

No Place Like Home(less)

Category: Stories

written by Josephine Ensign | May 30, 2014

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Recently I had dinner with a friend of mine who, decades ago, had sat on my doctoral dissertation committee. At one point we touched on my dissertation, which covered the health issues of Baltimore's homeless teens.

"You always had an uncanny connection with homeless kids," my friend said. "You really understood them."

I gazed out the window, seeing the homeless people with their shopping carts in the park across the street.

Then I said, "That's probably because I was homeless myself."

I was surprised I'd said this. I'd never before revealed this part of my past to a professional colleague.

He looked shocked, incredulous. "How homeless?"

Thoughts raced through my head. *Is he asking me how I became homeless? Is he asking me to prove my degree of homelessness? Or is he hoping that it was minimal, so that he can still respect me, still be my friend?*

"Well, I did some couch-surfing and car-living, a couple of decades ago," I said casually, as if describing a nice vacation.

Afterwards, though, I pondered my friend's question—and why I'd answered as I did.

How did I become homeless?

Looking back, I feel a vague sense that I somehow *caught* homelessness, as a sort of side effect of the work I was then doing as a nurse practitioner.

I was running a clinic for the homeless in Richmond, Virginia. In accordance with the established practice protocols, I worked with a supervising physician—but powerful physician associations asserted that I was practicing too independently. As a result, the Virginia Health Regulatory Board launched an eighteen-month investigation into my scope of practice and temporarily closed the clinic.

Although I was never charged with anything, the clinic closure and the stress of the investigation led to the loss of my job and the dissolution of my marriage. These, in turn, led to poverty and homelessness.

Perhaps if I'd had access to affordable, competent legal advice, I might have

found more graceful—and less costly—ways to exit the homeless clinic and my marriage. And if Richmond's low-income housing options had been better, I wouldn't have stayed homeless as long.

But, given the circumstances, losing my job left me without adequate means to support myself. And although homelessness involves individual vulnerabilities, it is fundamentally about poverty.

Paralyzed by a deep depression, and profoundly disillusioned with our healthcare system, I spent six months couch-surfing, living in my car or in an abandoned shed, and picking up day jobs whenever I could.

I was a swimmer and managed to keep a YMCA gym membership that allowed me to shower frequently. I didn't tell my friends or family the extent of my troubles. When asked how I was supporting myself, I wasn't willing to answer, "I wash dishes and scrub toilets, and I sleep in a storage shed or in my car." It was too humiliating. I knew that if others had told me this, I would wonder what was wrong with them.

For me, an even more compelling question is: how did I get out of homelessness?

I had some lucky breaks.

I already had a decent education and career opportunities. Towards the end of my homelessness, I was able to get a full-time nursing job with health insurance.

Then, during a routine exam, my doctor discovered that I had an abdominal tumor. If I hadn't had the insurance to cover the surgery, or if I had needed more extensive treatment, I probably would have fallen more deeply into homelessness.

And if I'd had more severe mental-health issues, or had developed a drug or alcohol addiction, I would have had a much more difficult time getting out.

Even without these problems, I struggled. Homelessness is chaotic, exhausting and soul-sucking.

In fact, it came close to killing me.

One December night, two months after becoming homeless, I realized that I had the means to kill myself. There was an unlocked walk-in freezer attached to the storage shed I was living in, and I had a full bottle of morphine pills that had belonged to a patient now deceased.

The idea drifted into my mind: *I can take all the pills, curl up inside the freezer and never wake up...*

I was so cold and fatigued that I wasn't thinking clearly. The pills were pain medicine, after all, and I wanted the pain to go away.

As strange as it may seem, what stopped me was a line from the Kierkegaard

book I carried with me: "Life can only be understood backwards; but it must be lived forwards."

I longed to be up ahead in the future, looking back, knowing that all this was behind me. So I chose to live.

As alarming as this episode was, it had a bright side: it frightened me into visiting a university women's center that offered free career counseling, so I could get help clarifying my goals and dealing with my depression.

Eventually, hoping to change the healthcare system as well as my life, I decided to move to Baltimore to attend graduate school. There, six years later, I graduated with a doctorate in public health.

It's been twenty-six years since I was homeless, but the scars from the experience still linger, as real as the star-shaped surgical scars on my belly. Homelessness is a "deep illness"—a term coined by sociologist Arthur Frank to describe an illness that casts a shadow over your life. That shadow never completely goes away.

Several years ago, my shadow suddenly resurfaced.

While working to develop a medical project for homeless youth in Seattle, I'd arranged for our planning group to tour a downtown homeless women's shelter.

I was standing inside the small front lobby waiting for the rest of my group to arrive. I was wearing jeans, having purposely dressed down.

Just as my colleagues were being buzzed in at the front door, a shelter resident walked over to me.

"Did you stay on Aurora last night instead of here?" she asked loudly, naming a Seattle thoroughfare notorious for its prostitution and homelessness.

"I'm sorry—I'm not staying here," I answered in alarm. "I'm just visiting."

Later, my colleagues teased me: "It's so funny that she asked that—you're a university professor!"

But I couldn't shake the feeling that I'd been found out. Nor, despite my best efforts, could I escape a deep feeling of stigma and shame.

"You were *homeless*? How?" I imagined them asking. "What was wrong with you?"

During graduate school, and afterwards, coming out of the closet about my own homelessness, depression and near-suicide was never an option. It could have derailed my career.

But the shelter incident made me start to think about my past again, and in the months and years that followed, I realized more and more clearly that it was time to come clean—to myself and to others.

That's probably why I revealed this truth to my friend and colleague: it was

time to proclaim myself the wounded healer I'd been all along.

About the author:

Josephine Ensign teaches health policy at the University of Washington in Seattle. Her literary nonfiction essays have appeared in [The Sun](#), [Oberlin Alumni Magazine](#), [Silk Road](#), [The Examined Life Journal](#), [Johns Hopkins Public Health Magazine](#), [The Intima](#) and the anthology [I Wasn't Strong Like This When I Started Out: True Stories of Becoming a Nurse](#). Her blog [Medical Margins](#) covers health policy and nursing. "I write in order to understand and experience things more fully. I also write, as George Orwell says, 'to push the world in a certain direction, to alter other people's idea of the kind of society they should strive for.' "

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