

COMMENTARY / CULTURE

Getting Comfortable With The Uncomfortable – Visiting The Infirm!

“I’ve seen a lot of coffins in the last seven months,” shared National Basketball League superstar Karl Anthony-Town in a recent USA Today article, “Light Breaks Through Darkness.” The article

is about the athlete’s journey after experiencing unspeakable personal losses in his family.

Although I know that I am not the only one who can relate to recent personal loss, it’s hard to fantom that Towns lost his mother and six other family members to COVID-19. Wow, six (seven counting his mom). Think about that for a second.

Now as much as we’d not like to think about it, the day is coming when we’ll find ourselves at a funeral. There’s no escaping that. I’ve personally attended three since February (one via Zoom from a cabin in Tennessee). If there’s one thing for sure, it’s the images of the experience that get etched into our permanent recollection.

Funerals aside, another reality is that we will, undoubtedly, find ourselves at a hospital or home of someone – a family member or friend – who’s ill and bedridden. During those occasions it is natural to be anxious. Truth is, when faced with touchy issues, even the well-spoken can find themselves tongue-tied with no idea what to say, let alone do. If only I can find the right words, we think to ourselves. And they always don’t sound right when we say them out loud.

A couple of hunches. My first is that I’m not the only one who identifies with the natural anxiousness that comes with sitting at the bedside of ill family and friends at some time.

My second hunch was that given the impact of COVID over the past few years, the timing was ripe for me to dust off, revise and reissue the one I wrote years ago on protocols for visiting the infirmed. Now keep in mind as you read the following list that each situation will present itself in its own unique and different way, so there may be variations in how you approach each visit.

- Consider checking first with the person’s caregiver or close family member about the timing and ap-



National Basketball League Superstar Karl Anthony-Town

propriateness of your desired visit.

- Ask the person you want to visit if he/she wants a visit. The day you want might not be a good day for them. Ask for a suitable time. Some people feel better in the morning, some in the afternoon. One friend let me know that she prefers not to have visitors after arriving home from chemotherapy.
- Never assume that the person wants you to visit them – they may feel well enough to visit you for a needed change in scenery. It may give them a sense of control.
- Consider bringing the person something to read, a link to something on they would enjoy on YouTube, a basket of fresh fruit, etc.
- When there take your cues on how long to stay. They may want you to leave but do not want to hurt your feelings by saying so. If they start to talk less or nod off, these may be cues for you to depart.
- Leave the room when he/she is attending to personal needs (going to the bathroom, etc.).
- Listen 80% of the time, talk 20% of the time. Avoid cliches although it is easy to fall back on them. Do not rely on them to entertain you.
- Wear a protective mask and practice social distancing while in the room.

Ask them where they want you to sit.

- Look your friend in the eye. You want to connect. They want to connect. It is awkward and it’s hard. No way around it.
- Talk about a shared interest. One good friend and I talked about our favorite Andy of Mayberry Show and character. With another, our mutual interest in sports and politics were the center of our conversations.
- Ask if there is anything you can do to help and give a few suggestions.
- If they lapse into silence, talk about what was going on in your life.
- Unconditionally receive their fear, joy, anger. Share a common experience that has special meaning to both of you. Express how this person affected your life.
- Do not fight off the fatigue. Be willing to doze off in their presence. There is something peaceful about them seeing you in such a relaxed state, hearing you breathing and lightly snoring.
- If you are with a group of visitors, in a hospital room for example, avoid glaring at the person as if he/she is “on display.” Interrupt staring by others. Engage them in side conversations and laughter. That can create

a sense of normalcy for the infirmed person.

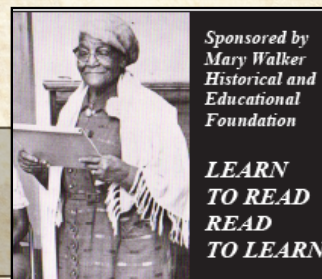
- And do not forget to be sensitive to the concerns and emotions on the part of the person’s family members and caregivers. Be upbeat and positive.

Now think about what’s missing from the above list. Feel free to add it.

In the end, I hope that you found this article useful preparation for those inevitable times when you will find yourself visiting an infirmed person. Make yourself a copy of it and put it aside someplace. Consider passing it along to others who may find it beneficial.

However, the bottom line is to be sensitive and just to “be there.” Not only will the person you visit be happy to see you, but the sincerity of your presence will also make a lasting impression. Trust me!

© Terry Howard is an award-winning writer and storyteller. He is also a contributing writer with the Chattanooga News Chronicle, The American Diversity Report, The Douglas County Sentinel, Blackmarket.com, Hometown Advantage, co-founder of the “26 Tiny Paint Brushes” writers’ guild, and recipient of the 2019 Dr. Martin Luther King Leadership Award.

This Week in African American History**JOYCELYN MINNIE ELDERS**

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LEARN
TO READ
READ
TO LEARN

By Angela Hornsby-Gutting

Joycelyn Elders, the former U.S. Surgeon General, was born Minnie Lee Jones in Schaal, Arkansas on August 13, 1933, to Curtis and Hailer Jones; she added the name Joycelyn when she was in college. As the eldest of eight children of sharecroppers, Joycelyn Elders experienced extreme poverty in segregated, rural Arkansas. At age fifteen, Elders earned a scholarship to Philander Smith College in Little Rock, Arkansas. She received a B.S. in biology from Philander Smith in 1952 and an M.D. from the University of Arkansas Medical School in 1960.

Upon graduating from college in 1952, Elders enlisted in the Army and became a physical therapist. After ending her military career in 1956 and enrolling in medical school, Elders returned home and protested against local segregation. In 1957, she refused to park in the back of a drive-in theater.

By 1963, Elders completed her residency and became chief pediatric resident at the University of Arkansas Medical Center. One year later, she was named pediatric research fellow for a three-year term. In 1971, she earned her second master’s degree from the University of Arkansas. Also, from the late 1960s to 1987, Elders served the University of Arkansas as an assistant, associate, and full professor. Over this period, she published over 100 articles, primarily regarding juvenile diabetes. In 1987, Arkansas Governor Bill Clin-

ton appointed Elders as the head of the state’s health department. Upon appointment, she became the first female and African American to be director of the Department of Health in Arkansas.

During this period, she increased Arkansas school clinics and expanded sex education. Largely due to Elders’ lobbying, the Arkansas State legislature “mandated a kindergarten-through-twelfth-grade course curriculum encompassing not only sex education, but instruction in hygiene, [and] substance-abuse prevention.” During her tenure, the Arkansas teenage pregnancy rate fell below the national rate.

In 1993, President Bill Clinton nominated Elders to the highest medical office in the land, U.S. Surgeon General. She withstood difficult Senate confirmation hearings and became the first woman and first black U.S. Surgeon General on September 8, 1993. The Surgeon General holds the military rank of Vice Admiral in the United States Navy. Although personally against abortion, she publicly advocated pro-choice policies. She also fought many conservatives in Congress and religious groups to expand sex education. Elders also supported physicians who prescribed marijuana to patients. This stance, coupled with a 1994 comment supporting masturbation, prompted President Clinton to demand her resignation.

Dr. Elders remained active in public health policy after her resignation. She worked as special assistant to the



intergovernmental affairs director of the U.S. Education Department. Her memberships include: the Academy of Pediatrics, the American Diabetes Association, the American Physical Society, and the American Federation of Clinical Research. She also served as president of both the Southern Society for Pediatric Research and

Sigma Xi, a scientific society. Elders was also adjunct professor of pediatrics at George Washington University Medical Center. Her awards include Woman of Distinction Award from Worthen Bank in 1987, and Arkansas Democrat Woman of the Year from Statewide Newspaper in 1988.