

Street Medicine and the Power of Empathy: A Conversation with Dr. Jim O'Connell

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KATHRYN YORK (PRODUCER): Hello and welcome to the Big and Little Podcast. My name is Kathryn, Podcast Producer and Digital Content Manager at Boston Children's Museum. Today on the show, Boston Children's Museum's President and CEO Carole Charnow sits down with Boston Healthcare for the Homeless Program President, Doctor Jim O'Connell. For nearly four decades, Doctor O'Connell has walked the streets of Boston redefining what healthcare can look like.

Today, he not only serves as president of the Boston Health Care for the Homeless Program, but also assistant professor of Medicine at Harvard Medical School, and board chair of the Winter Walk. A graduate of the University of Notre Dame, University of Cambridge and Harvard Medical School, Doctor O'Connell could have remained within the walls of Hospital Medicine. Instead, in 1985, he became the founding physician of Boston Health Care for the Homeless Program, bringing care directly to people living in shelters and on the street. That same year, he and his colleagues established the nation's first medical respite program for people experiencing homelessness. The program now serves more than 10,000 individuals and families annually. In today's episode, Doctor O'Connell talked with Carole about the unlikely turn that led him to street medicine, the shelter nurses who taught him some of his most enduring lessons, and how he has come to challenge common assumptions about homelessness. He also reflects on the power of community events like the Winter Walk, where neighbors who are housed and unhoused walk side by side. Doctor O'Connell's story is a call to see one another more clearly, and to remember that healing and understanding begin with empathy. Let's dive in.

CAROLE CHARNOW: Hello, Doctor Jim-- Doctor Jim O'Connell, welcome to the Big and Little Podcast. We are so honored to have you here.

DR. O'CONNELL: Oh, I'm thrilled to be here. Thank you, Carole, very much.

CAROLE: So, we are so honored because of your remarkable career and your journey in building Boston Health Care for the Homeless over 40 years. I understand you've celebrated your 40th anniversary. Your organization serves thousands of individuals each year and has impacted public policy and public opinion, you've written many books. So can you take us back to 1985, when you began your full time clinical work with people experiencing homelessness? And tell us a little bit about what drew you to this work.

DR. O'CONNELL: Sure. First of all, I can't believe I've been doing the same job for 40 years. That's kind of humbling just to hear and say out loud, but here I am.

[CHUCKLES]

But I was a resident in medicine at Mass General Hospital, planning on becoming an oncologist. I was fascinated by end of life care and by palliative care, and it was all ready to go to a fellowship when my chief of Medicine, who was John Potts-- Doctor John Potts, and one of my true heroes, called me into his office along with Doctor Tom Durant, and asked if I would be willing to be the doctor for a year in this new homeless program that the city of Boston was about to launch with a grant from the Robert Wood Johnson Foundation.

So I say this by way of saying I knew nothing about homelessness, this was not what I was planning on doing. [LAUGHS] And I wish I could create a narrative that says, I was on my way to do this all my life. But it was a complete serendipitous turn. And I kind of was bummed when he asked me that because I didn't get to medical school till I was 30. So I'm really old by this time and wanted to get on with my fellowship and on with my life.

So I agreed to do it for a year, thinking it would be my year of giving back. And I was went to college in the 60s, and we owed something, I think, to give back. So I did agree to do it for a year, but not thinking it was going to become a career or something, I would do for all these 40 years. And that's how it started.

So I remember I went to-- I finished my last job at Mass General was to be the senior medical resident in the intensive care unit. By that time of your medical training, you have gotten this ego that's so large you can't fit into a gymnasium.

[LAUGHTER]

But because people are coming from all over and you figured I've now spent all this time and I now know how to manage them, usually I knew what was going on. And I figured, how hard can it be now to go down the street, to Pine Street and to do the clinic in a shelter.

CAROLE: Oh, boy!

DR. O'CONNELL: And, so I just had my comeuppance when I ran into the-- got to the shelter and realized this was a whole new world about which I needed to learn an awful lot. So most of my experiences when I first got there were very humbling ones about how really all that I had learned in academic medicine may not necessarily apply to what goes on the streets.

CAROLE: Yeah, I read that the nurses were a little tough on you when you first arrived.

DR. O'CONNELL: Oh my gosh. They beat me to a pulp.

[LAUGHTER]

And I have an older sister who's a nurse, so I know that the tough

CAROLE: Tough love. Yeah.

DR. O'CONNELL: But, I will forever cherish. I ran into Barbara McGinnis, who was the nurse who had been at Pine Street with the other nurses for 10 or 15 years before I ever showed up. And they were very legitimately concerned about who's this doctor coming in. Doctors have not taken very good care of homeless people in the past. So they made me be an apprentice for the first two months I was there. They taught me everything, I had to slow down. I couldn't go fast. All the things we had learned in medical school probably didn't apply.

And, I'm sure you've heard this, but what they made me do in the nurses did this brilliant thing of they invite people in to soak their feet and they invite you in. They call people by their name. And I was struck by, remember I'm new to shelters, that they would say, Mr. Williams, please, can you come in? Can we soak your feet? And just calling somebody by their name with some dignified, caring voice was magical.

And then when they sat down, they didn't ask him questions about what their medical problems were or their psych problems. What they would do is just say, what can I do to help, and they'd

soak their feet. And for people that have been walking around all day standing in lines, it's incredibly comforting.

And I learned rapidly from Barbara that it flips the power structure. So I would be at the feet of the person I'm serving, not in their personal space. And as you probably when you're learning to be a doctor, you're usually the stethoscope's length away from somebody very personal space. And then I had to learn to not get right to the problem. What's the matter? What's going on? You had to just take time, get to know people. They encouraged us to have cups of coffee with them while and then soaking their feet and helping them with anything else, was just exactly what I needed to hear.

And what Barbara pointed out, unless you do that really can't begin to create the foundation of a good health care system. You have to earn that trust early on. Basically everything we do in our program was based on what the nurses' theories were back then.

CAROLE: Wow. So that brings me beautifully to my next point, which is really-- I think our listeners and myself were all struck by the depths of your compassion for these individuals that you work with and this very warm, loving style that you adopted.

A journalist, Tracy Kidder, has followed your career and wrote a beautiful book, *Rough Sleepers*, Doctor Jim O'Connell's urgent mission to bring healing to homeless people. And in the book it mentions this quote "O'Connell had spent decades returning over and over to the places that the rest of us rush by." And I thought that really was symbolic of this tremendous compassion you have.

So, this program is about empathy and how it develops. So can you point to anything in your upbringing that would have led you to this life of deep commitment to helping others that many, many others would overlook?

DR. O'CONNELL: Even though I think most of what I want to say about my career is based on serendipity [CHUCKLES] and things just happening when I was at least expecting it. As I look back, even though I'm almost reluctant to do that, I grew up in Newport, Rhode Island, which the native population is primarily Irish and Portuguese immigrants. And very oriented around parishes and Catholic churches. In fact, in Newport you live in one parish or another.

And I think I grew up with parents who were-- my dad was a World War II veteran who never got out of high school. My mother had gone to college and had done really well and was teaching kids in school. But they were both kind of social justice Catholics and very devoted to the church and to life around the parish.

So I think we had no choice as kids but to realize that, we were part of a world where you take care of the people around, everyone is valuable. And I look back now and realize how lucky we were because we had no money. But we lived in a world where family and caring for others was just part of what you did. So I suspect that became part of what I couldn't escape, no matter how I tried.

[LAUGHTER]

So I think when I stumbled into this job, I started to go, maybe this is what they were talking about. I don't think this came from within, I think that this was drilled from outside into me.

[CHUCKLES]

CAROLE: Yeah. So that brings me to the next question, which is how would you describe empathy? And also, do you think it can be taught, by example as you said, or is it an inherent quality?

DR. O'CONNELL: I think all of us have some degree of empathy as part of who we are. But I think to carry that beyond your immediate world becomes a much more difficult task. And I think we have to be taught that or you have to be exposed to it. And, I think I just lucked out. I had so many mentors and people that I cherished who just oozed empathy. And you couldn't help but admire that and want to learn how to do it. That's my more philosophical way of looking at it. What I think I learned practically [CHUCKLES] is that for many years since I said I didn't get to medical school till I was 30, but I was a waiter and a bartender for many years before. And I secretly think that if you're really stuck being a bartender, you become empathetic by need.

[LAUGHTER]

You stuck behind a bar for all this time. You can't move, but people come in and just start talking to you. And if you don't enjoy and get into their stories, it becomes a very long night. So I think you just learn-- if you're going to be a good bartender, you learn to listen to the people you're

caring for. And I think that was probably the best training I had for showing up in Pine Street Inn in 1985.

[CHUCKLES]

CAROLE: That's remarkable that you can learn to be empathetic about people beyond your family circle through stories which you wrote a beautiful book, *Stories from the Shadows: Reflections of a Street Doctor*, and it was published in 2015. And in it you share some remarkable stories of rough sleepers, as you call them, their tremendous resilience and tenacity under the most difficult circumstances.

In writing the book, do you feel that you were hoping that the stories of these individuals would do away with people's preconceived ideas and judgments about people who are homeless and help them perhaps to become more compassionate and empathetic?

DR. O'CONNELL: To be very honest, I wrote that book under some duress. [CHUCKLES] Because we were-- our program was turning 30 years old. And on our board of directors, we have several people who are homeless and very involved in what we're doing. And I used to tell a quick story before each board meeting when I was running just to ground everybody. And this is why we do all the finances and everything else.

And when we were nearing our 30th anniversary, they said, would you please put those stories together so that we'd have something for our 30th anniversary hand out to people. So I was given, I think, a series of five or six Wednesdays to go to the Athenaeum. I'll never forget this. And I had these boxes of little scratch notes of stories, and I tried to put them together during that time.

And I was frankly disappointed in myself because I had those in boxes hoping that someday I would write a book with themes and long stories. And instead I wrote these quick stories, which I love. Don't get me wrong, I cherish them.

But they were-- As I was putting them out, they were just a little bit of what I really wanted to say. So I truly loved that book, because the stories remind me of people that I got very attached to and who were truly heroic and courageous. When you hear what they've been through, they were really-- they were force to be reckoned with.

And I also knew from the folks on our board of directors, particularly the people who had been homeless themselves, that humanizing the story, telling people who people were was something we really wanted to do. So in that sense, I did love doing that book because it was a chance to tell some stories, but I was really miffed at myself for not having somehow taken a sabbatical sometime and put together a bigger and more comprehensive book. That's true confessions here, sorry. True confessions.

[LAUGHS]

CAROLE: That's your project for the next few years. But you did mention heroic. From the homeless individuals that I have met during my time working downtown, I do see that some people just have overcome tremendous challenges even to be alive on the streets. And so I just wonder if you could talk a little bit about what you've learned about how people end up on the street and how they survive there.

DR. O'CONNELL: I have been struck by the fact that-- in fact we stopped doing-- I used to realize that all of my first impressions when I met people tended to be really, really off base or completely wrong. And as you got to know them over time and people would trust you enough to share a little bit. You start to realize that there was so much behind what led somebody to the streets.

And that's if I could share that with anyone, I would just say, we don't know anyone who's been out there for a long time. These are talking about the chronically homeless folks who are on the streets and in the shelters. We don't know any of them who have chosen to be there or not be there. What we have learned is they are a complicated mix of people who have suffered unspeakable trauma in many cases, or have been failed by our schools or our social services, have come out of foster care, grew up in homes where it was just violence.

And you realize that there's a common thread is that something happened to most of these people when they were children and young adults, that set the course for them being homeless. And you realize that's where we society kind of failed them. And I'll give you an example, about 25% of the men we see on the streets when we last count on this can't read or write. So think of that.

That means that something happened when they were young and often they had a learning disability or intellectual disability or ADD adult, attention deficit that simply wasn't recognized in a chaotic school and home situation. And they got through the system with no skills. And now I often think of think of trying to live on the streets when you can't read or write, and no one's ever really taught you to survive.

So what you do is you can't help but just be angry and be kind of set in your ways. And then I really feel terrible. That's where I see the courage coming out. The fact that they don't get angry every day, and the fact that they can smile at us as we walk by is quite remarkable.

CAROLE: So, I think the fact that you understand so many of these individuals who have come to befriend them and so forth, has really dispelled any kind of sense of judgment or fear even of these individuals. Which is I think, one of the barriers perhaps to people having empathy and compassion in this situation.

I want to talk a little bit about Winter Walk. It's celebrating its 10th anniversary this year, and it raised millions of dollars for food, clothing, and shelter and advocacy for homeless individuals. But it also raises awareness. I understand that you'll have homeless people walking alongside donors and people who've come to support the event. Can you talk a little bit about how the Winter Walk is able to dispel some of the stigma around homelessness, and maybe even inspire more compassion and support for homeless individuals?

DR. O'CONNELL: Thank you for bringing that up. This is all Paul English's his unique and wonderful compassion and ability to get things done. But I was riding with him one night on the Pine Street van, which is the van that goes out at night time from nine at till six in the morning. I've been able to ride on that for twice a week for decades.

And Paul came out one night and just said, people need to see this. This is the underbelly of Boston. People just don't get a chance to see. And if they saw that, they might have a different opinion of what homelessness is all about. So we said, let's do a walk.

And what I loved about that is there's lots of things we always try to raise money and we're all working with not for profits, trying to raise money. But this is a chance for everybody just to get together on a morning, there's a little breakfast and it's at the Boston Common, and then people take a walk all together and -as you mentioned, it's homeless people mixed in with politicians

and normal people. Lots of people bring their families as kids, as dogs, it's just a community event. No pressure, you don't get dressed up, you don't have to put on a tie and go to a gala, and you walk the same path that homeless people are in all the time.

And I remember the very first one when Paul started it, it was 10 years ago. It actually was cold and snowy that morning. And it was beautiful. It was like everybody got a chance to walk and see what it was like to be outside in that weather. And the conversations were great. It's a very, very moving event and one that everybody can do. It's just great. And it raises money for all the different organizations. So rather than be one organization raising money, they raise it for everybody else. It's really quite extraordinary.

CAROLE: Do you think that the people who are on the walk who are not homeless, do they get a chance to meet homeless individuals and learn a little bit more about them during the Winter Walk?

DR. O'CONNELL: Absolutely, which is one of the real joys for me is at the very beginning, Paul will often say something, and then some of the homeless folks who were there. The homeless people on the Board of Directors will talk about something. So there's a setting of the stage before you walk. And then when you walk there, there's groups of homeless people that mix in with everybody else. So you get a chance to talk to people and hear what they've been through. And, it's usually just people have fun. There's great conversations and it's a chance to have your kids do something that is good. And they can see the people that they're helping out. It's really fun.

CAROLE: And they can see that they're just people like you and me who've fallen on difficult times for a variety of reasons.

DR. O'CONNELL: You hit the nail on the head. It's really just understanding they're just like us. Everybody is just like us, just they had a different circumstance.

CAROLE: Yeah, that they did. So you talked a little bit about Paul English, and I read that it was his little boy that first noticed a homeless man sleeping on the street, who pulled him over to say, why is this man sleeping here.

So, do you think that adults have a role in helping children. You talked a little bit earlier about your parents, how they helped you to become more empathetic, even maybe perhaps against your will as a young child. But, do you feel that adults can help children to build empathy? And do you also, conversely see that children can help adults to become more empathetic?

DR. O'CONNELL: Whole story with his son is really powerful and compelling, [CHUCKLES] and motivated him to really do all of what we're talking about now. And so I would subscribe to what the latter of what you said, that usually as adults we get inured to what is going on.

I remember growing up in a small town, if there was somebody on the sidewalk, everybody stopped to see what was going on. And now I live in a world where sometimes we don't even notice that there's five people sleeping against the brick wall over there. So something has happened that has made us numb to what's going on. It may be that the helplessness we all feel and what can I do and it's better to just walk on by.

But it's really powerful when a child looks at you and says, why is that person sleeping there? What's wrong? And then if you really think hard on it what is wrong. And that's what I think brings out an awful lot of sympathy and empathy and on adults.

So I think out of the-- from the voices and eyes of children, we often see where we've fallen off the path ourselves. And I would certainly say I love Paul's story because that's exactly right. His son kind of motivated him and then all of us to pay attention. What's happened here?

CAROLE: Yeah. So you've given us a really good insight into why people become homeless. And so how would you advise the listeners here, parents and caregivers to talk with children about, well, why is someone sleeping on the street? Why is there homelessness?

DR. O'CONNELL: And I think it's very difficult to be very honest with you Carole, and I it has to be done with great delicacy. Because there is no real easy answer other than to say it shouldn't be happening. But why? Is complicated. What I do like about Winter Walk is it's a gentle way to introduce children to people that have struggled, and they can walk with you.

What's very difficult is when you're with your-- and I can speak from experience, when you're the child and you're going by and you see someone passed out on the sidewalk or not doing well, that's really frightening for children to see. And maybe not-- maybe they're not ready to see stuff

like that yet. We have a 12-year-old and what's the best way to make sure she stays sensitive to the needs of others. And I think we tend to do that gently.

By the way, one thing I always recommend to people, and this came from Barbara McGinnis and the nurses who almost everything I'm saying right now comes from them. But when homeless people are out asking you for money or saying begging for something, I remember saying to Barbara, I don't have-- didn't have much money then. I don't have enough money to give to people. And everybody's asking me for stuff.

And she would say, well, it's not all about money, it's really about recognizing people and acknowledging them. So her real strong advice to us and it's held up is that, when you walk by people may not have money, but just be sure you say hello or look them in the eye and say hello. How you doing? I'm sorry I don't have any money today. Or if you have a Dunkin' Donuts card or something give them that.

And what is really kind of magic about that is people light up because that is what they're looking for. They're looking to not be invisible. And everyone I know who spent time being homeless will say the worst part of it is you feel excluded from society and invisible to people walking by. You can feel part of us, I think, is a really powerful, important thing to. And that's something children can see and relate to. So that's what I kind of urge people to do. That it all comes from Barbara in the old days.

CAROLE: We'll come back to the Dunkin' Donuts card in a minute because I found they're fascinating. But, if you could just take a moment to talk about the work you've done in policy to try to make life better and easier for people who are homeless, one thing I think people have a lot of confusion. They say, well, why don't they just go to a shelter.

And I think those of us that know that shelter life is not easy for people, certainly who are long term homeless. And of course, once homeless people are housed, they have many more needs. So can you just say a little bit for our listeners about what kind of policies governments need to have in order to really help homeless people adjust and really reenter society.

DR. O'CONNELL: Let me come at that from two angles, because one thing is I think we should appreciate that a city like Boston, if you walk around, has very, very few people relatively

speaking, out on the streets. If you go out at nighttime there may be a couple hundred people spread out through the city. Whereas if you go to other places that don't have a shelter system like Boston or New York, you'll see many, many people outside.

Just go to Los Angeles sometimes there's 47,000 people on the streets or encampments in LA. San Francisco has a terrible problem with street homeless. Seattle has a growing problem with that. But Boston, while we still see it as I find it a terrible problem, it's relatively small and we're relatively likely because most people go into shelters. So 97% of everybody who's homeless tonight in Boston will be in a shelter. And only three percent will be outside.

CAROLE: OK. That's good to know.

DR. O'CONNELL: But that does say that the people who are outside [CHUCKLES] tend to be a very complicated subset of the homeless population. Because they all could go in, there are shelter beds for them. But as you mentioned, there's lots of reasons they don't want to go in. And I've learned those reasons are legion. That it goes from most of our shelters don't accept men and women together. You have to go to separate shelters. So you want to stay together, you have to stay outside.

There are people that are just too afraid that somebody's going to read their thoughts if they go into a shelter. Other people who don't want to be in a 300 bed shelter with all those other people, it's too intimidating. And I remember I stopped really asking people why they were outside. Because if they are outside on a cold night, there's some complicated reason.

One night, I'd like to tell this story because it keeps me humble, I was on the van and we were trying to get people in. It was about 10 degrees out, really freezing cold. And there was a man I had gotten to know pretty well under one of the bridges near Storrow Drive. And I tried to get him to come in. Just come in for the night, it really it'll be OK. It won't be cold. And he looked at me and he was really kind.

And he said, look, Doc, you don't realize when I go into the shelter I can't tell which voices are mine. He said, when I'm here under the bridge, I know that the voices that are talking to me are mine, and I can handle them. I just step back and realized people have very complicated reasons for being out there, and nobody would stay outside in the cold if they had another choice.

[LAUGHS]

So, I now think that's really important to know. But I would underscore though, we are so lucky in Boston. Like my clinical life, is taking care of people who avoid the shelters and stay outside. And they are very-- it's a very, very complex population and they have a huge burden of co-occurring medical and psychiatric and substance use disorder issues. And there are tough population to care of but they really all would love to be in housing. I'd love to get off the streets. They aren't choosing to be there. They're choosing not to go to someplace, but not choosing to be there.

CAROLE: And I know there's so many people, really amazing people who work in this field and are doing everything they can to support these individuals, certainly and primarily including you and your colleagues. Let's go back to the Dunkin' Donuts card.

I think I told you a story the other day that when I was working on Kingston street, there were a number of homeless people there. And my son kind of encouraged me to keep 10, \$1 bills in my pocket every week and to make sure that I had something for the individuals who were in need there. But you said something about Dunkin' Donuts cards, and I'm kind of interested to have our listeners have something they can do and that they can share with their children that is really worthwhile in helping a homeless individual they may encounter.

DR. O'CONNELL: Well, let me begin by saying, I love your son. I love [CHUCKLES] them thinking of that. But it is an interesting, everyday ethical dilemma of what do you do to help the people out there. And I stopped by saying, ideally we want to get everybody housed, but most of us don't have the ability to get Congress and HUD and everybody else to provide the money for the housing and the supports that we really need. So given that they're out there, what to do. And, Barbara McGinnis used to say, if you're going to give money maybe choose a day to give money or something she'd have all these excuses for what to do. But what we learned over time is that a Dunkin' Donuts card, I mean it could be a Starbucks card or something, but a Dunkin' Donuts card which I remember was \$5. It may be inflated now and need to be 10. But it was remarkable. People loved getting them rather than cash because you could take the card and go into Dunkin' Donuts.

It's you get into the warm when it's really cold outside, or even more importantly, in the summertime. You go in there when it's air conditioned inside, and you can sit there with a cup of

coffee without anybody looking at you that you shouldn't be there. And most importantly, there are bathrooms. So you can use the bathroom.

So a little card like that gives you coffee and usually a donut chance to sit-in the warm or the cool and a bathroom. So it's gold, and people love to get those. And then you don't have to feel guilty about what do I do with cash or not cash. Because I know that's always a controversy, but we found those to be the perfect compromise for us.

CAROLE: So you've really given our listeners a few different strategies they can stop and say hello and have a little pocket full of Dunkin' Donuts cards or dollars if they so choose. They can actually go to the Winter Walk as well. Can you tell us a little bit about how people can actually sign up for the Winter Walk?

DR. O'CONNELL: Sure. The easiest way to do it is the Winter Walk has a website, and you just go onto the website and sign on and that's it. But you can also do it the day of the Winter Walk. Just go down and sign in. It's always kind of fun to have it ahead of time so they know what to prepare for. But onsite registration is fun and quick, and there's lots and lots of happy and laughing volunteers who will get you right to where you need to be.

As you know it was supposed to be recently, but it was bitterly cold and so cold that I think everybody realized it was too dangerous for kids and families to be out walking in that cold and snow. So it was changed to much to my chagrin, to March 22. And my daughter pointed out that means it's going to be a spring walk, not a winter walk. And I guess it is. [LAUGHS] But it's March 22nd, it's a Sunday and it'll be really fun to come out.

CAROLE: Well, knowing the Boston weather is very likely there'll still be snow on the ground on March 22.

DR. O'CONNELL: It'll be cold.

CAROLE: It's so remarkable. I really urge people to read about your career and the work of Boston Health Care for the Homeless. It's just an extraordinary organization that has helped thousands of people. If I were to ask you, what is the key message that you would like listeners

to take away that would help them feel more compassionate and empathetic when they see a homeless person as they walk by?

DR. O'CONNELL: First of all I'd urge everyone to understand what I've reluctantly had to have come to understand 40 years into this. I think of homeless now as far more complicated than I ever thought. And the more I watched, the more complex and complicated it gets. Homeless people are just from every walk of our society.

There are families with kids there, adolescents and runaways, there are young adults who are struggling with all sorts of issues, there's people with mental illnesses. Then there's people with AIDS, there's people who are veterans, there's elderly people. All of them are represented among the homeless population. So when I think of solutions to homelessness, I think there's going to be many different approaches because we have so many different types of people. So when you see someone outside, I would urge you to say what I had to learn is that what you see is somebody who has been through a long and tragic trajectory to get there. They're not there because they want to be. And the ability to learn what that trajectory is takes time and getting to know them. But I can promise you, when you get to know that, it will blow your mind what they have lived through and the burden they've been handed as they were launched into life.

So that's what I would just urge people to be sympathetic. They really are looking-- they need help and want help, but often don't know how to express it. And more often than not will push you away because they're afraid of you.

CAROLE: Well, I can't imagine anyone not being completely inspired and grateful to you, Doctor Jim O'Connell, for the extraordinary career you have had in helping people who are really deeply in need and befriending them and being so beloved by them. And this is something that's really come out to me, having read a lot about you.

I urge our listeners to participate in the Winter Walk if you're listening to this podcast. After March of 2026, please go to the website and you can pick up the Winter Walk next year to purchase some Dunkin' Donuts cards and have them to hand in case you come across someone on the street.

But to understand also, and I think Jim you would agree that, giving the example of empathetic behavior and compassionate behavior is one way to help a child develop empathy in their younger years. Would you agree with that?

DR. O'CONNELL: Oh, I so agree with that Carole. And I am so grateful that you're actually doing an episode like this. When I think of if this message can get to parents and to the kids, that would be make my day and make my year. So thank you for the opportunity to do it.

CAROLE: Oh, well, we could not be more grateful that you are in the world doing this amazing work and that you spent a little of your precious time with us today. Thank you so much to you, Doctor Jim, and to all your colleagues. We are very lucky to have you in the city of Boston.

DR. O'CONNELL: Thank you so much. You're sweet. [CHUCKLES] I appreciate it.

KATHRYN YORK (PRODUCER): Thanks for listening to the Big and Little Podcast. We're excited to have you with us on this new series on empathy. Stay tuned for more and be sure to and subscribe.

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