On the mean streets

In his clinic in a seedy hotel, a Vancouver physician cares for a truly needy clientele

By Jennifer Hunter

At 9:30 a.m., the doctor who runs the clinic is late, as usual. The patients are lined up in the hallway, a narrow passage filled with the nostril-biting scent of stale smoke and sour sweat. Leona, a 33-year-old aboriginal woman whose features are bloated by years of street life, needs a new prescription for methadone. Dennis, a wraith-like 34-year-old with bloodied sores on his sunken face, wants help for his constant weight loss. He has AIDS, suffers from asthma and lives for his daily hits of cocaine. Andrea, 34, a poet with luxurious strawberry-blond hair and a unicorn tattooed on her right shoulder, is perspiring heavily from not having a hit of methadone. The doctor arrives a few minutes later, his curly hair unserved by a comb, his black wool jacket littered with tufts of dog hair from his husky, Rosie. He invites the first patient, Leona, into the tiny clinic.

One year ago, Dr. Gabor Mate, 56, was operating his own family practice in Vancouver with a working-class and middle-class clientele. He did that for 20 years, delivering babies, helping the elderly get hip-replacement surgery, acting as psychologist to patients needing a sympathetic ear. He was the sort of
doctor who made house calls and had his home number listed in the telephone directory so patients could call whenever they had to. "He was wonderful," says Johanna Hauser, a 49-year-old classical clarinetist and mother of two, a patient of Mate for 13 years. "He was very responsive to our needs." He also had a national reputation as author of a weekly medical column in The Globe and Mail and of Scattered Minds, his 1999 best-selling book on attention deficit disorder.

But after two decades of that life, Mate wanted a change. His goal was to radically alter the way he practised medicine—and not entirely for altruistic reasons. On the personal side, he wanted to curb his workaholic tendencies and spend more time with his wife, Rae, and three children, aged 24, 21 and 11. An approach by a group that provides housing for the homeless in Vancouver's drug- and alcohol-plagued Downtown Eastside provided his opportunity. The Portland Hotel Society needed a physician to run a clinic in the Portland Hotel, one of the four low-cost residences it operates in the impoverished neighbourhood.

Mate sold his practice and took the job. Now, he spends y/1 hours a day ministering to the addicts and disease-ridden patients of the clinic, and is on call 24 hours a day. He also works several afternoons a week at a palliative-care hospice or visiting his clinic patients in hospital. "The work here really stretches you medically," says Mate. "It allows me to educate myself about areas such as drug addiction and HIV. And I feel I am providing a service for those who need it the most." He is also generally home for dinner.

His patients pose some challenging medical problems: injection drug use, alcoholism, crack addiction, HIV—most often combined with mental illness. Few have been able to get regular medical help. "Some of them have been barred from 11 doctors' offices because of their disturbing
behaviour," explains Kerstin Stuerzbecher, director of operations for the Portland Hotel Society. The hotel clinic is open to even the most problematic among the 260 residents of the Portland, Regal, Washington and Sunrise hotels.

Mate, says Stuerzbecher, fills the Portland society's requirements perfectly. "We were looking for someone flexible enough to deal with a group of people who are often considered unserviceable," she explains. "Gabor is very committed to these people and their plight. He really listens to them. They love him and that is crucial for us." Mate says as soon as he walked into the Portland, he felt at home. "This place is so full of energy," he says, "so full of interesting individuals."

Dr. John Blatherwick, chief medical health officer for the Vancouver/Richmond Health Board, which funds the clinic, says it requires a certain temperament to practise in the Downtown Eastside, one of the poorest neighbourhoods in Canada. Not only are many patients addicted to drugs or alcohol, they often have acute infections, chronic diseases and life-threatening illnesses. There is tuberculosis, 90 per cent of intravenous drug users have hepatitis C, and last year an epidemic of syphilis swept through the neighbourhood. Although other doctors have offices in the area, Mate is the only one operating inside one of the area's many spartan residences. "All who choose to work in the area do a favour for the rest of the medical profession," says Blatherwick. "They are taking on work that other doctors would have difficulty doing."

Mate insists there is nothing romantic about his decision. "What is important is the work being done down here, not any particular physician," he says. But others admire his willingness to give up a comfortable practice to take care of the disadvantaged. "Those of us blessed with health can
get by without Gabor," says former patient Hauser. "It's the neediest people who need him."

Mate's background helps explain his compassion for the less fortunate. He was born to a Jewish family in Budapest in January, 1944, on the eve of the Nazi occupation of Hungary. Jews were being deported to concentration camps and Mate's father, Andor, was already in a forced labour brigade in Transylvania. With living conditions almost intolerable, Mate's mother, Judith, briefly left her firstborn in the care of a stranger. The family lived on in Budapest after the war, but left for Canada in 1956 after the Hungarian uprising and Soviet invasion. "I've grown up with the awareness of how terrible and difficult life can be for some people through no fault of their own," says Mate. "It helps me feel there is good work to be done everywhere."

A wiry, intense man, Mate is becoming a well-known figure in the Downtown Eastside. As he races, whippet-like, from the Regal Hotel back to the Portland, always behind schedule, people stop him to ask for help. He accompanies patients on visits to the specialist and visits them regularly when they are in hospital. In the fall, Mate hopes to begin work on a new book, about the connection between repressed emotions and chronic illness, based on his work in palliative care.

As Mate arrives at the Portland, Christine, a crack addict flopped on the couch in the lobby, beckons him. "I got cramps," she complains. He invites her up to the clinic on the second floor and prescribes an anti-inflammatory to deal with her severe menstrual pain. His banter with patients indicates their comfort with him and his respect for them. "He is awesome," says Christine, 32. "He did a pap test on me [checking for cervical cancer] and he was so gentle I said women would start lining up outside the office with their pants down." Mate, looking up from writing the prescription, says with a straight face: "That hasn't happened yet, Christine." Nonetheless, patients do line up at the Portland to see him. They know he is there to do what he can to heal their pain.