

MEDICAL MUSE

*A literary journal devoted to the inquiries, experiences, and meditations of the
University of New Mexico Health Sciences Center community*



Angel, Jeremy Phelps, M.D.

Vol. 12, No. 1 • Spring 2007
Published by the University of New Mexico School of Medicine
<http://hsc.unm.edu/medmuse/>

MEDICAL MUSE

Is published twice a year, in the fall and spring by the University of New Mexico School of Medicine.

Submissions may be literary or visual, and may include letters to the editor. Participation from all members of the UNM Health Sciences Center community.

Electronic submissions may be sent via e-mail attachment to: medicalmuse@salud.unm.edu

Please include name and contact information.

Reviewers for this issue:

Sally Bergen
Tammy Hshieh
Christopher Knotts
Jeremy Phelps
Julie Reichert

Advisor:

Norman Taslitz

Art Director/Designer:

Paul Akmajian
Center for Community Partnerships, funded in part by the W.K. Kellogg Foundation's Community Voices Initiative

Thanks to Sandra Naranjo, Dept. of Internal Medicine

The observations and opinions expressed by the contributors to Medical Muse are not necessarily those of the editorial board nor the University of New Mexico School of Medicine.

All rights for works published in the Medical Muse revert to the author.

Visit Medical Muse on the web at:
<http://hsc.unm.edu/medmuse/>

The Medical Muse is archived on UNM's DSpace at:
<https://repository.unm.edu/dspace/handle/1928/2367>

We are pleased to bring you this edition of the *Medical Muse*. This semiannual arts journal is meant to provide a creative outlet for members of the greater Health Sciences Center community: patients, practitioners, students, residents, faculty, staff, and families. In this business of the scrutiny of bodies and minds, it can be all too easy to neglect an examination of our own lives. This journal is a forum for the expression of meditation, narrative, hurting and celebration — all the ways in which we make sense of what we see and do.

It is our hope that in these pages you will encounter a range of experience from the outrageous to the sublime. What we have in common binds and steadies us, yet there is much to be learned from the unfamiliar.

We see the purpose of the *Muse* as a way of encouraging members of the Health Sciences community to express their creativity, and we encourage all to submit. Occasionally, subject matter may be controversial. It is never our intent to offend, however we wish to explore the full range of experiences reflected in our submissions.

Unfortunately, due to space constraints we cannot publish every work that is submitted in the print copy. We wish it to be known that our worst fear is that in selecting submissions we are discouraging the same creativity we wish to foster. We therefore sincerely thank all those who have submitted in the past and ask that you continue submitting. Without your creativity and courage to share the *Muse* would not exist.

– The Editorial Board

Contributors for this issue:

Arun Ahuja, student
Paul Akmajian, MFA, staff, Family & Community Med.
Frances Alba, MSIV
Mark Fischer, MSII
Kaatje van der Gaarden-Jayne, PA student
Robert H. Glew, PhD and Dorothy J. VanderJagt, PhD
Tammy Hshieh, MS II
Nae-Hwa Kim, MS

Sarah Leonard, MSIII
Rebecca Mayo, NP
Keith McClung, MD
Terry Mulcahy, staff, Dept. of Pathology
Abigail Park, OT student
Douglas Patton, MSI
Sophie Peterson, MSIV
Jemery Phelps, MD
Justin Roesch, MSII

The Delivery

by Sarah Leonard, MSIII

August 13th, 2005

I was a few minutes late that morning, but in another way, I was right on time. As soon as I buzzed myself in through the wide entry doors to the Labor and Delivery Unit, I could hear her screaming. I asked the nurses at the front desk where Dr. G was. "Follow the music," they said, pointing me in the direction of Room 8. I headed down the hall and arrived at the delivery room. I pulled aside the privacy curtain, and whisked my way inside. She let out another wail.

Dr. G looked up from her bedside and turned around. "Good morning, Sarah. You're just in time. We have a fifteen year-old G1P0. Thirty-five weeks. She came in early this morning, and now she's complete."

Fifteen! My first delivery, and this girl had to be fifteen! I couldn't believe it. Holding her hand at the head of the bed was another teenager – her boyfriend, I presumed. He was tall and lanky, years away from manhood, and certainly too young to be a parent. So much for family planning, I thought. Still, I shoved my skepticism aside and took my place behind Dr. G.

The nurses were already at her sides, holding her legs for support when she was instructed to push. Dr. G coached her in Spanish through each contraction. "Empúje, Alejandra, empúje!" She continued to scream as she pushed, whimpering softly while she rested. Soon, the baby's head became visible deep between her legs – tiny, dark tufts of hair that would later frame the face of a grown child. I started to feel lightheaded. There was enough blood to convince me to sit down. Just a week before, I hadn't made it much further than this – fainting only 15 minutes into another woman's delivery. I was going to make it through this one, though; I had to.

Luckily, I didn't have to struggle much longer. The head was out before I knew it, and the rest of her body followed even faster. I smiled, as a wave of satisfaction made its way from my toes to my cheeks. She was tiny – only four and a half pounds – and covered in white pasty vernix, a classic sign of prematurity. She let out a solid cry, and a sense of relief settled over everyone in the room. Dr. G held her tiny body for a moment while he clamped and cut the umbilical cord. Then he handed her to the pediatrician, who was waiting for her along side the warming cart.

Dr. G asked me if I'd like to deliver the placenta. I donned a sterile gown and gloves and stepped over to the foot of the bed. My hands trembled as he had me grip the pearly gray umbilical cord that threaded through her vagina. I pulled gently on the cord to draw out the placenta. It soon emerged and fell into the wastebasket beneath the foot of the bed. The red soggy sack that had nourished Alejandra's tiny child for nearly 9 months was no longer needed. To survive and grow, she now needed her mother, a fifteen year old girl, with plenty of growing left to do for herself. □



Keith McClung

Moses Goes Into The Mountains...

I'm wearing a crown of storms
Coiled inside my skull
Synapsing snapshots of injustice
The U.S. has committed upon us
As a world conscience
Consumption keeps us so busy
Stuffing our bellies we
Can't see the systemic gutting
Taking place at our feet
As they search through spilled entrails
For the next sacred golden cash calf
We slip in what remains when they
Command us to step up to the plate
And serve our country

I'm wearing a crown of storms
Coiled inside my skull
I can see the inner insurgents in seargents
Biting their tongues in double speak
Barking orders to fellow soldiers
Whose compliance guarantees
Early return from duty-labelled deceased
Youthful eyes creased old
With afterimages of silenced
Pleas for peace played out
Under cover of rigid eyelids
Pupils fixed and dilated
Inviting Corpsmen to read
The same OLD retinal TESTAMENT
Of injustice they've seen
Medics trained to refrain from
Recording every soldiers last willful breath
Ordered to close the book and sheathe
In standard Stars and Bars sleeves
Like it changes the meaning
Of what lies beneath —
Young FACES like patriotic ETHICS
BLOWN completely OUT of context

I'm wearing a crown of storms
Coiled inside my skull
Proclaiming that outdated
Loose Lips Sink Ships mentality
Keeps commanding officers playing
Propaganda puppet shows
With our broken brothers and sisters
In boxes — closed caskets
Since they know that once opened
The asking price is INVALID
Because we realize the cost of WAR
Is too high for any of us to pay
So they keep up the charade with pretty packaging
“Father forgive me for I know not what I speak...
Myspace kept me from catching the updates
On FOX News this week.”

I'm wearing a crown of storms
Coiled inside my skull
Contemplating what the eternal flame
Can do to settle my unquiet soul
I've got a whole backstock
Of pickled principles
Slowly being submerged
In my cerebellar cellar
Compromised by the floodwaters
Of the current six year reign
Making me sway and stagger
Forcing me to scream a prayer for
A glimpse of the BURNING BUSH

I'm wearing a crown of storms
Coiled inside my skull
Heading into the mountains
Searching for the new direction

– Mark Fischer MSII

Offices

by Tammy Hshieh, MS II

I have this bad habit of being chronically tardy. I used to think I simply had bad judgment regarding how long it takes to reach places. Or that maybe my legs are too short to be practical. But I recently realized it is partly because I do not want to deal with the world. So I put off going into it, mingling with inevitable society, until the very last moment. Waiting until I am so at risk of being late, I have no option but to want to scurry out the door. This thought crossed my mind as I dashed out the door that Friday, late to meet my college roommate at the train station. I was in Boston for the summer, living in the medical area, my clinic a block away. I was not eager to dash into the frenetic crowd, the droves of ambulances. The sheer intensity of noise, from sirens and helicopters and shuttles, can drive all thought from ones mind. But I hoped this weekend would be different, that the sheer quiet would drive all my driveling thoughts from my mind.

My college roommate is Roman Catholic and currently studying in Boston for her Masters in Divinity. While the rest of us compete to become lawyers, doctors, engineers and consultants, she has known since sophomore year that her aspiration is to become a contemplative nun. This summer, she informed me that she was no longer planning to get a doctorate, but would be entering the cloister next year. To become a contemplative nun literally means leaving the world behind, taking a vow of chastity and silence. Because it seemed like I would be losing a close friend to God, I agreed to join her on a weekend retreat to the monastery she will be entering.

By Friday afternoon, I found myself perched in a tree, in the middle of New England hayfields. Besides the guest house where we were staying, there was not another building to be seen. We spent the afternoon chatting idly but mainly, thinking in the silence almost antithetical to the medical bustle that morning. I could not help but marvel at how different our lives would be within a year. But

also, how similar. Throughout the weekend, we followed the daily schedules of the nuns – in prayer and work, in reflection and communion. Our day started at three in the morning with Gregorian chants in the chapel and ended when the sun set, having had six more “offices” throughout the day. What is time in the monastic life? Many of the nuns had not left the cloisters since the 1950s. All

of them had done the same seven services everyday, seven days a week, countless years on end. For them, it is all about time; time provides the structure and discipline that allows them to maintain a relationship with God. Time is so important, that it ceases to matter. As a physician in training, my life will also revolve around time. Every second will be counted religiously, in the name of efficacy and

life. In both occupations, it is the details meshed in time, which provide the glory of the big picture.

We all have our personal reasons for becoming nuns or doctors. But ultimately, we chose our professions in the hopes of helping people, and therein lay the sacrifice. Everyday, nuns intercede for our souls, before God. Everyday, physicians intercede for our bodies, before God. Personal sacrifices of family and pleasures must be made, among the fields of New England and the din of the hospital, to make this possible. We walked to Vigils every morning at 3 am in the thick dark, nocturnal animal eyes sparkling in the shrubbery. The torches that guided us shed a circle of light only big enough for us to know where to place our next step. What both of us are about to embark on are really lives of devotion. And they will only be possible by taking one step at a time, with faith guiding us through the blindness. □



Belize

Jemery Phelps, MD

The 'Vegas Diaries

by Justin Roesch, MSII

4:46 pm, Tuesday July 4th. I petition my legs to bear my weary soul through the damp coolness and across the smooth black top to the waiting reprieve of my truck. I peer at the grey canvas overhead before my gaze descends slowly to meet the veiled peaks of the Sangre de Cristos. An absurd question keeps ringing through my mind: Is that chicken I was thawing still going to be good when I get home?

"Thanks..." He struggles with tears for a moment, "...thanks again. I'm gonna' drive down to there right now to see her." I didn't even realize the little white Ford pickup had rolled up next to me until the smell of burning oil began to sting my nose. His eyes were as red as mine-- though for different reasons. His soul is just as weary as my own, and yet I only have to drive another five minutes to get home. He's headed to UNMH, a full 100+ miles from Las Vegas. All my soul can manage is a trite but heartfelt, "God Bless." He looks at me as though to say, "If God had a say, we wouldn't be in this mess would we?" It pains my soul to see that look on his face. "Good luck," he replies. My own mind retorts, "If luck had a say, we wouldn't be in this mess now would we?"

11:40 am: "I'm not going to use that God damn thing!" It's the first thing I hear as I clear the threshold of the surgical suite. The nurse midwife is passionately petitioning against a mandate from the OB currently suturing the incision of a C-section. The staff sees the pediatrician sprint into the room just ahead of me. "We paged three times!!! Where have you been!!!" It's chaos. Suddenly a pair of forceps are thrust into my hands, "Don't just stand there, get these over there." I'm not listening, just staring listlessly at the lifeless, limp little hand peaking out from under a sea of blue blankets. I realize I'm sweating because of the heat coming off the incubator overhead. "I said throw those over there," an impatient nurse calls out, looking straight past my eyes and into my terrified soul. I peer back at the hand and then return the forceps to the surgical table. "Pick her up! Common' pick her UP!!! We've got to move her!"

12:05 pm: "I'm not getting any breath sounds," a nurse says calmly. "There's a weak pulse, HR is 40, maybe less,"

another says. The doctor begins bagging the infant, a nurse starts compressions. The doctor hands me a steth, "Justin, let me know what you hear." "What kind of twisted surreal episode of ER have I stepped into..." I wonder, almost aloud. My doctor repeats once more, "Justin, I need to know what's going on with those lungs..." Impatient, the doctor instead inquires, "What's the O2 sat?"

"26," comes the response. The tension in the room is slipping quickly into panic. "23."

I place the stethoscope again and again over the lung fields. I'm terrified by what I hear.

"Justin..." the doctor tries once more.

This time I shake my head and reply. "I can't hear anything..."

There are no memories to bridge the next forty minutes...the next thing that I can recall is seeing the father crying outside our locked room in the little NICU. He's wearing a red shirt, and a blue a Boston Red Sox hat. Tears are streaming down his face.

"Justin, I'm going to need you to assist with the umbilical catheter," rings the voice of the pediatrician. My hands are sweating. I peer once more through the safety glass into the sterile-appearing waiting area. Her father catches my gaze and his eyes plead desperately for something I can't grant.

Two hours later my feet are raw. I didn't have any shoes to wear into the surgical suite so I quickly snagged a pair of gross appearing navy blue plastic clogs reading "Size 44." In US that means size 10. I'm a size 9. I'm not wearing socks. My feet are sweating and my right foot is bleeding profusely from the chaffing of the clog. I've been standing at bedside, bagging the infant for two hours straight. My arm is shaking. I try to steady my arm but the tremor gets worse. The nurse notices and looks up at me from her chart. She doesn't say a thing but her look says it all, "This is what it's all about. Are you equal to the task?" I grab the bag with my other hand, stare at her for a moment, and look back down at the child. The nurse smiles, and continues writing in the chart. At last, two green eyes open up and greet me. "Hi there beautiful."

I step out of the room at 4:15 pm to wash up. The transfer team arrived about 30 minutes ago...we've done

our job, and the infant is stable. The father has changed clothes; he's wearing a baby blue polo shirt with horizontal white stripes. He grabs me as I step out of the room, fresh tears roll down his cheeks. I can tell he wants to hug me but he resists the urge, especially after he notices the stool all over my scrubs. I smile at him thinking, "For God's sake, if you're gonna' hug somebody hug the doctor, hug the nurse, hug the IV machine...I was just some green medical student in there." He thanks me as though I'd just pulled his daughter from the scene of a fiery car accident. I'm humbled by the act.

I clear the doors of the hospital and the cool of the afternoon greets my face. The parking lot looks vast this afternoon, especially with that huge grey sky looming overhead. I see my truck but I'm not sure my legs are going to make it there. My nose starts to sting with the smell of burning oil. I begin to think about the chicken I left out on the counter. I hear a broken voice ring against the backdrop of a pleasant breeze, "Thanks..." □



Robert Glew, PhD

Cleaning Fish

Spilling thoughts like trout entrails on river rock
Silent men congregate along the banks
Selecting flies and tying knots
While thunderclouds coalesce above our heads
Like a courteous cover keeping the world
From watching us stumble over our troubles

Preferring to be left alone
We situate ourselves at respectable distances
The unspoken understanding states crossed lines get cut
As we settle into contemplation
Conversation only leads to competition
And we all left that back in the city

Fathers, sons and brothers
Slowly break away to favorite spots
To meditate with rhythmic wrist flicks
Releasing their stresses with every cast
The rituals of men seem so heavy
Sometimes I wonder how we keep from sinking

Then the raindrops start to fall
Slowly at first making the fish jump
Then fatter with more force and the currents double
Signaling the beginning of the Wader Gait race
As we head for the cover of our tents and trucks
And the comfort of cracked beer cans

Monsoon rains make the Pecos overrun its banks
And pale men scatter to relocate our camps
Curses dampened by thunder cracks
We drag tent posts and beer coolers ten feet at a time
Until the mud stops sucking our boots

We're like boys again hiding out in the woods
Men on a mission to escape our expectations
Smiles start to appear on our wet faces
The water washing away our seriousness
Pouring whiskey from thermoses
The stories begin.....

– Mark Fischer MSII

Waiting for the Rubicon Express: Commentary from the Chorus

Check your place in line.
 You may be astonished
 To see your transportation
 Lies just ahead.

It may be a little late
 To recall your choices
 Both deliberate and careless
 Would move you up so quickly.

And just across the river
 Look who's waiting for you
 Thumbing through ledgers
 Confirming your instances of moral compromise.

Packed in with the others,
 What a shame it's so stressful
 Now sandwiched between Scylla and Charybdis
 With Cerberus barking in the background.

– Rebecca Mayo

Memorial Service Speech

by Douglas Patton, MSI

Many evenings in September, especially right before an exam, the lights were on in the anatomy lab and students could be found there working. These were hours spent well in excess of those required by the school - hours that those students didn't really have to be there. So why, after attending lecture, after 3 morning laboratory hours, after group discussions and practice sessions with patients, after all that, why would we change back into fragrant scrubs, don apron and gloves, and wind our way back to a cold metal table for more searching, more weariness, more frustration? After all, everything that can be found in the anatomy lab can be found in a book. The library is full of them, with names well-known to many of us here: Netter's Atlas of Human Anatomy. Moore's Essential Clinical Anatomy. Clemente's. Grant's. Gray's. The library holds these books and many more, in a much nicer atmosphere. You can eat in the library, listen to music in the library, check your email and if your nose itches, well, you can scratch it. So why did we do it - why did we go back afternoons and weekends to spend our precious spare hours in a sterile, windowless lab?

It's because we learned lessons there that we could learn no where else. Those who participated in the donor program became some of our most effective teachers. To us, they were the gatekeepers to the secret, internal world of the body — and stalwart ones at that. They eventually revealed their secrets to us, but only to the persistent and dedicated. And perhaps the most important secret of all was the most profound — that things are not always as they appear in the books. They taught us that unlike Netter's, where “one size fits all,” in life each body is made according to its own design and works according to its own rules, and that we as physicians are going to have to learn those idiosyncracies for each of our patients, one at a time, just like we did in the lab. The inner movement, the texture, the agony and beauty of the human body rests below the visible, underneath that which we casually see. It's that vast invisible majority that these donors, our 'first patients' granted us access. There is no other way to experience it, no other path to that knowledge. We could be detached students of the human body without that invaluable gift — we could look at a patient and say to them “I've read about what is in you”, but never “I know what is in you”. That is what was really donated — the difference

between learning theory and becoming a doctor.

That is no small gift. When you reflect on all the MD and PA programs in the state, you realize that every New Mexico MD awarded just three and a half years from now, and every PA degree awarded just 2 years from now, will be based upon the gifts of that these donors made. How many patients will they go on to affect? I'll say it — how many lives saved? I am hard pressed to articulate a more noble legacy that these donors could have passed on.

Finally, we students have all faced our own mortality through our experiences in the lab. We may fire ourselves up each morning, and burn the midnight oil each night, but our small flames will each be extinguished one day - no one is spared. Now, in part because of what we have seen, we are resolved to make the most of what we have been given. Time flies, we do our best to keep up. These donors may have come to rest, but in doing so they found a way to pass the torch, and that is the perhaps the most profound lesson of all. □



Keith McClung

Guatemala Trilogy

by Sophie Peterson

I. Loma Linda

A soft layer of dirt covered everything. Her hands, her face, her blue dress with white lace trim that was getting too small. Even her little feet, toughened to recognize the ground she walked on everyday beneath the coffee plants and banana trees.

Smiling, she inquired of me many things I could not understand in her newly acquired toddler Spanish and my gringa comprehension. But I smiled and said ‘Si?’ and she said ‘¡Si!’ and continued with her little girl’s tale. I could imagine it well enough. Likely she was telling me about all of her toys, very seriously the way little girls do, as she showed me the baby doll without hair and one eye that had a shoe-box full of hand-me-down clothes, tossed away from any one of ten older siblings.

Two-year-old Mariela showed me first her doll, then her little red plastic ball, then a stuffed lion that looked rather mangy and then asked me what my name was. I answered her, “Sofia,” as two of her sisters played with my hair and tried to climb in my lap.

There were eleven of them total – two grown and moved away. The rest bouncing around us like little puppies – looking at our clothes, bags, necklaces, asking where our cameras were...because *that* was for certain – all gringos carried cameras. And we were no different. I had snapped many photos of their exotic surroundings. The little *pueblito* of Loma Linda was situated half way up Volcan Santa Maria in Guatemala – 105 families in all, about 2,000 people they told us. Doing the math: $2000/100 = 20$ people per family – usually all in a one or two room house.

They were people of coffee. Which seemed to explain to me how nine little kids could be bouncing around at all hours of the night and how the fiesta next door could thump techno-cumbia until dawn. The coffee grows in the shade, beneath the trees, nearing five feet at the tallest, bearing dark red berry-like fruit that will be washed and

dried, the small seed extracted, dried again to peel away the yellow *cascara*, leaving the unroasted seed – the coffee bean.

The women then roast, grind, and package it to become *Mundo Verde* – organic, shade-grown, fair-trade (via us, of course – the righteous equal-exchangers who believe Starbucks is the anti-Christ) – from high on Santa Maria where the ash falls like snow every morning covering plants, bananas, houses, and little girls’ faces with



Las Monitas

Sophie Peterson

a fine layer of soft, gray dust.

The other two little girls, little monas I called them as they bounced down the jungle path, bare-footed and scampering into trees to wait for me to find them, showed me all around the jungle, the beautiful flowers and bananas hanging on trees. We made a rainbow bouquet for their mama that faded before we reached home. No matter –

mama had much more important things on her mind and nine hungry mouths to feed, too. Looking at them, looking at the pueblo, the women’s faces – the colors dulled by ash seemed reflective of their lives. This beautiful, exotic place at the base of the volcano had such color and vibrancy. Billowing volcanoes, fruit-punch-colored hibiscus, hidden treasure coffee berries, and swinging bananas – all dulled by the soft ash that fell every morning like the poverty that blanketed the people of Loma Linda.

Like looking through gray-tinted glasses.

No Sunday. Every day was a workday. Vacation months from school were scheduled for November and December in order for the nine younger children to help with the coffee harvest. No trips to Disneyland. No Barbie houses for Christmas. No retirement plan.

Everything covered in ash.

We had brought our sleeping sacs, which I was thankful for because I preferred not to think about the creatures with whom I was likely sharing the bed our hosts had offered for the night. I tried not to think of my little *monas* scampering over the *baño*, a hole rustically and shallowly dug in the ground outside the “kitchen” door/curtain. I had to quiet the doctor in me from thinking of them playing with my

hair, the food they offered me, the dirty smiles they had presented shyly. I ignored the mosquitoes that might have Dengue or Malaria and focused instead on the graciousness of our host, for giving us dinner and a bed. Eggs, black beans, corn tortillas, and coffee for the first. Rough wooden planks with thin foam mattresses and a blanket that had seen better days for the second. Neither convenient, both costly, and graciously given.

But we were trading fairly, weren't we? How would the money we had paid for our two boxes (48 one-pound bags) of coffee be spent? I had expected more from a town of coffee growers that I'd heard survived the abrupt fall of coffee prices.

Maybe on shoes and new dresses with white trim?

Probably on food, I figured. Maybe equipment for the coffee co-op. Either way, it would not make a huge difference. And it depressed me.

Should I come back and do a "pap-a-thon" like the health *promotoras* had requested? It would mean finding resources for follow-up and treatment. The bus had broken down once on our four-hour ride up...what were the odds of being able to come back again? No instruments, labs, pathology. It seemed daunting. The whole thing seemed daunting.

And I am haunted by faces of Marielas in blue dresses and little *monas* with flowers in their hair hiding in banana trees.

* * *

II. Panajachel

"Chilin' in the bus," Jeanine says from across the table. I look around and nod. Half of this bar is an old Guate "chicken bus" and we're sitting in the booth just behind the driver's seat. The steering wheel pokes out of the wall. They would be worthy of a documentary film in and of themselves – the Guate buses and their drivers. They're like the low-riders of Guatemala. I don't think it gets more local than being a Guate bus driver – same route every day with your Wing-man to recruit passengers for you. He's also responsible for loading bicycles, chickens, and boxes wrapped in brightly colored woven cloth



Rosita

Sophie Peterson

onto the top of the bus, and then later squeezes between about half a million passengers packed like sardines on the bus in order to collect their fares. The Wing-man is key in the chicken bus business (no pun intended). He also recruits the passengers every time the bus stops, yelling his destination in twos or threes: "Solola, Solola, Solola," or "Pana, Pana" or "Xela (pronounced She-lah), Xela, Xela." It has a nice rhythm to it, the Wing-man Song. They do the same route every day, even on Sundays. Of course you'd have to spice it up a bit so you have to pimp out your ride. My favorite bus is painted bright red and orange and green, has

tinted windows that actually work, and the driver's mirror over his head is decked out with stickers of Tweety-bird that say "Jesus te bendiga" and strings of red beads. Of course, as a driver you could utilize any mixture of cartoon stickers or "Jesusito" stickers or Christmas lights, bells, or whatever else traipsed across your fancy that day.

Panajachel is a very interesting mix of old *gringos* (that really is the best word to describe them), young college-age Guatemalans, Europeans, Americans, locals and the traditional Mayan people. It really is kinda strange how the different cultures interact here.

The drummer at this place is a local, I would guess, wedged into the small space between the guitarist and the pianist, two white guys who are really into Marc Cohen, Eric Clapton, the Beatles, etc. It's funny to watch the drummer in the back singing along to "Walking in Memphis," – with a thick accent, I imagine. Thick, dark hair and eyebrows, over deep-set eyes, and a chunky moustache, he looks a little like Cheech Marin. You can tell the band is newly put together. They keep giving each other head-nod cues and self-encouragement when they run into sticky parts of "Tiny Dancer".

But no matter, they have fans. The guy who would look more comfortable if he was wearing a dress, is really getting into it. He's clapping his hands to every beat (almost) and bobbing his head like he was sitting at a drummer's circle at a hippie commune outside of San Francisco. The smoke curls sensually from his lips and from the cigarette balanced precariously between two delicate, long fingers. He's having a jolly time – maybe. He looks like a bit like a stereotypical poster-boy for a "you'd

– continued on page 10

never know it...but I have HIV poster." Seems perfectly healthy, but maybe not entirely happy. His face is sad even though he's enjoying the music. I'm such a cynic.

I bumped into Slick again today. I didn't give him that name, unlike Flash who I named for his flash-dancing-salsa-ballroom-flip-me-over-his-head-"you don't know that move?" style. The self-proclaimed "best salsa dancer in Guatemala" dropped me five times during our rehearsal before a salsa exhibition in Xela and never bothered to tell me his name slowly enough that I could understand his Spanish. He became Flash to me. No – instead, I suspect Slick decided at some point in his youth (or middle-age) that that was just what he wanted to be called and made his grand debut when he started hanging out in Panajachel. Kinda like Sting (born as Gordon Sumner). Jeanine calls Slick a "chuch" (pronounced chooch). Mom would've called him a "bubba." He certainly is one of those – but he's funny – a good Guate-gringo, I think. He may show up to sit in on a few songs with his harmonica. We'll see if Bubba can keep up with these guys.

The whole place is so different from Loma Linda, no question. No wonder no *gringos* go there! They're all here where they can have hot showers and eat salad and Chinese food. Lots of yoga here, too. What else would you expect in an ex-hippie hang out?

Slick has a jewelery company, too, he told me today. I smiled. Of course he does.

* * *



Traje Tipico

Sophie Peterson

III. Trip Home

Lily Path (for Bonnie)

Mother, I return to you.
From this land of rolling hills and mountains of green and purple,
Of hibiscus and landslides,
Where ash and dust and diesel
make the weather.

Your clean face with bright eyes that sparkle like your son's and
daughter's
Emerging from my cloud of smoke.

There are bent and broken mothers here.
Folded in half from their burdens of sugar cane, firewood,
Traje tipico.

Lilies blur by.
Same soft color as the
Half moon pale in the day sky above.

The warm home you have created should not fall.
I will try to hold it up with your frankness
Like the purple flowers here that
Band-aid the naked wounds
carved in the hillsides.
Saving the earth from
sliding
to where the
folded ladies
walk
barefoot
with sticks on their backs,
Ribbons in their hair,
Lilies in buckets.

Mother, you will not be bent or folded,
but we may watch you wilt like the silk soft lilies.

More lines on your face, Mother,
Still protecting yours.
Trying to save their tears.
Still band-aiding after all these years.
Nursing.

The sun falls deep into the house now
through south-facing windows as we wait.

I wish you a soft return, Mother,
As we all come full-circle.
Yours is a grand circle and the ripples are far-reaching
To distant tropical shores
Where the waves will lap gently. □

Pancreatitis Guy

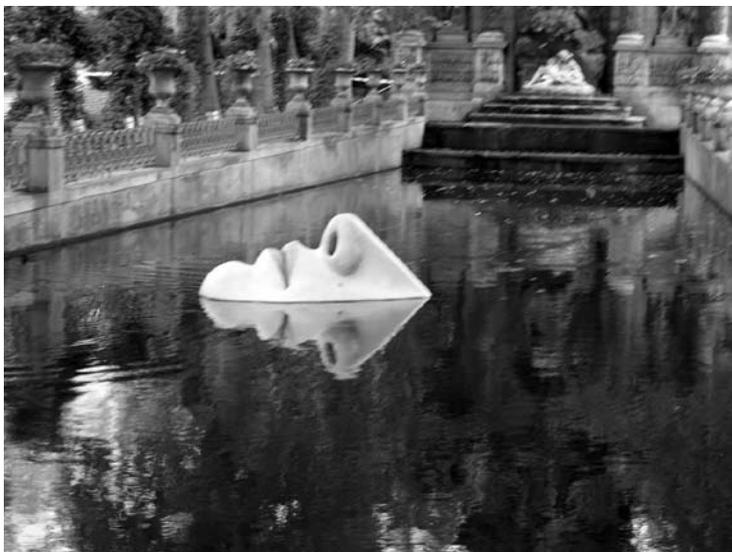
by Frances Alba, MSIV

Walking through the hall at such a fast pace, I heard the phones ringing, the nurses murmuring, but I had no time to notice them huddled around the counter.

I did not see the techs pushing the vital sign machines from door to door as I weaved around them. Steering around a patient standing in the middle of the hall with his IV pole, I did not notice that his gown was tied much too loosely in the back. I slipped on the floor and regained my balance without breaking my pace before I smelled the cleaning solution that was being sloshed around by the janitor in front of me. As a medical student I was often sent on “errands” and believed that the speed and alacrity with which I accomplished these tasks would somehow reflect favorably on my grade. This morning I had orders from my resident to retrieve some films from Radiology and bring them to the 8 am conference.

As I rushed past the elevators on the fifth floor and the half dozen people standing in front of them, it was several seconds before I registered a familiar voice. I whirled and found the face to match. John, a distant relative of mine. After saying hello and how are you and just prior to expressing my apologies for having to run off so soon, he began to explain that his daughter was hospitalized for a mass. As he delved into a lengthy account of how she ended up at the hospital and then how he ended up on the fifth floor rather than the third, I was lamenting that with this delay I would no longer have time to stop for coffee prior to conference. I heard the words “...needs to be flown to California for treatment,” and suddenly I stopped thinking about my coffee and looked up at this expansive man before me. He had a beard which was mostly grey, and the skin beneath was deeply scarred with shadows of things that must have contributed to a torturous adolescence. His lips were chapped and cracked at one side so that a bit of dried blood stained them. Then I noticed his

eyes. Red. Filled with tears. Not streaming, just pooling on his lower lid. “...I never thought we’d be back here so soon.”



Paris, Luxembourg Gardens

Paul Akmajian

I offered, “You were here before?”

“Yes, my brother was in the ICU last year for several weeks. It was sad, he and his wife had only been married a couple of weeks when he got sick. She never left his side.”

To anyone else, this description, so nonspecific, might have called to mind hundreds of men in hospital beds, with a devoted wife vigilantly nearby. But my mind recalled only one

such man, Pancreatitis Guy. Last year, while I rotated on General Surgery, he was a patient in the ICU who I visited every morning with my team.

Pancreatitis Guy, lay four doors down from Nec Fasc Lady. There are a few things I vividly remember about him. His face was swollen beyond recognition and one side of it was deeply indented where the ventilator tube pressed into his cheek. His scrotum, filled with so much fluid, had grown to the size of a melon; the dark purple skin stretched so tightly that it glistened and reflected the ceiling lights. One day the hurried routine of checking labs, checking urine output, checking vent settings, checking vital signs was interrupted. I noticed that a framed 5x7 photograph of a man and woman on their wedding day had appeared on the window sill. I stole a moment to examine it. The groom stood behind his younger bride with his arms around her shoulders, smiling. His face playfully poked out beside hers as she leaned into him. The only resemblance he bore to the man lying three feet away was a sprinkling of grey hair around his brow. That happy day was gone and his bride now sat in a chair beside his bed, relentlessly. Weeks passed and she never said anything; never asked questions; never changed her expression or showed any emotion. When the large team arrived each

— continued on page 12

Pancreatitis Guy (continued)

morning she would silently slip out and wait patiently just outside the door until we left. No one ever acknowledged her, and eventually she went completely unnoticed. Her small frame, crouched in a chair, blended seamlessly into the background of ventilator, IV pumps, cardiac monitor, supply cabinet, and miles of wires and clear tubing.

One morning, as my team abruptly left and rushed off to see Nec Fasc Lady, I lingered. I stood beside her and observed her as she stared straight ahead at the ballooned man that lay before her. She had not realized I was there. I gently put my hand on her shoulder. She jolted; looked up. At the moment I touched her, it was as though I had broken through a paper thin barrier that comprised her strength. When our eyes met, her face contorted so severely. She began shaking, and she tried to raise her hands to her face, but she could not, because they were suddenly filled with lead. Her black tears fell in sheets down her face; I heard a sob and a gasp; then the words, "I'm sorry."

I handed her a tissue and slid my hand to her other shoulder so that I was half hugging her. I looked into the face of this once beautiful happy bride, a face that now expressed so much pain, a face that had aged years in the months since the picture was taken. What could I say to her? The first thing that I thought of was that my team had left me behind. At that moment my chief resident was likely criticizing me for not being there to help with Nec Fasc Lady's dressing change. Then I said, "I know you are very afraid. I just want to say, thank you for bringing in the picture. It helps to remind us who we are really caring for." Although there was so much more I wanted to say, it had to wait for another time, as I now hopelessly lagged much too far behind my team.

So, this was the brother that John had referred to. He was still an inpatient when I left the surgery service; I never knew what had ultimately happened to him. While I remembered so much about his disease and my brief interactions with his wife, I was ashamed that I could not remember his name. As he rubbed away all evidence of his emotion from his eyes, I gave no indication that I remembered his brother. He stated that his brother was doing well now, and I left it at that. Now I really had to go to conference. Before I left, I promised that I would try to find him and his daughter later. □

On Discharge from Psych Ward

It should be possible
To just pick up a phone
And call some lover

It should be possible
To have family all gathered
Around and carrying
You out of here
In their superorganismic womb

To not have to sit here
On bench In Front Trees Blowing
Waiting
Waiting
Waiting
For nobody
Just letting gusts kiss cheek
Just feeling moist, lush feelings
Of the bugs moving from blade to grass blade
While your own feelings are wiped out
From being In There

Just being enchanted
By this symphony of now distinct smells
Of earth clumps around
To where you catch yourself choking up
In freeing sobs...

Even amidst the mistaken notion
That every third peer
Walking the entry gauntlet past you
Just said your name

So you sit there realizing
That some times it is enough
To sit down right in transit
And smile weakly at nothing

Yes a lot should be possible but you can't
And for today it's okay
That you don't know
That you don't
Know why

– Arun Ahuja

That God-damned Day

by Terry Mulcahy

The time comes. It is Maya's dad who is going with her as they take her onto the elevator. He has already made the decision on his own. Linda watches, not wanting to let Maya go. The elevator doors close; the jaws of the hospital, (the jaws of death?) have swallowed Maya up. Linda stands with friends and family. My friend Mark is there. He almost missed finding us. The church people had formed a prayer circle, and we all had stood in it, holding hands, as they prayed for Maya. Mark had seen the circle, couldn't imagine us being part of that, and had walked right by. We talk. I explain the presence of the church group. We are caught up in this whole thing together. As I tell Mark what we expect to happen, I look at Linda. Her mask of strength is slipping. She is going to cry. She looks like she is going to fall over. I rush to her, hold her. She cries, sobs uncontrollably. Someone tells her to let it out. I hold her tight. She is shaking violently, or trying to pull away - I can't tell which. I hold her until she relaxes, lead her to a chair. The tears flow. The lights, the chairs, the room: feel strange and unfriendly, but I am closer to my wife than any time since I met her over twelve years ago. I love her, and, I suddenly realize, I love my step-daughter Maya as much. It will be OK. I know it. I'm sure of it. Almost.

Brain tumors have always been so deadly. Brain surgery is extremely dangerous. We tell ourselves Maya will be alright. The surgeon has explained the procedure; it is relatively easy to reach the tumor. How long? It will be hours, many long hours. The time stretches away. A whole day. Hours of sitting, talking, walking around. We will wait. We have to know, we have to be right here. All but one church woman leaves for awhile. Mark has to go to work, makes me promise to call him. People drift in and out. Linda is, well, distraught; that's the only word that

fits. I hug her shoulders, keeping my arm around her as long as I can. She struggles for composure, fighting despair, but crying from time to time. I tell her that it has to be going OK. We wait. And wait. And wait. After a few hours we decide to get something to eat. The hospital cafeteria has a variety of choices, but I can't remember what we ate, what it tasted like.

I remember visiting my father after he was pronounced terminal. He had six months to live. My sister Kathy wouldn't accept that. So we didn't talk about death at all. I pretended he might recover, even though I knew he wouldn't. Two weeks later he was dead.

I try sending thoughts to Maya. *Hi Maya. We're thinking about you. You'll be fine.* Can you hear me? It's not fair; 21, you're too young. We all think that. We would rather have the tumor than Maya. If there was a god, he/she/it (does god have a pronoun?) wouldn't let this happen. God should transfer the tumor to me. I'll take it instead. Any of us would. This shouldn't be happening

to Maya. *Maya, you'll be OK.* I think that one day we will sit around and discuss this day in the past tense. Discuss what went on, discuss how Maya survived. And it will be better, much better than it is now.

People try calling surgery for news. We hear things are going well. Waiting. Waiting. Waiting. Finally there is news. It is over. How is Maya? We don't know. The surgeon is coming. We wait some more. He arrives, and reassures us everything went well. Maya is fine. He might have gotten it all, but he will not lie to us; there is the possibility that he didn't see all of it, that some was missed. He looks very tired, but answers all of our questions. It's been a very long operation. Someone, her dad or the surgeon, says Maya was awakened immediately after surgery, asked questions, asked to move her fingers, arms, legs. She is doing OK. When can we see her? Soon. We all hug each



Keith McClung

— continued on page 14

That God-damned Day (continued)

other. Linda and ex-husband hug each other (that's never happened before). Oddly enough, I hug Maya's dad too. More waiting. Waiting.

It seems hours before we find out where she is, in post-op. The nurse tells us her parents are already with her. Visiting is restricted. The nurse doesn't want too many people in the room. I tell her that Linda is her mom. We are allowed to go in. Her dad and step-mom are already in the room. Maya is awake and alert. It is good to see her eyes, to see her looking at us. Her head is partly covered with bandage. She's on morphine, but she's still in pain. It is one of the strongest painkillers, but it doesn't put you to sleep. Maya needs to be stay conscious for awhile. She asks for something for pain. *Sorry, Maya.* It's hard to imagine the pain you feel. The nurse does something, but there's only so much. We all cringe inside at the thought of such pain. Having a bad headache pales in comparison. Banging your head with a hammer pales in comparison.

Hang in there Maya, it'll get better. I say, Hi. She recognizes me. Good. Good. So far, so good. It is Maya, she's alive. She's Maya. Hurting, but alive. Thirsty. She's going to recover. We stay as long as we can. The nurse finally says we can't all stay, Maya needs her rest. We can come back in the morning. As we leave, we run into Maya's friend Abdul. He lives in Florida, so I'm shocked to see him. He's come all the way to Albuquerque to see Maya. Only family can see her now. I run him back up through the labyrinth of corridors to the recovery room, tell the nurse that this is her brother. Fortunately, Noah isn't there. The nurse appears a little suspicious. I'm a terrible liar. I explain that he only just arrived, that Maya would want to see him. She allows him in. Good. That's good. Maya will like seeing him. She'll smile. She needs that. □

Written at Maya's request for her 23rd birthday, 26 of September, 2006.

Intrusions

Intrusions into the mind sets the predictable stage,
Intrusions into the mind ignites the instantaneous rage,
Unwavering animosity underlies the livid eyes,
On hindsight, it's always an overwhelming surprise.

Harness the energy from the unadulterated anger
Harness the false strength. Ignore its uncanny danger
Truthfully, a certain type of mettle could preempt the initial strike.
Unfortunate, the carnal will fuels the contempt and inherent spite.

Vulnerable I am, to those thoughtless words
So eager I am, for my whole to be purged.
Brewing internal turmoil is tenuously contained.
In some other way, can my soul be re-trained?

Fight the immediate reaction
Fight the subsequent tears
Fight the dreamt complications
Fuck my fucking fears
Fight to explosively thrive
Fight to be ridiculously strong
Fight to ever evolve
Fight on, fight on, fight on.

– Nae-Hwa Kim

Surviving My Survival

by Kaatje van der Gaarden-Jayne

PA Student, Class of 2008

Some of my classmates have asked me what happened after my near fatal skydiving accident and truly, I never know what to say. Partly because it's been so long (the 14th anniversary is coming up), and partly because it was such a horrendous accident. Well, here it goes: on 10/10/92 I did my first night skydive, after a total of 60 free falls. It was a gorgeous moonlit night in the warm, dark, desert and Lake Perris (in California) was glistening in the distance. I was supposed to do acrobatics but just enjoyed the free fall and looked at the lake. I pulled my chute at 2500 feet, well below the 3500 feet I was accustomed to, because that was the assigned opening altitude for me. My parachute did not open, and after three seconds of waiting for a full deployment I was already in a spinning mall, and 1000 feet closer to earth (you fall at 32 feet/s/s as you surely remember from physics), so technically, at 1500 feet altitude I had exactly 4.5 seconds left to save my life. Time sure goes fast when you have 4.5 seconds left to live. It takes about three seconds to fully open your chute, and I was disoriented and scared due to the spinning mall. I remember seeing the headlights of Badspot Bill's truck below me.

Badspot Bill was a tough guy who monitored the LZ (landing zone) and who picked up skydivers who landed away from the LZ. At the last second, I pulled my reserve, after throwing off my defunct main. I ended up bouncing three feet in the air from the force of impact, which was later estimated at 65-70mph. I was unconscious for about a minute after the first impact. The only thing that saved my life was the fact that the day before, the 16 meter diameter circle I landed in after my uncontrolled descend, was plowed and softened. This is significant because without the plowing, the concrete-like desert soil would have done me in. John Restivo and Badspot Bill took off my helmet and called Lifelight, not expecting me to make it. The ordeal was far from over, and as the flight medics loaded me in the trauma helicopter I was acutely aware that I had forever left the land of the healthy. I am looking at the trauma report from that night, and it states:

Severely closed comminuted sacral fracture and marked angulation at sacral vertebra #2 with numbness of perineum and no sphincter tone. Left ankle functional peroneal injury. Closed head trauma. Blunt chest trauma with small bilateral anterior pneumothoraces. Left pleural effusion. Left lumbar # 5 transverse process fracture. Anemia of blood loss with sacral hematoma. Posttraumatic hematuria and ileus. Post traumatic stress.



Paul Akmajian

It was explained to me that my sacrum was like dust and I cannot even tell you how much it hurts when you are in spinal shock, or just have had your sacral roots ripped out of their regular anatomy. Regarding the pain I would have been better off being a complete paraplegic. It is a rare injury however, but always associated with high falls or motorcycle accidents (because the seat can have that kind of impact on the rider's sacrum). Riverside General Hospital ER and ICU did a great job in stabilizing me and after 3 weeks I was flown to Holland in a special section of the airplane with a nurse. I would not be upright for another 5 months. I ended up at the Spinal Cord Floor in Rehabilitation Hospital Hoensbroek for a total of 11 months recovery time. It could have been 11.5 months, but the nurses kicked me out early because I was too independent (I liked living like a regular 24 y/o and for me this included lots of racing downhill on concrete stairways with my wheelchair, playing games of chicken and going to concerts with my paraplegic and quad friends). Tip for your future patients: young people in wheelchairs also want to date and have fun so do talk with them about sex.

The rehabilitation stay was hard. They discovered another fracture at T12, and I had to catheterize myself until about 8 months after the accident. The numbness persisted over dermatomes S1, 2, 3, 4, 5, and made walking difficult, as well as the loss of proprioception in the lower left leg. I had lost about 2 inches of height and my ribcage was now uncomfortably rubbing on my iliac crest. In the Fall of 1993, I turned 25 and I was living in the Nether-

– continued on page 16

Surviving My Survival (continued)

lands. I did not even have a high school diploma because I was discovered as a model and I had been busy working in Milan, Tokyo, New York and Paris. I pretty much took it for granted that I could do what I wanted when I did not work: ice and rock climbing, mountain hiking, motor cycle riding, skydiving or attending a stunt school. I did not think anything special about going for dinner with Prince whenever he was in Paris (we were just friends), or taking an airplane three times a week to work in the Seychelles, Tunisia, Egypt, New York or Brazil. I hated modeling but liked the freedom it gave me to pursue my action adventures, and to supplement my income until stunts would be full time. Surviving my survival was harder than I expected.

I was disabled, jobless and outside my beloved USA. I went to an adult high school and received my diploma. But the pain persisted, and Gabapentin was not yet prescribed for intractable nerve pain. So I did what any sensible person would do in my situation after being declared 80 to 100% disabled by the government: I bought a one way ticket to the US and started EMT school just North of Detroit. I figured that paramedics had saved my life, and that it was payback time. Unfortunately there was that little issue of my back and leg. Initially I did okay and I was able to compensate because of my arm strength. An ambulance can be parked next to an emergency, so my distancing problem did not show yet. The heavy equipment went on the stretcher, and I rested for a few days in order to recover after a 12 hour shift. That did not last long, as I realized I could no longer justify endangering my patients. Christmas Day in 1999 was my last shift, and my friend Barb and I handled two 250 pound patients in a row. Luckily I never stopped taking classes at the community college, and during my ER rotations, a PA student took me under her wing. I knew then that I wanted to become a PA. I accepted a Honors Scholarship to finish my Bachelors at New Mexico Tech, and here I am.

Fourteen years after the crash, my mobility has declined and my pain has increased. I now have osteo-arthritis in my sacrum, degenerative joint disease in my spine, the nerve pain has worsened, there is narrowing of the spinal cord at T3, I gained weight and apparently somewhere along the way I managed to loose the intrinsic muscles of my right foot (that was my only "good" foot). I am always dragging a cushion around and I need to rest 30 minutes a day on my side in the library. But I can make it through life because of 2400 mg of gabapentin, and because I have

my pain syndrome under control. I am grateful to be where I am at, and I'm extremely motivated. As a model and stuntwoman I worked and I thought that I enjoyed life, but I did not exactly have any pride in my accomplishment. The day that I discovered I had a knack for studying and working with patients was a very happy one. And instead of being a 38 y/o model/stuntwoman, I am a happily married, successful college graduate. Sometimes I cannot believe I am getting a second chance at life and an opportunity to fulfill my vocation: working with patients.

Yet I will and should not deny that chronic, severe pain has a daily impact on the quality of my life. And that what I miss most is not the life I had as a model and stuntwoman, but the freedom of hiking in my beloved mountains with a backpack. That's what I miss more than anything: the smell of the crisp air when you get above the tree line, the beauty of the Italian Alps, the crossing of a glacier, the peace and solitude of having to say nothing but just observing my mountain boots moving across the rocks and snow. Maybe that is why I live in New Mexico though, because I am at a high altitude, and I can see mountains on the horizon. Old friends have been surprised at my dedication to my studies, and say I have lost my freedom. Interestingly enough, freedom came only with studying, and was the ingredient to building up a good life, as Aristotle stated so poignantly. America itself also gives me a feeling of freedom, because in my country I would not have been allowed to become a Physician Assistant.

I sometimes ask myself: would I change it if I had the chance? Would I give anything for a day without pain? I can never go back, and deep in my heart I know I would choose my accident and the pain over a life not worth living. I could never miss my husband or my brain. I had lunch with my friend Lenny, a soap actor, in LA a few days before the skydiving accident. While I was in the rehab hospital in Holland, Lenny flew against a tree when he was hang gliding in Upstate New York. He was one of my dearest friends. It's been 13 years and he is still brain damaged. Both skydiving and hang gliding are considered at the most deadly sports, with the highest fatalities. Until my classmates asked, I had forgotten about the circumstances surrounding my accident, and maybe I just needed to remind myself how far I have come. I did not realize that I needed this summing up, and that I needed this perspective to make it through the next two years. After all is said and done, I'm a lucky, lucky woman. □

Calluses

by Abigail Park

Second year student, Occupational Therapy

The very *being* in each and every one of us is something truly remarkable. In Ann Wilcock's article entitled *Reflections on doing, being and becoming*, *being* is described as existing, living, nature and essence. With thorough exploration and reflection the possibility for discovery is almost certain. As I look back, the greatest struggle of all was being someone I so evidently was not. Parker Palmer says it best, "...Our inner *being* is our authentic path in the world; to live the life that wants to live within us..." In other words, live the life you have imagined.

In the depths of darkness I found eternal light. There was a period in my life when I felt as though life as I knew it should cease to exist right then and there. I was tired of the rejection. I was tired of being cast out by my peers for the fact that I was different. I was disabled. At that point, my life lacked so many things. Spiritually, I was dead. I tried so hard to fit in with the girls that continued to deny me as being human. They spoke directly to me when they said things that I would have preferred been said while I was not present. I can attest to that old familiar saying, "words [really] do hurt." I spent many nights crying, questioning my *being*. I could only bear so much verbal abuse. I so strongly believed that if I did not belong with those girls who continued to reject and acknowledge my right as a human being, then I clearly did not belong anywhere.

I was lonely, and at the point in my life when I needed someone more desperately than ever before. I was teased. I was mocked. I was alienated. I was alone. I was scared, uncertain about my existence... of my very *being*. I was beginning to believe all the things the girls were saying about me to be true. I did not expect people to feel sorry for me, but I did expect them to see me as an individual with certain needs, just like anyone else. If only I knew then what I know now, I could have spared myself a great deal of grief and a whole lot of tissues.

Those girls possessed a fear of the unknown. They needed no explanation or reason. I was just different from them and therefore not worthy of their acknowledgement.

A person can only tolerate so much pain and anguish. It was time for me to be the change I had hoped to become as a person. I had a great deal of built-up anger and frustration that slowly accumulated over time, similar to that of a callus. Even after the name calling and total rejection had gone away the callus remained. It becomes a part of you, something individual and something unique. It becomes a part of the fabric of your life. Sure you can hide them with gloves or socks but you know they are still lingering underneath. If I had the chance to remove them all together, to annihilate their once pitiful and sorrowful existence... I would not. They contribute to the true essence of my *being*. I can only



Jemery Phelps, MD

look back now and grow spiritually and wholeheartedly, as I now know what it is like to be a young, apprehensive adolescent with an orthopedic leg brace and crutches. It was a search for my soul and a discovery of riches. I decided I would rather light candles than to be cursed by darkness.

As I recall back to that point in my life I find the subsequent statement by Palmer to have great meaning. I sincerely believe that the "development of human beings across the life span is like the unfolding of a flower." I was at that wonderful place in my life where I rose above challenge. I wanted to stand out. I was no longer afraid to stand out. I no longer felt the need to conform to my surroundings.

I now perceived myself as an individual with different abilities. I needed to embrace that. I needed to be what I was born to be. I live everyday of my life with a disability. People may see me as someone with a handicap, but I see more than that. I try to live life to the fullest and to the best of my ability. Living life with a disability makes me more aware of my abilities. I respect those who find time to learn more about my disability and me. Having a disability does not make me less of a person, but makes life more of a challenge. I did not try to fit the mold of a simple, inexperienced, unworldly young adult. I came close enough to accepting defeat once before, I was not about to let that happen again. I was ready for anything, ready to take on the world.

— continued on page 18

Calluses (continued)

If Palmer was correct when he said that a “source of balance in one’s life encompasses personal experiences of satisfaction or fulfillment as being strongly linked to the organization of time throughout life,” then I am well on my way. I was selected for acceptance into the accelerated learning program at my high school. I was competing in track, field, and swimming in both the national and international arenas. I wrote an essay on disability that was published by Susquehanna University. I began teaching progressive swimming lessons for children between the ages of three and seven. I was one of ten female athletes chosen nationwide to represent the United States at the tenth annual wheelchair games held in Perth, Australia. Things were definitely looking up. I was engaged in occupations that made me happy, occupations I acquired great satisfaction from doing. I was pleased with my success. I was no longer interested in gaining acceptance from others. I learned the hard way that I could not dedicate every ounce of my *being* to try to fit the mold of something I was never meant to be in the first place. Ever since I made that realization, every day forward has been a ray of light.

As stated by Elizabeth Townsend, “occupation includes taking care of yourself, enjoying life and actively being a contributing member of his or her community.” Occupation gives life a sense of meaning. As both Palmer and Christiansen inquire, “Is the life I am living the same as the life that wants to live in me?” We should all strive to, “live the life that lies within us.” Occupations are meaningful to people when they fulfill a goal or purpose that is personally or culturally important. I derived a source of purpose, source of meaning, source of balance and a source of choice and control from my occupations. I began to feel that I was uniquely, spiritually and truly human.

Rather than deny my true *being* as a person with a disability, I embraced it. Palmer so brilliantly affirms, “To know one’s self is to know one’s being.” I slowly developed the mentality that the world was mine for the taking. I was on a roll, no pun intended. I could not dwell on the fact that I would not play soccer with my peers, or be anything different from what I was. If I was to be cast out I was totally okay with that. I had accepted who I was once and for all. I am what I am. Take it or leave it!

This new *being* is one that I have grown accustomed to and one I have grown very fond of... one in which, views no barriers as customary, accepts certain inalienable truths

and believes with all of her heart, that all woman and man kind are to be treated fairly, with respect, and within all limits to maintain a strong and everlasting hold on his or her dignity. *Being* without dignity, is *being* without the self. Dignity does a lot for a person without doing too much. You can cry dry tears, speak without being heard, and love without being loved.

Christiansen articulates that, “goals help generate images of our possible selves.” Ultimately, my goal is to become a highly skilled Occupational Therapist, while developing into a well-rounded adult and active citizen. As evident in my analysis of personal activity patterns, my past, present and future occupations will definitely facilitate in completion of this conquest. I am becoming the person, in the life I am imagining by my own accord.

I will be forever grateful to those girls who so adamantly cast me aside. For if they had not contested my *being*, I doubt that I would have become the person I am today. Would I stand tall, fearless, and bold against challenge? Would I myself want to get to know others like me? Would I be able to relate to those who were placed in similar situations as the ones I found myself? Would I have segregated myself from those that are perceived as abnormal by members of society? The answer is still not clear. But one thing that could not be more evident is my ability to relate to those who have been emotionally wounded and viciously scarred. Possibly, the most important thing I have learned is to accept all people from all walks of life. As the Taoist saying goes, the journey is the reward. And it has been a great one thus far.

On my journey, I have discovered that you can tell a lot by a person’s hands. Their hands tend to tell a story. They may have at one time grasped the hard, plastic surface of a crutch, or touched the soft, white sand that continues for miles beneath crashing waves of the very welcoming ocean. These hands are callused and they are my own. I feel as though we are now at peace with one another. And that is a great feeling...perhaps the greatest feeling in the world. □

PIE Reflections Week 7

by Justin Roesch, MSII

Objectivity...it is the perfect practice of balanced equity. The very practice of medicine, premised upon scientific process, demands impartiality, such that logic can prevail and allow one to discern the purest truths of nature. However, practicing objectivity in the face of life and death decisions requires a wholly different set of considerations that exist alongside of, but not necessarily in agreement with neutrality. It's my job to be objective... but subjectivity is what makes us human. I struggle to be a good physician, respectful of my patients' perspectives, while remaining loyal to my own ideals.

I clear my throat a little, more so because it offers an appropriate if not subtle means through which I can break the incongruous silence. I continue, "Eventually, he'll find out, that is unless you inform him."

"He's not ready yet..."

"I realize that you feel that way but you've said yourself that's he's a bright young man. The longer you keep this from him," I pause striving to collect some semblance of reason from the chaotic tempest of thoughts stirring my soul. "The longer you keep this from him the more pronounced the physical and psychological stress could become."

"I don't care...I'm not the one," she's on the verge of tears, "who is gonna' tell him that he's not going to walk!!! You know what sir," she continues, directing a haggard finger my way, emphasizing her condescension and disgust with my perspective, "I fainted last time that we visited that doctor when he said," she stammers for a moment straining to keep that solitary tear from rolling down her cheek, "that he may not be able to walk." She punctuates the statement as if to say, 'you can't possibly understand the situation.'

Our heated discussion centers around a stoic, round-faced 12 year-old boy sitting cold and near naked on an exam table down the hall. He has a spinal muscular atrophy, a class of diseases with variable, equally insidious courses almost always resulting in premature death. The disease is robbing him of his muscles and therefore his mobility and therefore his health and therefore his ability to interact with his friends and therefore robbing him of his confidence. The cycle of direct and indirect consequences of his disease is tortuous, difficult and without a finite and

identifiable end. His grandmother is his primary caregiver, though primary is used here very loosely. She has limited familiarity with his condition, its outcomes, and implications, yet she has convinced the family that it remains in her grandson's best interests not to disclose to him the nature of his disease. Unarmed with this information, the patient has little motivation to pursue therapeutic options to control his weight (he weighs 198 lbs and is under five feet tall), to battle his scoliosis, and to regain control of his life before a complex cycle of self-perpetuating events shatter any hopes of enjoying his remaining years.

"This isn't a condition without hope but we've got to do as much as we can now to offer him the opportunities to change his current fortunes. Please understand, we're not advocating to tell your grandson now, but there is so much that has been kept from him that he might react with anger and resentment if you don't try to start revealing some of the truth now."

There are multitude of possibilities that exist for this young man, however, only one will become the reality that will define the rest of his life. I wrestle with the ethics of both perspectives, unsure of how this drama will play out down the road. As a physician, it's my role to maintain what I perceive to be the patient's best interests at the forefront of any care consideration. These considerations are often built around the patient's family and any special needs or circumstances that merit equal contemplation. Here is the paradox: My perceptions, my patient considerations, are colored by my subjectivity, no matter how ardently I might try to practice objective understanding. So what is the correct course of action?

"If he has a limited amount of time left wouldn't you want him to make the most of it?"

"What if he just gives up, instead?" She replies.

"This could be the motivation he needs to change his life!"

"This could be the point at which he falls into depression and finds a gun one night..."

"He could hate you for withholding the information; for babying him."

"He could thank me for allowing him to live as best as he could for the years he was alive. He might be grate-

— continued on page 20

PIE Reflections (continued)

ful for allowing him to live without fear, without reserve, without worries about tomorrow.”

“You can’t protect him for his whole life.”

“He could use the disease as a crutch.”

“If these trends remain unchanged he’s not going to be able to walk in four months.”

“Better to lose your legs than your hope.”

“He will find out...” This time there is no retort.

Because this thought represents the most irrefutable and most likely of all arguments. My eyes meet her weary eyes peaking out from behind that wrinkled weathered face. Her look almost seems to convey sympathy for my faulted perspectives, as though to say, “I’m sorry you feel the way you do...maybe one day it will pass.”

This isn’t like cancer...not like saying, “This is serious but we’ll fight this together and battle the odds.” No. With this disease in particular, it appears less immediate but ominous all the same, “You’re going to die from this, but it’s going to be a while. Before you get there though, you’re going to lose the ability to walk and then the ability to...” I don’t like the inevitability I have to swallow as I enter the patient’s room. It’s like watching a fictional character, brought to life on celluloid, on the cusp of discovering some grand secret after a lifetime spent sojourning through all matter of harrowing circumstance. They reach that pivotal scene of discovery and all matter of balance and equity in life is going to be brought together to lend a tidy, intelligible conclusion to the quest. Just as the character is about to make that discovery, to realize that dream, to achieve that peace, they are stopped through some contrived Hollywood mechanism we call drama.

I live by hope. I’ll grant that my life is tempered by reality and its integral, logic. However, I don’t like having to deal in absolutes, especially when it comes to life and death. I believe in the ‘what ifs’. I believe in the abstract. I believe in bending the rules of what we know so that we can discover what’s possible, and what’s possible is a better world. This is hope. However, today my conception of hope is being challenged by another’s notion of hope. Today, objectivity means weighing my hope against a grandmother’s hope. With any luck, there is balance and with balance a better future.

And so I swallow the inevitability and accompanying absolutes.

“Hi, my name is Justin. I’m here to help you feel better...” □

For Doctors in War

Just stay alive
one step ahead
while keeping others alive

May the shrapnel
in your shoulder
shift just enough
for right stroke with scalpel

May the fireball finality
they’re saying the world has become
focus absolutely
your last mortal thought
of how to
plant that stent

– Arun Ahuja



Sophie Peterson

More Than Just a Schoolhouse

by Robert H. Glew, PhD and Dorothy J. VanderJagt, PhD
Department of Biochemistry and Molecular Biology

By standards most of us are familiar with, the schoolhouse would certainly not impress you. In fact, if you haven't ever been to Africa you'd never guess the three-room, single-story structure was a place where 1,200 children ages 5 to 13 years came five days a week to learn English, arithmetic, the Quran, some basic principles of good health, and something about the history of their country, Nigeria.

The simple yellow cinder-block structure rests upon a hilltop in bush country. Most days dust devils swirl about the place while the unattenuated rays of the equatorial sun beat down on the corrugated zinc roof. The schoolhouse was built by two biochemists from the medical school in New Mexico who never intended to build a school. They had been traveling to northern Nigeria for ten years to teach and do research when in 2001 religious-ethnic violence swept across the mountainous plateau of north central Nigeria, resulting in the destruction of many hamlets, some of which, like Toru, had been occupied by semi-nomadic Fulani pastoralists since the last decade of the Eighteenth Century. During the Crisis, as it is widely referred to, thousands of people were murdered, including many who had served at one time or another as subjects in various nutritional studies the New Mexico scientists had conducted, mostly on women and children. The Fulani were driven off the Jos Plateau and fled eastward where they found sanctuary in neighboring Bauchi State in towns and villages that have names like Tilden Fulani, Toro and Magama Gumau. During the following 10 months the Americans built about one dozen zinc-roofed, cinder block homes for the Fulani families who had been

displaced from Toru. Many of these families would now be headed by widows.

With the funds that remained after the new settle-



Fulani Mother & Child

Robert Glew, PhD

ment had been established, the Americans asked their Fulani friends what they wanted. One set of voices said "Our children need to go to school", while another group advocated for a source of safe, clean water for drinking and cooking. Fortunately, there was enough money for the school and a bore hole. The only condition the Americans placed on the schoolhouse project was that education must be open to girls as well as boys. From the outset, equal numbers of boys and girls have been taking classes. So great was the demand for schooling that double sessions were required to serve all the children from the settle-

ments in and around Magama Gumau.

With funds donated every year by family, friends, UNM medical students, the Kiwanis Club and churches in Albuquerque, the research team from New Mexico provides salaries for three teachers, all of whom are trilingual in English, Hausa and Fulfulde, the language of the Fulani. Hausa is the dominant indigenous language of northern Nigeria.

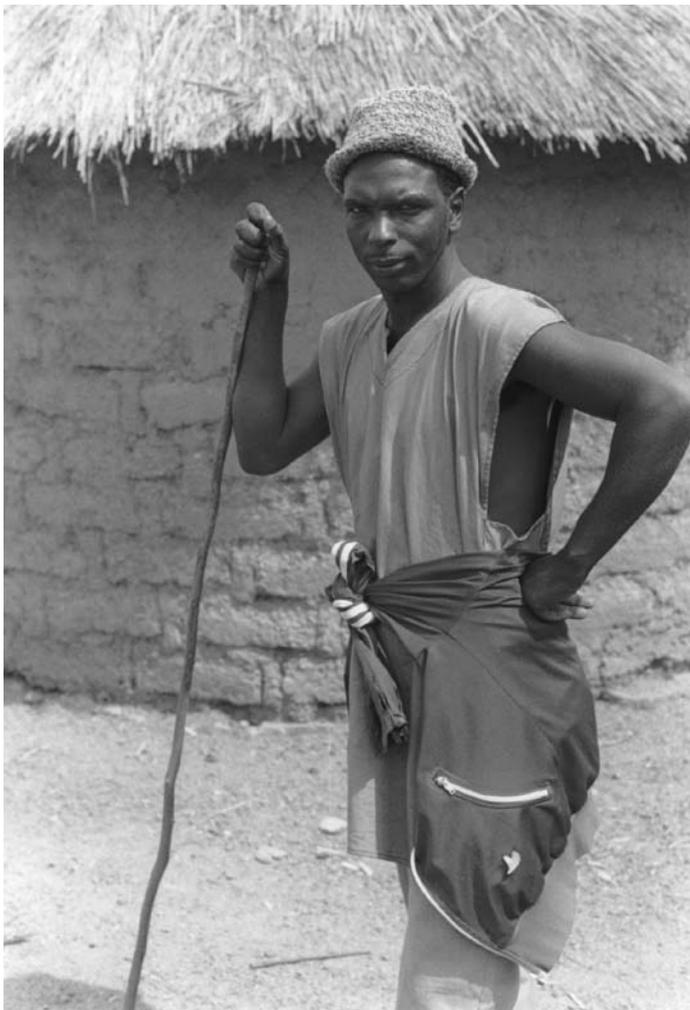
Soon after the first year of classes had ended, something unexpected happened; many of the mothers and even some of the grandmothers of the young students expressed interest in taking classes. Having lived all their lives in the bush without access to formal education, at the time they inquired about schooling for themselves, most of these women were not illiterate, they were preliterate.

— continued on page 22

Schoolhouse (continued)

By the start of the second academic year, the school administrators had arranged classes for the women that would run from 8 a.m. until noon on Saturdays and Sundays. As soon as the “adult education” program became known throughout the community, 120 Fulani women spanning 23 to 55 years of age enrolled in the program. For the past two years, attendance at these weekend classes has not fallen below 90%.

How do the women feel about going to school? Why are they willing to devote Saturdays and Sundays to classes when they have so many other critical responsibilities, including carrying five-gallon buckets of water and 60-pound bundles of firewood several kilometers or more from the bush to their homes? Do their children and husbands support their schooling? How has learning to read and write and add and subtract affected their self-esteem? Their daily lives? These are the kinds of questions we were interested in exploring with the adult female learners at the three-room schoolhouse at Magama Gumau.



Robert Glew, PhD

Twelve of the women were invited to a meeting in one of the classrooms so that we might inquire about their attitudes regarding their schooling. The interviews were conducted during the rainy season, the most pleasant season in equatorial Africa. The days are cool and, despite the frequent rainstorms, you can count on several hours of sunshine and blue sky every day. From the schoolhouse atop the hill at Magama Gumau, in every direction green carpets of maize, sorghum and millet run to the horizon. The expectation is widely shared that this year's harvest will be the most abundant in a decade. With spirits high, what better time to interview the women? While one of us posed questions, the other recorded responses; in between the two of us sat Isah, one of the school's three teachers, who translated our questions from English into Fulfulde and the women's responses in Fulfulde back into English. The interview lasted for 90 minutes.

The session opened with the question, “Why do you like to go to school?” Twelve hands went up. Every woman in the room wanted to speak. Forty-year-old Hadiza, the mother of three sons and four daughters, said “I don't want my children to grow up illiterate like I did. Now when they see me sitting by the kerosene lantern at night writing out English words and adding up numbers, they want to sit beside me and do their own homework. It is the way I show them that school is important.” Fatima, at 55 years of age and the oldest of the interviewees, answered, “I think if we are educated we will be able to speak better and this will help us solve disagreements before they turn to violence. In school we are learning about people who are not Fulani and this helps us to understand our neighbors better. Maybe this will mean more peace between our different tribes.” Fadimatu, a 23-year-old mother of four, said that though she had been attending school for only six months, she could now read road signs and signs in the market. “Now I don't have to ask other people what the signs say. Before I knew how to read English or Hausa words I was too embarrassed to ask such questions.” Next, a grandmother answered this way: “Now that we are going to school other people, including the Americans, want to get close to us and know us. It is because we can now speak English with them. Before the schoolhouse we could speak only Hausa and a little Arabic. (English is the lingua franca of Nigeria). She then said: “With the school and the teachers, you are holding us with two hands.”

We next asked, “How does going to school benefit you and your family”. Forty-seven-year-old Raikiya, who

had been attending school for three years, was the first to answer: "These classes touch many parts of my life. Most of all going to school makes me feel good about myself. Learning makes me feel proud. Now that I can work with numbers I am a better market woman. I get good prices for my milk and cheese and do not lose money when I make change. Reading helps me understand the Quran and know my religion better."

When asked which subject was their favorite, most of the women responded "English". Next was Math, "because it allows us to count". Surprisingly, the Quranic class was more popular than Health or Earth Science.

We then asked, "How do your children and husband feel about your going to school?" Aishatu and several others emphasized that their husbands encouraged them to take classes because issues of religion and morality were discussed at the school and this "gives the women good character". It was generally agreed that since they had begun taking classes there was more harmony in the households. As for their children's reaction, the consensus was that their children were proud of the mothers and grandparents for having the discipline to go to school and study. During the interview, linkage between self-esteem and education was alluded to frequently by the women.

Finally, we asked their teacher, Isah, for his thoughts about the significance of the schoolhouse in the lives of the adult women learners. He said, "I am seeing that, wherever they go, these women enjoy increased respect in the community because of the fact that they are going to school. Now that they are learning to read and write in Hausa and English they are becoming more confident about speaking up and entering into discussions in class and in the community. The Agricultural Science class is important because they are learning about the different kinds of fertilizer and how to grow more crops on their plots of land. We take them out into the bush and teach them about the various trees and plants in our environment. They also have a Health Education class that teaches them about the impor-

tance of good nutrition, clean water and proper sanitation practices."

In retrospect, when the question of building a schoolhouse for nomadic education was first discussed, we had no idea how important such a simple structure would be to the Fulani settlements that ring that dusty, windswept hilltop at Magama Gumau. Three years after the original three-room structure was completed, the Toro Local Government built a second schoolhouse of three rooms. Today, the two schoolhouses are occupied seven days a week: Monday through Friday, during morning and afternoon sessions, about 1,500 boys and girls attend primary school classes. Each time we visit the school and see the hundreds of sandaled youngsters in their locally-sewn blue uniforms playing soccer on the hillside or trekking home with their backpacks we are moved to the point of tears, tears of joy. If you visit the school on a Saturday or Sunday morning you will find the classrooms filled with women making up for the educations that were denied them when they were young. If you are lucky, you will catch them in their sharply pressed, immaculate blue wrappers and white head scarves singing their hearts out and you will think this tiny community of nomads Nowhere in Africa is truly someplace special.

When we last visited the Fulani settlements, the chiefs asked to meet with us. They wanted to know when we were going to hire teachers to teach them what their women and children were learning. Small steps for Africa, a giant step for mankind. □



Robert Glew, PhD



Robert Glew, PhD