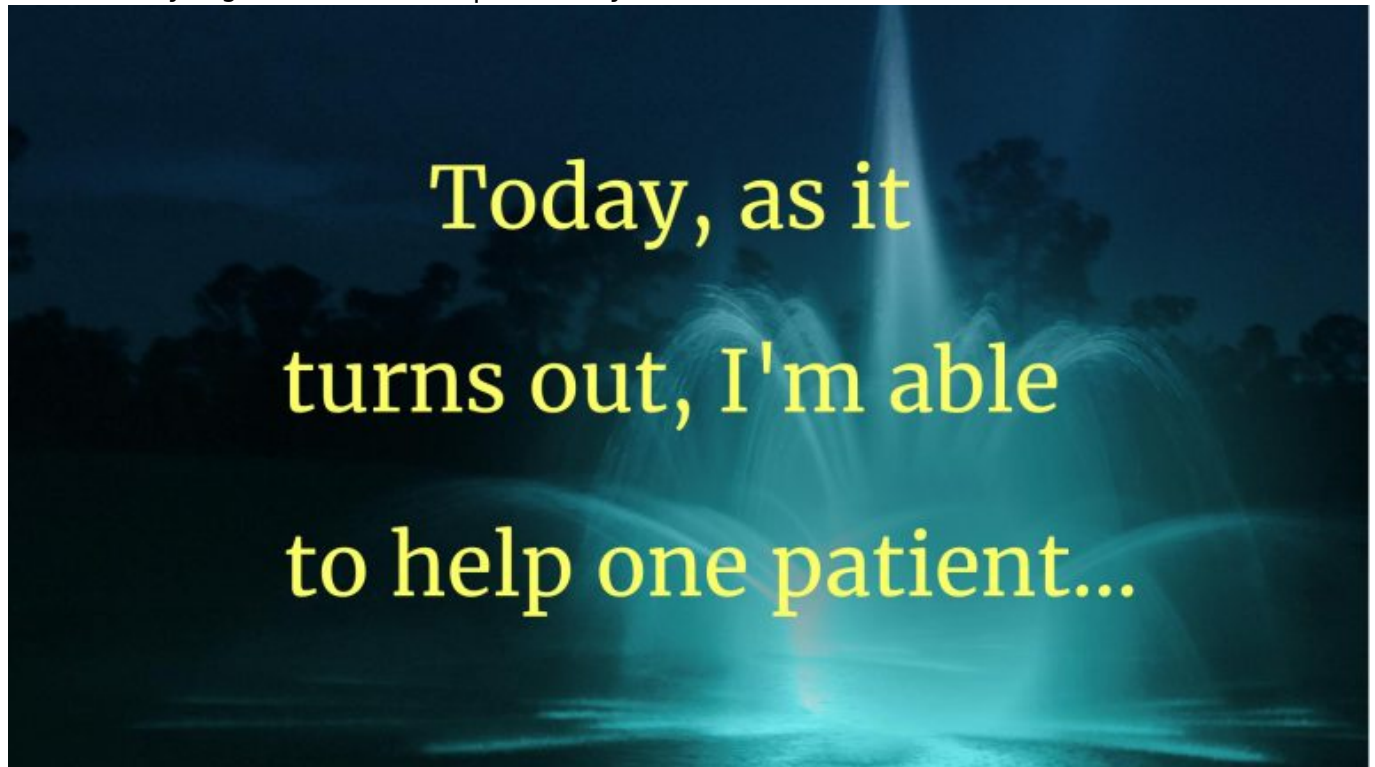


“Teach to Fish for Tomorrow”

Category: New Voices

written by Ogochukwu Ufio | January 14, 2025



It's a typical Friday night in New Orleans. The streets are brimming with people from all over the world looking for a night of fun in the Big Easy.

I check the time: 5:45 pm. It's a little more than a mile from my apartment to [Ozanam Inn](#), a shelter for the unhoused where I work as the coordinator for the student-run Tulane Tuberculosis Screening Clinic Program. My shift tonight runs from 6:00-8:00 pm.

Mentally, I calculate whether I have time enough to finish my supper and still make it there by 6:00. It's a gamble, but I decide to take my chances. I finish the last bits of food on my plate, tie my shoes, grab my face mask and rush out the door.

After climbing the treacherously hilly sidewalk, I reach the shelter at 6:05 and open the black wrought-iron entrance gate. The gate is topped by a fish logo, intricately inscribed with the words "Give a fish to eat today. Teach to fish for tomorrow."

"Hello! Good evening," I say to the guests I walk past, smiling widely and recognizing some of their faces. "It's good to see you! How are you doing?" It has only been a few months since I started here, but I already feel comfortable.

Reaching the front desk, I greet the night managers and ask one, "Hey, Jordan, how many people do we have today?"

“Well, how many people can you take?” he responds jokingly.

We both know the answer. Ozanam Inn, founded in 1955, sleeps up to 150 people. Every evening, a flood of newcomers arrive, looking for a place to stay. Tonight is particularly busy.

Homelessness is an ever more pressing concern in New Orleans. According to the US Dept. of Housing and Urban Development’s [2022 Annual Homelessness Assessment Report](#), Louisiana saw a 132 percent increase in homelessness between 2020-2022—one of the nation’s highest increases during that time.

The rise in homelessness has put even more pressure on the city’s healthcare systems. According to a 2009 [Health Center Patient Survey](#), unhoused individuals have a higher lifetime burden of chronic conditions, depression and substance-use disorders than housed people.

The student-run tuberculosis-screening program, which operates in six shelters throughout New Orleans, is part of the effort to address these healthcare needs. Within the program, I fill two roles. As program coordinator, I oversee the clinic operations at each shelter; as clinic leader at Ozanam Inn, my primary task is to administer the TB screening tests that prospective guests must take to be cleared to stay there.

My weekly two-hour shift at Ozanam Inn never allows time enough to tackle all of my patients’ health issues. Every night, I encounter people dealing with a wide range of issues: sexual-violence trauma, job insecurity, HIV, medication access or mental-health struggles. Some are trying to rebuild their lives after time spent in prison.

I struggle to balance seeing as many patients as possible with spending the time needed to care for those with the most pressing needs. Most of the problems that they face, I cannot fix: I can only offer a listening ear.

Many of the patients fear the healthcare system, and understandably so: Historically, marginalized individuals have been exploited for medical experiments, and their health needs continue to be relegated to the bottom of society’s priorities.

When one man asks me why he’s being seen by a medical student and not a doctor, I don’t have a satisfying answer. I feel acutely aware that my role here unintentionally reinforces this inequitable set-up—and I sometimes wonder whether I’m doing my patients more harm than good by seeing them under these circumstances.

On one hand, I feel frustrated knowing that they deserve to be treated by trained healthcare professionals rather than by medical students like me, still in preclinical training. On the other hand, I realize that without our care, many patients might not receive any health care at all.

And today, as it turns out, I’m able to help one patient, George, get the care he might not receive otherwise. □□One of a group of Guatemalan patients who speak only Spanish, he has sustained a leg injury in a car accident. He arrives in a wheelchair—and he tests positive for TB.

He must now go to the referral clinic for confirmatory testing and treatment, but his injury makes the fifteen-minute walk there difficult. To help him get there, I must surmount a language barrier.

I recall the first time I met a Spanish-speaking patient at the clinic; not knowing the language, I was at a loss. But the clinic has since acquired a translation service.

After consulting this service, the night managers and several bilingual patients, I'm able to tell George how he can most easily get to the referral clinic—although, given his physical condition, I worry that he won't be able to manage it. Only 30 percent of patients referred for further testing make it to their appointments. With so many other challenges, seeking TB care is rarely the top item on an unhoused patient's agenda.

Still, a few weeks later, I happen to be at the referral clinic when George limps into the room to have his blood drawn for confirmatory testing—and, ultimately, the care that he needs.

I feel elated.

This experience gives me a glimmer of hope; I realize that despite the overwhelming array of hurdles in the way, it is possible to give unhoused patients quality healthcare. But I quickly remind myself that doing so in a coherent, comprehensive way will require making our healthcare systems more inclusive.

As I envision it, the medical system needs to address, at the point of need, the social determinants of health that are linked to homelessness. One step towards this would be to create a network of shelter-based clinics like the one at Ozanam Inn, offering social services and screening services for mental health, STDs, primary care and specialty care.

Additionally, we must train healthcare professionals to address the various health-related issues, and other problems, faced by unhoused people. Referrals must be tightly coordinated to eliminate gaps in follow-up. Treatments and medication must be free or low-cost.

Just as importantly, in my view: We must work hard to rebuild unhoused patients' trust in the medical system by training healthcare professionals to provide culturally competent, compassionate, nonjudgmental care. Only then can we give unhoused patients the health care they deserve.

I realize that reforming healthcare for unhoused patients will require significant time, energy and resources—all of which are limited in our already overburdened healthcare system. And, on the legal side, such changes will also require our lawmakers to adopt policies that prioritize unhoused people's needs.

Still, despite these challenges, I believe that providing quality healthcare for unhoused people is important work that will ultimately benefit all members of society.