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## College of Nursing Caring for the Homeless

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# **COLLEGE OF NURSING**

*Caring for the Homeless*

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Bernardine Lacey, coordinator of the College of Nursing's health care for the homeless project (holding gauze), demonstrates wound care techniques to students (left to right) Sharon Crane and Debra Staggars beside the bed of a homeless man the students have been assigned to treat.

By Harriet Jackson Scarupa

A very old-looking 46-year-old man sits on a stool in the basement of a homeless shelter in the nation's capital, a white towel draped around his frail body, his feet wrapped in blood-and-pus-stained bandages. Cyrina Chimah, a third-year Howard nursing student, carefully removes the bandages, examines his painful feet, washes and dries them and then uses fresh nonadhering dressing, as it is called, to bandage them anew.

The patient's painful foot condition was caused by gangrene and that, in turn, was caused by the frostbite he suffered during some frigid days and nights last winter. For seven months after his landlord evicted him "for no reason at all," he says bitterly, he lived on the streets. Or more specifically, he lived on benches—first near his former home, then at bus stops near two D.C. hospitals. When he arrived at the Federal City Shelter in the heart of the nation's capital, he could scarcely walk, his feet a mass of oozing sores, his legs double or triple their normal size.

He now spends his days in the shelter's 32-bed infirmary, resting his feet and having his bandages changed frequently to promote the healing process. But the severity of his condition means that he may have to go into the hospital to have the dead tissue on his feet surgically removed (it's called debridement) in a perhaps fruitless attempt to prevent eventual amputation of some of his toes.

On this day, Cyrina Chimah cheerfully and efficiently performs the bandaging task as Howard nursing instructor Ethel Reaves looks on and offers advice. (e.g. "That's real good Cyrina. But you've got to get the speed up. In the real world of nursing, you'd have to do ten patients in that time.")

The student next takes the patient's vital signs (blood pressure, temperature, pulse, respiration), helps him change into a clean much-laundered T-shirt and pajama bottoms, then spends a few minutes jotting down some notes about his condition as he slowly walks back from the treatment room and settles gratefully into his bed. When she stops by the bed a few minutes later to ask him how he's feeling, a smile lights up his troubled face.

As the two chat easily, his pain, anger and depression seem to leave him for awhile, though this grip on reality sometimes appears tenuous. When he learns she is from Nigeria, he's intrigued, then tells her solemnly, "I plan to go to Africa—but first I have to settle some property."

### Overview

Cyrina Chimah and five other Howard nursing students were spending two mornings that week in the infirmary at the 1,400-bed shelter operated by the Community for Creative Non-Violence (CCNV) as part of their clinical training in a course in Medical Surgical Nursing. Students in courses in Community Mental Health Nursing, Advanced Clinical Practice, Gerontological Nursing and Nursing Administration also use the shelter as a training site.

Graduate students specializing in nursing administration, for instance, planned and implemented a "Health Fair for the Homeless," held outside the shelter last November 12, which reached 700 people. During the event, nursing students and other health care providers administered flu shots, carried out blood pressure, diabetes and sickle cell screening, distributed information on AIDS and substance abuse, offered survival strategies for coping with cold weather and distributed clothing.

Since 1987, 120 Howard undergraduate and graduate nursing students have had a clinical rotation at the shelter, 30 of them this semester.

The infirmary, an outpatient clinic staffed by physicians, physicians' assistants and nurses affiliated with the Pew Memorial Trust-funded Health Care for the Homeless Project and a 17-bed post-detoxification unit for alcoholics and addicts are the three components of an innovative free medical facility housed in the shelter's basement called Medical Services for the Homeless (MSH). The facility, which also provides dental services and mental health counseling, was planned and designed in 1986 by David C. Nelson, a volunteer worker who earlier had set up a first-aid station in the shelter, and Bernardine M. Lacey, an instructor at Howard's College of Nursing who now serves as coordinator for the college's homeless project.

In the course of that planning process, recalls Lacey, "The thought came: Wouldn't this [helping to provide health care for the homeless] be a wonderful educational experience for our nursing students!" In the fall of 1986 an agreement between MSH and Howard's College of Nursing formally paved the way for just that by establishing the shelter infirmary as a clinical training site.

As for the why of the agreement, "It's our belief that nursing education has to be responsive to the emerging health care needs of society," answers Dorothy L. Powell, dean of the college. "The homeless represent a growing body of people who are in need of health care. Yet the traditional approaches to health care are not readily accessible or sensitive to this population.

"As we prepare students now and for the future we have to expose them to being able to deliver care to all kinds of people and that means in traditional as well

as non-traditional settings. That's why we believe it's important that we include care of homeless individuals and families as part of our undergraduate and our graduate curriculum, where appropriate. And, indeed, that's what we're doing."

Perhaps wary of being regarded as a bunch of condescending do-gooders, Powell emphasizes, "The fact that our involvement in the shelter benefits the residents there is wonderful. We're glad that we're doing that. But that is the net effect of providing education for our students. We're there first and foremost for student learning."

### Hands-on Learning

Cyrina Chimah, for instance, had read about gangrene in her nursing textbooks and learned about it in her nursing classes but had never actually seen someone who suffered from it until she spent that morning in the shelter.

Her classmate, Sharon Edwards, had never given an insulin shot. But she did that morning. And she did so under the official tutelage of nursing instructor Ethel Reaves and the unofficial tutelage of her patient, an articulate 51-year-old former halfway house counselor who had ended up homeless when his addiction to cocaine caused him to lose everything—family, job, self-respect . . . He'd also lost two toes—to gangrene, hence the soft protective boot on one foot and his hobbling walk. As a diabetic, he knew that he should have sought prompt medical attention if he developed foot sores, but he was so caught up in seeking the next high that he had ignored all the warning signs.

As he sat that morning in the infirmary's day room, which also doubles as a dining room, he seemed to relish his teacher role, coaching his student with aplomb: "You never shake a bottle of insulin. You have to roll it in your hands . . . You don't put insulin in muscle; you do it subcutaneously . . . You have to pucker up the tissue like this." And finally, "You did it very well. I didn't even feel it."

"It's beneficial to have nursing students from Howard here," he said afterwards. "It broadens their techniques and it enables us to receive basic nursing care. And just by talking to the nurses it helps bring up the spirit. A lot of guys here don't have no family."

Turning to his own situation, he summed up his hopes for the future this

way: "to get my feet healed, to secure employment and to continue in the programs (e.g. Narcotics Anonymous) to keep me off drugs."

As he spoke, a Howard nursing student in a cheery yellow sweat suit administered eye drops to a glaucoma patient. Another student readied a patient for a session in the whirlpool, again for foot sores, a particularly prevalent condition among the homeless. Still another paused by a bed to chat with a stab victim who'd just been released from a veter-

**"It's beneficial to have nursing students from Howard here. It broadens their techniques and it enables us to receive basic nursing care."**

*—A homeless man at the Federal City Shelter*

an's hospital where he'd undergone a colostomy and was now recuperating in the infirmary because he had no other place to go. Reaves circulated around the infirmary, advising students, chatting with patients. Lacey did the same, while simultaneously helping to delouse a newly admitted patient who had been living on the streets for weeks and making phone calls to try to arrange prenatal care for 13 residents of the women's section of the shelter who she'd just learned were pregnant.

Surveying this scene, a smiling young man on crutches exclaimed, "Man, this place is crawling with nurses."

### A Place to Heal

In the words of a 1988 Institute of Medicine report, "Homelessness, Health, and Human Needs:" "The fundamental problem encountered by homeless people—lack of a stable residence—has a direct and deleterious impact on health. Not only does homelessness cause health problems, it perpetuates and exacerbates poor health by seriously impeding efforts to treat disease and reduce disability."

Another section of the report points out that "adequate health care for home-

less people is often made impossible by the simple absence of a secure place for them to convalesce. There is a clear need for facilities that provide appropriate rest and nutrition as well as limited personal care . . ."

The infirmary of the Federal City Shelter is such a facility. As one patient remarked, "When you're sick, you need a place to lay, man. You need a place where you can rest and where you can heal and that's what this [the infirmary] provides."

It's certainly a most unorthodox-looking convalescent site, what with the mismatched bedspreads and bright quilts (crafted by members of the Mennonite order) covering the 32 narrow beds, its worn albeit serviceable furniture and lockers that many of the patients have somehow managed to personalize. (One locker features a magazine cover showing a vibrant Oprah Winfrey.) And on a wall outside the nursing station are large cut-out letters spelling out these words: ONLY THE STRONG SURVIVE.

### Underlying Philosophy

Before Howard nursing students are assigned to care for a patient in the infirmary they must attend a special orientation session. And it's at this time that Lacey reiterates the underlying philosophy of that care. It's also a setting for asking questions, getting practical pointers—and voicing apprehensions. Consider the scene during one typical session:

Lacey sat at the head of a table in a small conference room adjacent to the infirmary nurses' station dressed in her trademark shelter "uniform:" a red Howard University College of Nursing sweat shirt, navy blue skirt, navy blue knee socks, comfortable but clunky clogs. Around the table were 12 nursing students and two other instructors.

After welcoming the group to the shelter, Lacey filled in a little of its history and organization, detailing, for instance, how homeless advocate Mitch Snyder's 51-day fast led to the appropriation of federal funds to renovate a former Federal City College building and turn it into a model homeless shelter.

"Some of the patients you will see in the infirmary have been referred by Health Care for the Homeless staff, some by a shelter worker in the residential section of the shelter, some come straight from hospitals, some straight



Nursing student Ruth Auguste treats a homeless patient for a foot infection at the infirmary of the Federal City Shelter.

from the streets," she said.

"Some of the health problems you'll see are the same as health problems you'll see elsewhere. But the problem may be worse. Diabetics, because of poor diet and not getting the medication they need, are in bad shape. So are those with hypertension."

Among the specific ills plaguing those whose primary preoccupation is the mere act of survival, she listed malnutrition; dehydration; foot and leg ulcers; circulatory problems; hypothermia, frostbite and burns from steam grates in the winter; heat stroke in the summer; trauma-related injuries any time.

"The shelter houses a very diverse population," she added, "so I'll say to you right now: Please do not stereotype the homeless. Some are well-educated, even with master's degrees. Circumstances put them here. About half the people who live upstairs *do* work—most in minimum wage jobs—but they can't afford to rent in D.C. Some are deinstitutionalized mental patients. Some have problems with alcohol or drugs. There are many people who are devastated by what's happened to have caused them to end up here. Many feel they are shunned and misunderstood by society. You're going to hear a lot. Nurses do."

And she continued: "The philosophy of the infirmary is the same as the philosophy of the Howard University College of Nursing: Every person has the right to health care. In addition, we have the philosophy that healing does not just come physically, but comes from within. Our primary responsibility is to try to assist the person to some level of functioning physically and some measure of psychological and spiritual healing."

Then she said: "The homeless are different. They have lost some consistency in life. We bring our spirit of humanism here. That goes a long way. Just be human. Think of them as humans. Think, 'There but for the grace of God go I.'"

Interspersed with the more inspirational part of the orientation, as indeed it was, were her responses to specific questions from the students. Questions like: What about the security here? What about TB? What about AIDS? How friendly should we be with the patients?

### Risks

Well, what about these kinds of things? "Sure, we had to consider the security and safety issues so that when we

talked to the staff of the shelter we wanted to be assured that students and faculty would never need to be alone [i.e. without a staff member] in any area of the shelter," answers Lacey in a later interview at the college. "But that same thing applies to what we tell students about other settings, too. Even in the hospital, we tell them, 'Don't go off with people.' We also tell students if they are ever put in a position where they feel uncomfortable they should go immediately to a faculty member."

10 There have been no negative incidents since students began rotating at the shelter, she is happy to report. Indeed, she's found, "Most of the residents of the shelter feel very protective of us because they see us as health providers, that we are coming to 'help them' not hurt them. Usually they're delighted to hear the students are coming. Many of them have expressed the idea that, 'Oh, these young people are so full of life and so full of energy and their outlook on life is so positive.' And I think it seems the residents draw on these strengths."

As for the risk of exposure to TB, AIDS and other infectious diseases (which do, in fact, disproportionately afflict the homeless), Lacey says, "Students are encouraged to be cautious, to utilize those principles that they've learned in terms of protecting themselves: to not allow people to cough on them; to use gloves if there is any chance of coming into contact with potentially contagious body fluids; to wear washable clothes; to put needles in puncture-resistant containers; to practice good hand washing techniques—always. And to assess each patient carefully. We tell them, 'Look for things. Look for open sores. Look for those little jumpy, crawly things in peoples' hair.' But nurses have to do the same thing if they process an initial admission in the hospital. People do come to the hospital with lice."

Powell frankly acknowledges there was some risk in bringing a group of students—young, perhaps naive, almost all female—into a place that to many conjures up images of despair, desperation and danger. But she also acknowledges this: "Any time you step out on new territory there are risks involved. Unless one is going to be a slave to traditionalism forever one has to be willing to take those risks."

"I think one has to have a philosophy about what nursing education should be

about and certainly our faculty believes that it's got to be dynamic, has got to be responsive. Going to the shelter meant there was a challenge for us that we hadn't had, a challenge to be on the cutting edge of making some recommendations and establishing some directions for health care where it had not existed before. So not only was it an opportunity for students' growth and development, it was an opportunity for us as a College of Nursing to grow and make an impact. And I think that's important too."

**"Going to the shelter meant there was a challenge for us that we hadn't had . . ."**

*—Dorothy L. Powell, dean of the College of Nursing*

Already the Howard program has won the attention and the plaudits of some of the nation's nursing leaders. The National League for Nursing, which accredits 1600 nursing schools around the country and has a membership of 18,000, has invited Powell and Lacey to make a presentation about the college's involvement in the care of the homeless at its biannual convention in Seattle in June.

"We feel it's a model for how to have nursing students more involved in the social issues of the day because it's a program that keeps nursing both within the community and fulfilling its social mission," says Patricia Moccia, the organization's vice president for education and accreditation. "Two years ago our membership voted for nursing to be much more involved in advancing a social agenda that would promote a healthier nation. So in response to a call from our membership we had to find those model programs that would reflect that agenda."

"Many of our universities bring students to shelters," she adds, "but I know of no other university where the students and faculty have been responsible for developing the clinic and providing the care there. I think it's a unique example. I think it shows a tremendous commitment on the part of the college and the faculty. I think it's a tremendous experience for the students and it's one that many more of our schools will be

looking to do and should be looking to do. It puts nursing exactly where it should be."

### Larger Lessons

In the eyes of the college's faculty, a clinical rotation at the shelter fosters student learning on several levels. It gives students the chance to practice basic nursing skills, to gain experience interacting with patients, to draw on their problem-solving abilities to devise ways to treat a variety of health problems without all the supplies, medicines and high-tech equipment of the hospital environment.

But the experience often leaves students with other important insights as well, namely:

■ They see the health consequences of being among the estimated 1.3 to 2 million Americans a night who have no place to call home in this era when low-income housing has become more and more scarce.

■ They see the impact of a national health policy that has caused the health care system to abandon those who have little or no money or little or no insurance, pushing them down into what has been termed "a medical underclass."

■ They see the human dimension behind the statistics of homelessness, forcing them to confront their own stereotypes about who the homeless are and how people end up in such a dire state.

■ They see that nursing as a profession has broad contours, that it need not be confined to the hospital, the traditional clinic, the doctor's office.

They see. For when the learning site is a homeless shelter, the lessons, indeed, are often visual.

"We can talk in class about the health problems of homeless people but for students to sometimes visualize these problems is difficult," says Lacey, who is also a member of D.C. Mayor Marion Barry's Council for the Homeless.

"What kind of impact on health does it have, for instance, for a person who is not able to bathe and change clothes for weeks at a time? At the shelter we take care of peoples' feet and students actually can see fiber embedded in a person's skin because of the length of time the person has had to have on the same socks. The impact becomes very *visual*."

"Or when we talk in class about how lack of certain nutrients will cause dis-

ruptions in some of the physiological body functions and they go to the shelter and see a person who's malnourished and has cracks at the mouth and all sorts of skin problems because he doesn't get certain vitamins, again, the impact [of homelessness] becomes very *visual*. Students have a referral base for what they learn in class. They can say, 'I know what goes on now. I've seen it.'

Not only does spending time at the shelter seem to have a strong educational impact on students and faculty, it seems to have a strong personal impact as well. The experiences of students Sharon Edwards and Kim Baber and instructor Ethel Reaves are in cases in point.

Remarks Edwards, a junior from Long Island, N.Y.: "Before going to the shelter you think of the homeless as just people on the street—bums, you know—but after you go there you see they're really not. They're just like anybody else. They are people who have feelings. They are people who want to help themselves but they just got into predicaments. They really like to have companionship and like to talk to people.

"Going to the shelter made me feel like I would like to go back and volunteer to help, to donate clothing, to talk to other people about how the homeless really are, how they should be helped, things like that."

Baber, a senior from Washington, D.C., has returned to the Federal City Shelter many times since her official clinical rotation last year. She was able to work in a paid position at the shelter infirmary last summer and during the Christmas holidays through COSTEP (Commissioned Officer Student Training and Extern Program of the U.S. Public Health Service). She and her mother, as volunteers, also go to the shelter every Sunday morning to cook breakfast for residents.

"I feel very comfortable there," she says. "So it's not like you just work there and then stop. You build up a rapport with some of the people there and you still care about them, still wonder what they're doing, how they're doing, whether they're mainstreaming back into society."

At the time of this conversation she was applying for a regular nursing job with the Public Health Service upon her graduation from Howard. And she was hoping that job would be in a shelter.

Reaves recalls an eye-opening encounter she had on her first trip to the shelter when she and other College of Nursing faculty members were there to give flu shots: "There was a lady sitting in a car in front of the shelter and the dean and I went over to ask if she wanted to come and get a flu shot. And this lady started talking to us and we found out that she had been gainfully employed, was college educated, was very articulate. She just had some bad breaks. And then that's when it hit me: This could



Dorothy L. Powell (standing), dean of the College of Nursing, administers flu shots to a homeless man at the Federal City Shelter as

part of the college's outreach to the homeless. In the background are graduate students Jude Blassingale (left) and Gladys Howard (right).

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happen too anyone."

That particular incident, she says, made her "more sensitive to the plight of homeless people." It also served as the stimulus for getting her to encourage members of her sorority to choose helping out at a family shelter in Fairfax, Va., as one of their community service projects.

Talk to other College of Nursing students and faculty and you'll hear similar stories.

The college recently has submitted a grant proposal to a major foundation that, if funded, would enable it to more systematically develop, implement and expand its delivery of health care to the homeless.

When you learn of a nursing college that wants to expand a health care for the homeless project, a nursing student who wants to specialize in treating the homeless, a national nursing organization that wants to encourage other universities to include treating the homeless in their curricula, some troubling questions come to mind: Won't all this serve to institu-

tionalize homelessness? Doesn't all this represent some acceptance of homelessness in the United States of America as a normal and natural phenomenon instead of "an inexcusable disgrace" that "must be eliminated," as a supplementary statement to that Institute of Medicine report so emphatically expressed it?

Powell, speaking for the Howard University College of Nursing, shares this outrage. But she and others at the college believe outrage must be tempered with realism and pragmatism.

"I think the nursing profession finds homelessness appalling and finds the conditions that contribute to homelessness appalling and agrees that things should happen to not have to have people live under these conditions," she says, turning a response to a question into a speech. "There should be jobs available. There should be subsidized housing. And nursing has a responsibility to advocate for those things, and, indeed, it does.

"At the same time the problem of homelessness does exist. It's a problem that's not going to go away overnight. There are hurting people, there are sick people, there are hungry people and we have to address ourselves to these needs as they exist today while simultaneously fighting for the eradication of the problem. We can't sit idly by and say the government should change all its policies on housing and let people die in the streets.

"On the one hand, we are concerned about the politics involved. On the other hand, we're concerned about people and we're concerned about our students being prepared to be sensitive to all kinds of people in our society." □