HEALING ARTS

Materia Medica

An Unconventional Housecall

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Like most people, I have an early morning routine, squeezing in a run prior to the start of my work day. Pushing through the crisp spring air one morning, concentrating on my pace and listening to music on the headphones while rounding the curve by the fountain lake, my eyes drifted to a figure on the park bench. I had encountered homeless people before, but for some reason, the figure silhouetted in front of me caught my attention. As if he heard a familiar sound, he appeared to stir and wake from his overnight slumber. My pace slowed and we made eye contact.

"Dr. B, what are you doing here?" a voice yelled over the thumping music in my ears. It was my patient, Mr. H, in the city park. I stopped abruptly. "Well, I'm jogging," I said awkwardly. "Is that what you call it?" he responded with a smirk. His relaxed appearance and his partly toothless grin added a friendly element to the teasing comment. Pausing, I surveyed the situation, noting his dirty backpack, a small pile of newspapers, and a worn out sweatshirt. *Should I sit? Should I leave it at 'hello' and press on? Why am I off guard?* I thought. *Haven't I known of his homelessness for years?*

Perhaps sensing my discomfort, Mr. H rearranged his items to create a place for me to sit, without making eye contact. Hesitantly, I sat. Out came my barrage of questions, too many and too fast. Seeking a level of comfort, I fell into the type-casted role of doctor: "Did you spend the night here?" "Were you cold?" "Where did you eat your last meal?" "Are you taking your antiretrovirals?" A confident smile swept across his face. Without speaking, he opened his backpack and promptly produced a worn plastic bag with recognizable pill bottles. "Look, Doc, here they are."

I looked away, trying to collect my thoughts. The mist over the lake was slowly dissipating, the fountain was bubbling. Breaking my reverie, Mr. H politely interrupted. "This is my Zen place," he said, slowly gesturing to his surroundings with an outstretched hand.

"You have an appointment with me soon, correct?" I asked.

The self-assured grin returned to his face. "Yeah Doc, you know that you and me are good. Come on!"

I looked away, feeling partly relieved and embarrassed. I sensed an inappropriateness in my questioning, as if I was playing an artificial role both out of place and out of touch with park side reality. "Take care of yourself," I said and escaped with a quick pace to face the day's hurried challenges.

Over the ensuing months I made my morning jogs less varied so as to pass the fountain lake. As I broke my winded stride to take a seat next to him on the bench, he smiled or simply greeted me with 'Hey, Doc'. Our encounters became less formal as I developed a greater level of comfort, and we began to discuss life on the street openly.

"You see Doc, even on the street I never stay in one place all the time. I stay until it's time for me to move on. I have options and I use them as I need to. Some shelters attract a rough crowd that you don't want to mess with. Others fill quickly for the night, so you have to arrive early, sometimes in the afternoon, and that's too tight. Some soup kitchens and churches have food that's better than others. It all depends, and I have a system. Plus, I have my lady friend, who I visit when I feel like. It works for me"

"Move on to what?" I protested. "Wouldn't you prefer your own place, regular meals, a break from the heat? What about your lady friend? Does she know about your HIV status?" Frustrated at my inability to connect with him, I wondered, *doesn't he know that the clinic social work staff can work near miracles in these matters? Why wander the unsafe streets?*

"Doc, she knows what it's all about and I get by. You don't understand. It's cool," he said. I still failed to grasp it all.

One morning, he proudly displayed his 'new' bicycle, a scarcely refurbished, red mountain bike with spotty brakes that he affectionately and cleverly dubbed his "Transportation." As we sat facing the cascading fountain, observing the early morning beauty, he said "You know Doc, this place is special. My mother died here when I was a boy. She

drowned in the lake.” He stared into the distance, his eyes welling with tears. The moment was fleeting, yet the silence strangely meaningful. We had crossed an undefined threshold of connectedness.

Throughout the summer, the tranquil beauty of the park and the lure of an unpredictable encounter with my patient continued to beckon. By the lake, my pace would invariably slow to take in the scenery: a couple on a stroll, a young woman walking a small dog attempting to avoid eye contact with a passing stranger, a paddle boat drifting aimlessly in the lake. At times, I would pause and remove the headphones, reconnecting with the external environment, hearing only the rustle of leaves in the wind. Yet the recognizable figure on the park bench was serially absent.

One autumn morning under a heavy fog, he returned, his figure nearly morphing into the thick mist. With a slow response and a fixed gaze in the direction of the fountain, his enthusiasm seemed blunted. Conversation was sparse. “Will I see you back in the office soon?” I said. “Sure Doc”, he responded, in a diffident voice that barely resonated above the sound of the cascading fountain. An inexplicable sinking feeling set in.

He failed to show for his next appointment. My mind began to wander. *Had something happened? Had there been a mishap on the street or in one of the shelters? Had he left the city with a new acquaintance? Were drugs and alcohol involved?* Perhaps I had crossed the line by delving too deeply into his private life, his personal space, becoming overly attached without resultant benefit to him. After all, Mr. H gained little medically from our park encounters; no modifications in his care were made. Our clinic encounters had been supplanted by an impromptu series of medical encounters, housecalls of sorts, at a transient park bench residence.

I found myself reflecting on our sessions in the park, which for me had transformed Mr H.’s homelessness from an abstraction to an in-my-face reality, one that was gritty,

erratic and harsh. I had assumed that his life on the street was one of relentless misery, fear and loneliness. Undeniably, homelessness is a terrible condition and a veritable blight on modern society, but my patient’s situation seemed both inexplicably and dangerously *acceptable*. In his easy manner, relaxed smile, and tranquil demeanor, I sensed no despair - no self-pity and no sense of victimization. He seemed to have settled into a *routine*. His ritual included nights in the park, mornings at his “Zen place,” shelters, visits to the homes of friends and meals from varied churches and soup kitchens. The more I listened, the more I sensed that Mr. H actually *preferred* life on the street to the alternatives available for more stable and constant housing.

Finally, one afternoon, I spotted Mr. H in my waiting room. As we made eye contact, he grinned with an air of ease and a sense that we were picking up right where we had left off. “Where have you been?” I blurted, both relieved by his return and intrigued by his recent whereabouts.

“I’ve been around, Doc” he said, nodding his head emphatically and assuredly.

I paused, remembering the fountain lake, the “Zen place”, and the discussions in the park, now fully believing and witnessing his innate resilience. That park bench beside the fountain lake was my portal to a deeper understanding of life, an insight and appreciation of one man’s ability to endure marginalization, to adapt and find tranquility and peace. Our unconventional housecalls had transformed my concern, sympathy and pity to understanding, acceptance and admiration.

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