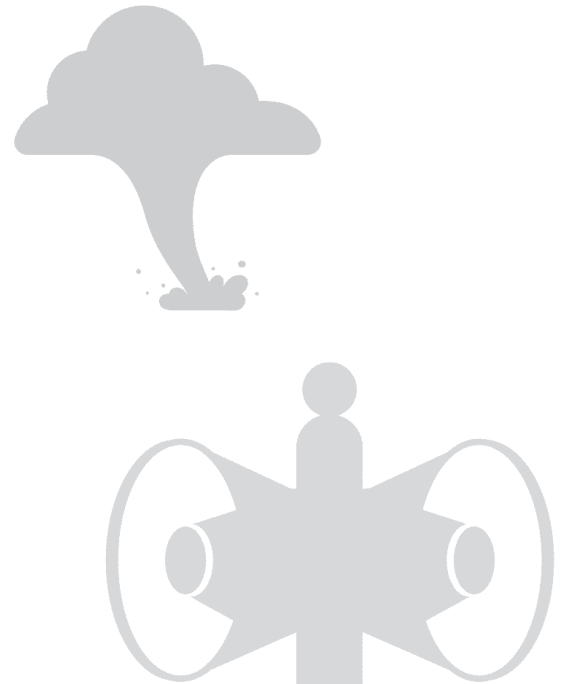




In THE STAIRWELL



James R. Warpinski, MD

Dr. Warpinski (ΑΩΑ, University of Wisconsin School of Medicine and Public Health, 1976) is Course Director, Continuous Professor of Development, and Assistant Adjunct Professor, Medical College of Wisconsin, Milwaukee, WI.

As I drove to the community homeless shelter a light rain abruptly became a deluge, with visibility of only 30 feet, water rapidly collecting in large puddles. I had been serving beverages at mealtimes for the last several months and designated myself as Beverage Station Attendant-Class One offering restaurant-level service. There was something about the people we served that kept me coming back. They were different than I had expected from my prior understanding of the homeless.

Who were these people coming for a free meal every evening? How did they end up at the homeless shelter? While some had absent expressions and wore mismatched, ill-fitting clothes, others would have fit in at most area restaurants without drawing any second looks. Up to this point, I hadn't gotten to know any of the diners very well, our interactions consisting mostly of general pleasantries.

Typically, the meal-time guests started lining up outside 15 minutes to 30 minutes before the doors opened but with today's pouring rain, they crowded into the hallway

outside the dining room. On my way in, I observed a car in the disabled parking spot, and another parked in front of the shelter, the driver in the front seat surrounded by blankets and pillows, the back seat full of stuff. Did he or she sleep there overnight? What was it like to spend a night in a car in a severe thunderstorm?

I prepared for the steady stream of diners who would soon be looking for a cup of milk, coffee, or water to go with their meal. As the serving team from Ascension Lutheran Church was finishing their pre-meal prayer, the announcement of a tornado warning came over the PA. All residents and guests were to report immediately to the center stairwell. Residents, guests and serving team alike headed for safety, anxiously attempting to contact family and friends.

The dimly lit stairwell filled up quickly as more and more people filed in. It filled with hungry diners and the serving team, then with neighbors and others from the outside, all seeking safety. I hoped to wait out the storm on the main floor near the door where I could get a little fresh air and keep an eye on conditions outside, but as more and more people crowded in I was forced up the stairs to make room for the people in wheelchairs, those with crutches, and others who otherwise couldn't make it up the stairs on their own.

The three-story stairwell felt claustrophobic, the air humid and heavy with no circulation. Without windows there was no way of knowing what was happening outside.

It was lunch time and some of the people started asking when they would get to eat. They were counting on this meal being served. I wondered if they had eaten breakfast.

One man thought that the shelter should order McDonald's for everyone. "Not much chance of that," commented his companion. Another man tried to push his way up the stairs, insistent that he be allowed to get up to the laundry area because his shirts were going to get wrinkled if he didn't get them out of the dryer right away.

How do you make the best of your time when unexpectedly confined with a group of strangers and people you barely know, each seeking news about family and loved ones caught somewhere in the storm? A woman sitting nearby was repeatedly texting someone. While I knew her name from previous meals at the shelter, I didn't know anything about her. We had only talked briefly, but today she shared her excitement about her new job at a neighborhood convenience store, her daughter and grandkids and her hope of finding housing near the shelter now that she had been approved for a housing voucher. She was texting her daughter who lived in a town where a tornado had just touched down.

A man behind me shared his story. He was staying on the third floor, the emergency shelter, where residents sleep in dormitory style rooms. He was considering moving to one of the discounted second-floor studio units until he could afford a regular apartment. Today, he was worried that he would get in trouble if the storm caused him to miss work at his new job. His wife, mother, and mother-in-law had all passed away within the last year. Finding it difficult to get to work on a regular basis, he lost his full-time job in the building trades and then lost touch with his three children and their families. He is now 52 and starting over.

Moving up the stairwell, I spoke briefly with another woman whom I had seen many times at dinner. Quiet and unassuming, she wore a small wooden cross and an oversized coat. She always sat alone at dinner, and today was sitting alone on a step in the stairwell. I knelt down for a moment to exchange a greeting. She responded with a warm smile as we introduced ourselves.

The woman on the next step was trying to prevail over a game of solitaire on her phone while periodically checking a weather app. She turned the phone my way to show me the severe storms that were coming our way. "Looks like we'll be in here for a while," I responded. I knew she lived

at the shelter from seeing her working in the dish room (all the residents have assigned jobs at the shelter) but we had never spoken. I inquired about her favorite activities and how she occupies her time at the shelter. "Oh," she whispered, "I don't have any friends here. Too much drama." She kept herself busy reading, and especially liked books about Oriental medicine and natural healing.

"Why those?" I asked.

"Well," she said, "I'm going to see a doctor soon and I hope to get back on medication for my attention problem so I can finish my GED and get a job and a housing voucher."

"You've got your work cut out for you," I responded.

"It's all for my son. I'm hoping he will stay in school long enough to get his high school degree. He's been having trouble with regular classes and I'm hoping to get him into an online home school program."

This struck a nerve with me because we had educated several of our children at home for a number of reasons. I shared a bit about our experience, but resisted the temptation to try to solve all her problems.

"He loves cars and mechanical things," she added. "Maybe he can land a spot in a vocational program." She went back to checking her phone.

Up the steps came a family of five, the youngest a blonde-haired toddler. I had poured milk for them almost every week at the beverage station and admired the way they always cleaned the child's booster seat after dinner. They could have been any family in my practice or our neighborhood. Today they were headed up the stairs to a safe spot.

It had never occurred to me that families would be eating their meals at the shelter. Although this family lived across town from the shelter, they came here for meals. What about other families I had been serving? How many of them had no place to call home, sleeping in their car in the Walmart parking lot or in some other place where they wouldn't be noticed?

Eventually, the all clear announcement rang out and there was relief throughout the stairwell. Time to get lunch! I headed to my beverage station, back to my regular role. The diners and guests lined up again waiting for the meal to start. In one sense, the meal was no different than any other, but for me pouring milk took on a new meaning—the diners and I now had something in common.

After dinner, the woman with the teenage son came up to me offering to share the rest of her story. Growing up in the Pacific Northwest, she was an active school girl, honor student, gymnast, and floutist until she suffered a fall after disregarding warnings about playing in a dangerous

area. She hit her head, and her life has never been the same since. Having lost strength in her hands, and now having trouble concentrating, she is trying to find her way through life. Somewhere in her 30s and starting over.

I have long been interested in narrative medicine and in teaching my medical school students have emphasized the importance of truly hearing the patient's story of their illness. In my days of clinical care, first as a pediatrician and then as an allergist, I have cherished the opportunities to meet a wide range of people and hear their stories. I enjoy contact with people and look for ways to know them and personalize their care while carefully calibrating conversations to maintain the professional boundary between doctor and patient. To me, this is part of the art of medicine, meeting new people and finding ways to immediately establish rapport with them—school, sports, work, weather, or whatever else presented itself for conversation. It was always about them with few details about myself. I am confident that helping patients feel connected, knowing their doctor respects them, leads to better care and better outcomes.

I thought I was truly getting to know my patients but when I retired, I quickly came to realize that I didn't really know them that well. My understanding of them was flat and two-dimensional; they knew even less of me. Could it be that my relationship with patients was primarily transactional, a hybrid of genuine interest, good bedside manner, and calculated efficiency? At the shelter, I was no longer the doctor in charge with patients dependent on me for their care: I was just a volunteer serving those in need of a meal.

In the stairwell, I realized I could get to know the diners in a deeper way. Liberated from the constraints of time, finances and the doctor-patient relationship, I was free to have a genuine interest without any thought of personal or professional gain.

Unexpected circumstances require flexible responses. The time in the stairwell offered a unique opportunity to share stories at a time when we were all physically (and emotionally) vulnerable. I learned a lot about the people I'd been serving at the beverage station; they each have a story that explains how they ended up at the shelter. I learned even more about myself and how I had kept people at a distance in my professional life, never really getting to know them.

What if I had hit my head at age 10 and had to give up the things I loved and the dreams I cherished? How would I have handled the grief of multiple losses without an employee assistance program and guaranteed family medical

leave? What if I had been forced to drive my family to a community meal program so they could eat dinner?

I had always seen myself as being different from people who would be eating their meals at a shelter until I was reminded that growing up, our family too had holiday meals and baskets of food delivered to our home at times of need. Maybe I had more in common with the diners at the shelter than I realized.

Once the sirens had stopped and the storm had passed, the crews began clearing away the debris from the storm. The downed trees were being removed and the flooding started to subside. For me and most of the people in our community, life would get back to its normal routine of family, home, school and work. For my new friends, life also goes on but in a different way. We all were thinking about our families and loved ones, but I would leave the shelter for home; while they would go back up the stairwell to their rooms. I would return to thinking about my students, course work, retirement savings, and upcoming travels, they would be looking for nightly dinner, a better job, and stable housing.

I realized through our conversations we've all been through our share of heartaches, setbacks, and disappointments, some more difficult to overcome than others. We had connected and shared personal stories of life's setbacks, disappointments, hopes, and dreams. Our conversations touched me deeply. For the first time, I met them not as "the homeless," but as individuals struggling to overcome homelessness, to reestablish their lives, hopeful of better times, and better prospects.

I am thankful for the forced contact as we waited out the storm, and realize that we must be willing to take hold of these opportunities when they arise. I look forward to getting back to my beverage station next week. In the past, I had always tried to offer a friendly greeting while serving our guests just as I might have if meeting a new patient in the clinic. I had gotten to know a few of their names and some details about their lives, but not much more. Now, with our shared experience during the storm, we are in a position to get to know each other as individuals, each with his/her own story. Hopefully, in the future this won't require sirens or a stairwell.

The author's E-mail address is jwarpinski@mcw.edu.