

BY BARBARA MORAN / PHOTOGRAPH BY RICK FRIEDMAN

"The homeless population shows us the weaknesses in the mainstream system," says Jim O'Connell. "The 7 or 10 minutes we have in the exam room rarely works with homeless people."

STREET

How MED's Jim O'Connell learned to shelve his stethoscope and listen

DOCTOR





JIM O'CONNELL HAS SPENT his medical career as a street doctor, caring for homeless people on the sidewalks, benches, and bridges where they live. O'Connell, president of the Boston Health Care for the Homeless Program and a member of the BU School of Medicine faculty, had originally planned a career in oncology, but after completing medical school at Harvard and a residency at Massachusetts General Hospital, he decided to work for a year at a handful of health clinics for the homeless at places like Boston's Long Island Shelter and the Pine Street Inn. "After four years of medical school and three years of residency, I had thought my training was finally over," writes O'Connell in his memoir, *Stories from the Shadows: Reflections of a Street Doctor* (BHCHP Press, 2015). "My education in homelessness and poverty was just beginning."

*Bostonia* spoke to O'Connell about slowing down and opening up, and how losing his stethoscope made him a better doctor.

**BOSTONIA: Tell us about your first day at the Pine Street Inn.**

**O'CONNELL:** I went in thinking I was going to be cherished. Because I'm a doctor, right?

Anyway, I walked right smack into the nurses' clinic, and Barbara McInnis—who eventually became the person I admired most in the world—sat me down and read me the riot act, as only nurses can do. She said, "Look, we've been doing this for a long time, without the help of doctors or hospitals." And also, if I wanted to learn how to do this, I would do well to just watch them. And she gave me this apprenticeship, where I had to soak patients' feet in the waiting room. And she took away my stethoscope.

**Is that true?**

Oh yeah. She said, "You have to stop thinking like a doctor. This is not about doctoring. This is about getting to know people."

**How did that make you feel? Some doctors might have walked out in a huff.**

I was devastated. But I was determined. It was like, if you're trying to test me, I'm going to win this test. So I started to soak feet. And soon I realized it was quite extraordinary, because it reversed the power structure. It put you at the feet of the person that you're taking care of, and it respects their personal space. So I learned to just soak feet and say hello to people, and some people would speak to me, some didn't. Over time, almost everybody started to speak to me, and I understood by then what the nurses were doing. They were trying to make me part of the fabric. I had to be present; I had to be consistent. And then people opened up.

**Do you remember any patients in particular?**

The most memorable was a man I had known for

years in the emergency room as someone we had called treatment-resistant.

**Meaning he refused treatment?**

He'd be brought into the emergency room by police or EMS, he'd have swollen feet, he needed antibiotics, or we wanted to start him on some medications. He wouldn't take anything. He never did anything we wanted him to. And we kind of gave up on him.

But after I had been soaking his feet for several weeks, he looked down at me and said, "Hey, I thought you were supposed to be a doctor." That was the day that everything changed—it was the first time anyone in the shelter called me a doctor. And I said, "Yeah, I am a doctor." And he goes, "Well, what the hell are you doing soaking feet?" And I told him, "Because that's what the nurses told me to do." And he looks at me and goes, "Boy, you're a smart man."

Not long after that, he asked me if I could give him something to help him sleep. And that began the journey to getting him on the medication that actually helped him. And he got into a group home after 25 years on the street. After two-and-a-half months of soaking his feet, he was in a group home. And I started to realize, wow, taking time like this can have pretty interesting outcomes. But it's nowhere valued in our training.

**That sounds like some good doctoring. You were present and reversing the power structure, and it seems that would help most patients. But is it especially useful for this population?**

The homeless population shows us the weaknesses in the mainstream system before you see it anywhere else. The 7 or 10 minutes we have in the exam room rarely works with homeless people. If you try to go fast, you'll have terrible outcomes.



O'Connell says the nurses at Pine Street Inn taught him to slow down and listen. "If you try to go fast, you'll have terrible outcomes," he says.

If you slow down, your outcomes become much, much better.

**I wonder if this has ever been tried with nonhomeless patients.**

You know this concierge medicine that they have now? Even though I sort of resent it, I understand what they're getting at. I think that's what we doctors wanted to do, and what we thought we were going to be doing.

**So you were a concierge doctor before its time.**

If you're going to do this, it has to be concierge medicine.

**You introduced your book with the myth of Sisyphus. That's a bit of a bummer, don't you think?**

No. No, come on. You have to read it. Have you ever read the myth of Sisyphus?

**Yes. Is there a hidden meaning I'm missing?**

I was a philosophy major in college, and I remember reading Albert Camus' version.

**I don't know the Camus version. I thought the myth of Sisyphus was about eternal punishment and despair.**

No. In the Camus version, Sisyphus takes some-

thing that should be like that and turns it into a joyful task. He said, "I don't care if I ever get the rock to the top to stay there. My job is rolling it up the hill, and I'm going to be good at it." And I liked it because it throws into disarray what you mean by success, and takes a problem that may not be fixable or solvable, but you can still take great joy in working on it.

**You graduated from Notre Dame. You don't talk about religion in your book, but I hear echoes of it, especially in the foot bathing. Did your religious background guide your work at all?**

It's a great question. I grew up in an Irish Catholic town—are you Irish? You must be Irish. Is Moran your maiden name or your married name?

**It's my maiden name.**

Okay, so you know this. We grew up with this guilt. Our families are riddled with guilt, every which way you can go. And when you start to study existential philosophy and you look at Camus, you realize there's a shared brokenness in humanity, and that staying in touch with that keeps you in touch with yourself. Why did I feel comfortable with these people? I have no idea. But there was something about getting close to people and understanding how courageous they were given their brokenness, that made you recognize lots of things in yourself. It meant that the distance between me and them seemed less and less as time went on.

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Two residents of Long Island Shelter teach a doctor about love and loss

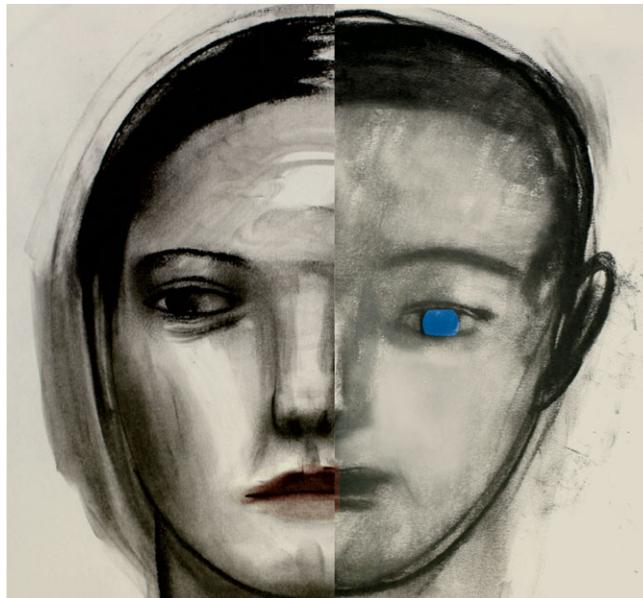
February 2015

EXCERPTED FROM *STORIES FROM THE SHADOWS: REFLECTIONS OF A STREET DOCTOR* (BHCHP PRESS, 2015)

**BY JIM O'CONNELL** / On the evening of October 8, 2014, I departed Boston on an Aer Lingus flight to Dublin for an international street medicine conference and looked down over Boston Harbor to watch the buses leave Long Island for the last time. Mayor Marty Walsh had closed the crumbling Long Island Bridge earlier that afternoon and ordered the entire island evacuated within four hours. Sisyphus' mythic boulder rolled down our mountain with a vengeance that evening.

In 1983, in response to the growing numbers of homeless persons in Boston, the Tobin Building, a part of Long Island Hospital that had once served as Boston's tuberculosis sanatorium and was later used by the public inebriate program, was converted by Mayor Ray Flynn to become the city's main shelter.

The story of two Long Island Shelter guests in particular



has helped me close the chapter on Long Island. Corey Endicott came into the shelter clinic for the first time in September 1985. He was near tears after enduring a barrage of insults for wearing lipstick and painting his fingernails and toenails a deep shade of scarlet. We talked, over several cups of coffee, and he shared how different he always felt from his classmates. At puberty he realized he was gay. He dropped out of high school to escape the daily ridicule, went to Provincetown, and lived with a series of older partners who protected and supported him. This past winter his lover died of

AIDS. At the age of 23, Corey was homeless for the first time and found his way to Long Island Shelter. He asked for an HIV test, which was negative. I began to see him regularly to care for his hypertension and migraine headaches.

One evening he proudly introduced me to his new friend Bill Orman, a 37-year-old Vietnam veteran and former Green Beret with a strikingly erect posture and piercing, powder blue eyes. A weakened muscle caused the right eye to wander to the side, making eye contact uncomfortable. Bill wore combat fatigues and black lace boots and began and ended all re-

sponses to me with “sir.” A more odd couple I had not seen in the shelter.

Corey and Bill declared proudly one night that they planned to “get married” and have a wedding at the shelter, a gutsy move that won my respect in those contentious years before gay marriages were legalized in Massachusetts in 2004. Politics and religion are passionate topics in the shelters, and I worried about how the other shelter guests would react. The ceremony was held on a beautiful autumn Saturday on the shelter’s lawn overlooking the harbor. I had an old camera, and I still cherish the wedding picture of the beaming couple. An unexpected surprise was the nonchalant acceptance and willing participation of many shelter guests in the celebration.

A year later, Corey tested positive for HIV. In those days, before highly active antiretroviral treatment, virtually all of our homeless AIDS patients died of this horrible infection within months. Surprisingly, Corey’s immune system remained robust and held the virus in check, placing him in a rare group of people known as long-term non-progressors. Over the ensuing years, Corey vehemently attributed his continued health to a vegetarian diet, including a daily clove of garlic and generous portions of organic greens.

Bill’s HIV test remained negative, although he suffered through multiple medical and surgical problems: numbness in both hands required surgery to release the trapped ulna nerves near his elbows; neck and shoulder pain required neurosurgery to stabilize several cervical vertebrae with bulging discs; a small discolored mole on his back proved to be invasive melanoma that required extensive surgery. Bill remained resilient throughout multiple hospital and nursing-home admissions and many prolonged stays in our medical respite facility.

He presented to clinic at Boston City Hospital in 1994 wearing a furry black fedora and black clerical garb, including a Roman collar. He carried a small leather breviary and proudly produced his “ordination” papers, mailed to him after completing a correspondence course that he discovered on the inside flap of a pack of matches.

“I am proud to be Reverend Orman at long last. I have always been an avid Harley-Davidson mechanic and I heard my calling to minister to the Hell’s Angels, as they deserve a chance to hear about God from one of their own. I spend my days in Revere now, mingling with my old motorcycle friends and preaching the Gospel.”

In the early 2000s, Reverend Orman defrocked himself after repeated scuffles with some “church types” on Long Island. He announced that he was now selling commercial real estate in South Boston.

Corey remained healthy and asked often about hormone therapy and the possibility of sexual reassignment surgery. We referred him to the local specialty clinic, and he was bitterly disappointed to be turned down.

“Those assholes think I’m mentally unstable and can’t han-

dle all this. I don’t care what they think, I am a woman and nothing will change that.”

He was distressed about his premature baldness and allowed his fine but sparse strings of remaining hair to grow untamed. He moaned that poverty kept him from the “necessities” of plastic surgery that were so readily available to others.

Corey and Bill stuck together through the years, often coming to clinic together as a couple, bantering and bickering but devotedly holding hands. Bill served as caretaker, constantly worried that Corey was losing weight, isolating himself, or coughing incessantly. Corey relished the attention.

In 2005, they received a “housing first” subsidy and were placed in a sun-filled two-bedroom apartment in Revere. We began to do regular home visits, as we do for all of our chronic rough sleepers who are placed in housing. The apartment

was impeccably clean, cluttered with knick-knacks and small mementos, and oppressive with cigarette smoke. They proudly made us tea at each visit and delighted in telling us about their days walking Revere Beach after years in the shelters and on the streets. The wedding photo was on a side table in the living room....

Bill called late one night several years ago. He was very concerned and asked us to stop by. Corey had developed fevers, had a hacking cough, and was soaking the sheets with sweat each night. We admitted him to Massachusetts General Hospital with a severe bilateral

pneumonia. A blood test showed that his CD4 cell count had plummeted while his HIV viral load had increased dramatically. After twenty years, the virus was now destroying his immune system. Corey improved and was able to go home from the hospital. Despite the trusting relationship we had after so many years, he resisted my ardent and perhaps too strident pleas to begin the medication cocktail that could preserve his life.

“Please don’t worry, Doc, I just need to change my diet a little, add a few vitamins and minerals, and I will lick this damn virus.”

A week later, Corey was rushed to MGH with *Pneumocystis carinii* pneumonia, an AIDS-related opportunistic infection, and he died three days later in the ICU. Bill never left his side and was inconsolable. Over the next several months, we visited Bill often at home. Jim Bonnar, our team’s savvy and seasoned psychiatrist, joined us in those visits to help Bill cope with the devastating grief. Bill stopped eating, lost considerable weight, and complained that his whole body was in constant pain. He whispered to me that he didn’t see a need to live any longer. He reluctantly agreed to let us admit him to MGH, where we discovered a massive lung cancer that had spread to his bones and his brain. He told us not to worry—he was not afraid and was very anxious to join Corey. Bill Orman, Vietnam veteran, dogged Green Beret, erstwhile minister to Hell’s Angels, who dared to marry his lover in a homeless shelter, died peacefully and without pain a week later. In my life as a doctor I have rarely seen such breathtaking love and devotion.

