promote neurogenesis (Ibid, 2023).

Figure 2: Prescription bottle of *Buspirone* found on Day 2 at the Middle Fork Camp.



Syringes and their additional counterparts were also found at the site. Syringes vary in all forms, however. Some are smaller in units measured compared to others and have longer needles or different size caps. What was found is assumed to be medical syringes for the use of insulin. Insulin syringes can vary in measurements, most common are twenty-eight to thirty gauge needles that can hold half of a milliliter to a milliliter (commonly referred to as 30g 1cc). There were several syringes found throughout the site; additionally with them were the characteristic orange caps used to cover the needle and blue tourniquets for restricting blood flow while giving insulin doses. It is important to note that syringes can be bought or provided as part of a syringe exchange program. During a recent interview with a staff member at the Homestead Recovery Center, they expressed that they have a program there where you can come in with used syringes and exchange them for clean ones (personal communications, Nov 11). This helps to promote not only a cleaner environment but also so that individuals can have access to clean and sterile medical instruments when they need to.

Discussion

There is a man named Joseph who regularly visits the local recovery center. He comes in because of the needle exchange program that is offered; every time he comes in, he brings a bag of used needles. The worker smiles, accepts the bag, and sends him on his way. One day though, Joseph doesn't come in like he normally would; the worker finds out that Joseph's legs are too swollen for him to walk right now. He tried going to the local hospital but was turned away several times because of the prejudice against homeless individuals (personal communications, Nov 11). This is just one of the many stories told in the interview with a worker and how homeless people are perceived through the medical lens. As discussed previously, the perception of what homelessness looks like has been told through the lens of Hollywood. This ongoing perception of what is and is not homeless helps to sustain the cycle of prejudice and ill manners towards people who need genuine care. Southworth (2023) writes that early in their study, many service providers see patients first as people who are homeless and then as individuals with unique circumstances second. They attribute this to the paternalization of people that service providers do; they believe they know best and need to 'fix' their clients (Ibid, 2023).

The findings also allude to the social implications of what it is like to be homeless. At first glance, when someone notices small plastic bags and hypodermic needles, they immediately think of illicit drug use; one perspective instead is to look at it as a manifestation of coping mechanisms and a representation of systemic neglect. In the interview, it was expressed that people should have access to needles, so long as they are *clean*. With this in mind, it is clear that social ideologies should be shifted from a negative and derogatory perspective, instead to a more helpful and understanding one when it comes to drug use and the homeless.

There is much to be said about the treatment of individuals who are unhoused by the medical industry; they are looked down upon and thought of as children who should be corrected, and the cycle continues because of the media and conditioned by society as a whole. Socioeconomic status is an early indicator of the risk of homelessness; as discussed previously, homelessness is typically caused by the rise of housing prices and the stagnation of wages. Because of this, more and more people are falling into poverty and the lower class which makes it harder to sustain a stable living.

Middle Fork Camp might have been a site that was filled with people who had to go through these kinds of experiences; the diabetic who needed their needles yet were constantly met with disdainful looks by the pharmacy tech who had to sell them to them; the anxious individual who had to go through a long series of questions about illicit drug use by the nurse in the office because of bias; the mother who needed to care for her kids and all she could properly provide was over-the-counter medication for cold and flu. These objects hold stories about the trials and battles that homeless people face every day.

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