

My black bag made me cry

A show-and-tell for adults that shows how bad homelessness really is and demonstrates the intimacy and horror of what nurses do

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A trusted friend recently implored me to bring my nursing black bag (actually it's a knapsack) to a very public event that we were planning to attend. He advised me, as only he can do: "People will find your bag so interesting they will learn a lot about what you do when they see what's inside." So I grudgingly lugged my 30-pound black outreach bag, which had given me nine months of a rotator-cuff injury last year, on a five-hour trip to Ottawa for its five minutes of fame.

It was a very public show-and-tell.

The last time I had opened my black bag so conspicuously was on the altar of a United Church in Toronto. It was the minister's idea. She invited the children to the altar to sit with me, before they dashed off to Sunday school, at which point I would give the first sermon of my life to adults on the topic of homelessness.

One by one, the children were invited to put their hands into the darkness of my black bag to pull out a surprise. To each surprise, the minister asked each child: "Why do you think Nurse Cathy carries socks in her bag? Why does she carry granola bars and milkshake drinks and vitamins?"

The children, with sweet and innocent expressions of concern, quickly responded with all the right answers. Sadly, I thought to myself, they knew the answers.

This time, the show-and-tell was meant for adults. The message: See how bad homelessness is – I'm a nurse, but I have to carry socks, mitts, a blanket, vitamins, even food!

On cue, my hands nervously groped inside my black bag to find the right contents to demonstrate the intimacy and horror of what I and other nurses do every day. In a clinical fashion, I explained their purpose to the adults in the room:

“You see, we now see signs of starvation and malnutrition, so I carry Ensure.”

“We don’t have enough sleeping bags in Toronto, so I carry these space blankets.”

“The duct tap is for taping the soles back on shoes, but also for taping cardboard together for a roof.”

As I spoke, my heart raced. I wondered later – how had the contents of my bag and the way I nurse changed so much? To my surprise, I began to cry.

It is said that your body holds memories, and my nurse hands clearly remembered better days. My nurse hands once did more useful things.

They immunized the fat, healthy thighs of infants, they carefully measured cardiac drugs to administer to young heart patients, they bathed both the elderly lady after her surgery and the 24-year-old Italian-Canadian woman after her death. My hands once mixed linseed poultices, rubbed 20 backs a night before darkness fell and, by flashlight, checked intravenous drips, catheters and other tubing. They made hot milk in the middle of the night and then, later at home, soothed a child with too-frequent earaches.

I’m thankful, in retrospect, that my hands always felt needed. To help colleagues make 30 beds on a ward on a short-staffed Saturday morning; to write a letter for an elderly stroke victim to his long-lost sister; to shop for canned salmon and strawberries for the retired recluse that I was told to discharge from my public-health nursing caseload (“he was not achieving any goals,” said my supervisor).

More recently, they held on to a dying father’s hands.

These are good uses for hands.

My black bag is still at my friend’s house. Despite being so full, it feels so empty.

My bandages no longer cover the wounds of my patients. My vitamins will not prevent the white plague of tuberculosis from taking another victim. I cannot even help someone achieve one peaceful night of safety and sleep. Only roofs will do that. And I am not a carpenter.

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