

MEDICAL MUSE

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



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MEDICAL MUSE

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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.

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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

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Karen Reck

Ecce Homo

To you, doctor, he is just an elderly patient with a disease.
The flesh is sagging and moves loosely under your touch.
The joints are stiff, the hearing is poor, the memory fading.
You, doctor, may wonder why I bother, why I care, when old age has taken so
much away.
But this is the man I love,
And I want you to care for him as if you loved him too.

I remember him when his skin was firm and he moved like a god.
He is still that god to me.
Didn't Greek gods often come to earth disguised as old beggars or shepherds?
He is still that dashing young man who swept me off my feet and whirled me
around the dance floor.
We still dance, but slowly now, gently, we dance.
Doctor,
I want you to care.

- Mopsy Matthews

*By Dedicated to Bernice and Morey, my in-laws,
who have been married 60+ years.*

A Tale of Two Leagues

by Jason Bengtson

It's just through the spring," Ribbenthorp pronounced as he spread his hands wide in a gesture of grand pomposity. His grandfather, a simple man unaccustomed to such sentiments, humored him with a nod.

"Well, you're always welcome here at the farm, Walter. It'll be good to have you around, even if it is only for a few months. I thought I'd ask you . . . you aren't looking for a job while you're here are you?"

The twenty year old grinned wryly.

"I think not. The trust fund provides. I just wanted to take a break from Harvard this semester. They've upped the graduation standards now and it's just become ludicrous."

Grandpa Davis scratched his head absently.

"Well, it's quiet here, alright, but what'll you do to occupy yourself? This isn't like Boston. Small Iowa towns don't offer much entertainment."

A bracingly cold wind suddenly whipped past outside and Ribbenthorp started in spite of himself. He sipped his coffee as his gaze slid up to the curtains that framed the antediluvian kitchen window. They were patterned with horses running toward a distant horizon. The coffee was dark and not entirely unpleasant, he decided, even if it did come from a can.

"Not to worry, I've taken diversion into consideration. I took the liberty of filling out an application on the internet," he pronounced the last word slowly, as if speaking to a child, "for the local community college in Baily. I thought I'd while away the time with an elective or two. Spend some time with the local girls. Maybe even introduce a new academic standard, eh?"

A faint smile cracked open in his grandfather's wizened features and he shook his head.

"Doesn't make sense to me. Taking a break from college by going to college. But I guess if it makes you happy."

"Oh, you just don't understand," came the patronizing reply, "this will only be part time. Besides, the local community college is strictly bush league. I mean, these cornfield community colleges aren't exactly up to the Harvard standard, now are they?"

The old man sipped coffee and replied in measured tones.

"I suppose you've got something there, Walter. We were all real proud of you getting into that school. Your dad's done really well for himself, but if you keep it up I

don't see why you couldn't top him. You've got a lot of ambition."

Ribbenthorp beamed.

"Yes I do."

"Well, I guess I'd better see to the cows. Can't sit here all morning. You enjoy your stay, Walter. If you need anything . . ."

"Oh, I hope to hear from the college today, I gave them this address. If so I may need to borrow a vehicle to go into town and pick up books."

"The key to the truck is hanging by the door."

Ribbenthorp pictured the old, rusting Ford, with its dents and holes and its chicken blood on the tailgate. There was a battered toolbox on the floor of the passenger side and a pile of fishing rods in the back end. He shuddered conspicuously.

"I think I'll borrow grandmother's car instead."

Around three in the afternoon Ribbenthorp trekked out to the mailbox in annoyance. His grandfather was still doing chores and his grandmother was working on the laundry. He reflected bitterly on the layers of clothing he was encased in and the long walk to the road. He sure as hell wasn't going to do this every day. After all, it was their mail! He was a guest, did they expect him to wait for it all day?

In the pile of junk and bills Ribbenthorp spied the green and white BCC envelope. He stomped into the kitchen and sat down as he opened it. Snow on his boots began to quietly melt and gather into dirty puddles on the tile under the table. After a moment his eyes sprang open in surprise and outrage. He attempted to hurl the letter across the room, forgetting it was paper, and it fluttered in a pathetic arc and fell back onto the table in front of him. It read:

Dear Mr. Rippingpart,

We have received your request for transfer status as well as the transcripts from your current school. However, we regret to inform you that you do not meet the admissions standards for the second year liberal arts program. A close examination of your transcripts indicates that you have not completed a rhetoric requirement (you have six of nine required credits). If you wish you may reapply for consideration as a first year (entry level) student. In some rare cases exceptions can be made, though such appeals are usually reserved for transfer students who display an excellent grade point average. Your transcript only

indicates a GPA of 2.35. However, if you would like to appeal this decision, please contact the Dean of Admissions at the address below. Thank you for your interest in Baily Community College!

Sincerely,
Carmine Clupeid, Dean of Admissions

Ribbenthorp balled his chubby fists in outrage. His face flushed with ruby effluence.

“The audacity. The sheer, unmitigated gall of that twit. I cannot BELIEVE THIS! I ATTEND HARVARD! I’M A SOPHOMORE AT HARVARD!”

He pounded on the table impotently. From the basement below, the voice of his grandmother shot upwards, piercing the floorboards.

“What was that? What’s happened? Wally, is that you?”

Ignoring her resolutely, Ribbenthorp stomped upstairs to the guest bedroom, heedless of the morass of filthy snow-melt he left in his wake. He’d appeal alright. You bet he’d appeal. That night he sent off a response:

Dear “Sir”,

I am Walter S. Ribbenthorp the second, of the Vermont Ribbenthorps. I am writing in appeal and protest of your reprehensible and inscrutable decision to turn me away from your liberal arts program and consequently insult my dignity. Since I understand that you in the Midwest are a simple folk, I will address my points to you one at a time. You may wish to use this opportunity to go obtain a dictionary in case I use any words with which you are unfamiliar

Point One: I elected to take the advanced rhetoric option at Harvard, which allowed me to satisfy the rhetoric requirement with only six credits instead of nine. The registrar’s office can confirm that this is the case. I really doubt you’d wish to penalize me for academic admirability.

Point Two: My grade point is clearly irrelevant. I am a student in good standing at Harvard, the finest University in the nation. One cannot compare grades from a school like Harvard with the grades issued by other institutions, especially a community college.

Now that I have made the folly of your decision clear I shall expect a timely reversal and a swift apology.

*In Anticipation of Your Immediate and Full Cooperation,
Walter S. Ribbenthorp II*

Ribbenthorp received his response five days later. By this time he had successfully convinced his grandmother that it was very rude of her not to interrupt her work to get the mail as soon as she heard the mail truck pull up on the

gravel. As such he was waiting for it eagerly when she appeared, stamping her snow covered feet and out of breath from her asthma, at the kitchen door.

When he saw the telltale green and white he cast the other letters aside and eagerly tore the envelope open. As his grandmother took off her coat and boots so she could get back to her ironing, Ribbenthorp sat ponderously at the table and read:

Dear Mr Rubberrant,

While we have received your letter and I have subjected your appeal to a careful review, I am unable to accept you into our second year liberal arts program at this time. I understand your frustration at the difference in academic standards between your home state and the state of Iowa. However, we find it impossible to make an exception. Due to different types of accreditation there are many small schools with unique programs and standards that cannot be appropriately translated into credits at more mainstream colleges. While I am sure you are proud of whatever regionally recognized school you attended previously, it would benefit no one if BCC compromised its academics.

Sincerely,
Carmine Clupeid, Dean of Admissions

P.S.- The second sentence of your letter was a run-on sentence. If you wish to be taken seriously in an academic venue, I suggest you brush up on your writing skills.

Ribbenthorp took a butter knife from the dish on the kitchen table and drove it pointlessly into the letter again and again, gouging the hardwood veneer of the table beneath.

“I can’t . . . I can’t . . . that stupid . . . that stupid . . .,” he scoured his brain for an appropriate deprecation, “that stupid . . . CORN CLOWN!”

He tossed the letter into the trash and marched upstairs to his laptop. There he composed yet another scathing correspondence. One he proofread carefully to avoid further grammatical embarrassment. When he was finished he was so livid he couldn’t wait. He immediately donned his coat and carried it out to the mailbox. It read:

Dear Mr ClueLESS,

As a sophomore at the august University of Harvard, I am astonished at your incompetence and your callousness. What is the problem, exactly? Is it that you have never heard of Harvard: America’s top school? Is it that you are so dogmatic in your thinking that you feel compelled to pass up an opportunity to enhance your academic reputa-

tion through my presence? Are you jealous of my success, or simply a bumbling dolt?

I'll make it easy on you. After all, none of your courses would mean much at a school like Harvard, anyway. Go ahead and sign me up as a first year student. I say, sign me up, because that's basically all that's required to get into your little school, isn't it? Just sign me up, since you are without the integrity to recognize your folly, and I will try to pretend that this unhappy incident never occurred. I will take my class or two in hog washing or cow grooming or whatever your bush league college offers and hope that I never hear from your office again.

With Deepest Contempt,
Walter S. Ribbenthorp II

Ribbenthorp stewed over the incident for a week before a response arrived. By this time his initial raving on the subject had ended. He was sullen and reclusive. His former ebullience had been stripped away along with his hubris. He stayed in his room almost all day, every day, coming out only for the occasional meal. All other activities in the household were ignored by him. He spoke little, barely acknowledging questions put to him by his grandparents. Both of his elders knew that it was the local college that had done this to their grandson and they were profoundly grateful.

So it was with a duty bound resignation that Eunice Davis called Ribbenthorp down for his letter. When he reached the kitchen, Ribbenthorp took the envelope with a sigh of relief. This, at least, would be the formal, entry level acceptance letter. He could try and forget about his earlier humiliation.

After reading for a few moments Ribbenthorp stood up suddenly. His eyes were bulging and his face was locked in an expression of utter shock. He wordlessly seized the keys to his grandmother's sedan and started out the door before jerking to a halt.

"Grandma?"

"Yes, Wally?"

"Does grandad still keep a tire iron in your trunk?"

"Well . . . I think he left it in there. I have trouble changing a flat myself because of the arthritis, but it's always good to have one just in case. Why do you . . .?"

But Ribbenthorp had already ventured out, coatless, into the snow. As she watched him from the kitchen window, filled with concern, she found herself looking down at his letter and reading it.

Dear Mr. Rubbinsore,

I apologize that you were unable to reach a satisfactory conclusion with your appeal and I hope that future dealings with our school will be more fruitful for you. However, in attempting to add you to our entry level acceptance list we have encountered a small difficulty. While we have received a transcript from your current college, we have not received the high school transcript needed to verify your status as a graduate. We require a full high school transcript for all entry level students so that we can be certain that they possess sufficient academic skills to function at the college level. A college transcript is not sufficient for anything but a transfer student, since we do not have the resources to verify the entry level standards of other schools. While I understand that this must seem inconvenient, it is for your protection. College level work can be very daunting to the unprepared. Please ask your high school to provide us with a transcript immediately, so that we may expedite your admission.

Sincerely,
Carmine Clupeid, Dean of Admissions

Eunice looked up from the letter in time to see Ribbenthorp drive off in her car. For a moment she was motionless, staring out into the whirling snow. Then, gradually, a satisfied grin stretched over her features and she hobbled off to start the vacuuming.

"What's up, cowboy?"

Mike Dobson poked his head into Clupeid's office and shot him a grin full of nicotine stained teeth. He was tall and lanky, dwarfing the five foot seven dean of admissions. Clupeid regarded him through his horn rimmed glasses with the faint irritation a lion might reserve for a particularly pesky fly.

"Dobson."

"Hey, man, did you hear about that freak that was in the main office yesterday swinging a tire iron around?"

Dean Clupeid returned his focus to the report in front of him.

"I heard something about it."

"Well he was shouting your name, man! I bet the cops will want to talk to you!"

"They already did. The person's name was Ribbenthorp. He was upset about some problems he had run into while trying to transfer to our school. He was having difficulty meeting our academic requirements."

"Ribbenthorp! Hell, I remember his transcript! It came through my office!"

"I'm surprised you can remember a single transcript so easily," replied Clupeid with what sounded suspiciously like contempt. Dobson, a jovial, good tempered man at nearly any given moment, didn't notice.

"Come on, buddy! How often do we see a transcript from Harvard in this place? What was the problem anyway?"

"Red tape. You know how it is."

"I'm surprised you didn't give him a pass. I mean, you're an ex-ivy leaguer yourself, aren't you?"

"What's that supposed to mean?"

"No offense, man, I'm just saying . . . you know . . . the whole brotherhood thing. I mean, come on, you both went to Harvard, didn't you?"

"No Dobson, I never attended Harvard."

Clupeid straightened up slightly, picking a tiny bit of lint off of his otherwise immaculate white shirt. Before he spoke again he allowed himself the ghost of a grin.

"I attended Yale." □

agoraphobia

This is no life
But I don't know how to leave it.
All these places to go
But all I do is dream it.
Make plans within plans
Don't really mean it.

Sometimes I click over
to the wall paper
of my computer,
Breathe easier with the picture
of sky and rolling green.

- Arun Anand Ahuja



Jonathan Terry, DO



Alan Vincioli

Braids

I didn't choose to end up here
So I don't know why you look at me this way
On the reservation, my family was proud
The land was tough, but good for pecans we grew
and the Piñon we'd collect
When they closed the factory,
When the jobs were gone,
It was just us and the land.
Like before. Well, nothing like before.
When the neighbor was far
I left my family's land.
Went to work in that small town,
Bossman had me cut my braids.
I didn't know the bottle long
Before they sent me to 'Nam
where I knew the drink more, pretended to know the girls.
I forgot about the land and the pecans.

I sit in my wheelchair now,
After the shrapnel went through my knee.
So say what you will.
Because on the rez, my family was proud.

- Jonathan Terry, DO

4 haikus

Hepatic portal
A cleansing river of blood
Rectal hemorrhoids

Fallopian tube
Oocyte floats peacefully
Ectopic baby

Ureter descent
A waterfall of urine
Renal calculi

Cerebral vessel
Sudden thunderclap headache
Subarachnoid bleed

- Dustin Hillerson

Bumps

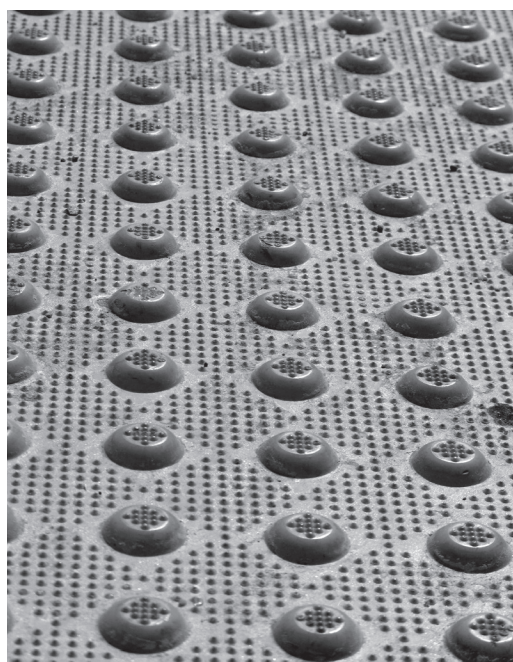
by Heather Greene

Watching the early morning sun cascade my vehicle's shadow before me on the bumpy stretch of Legion Drive, I passed by my old elementary school on my way to do rounds at Alt Vista hospital. I remember every bump down Legion Drive. My bus driver often took care to avoid them as he drove bus 40 down the road with a slow, deliberate caution. I remember moving to stand beneath the eaves of Sierra Vista Elementary School, lunch card in hand, as he dropped me off with a smirk of temporary goodbye. A tight sensation of nervousness streaked across my chest every time he closed the door to the last warm waft of bus air and left me to the cool morning, my peers, teachers, and myself. In essence, I always dreaded the uncomfortable moments of learning, of trying to discover where I fit in with mismatching socks and a propensity to dwell in a comfortable and known imaginary world. I didn't know if I was ready for the world that I would learn of inside those walls, until I heard a quick, "Mija, get your butt moving inside! Class is going to start!" Almost every morning the shrill shriek of the teacher's aide snapped me out of my self-serving distress.

Yesterday, with a slightly nervous tone, my patient called out to me through a thick exam room door, "Mija! I think I am ready!" She had come to follow up on an ER admission for a recent fall that had left her with a huge frontal scalp hematoma. The purple hematoma stood out vividly against her white rolled hair and twinkling eyes. As I came in the door she lightly touched her white poof with joints beaten by rheumatoid arthritis and once assured every hair was in its proper place she held her twisted hands towards mine in an eager effort to cup them. "Eee Mija" she

said grabbing my hand, "I know I need to be more careful but getting around isn't so easy!! I know I shouldn't wear my slippers, but I what can I do? I can't tie the knots in my shoe laces any more. I think I might have bumped my head pretty hard..."

The Bump. I examined the large bump on her head watching her thin aged frame hunch under the weight of



Laura Hall

years. This bump was new to me and the edges of the hematoma felt unfamiliar against my fingers. A tight sensation of nervousness bounded across my chest as I worried about the probability of an undetected subdural hematoma, or other neurological trauma and hoped her answers to my questions would negate the presence of a headache. She laughed at my questions, chirping lightly "Eee headaches don't bother me much! What bothers me is that the doctor tells my daughter I need to gain weight! I try to tell him that I eat all the green chili she puts in front of me! But it doesn't stick!" Her daughter gave me an exasperated look from across the room, but her mouth held back laughter. "Mami! You need to listen to the doctor! He knows what

he is talking about! You have to start learning to take better care of yourself!"

Learning. The unknown. A break from my comfortable imagined reality. I thought I had known every bump down Legion Drive. I thought that I had known every bump in Las Vegas, NM. But in truth I know very little. In my amazement, I now find myself surprised by every expected jolt of my vehicle; surprised and happy to discover that I am on old roads learning something new.. □



Jonathan Terry, DO

Changes

by Annette Schaefer

My life is currently all about change. My youngest has recently left for college to start her path towards adulthood and I am beginning a new chapter in my life – one that is all about me; my wants, my desires, my ambitions. After being a full-time mom for almost all of my adult life, I have entered a wonderful OT program that has forced me to look at my life and focus my energy in a new direction.

I sit and think about the people around me at this beautiful moment in time. They are all trying to change something in their lives and struggling with new challenges to overcome. I am overwhelmed with gratitude just to be near them.

Change is inevitable in everyone's life. Without change, there is no growth. Without change, there is no progress. Without change, there is stagnation and sameness. The seasons of the year change, so do the seasons of our lives. Change can be difficult and painful at times. Change involves upheaval and new choices, both good and bad. Some choices we make for ourselves; some choices are made for us. Change can be bad or stressful or change can make us see clearer, more focused, like the intense colors of spring.

These thoughts of change were from some amazing veterans that were taking part in a journal writing group that I was privileged to be a part of during my first experience with fieldwork observation. Leading the group is a bubbly, warm-hearted OT named RB that works for the Veterans Administration Hospital. Although she wears many hats and has many talents and interests that she incorporates into her interventions, RB's true gift is communica-

tion. In addition to the spoken word, RB has a knack for encouraging those who have difficulty verbalizing thoughts and feelings outwardly. She is currently working with some of our most fragile citizens: our military veterans.

We sat around several picnic tables among the trees in the courtyard of the VA complex, under a cozy blanket of blue sky and fluffy clouds and talked briefly about change. What change meant to each of the men and women in the group, each armed with their personalized composition notebook, as unique as the veteran whose voice the pages slowly gave rise to. The group is as varied as the style of notebooks, young and old alike. After a few minutes of reflective and expressive writing, some of the group shared their thoughts with everyone. One spoke of old endings and new beginnings. Another spoke about being transformed into a beautiful butterfly that has taken flight. Another vet shared that change has wrought a new spirit for his life. Their words and courage to express them truly touched me. I was inspired by their enthusiasm for sharing and their encouragement to the others to also share their thoughts. True to group form, my classmate and I were asked to share our feelings as well.

I walked away from this experience with a new sense of wonder about the healing power of expressive writing, journaling, and self-reflection. I can still hear the voices of those veterans and I am confident that they will be able to embrace change, for their words have changed me profoundly. I wish to say to them, "For your words, your courage, and your sacrifices, I thank you." □

Facing Death (circa 1987)

by Jeanne Bereiter, M.D.

Sarah Pierce, the medical student on the internal medicine ward where I am the new resident, is facing death for the first time. It is Sunday and we are on call together. We came to work at 0800, and will stay at the hospital until sometime Monday afternoon. During this particular service, we have had three deaths and seven admissions.

We are working at Camp Hill Hospital in Halifax. It is July, a poor time to be admitted to hospital. July is when the last year's students, interns, and residents have finished or been promoted, and when the next year's group is just starting. Sarah has not worked in a hospital before. I have been a resident for two days. When someone calls for the intern, I still think it is me.

By 0300, Sarah is panicking. We have just received simultaneous calls on our pagers. The first, from the oncology floor, is to tell us that a patient of Sarah's has expired. One of us needs to go up and pronounce her dead. The second is a call on our arrest pagers to run a code on a woman on the general medical floor. The nurse on her rounds found the patient cold and not breathing.

At the time the calls came, Sarah was finishing her third admission. Mrs. S. weighed seventy pounds fully dressed with her shoes on, and breathed as if she were going to stop breathing for good at any moment. At times, it appeared as if this had already happened, but then she would gasp and start up again. By the note that accompanied her from the rural hospital that had referred her, she had been this way for two weeks and they couldn't figure out why.

"She's going to die," Sarah tells me as we discuss the case. It is 0400 and we are both dizzy with fatigue. The code we ran on the patient on the general medical floor wasn't pleasant. The patient's jaw was so stiff from rigor mortis that I had trouble inserting the plastic tube into her airway. Her face was a mottled blue and the cardiac monitor showed a flat line. Still, we were required to go through the motions. We shocked her heart three times, provided oxygen through the endotracheal tube, and gave all the medicines I could think of before declaring her dead.

My experience that night made me adamant about not running codes on people whom they wouldn't help. I began every night's call talking to the terminally ill, or, if they weren't conscious, their relatives. I asked them to give a no code authorization. If they agreed, I wrote this in the chart. When they died, that night or a few nights from then,

the nurses let them be. They did not have to call a code, and we did not have to go through the gruesome motions of running one. I felt like the grim reaper gathering my nightly quota of souls, but I couldn't see any better way. Besides, with enough no code orders I sometimes got some sleep.

I can tell that Sarah does not understand any of this. She thinks that if we're running a code there is a chance it might work. Otherwise, why are we doing it? What can I tell her? That we need the practice? That it is the law? It upsets her that we were unable to save the woman on the general medical floor, and this is making her anxious about Mrs. S. She doesn't want the same thing to happen to her.

"She's not going to die," I tell Sarah. "At least not tonight."

"Let's check her vital signs every two hours," Sarah says. "Just in case."

"No," I correct gently. "Every four hours will be enough. She needs to sleep."

♦♦♦

Lynne finds me in the intensive care unit the Monday morning after Sarah's and my call. It is 1100. Lynne is ten years older than I am and if you looked at our biographies you would think we had nothing in common. None of that matters. She has the same combination of toughness, humor, and persistent compassion I sense in myself. We understand each other. I often wonder how I would survive the residency without her. We became friends during our internship and are on this medicine rotation at the same time, but rarely get to see each other. She is on call one night, I am on call the next, and a third resident is on call the following night, then the cycle repeats itself.

"How was your night?" Lynne asks me.

"Not very good," I answer. I am covered in sweat, and opened boxes of arterial line catheters are heaped on the bed. I am attempting to stick a needle into a patient's artery, then to thread a thin plastic tube over the needle. I hold the patient's limp wrist between my gloved hands. The wrist is coated in sticky brown providone, which I used to cleanse the area before piercing it with the needle. A blue surgical cloth lies over the patient's arm. Only the wrist sticks out. That is the idea, anyway.

I have been trying to get the line in for at least half an hour. The surgical cloth has stuck to the providone in places, and has fallen off in others, exposing a thin arm in a cheerful print hospital gown. The patient's name is Mr. N. He developed an infection after surgery on his stomach,



Alan Vinci

then his kidneys failed, then he got another infection, and eventually he became comatose. The surgeons transferred him to our service a few days before, and we have not managed to make him any better. He is still alive, however, and that means he needs to have his blood drawn several times a day. The easiest way to do this is through a line that sits in the artery in his wrist. In order to prevent infection, arterial lines need to be changed every few days. Today is the day this line is schedule to be changed.

“Let me do the line for you,” Lynne says.

“What?” I look at her stupidly.

“The line,” she repeats. “I’ll put it in for you. It’s okay. I’ve slept. You haven’t.”

“Are you sure?” I ask, already peeling off the sodden surgical gown I placed over my scrub suit when I came to the intensive care unit sometime before dawn.

“It’s fine,” she says. I watch as she talks to the nurse, gets a new set of equipment, then speaks in a low voice to the patient, telling him who she is, and what she is going to do. I am in awe. With some part of my mind, I realize that I act like that, too, when I haven’t just worked the past twenty-four hours. Somehow that thought intensifies the awe. It feels very profound.

◆◆◆

Sarah joins me in the cafeteria, where I am staring at my lunch. I have a container of milk, a sandwich, some peaches in a dish, and a piece of pie. I forgot to get cutlery, and I am trying to think of a way to eat my peaches and pie without it, because I cannot bear to get up again. If I do, I’m sure I’ll cry. I look at Sarah’s lunch as she sets her tray down across from me. She got the special: ham and mashed potatoes with gravy. Green beans. She doesn’t have any desert.

“Mrs. S. died,” Sarah informs me, in a half accusatory, half bewildered way. Her hair is sticking up in the back, and her eyes have deep purple shadows under them. A deeper purple vein runs through the shadow under her left eye.

“Mrs. S.?” I struggle to pay attention.

Sarah looks at me as if I am insane, or, which is worse, the most callous person she has ever met. “You know,” she says, “the seventy pound woman from Bridgewater who was having trouble breathing.”

“Right,” I say. “Of course. But she didn’t die on Sunday. We kept her alive all night.” Our statements reflect our different points of view. Once, I was like Sarah. We do not forget our earlier selves as we advance in medical train-

ing. We remember, well. The difference is that we now, at times, also understand our teachers' perspective.

Sarah's reaction reminds me of an episode I had as a second year medical student. We were learning how to examine patients. The internist teaching my group brought us to the bedside of Mrs. R., who was in congestive heart failure. She had an oxygen mask on, but was gasping despite its help. She was propped up in bed on two pillows, the bed cranked to a sitting position. She couldn't breathe any other way. While the internist lectured on congestive heart failure and the technique of auscultation of the lungs, I watched Mrs. R.'s mouth. Her blueberry-colored lips were pursed so that her breath went in and out with a whistling sound.

"Mrs. R, would you mind if one of the medical students listens to your lungs?" the internist asked nicely, putting his arm across Mrs. R.'s impossibly thin shoulders.

"No, not at all," Mrs. R said, every word separated by a deep, whistling breath. "Not as long as it will help me to get better."

The internist smiled comfortingly, and asked me to examine Mrs. R. I advanced to the bedside. Then it hit me. Mrs. R. was not going to get better. She was going to die. Not only that, being examined by a medical student wouldn't help anyone to get better. I froze. Tears flooded my eyes. I was furious at the internist for his disregard for Mrs. R.'s hopeless condition, and I was angry at Mrs. R. for letting herself get so sick. I excused myself and ran from the room. I stood in the stairwell, struggling to regain control. I wanted to let go and cry for Mrs. R. It was the only human thing to do. But I was a medical student. I was supposed to examine her lungs. If I didn't, I might fail.

Gradually, a new thought came to me. Mrs. R. didn't need me to cry for her. She had her family and friends to do that. I was going to be a doctor someday, and doctors need to know how to examine lungs, even in people who might not get better. They also need to be able to think clearly about what is wrong medically, which is difficult to do if you are sobbing.

I went back into the room, and the group around Mrs. R. parted to admit me.

"Perhaps you could listen to Mrs. R.'s heart," the internist said to me.

I was shaking, but I did it. At the time it surprised me that he said nothing about my tearful exit. I thought I had done something unforgivable. I thought I was the only one having difficulty dealing with death.

Now, watching Sarah, I see the same barely-contained tearfulness, and the half resentful looks she gives us, the residents. She thinks we don't understand. She thinks

we're inhuman, with our matter-of-fact comments, our silly jokes.

All afternoon I have had trouble controlling my temperature. I wonder if I've caught the flu. I shake with chills, then I sweat, and my bones ache constantly. Every time I sit down I begin to fall asleep. By the end of the afternoon, I have taken to writing my notes standing up, the chart propped against the nursing station counter.

I look up at 1545 and there is Sarah. "I finished all my notes," she tells me. "Do you want me to help you do anything?"

"No," I say. "It's under control. I'm just finishing up my notes. Go home and get some sleep. You did a great job."

"I did?" There are tears on her lower lashes. The purple shadows have deepened to gray.

"You did a wonderful job," I repeat. "You were a tremendous help."

"Okay," Sarah says. "I guess I'll go home then." She takes a step down the hall and stops. "Are you sure you don't need me to do anything else?"

"No," I reply. "You're done."

Yet she lingers.

"Do you feel guilty for going home?" I ask, still writing in a chart.

"Yes," she says, gratefully. "That's silly, isn't it?"

"I know how you feel," I say. "You push yourself so long you can't believe it's okay to stop. But it is. Go home."

I lift my head. She smiles, and walks away. Halfway down the hall she puts out a hand to touch the wall, and I can't tell whether it is to steady herself or just to make contact with something solid.

I leave the hospital at a few minutes before 1800 outside, it is summer. I have forgotten that it is summer. I walk home through the park, my head tilted back. I stare up at the leaves on the trees. Birds call to each other, and the scent of flowers is thick. I sniff like an animal, trying to distinguish the different types of flowers. The park is so beautiful and so peaceful that I finally begin to cry. Through the blur of my tears I reach down and turn off my pager.

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Sarah accosts me a few days later. I notice that she's been biting her nails. "Guess what?" she says lugubriously.

I listen as she reports our newest fatality, Mr. F., a ninety year old who has been floating peacefully away from life for weeks. As deaths go, his was a good one.

"We have to stop seeing death as the enemy," I tell her pompously, hoping to ease the wildness I see in her eyes. I know she feels guilty, though she doesn't tell me this.

What she tells me are facts, about the ulcers on Mr. F.'s legs, the new antibiotic they were trying for his pneumonia, and that she hadn't listened to his lungs the night before.

"Our job isn't to save people, not if they can't be saved. It's to help them in their dying," I say. "It wouldn't have made any difference if you'd listened to his lungs." I want to give Sarah a hug and tell her it's going to be okay, but I am too young and scared myself to be certain of this. I have begun to worry, vaguely, that I too have been remiss. Could a different antibiotic have saved Mr. F.?

"Death is not the enemy," Sarah repeats dutifully, but her eyes are still wild.

I worry about her. Perhaps I worry more than I should. It's hard to tell what is appropriate concern and what is jumping at phantoms when I am as tired as the workload makes me. I would like to help her, but death is something with which we all need to make our own, very individual peace. Besides, it is all I can do to keep myself together and make sure the work gets done.



During the next four weeks, I am on call nine more times. I do not have another night as bad as that first Sunday, but there are several that come close. I can put in arterial line catheters without breaking into a sweat. In one of the codes I ran, we actually kept the patient alive. The neurologists still aren't sure how fully his brain will recover, but he is breathing on his own. In one room on my floor, three out of the four men in the room when I came onto the service have died. The remaining man has begun asking to be taken to Jesus. We can hear him at night when all else is quiet, calling and calling.

"We should hire a bus," Lynne remarks. It is 1900. She was on call the night before. Her hands tremble faintly from all the coffee she has drunk to stay awake.

I look at her.

"A bus," she repeats, and gestures down the hall. "To take them all to Jesus." She laughs.

I don't understand the joke. Is she cracking up, or is it merely that my concentration is slipping? "I think you ought to go home," I say. "Whatever you're doing, it can wait. Do it in the morning."

"Do you think so?" she asks, looking at me as if I really might know. But she goes home.

After Lynne leaves, I sit at the nursing station, looking out over the ward. Visiting hours are drawing to a close. A stout middle-aged woman in a sun dress comes out of one of the rooms, an empty shopping bag over her arm. It must have held a present for her father. He loves books

about ships and nautical paraphernalia. Model ships and old instruments line the windowsill in his room. "Bye, Dad," she calls. "I'll be here tomorrow 'round dinner time."

She notices me at my post. "He's looking better, Doctor, isn't he?" she asks. "Good color in his face."

"Yes he is," I agree. It is true. Her father had an infected leg that has responded well to treatment. He will be going home in a few days. We occasionally do get patients with these simpler, treatable illnesses, and they're a joy, like finding money buried in the pocket of an old coat.

I am, to use an expression one of the interns coined, in my post-cynical phase. I have begun to feel hope once again. I no longer believe, if indeed I ever did, that medicine can cure all the people brought to us. But we can ease the passage into death. We can help our patients onto that bus to Jesus, lend an arm for them to lean on, and point out a seat with a view. I hope that this is what I have taught Sarah. It is harder, these days, to know what she is feeling. Though it has only been four weeks, I can already see a change in her. The tears are gone, and so is the uncertainty. She is acting more like a doctor. □

Infinite Sky

She spun around, looking for the infinite sky. Questions filled her mind, but the only answers she'd take were the ones in which she believed. Sometimes the script is more important than the play, after all. As the room grew more crowded, and everyone wanted to know her, she couldn't help but feeling more and more alone. That was her demon, and she wasn't going anywhere fast.

- Jonathan Terry, DO



Laura Hall

Bolivia

by Mary Ang

I had seen a lot of poverty, having lived in Mexico for four years, but seeing the barren, trash-filled, dirt roads of Bolivia, the half-built buildings, and the people walking to get where they needed to go gave me the impression that this experience would be different.

This trip was one of many for Project Helping Hands, but for me and my fellow college of nursing classmates it was a first. Judith Harris, our wonderful instructor, had a dream of taking nursing students to Bolivia as part of their learning. With a lot of fundraising, medication collecting and planning, we made our way to the Altiplano of Bolivia.

Although our trip was planned out, it was on Bolivian time, in other words, go with the flow. The people in the small towns and villages that we visited had no idea we were coming, yet they welcomed us with open arms. One of my most memorable days, when I was touched by the kindness of these gentle people, was in a town named Chipaya. As was usual, we were offered the health center for lodging. Meals were provided steaming hot and delicious, as if by

magic. For breakfast, we would have tea with bread and jam. Lunches and dinners always consisted of some sort of soup to start followed by chicken and rice. The people were so grateful and happy to have us there, yet, they had very little or nothing. It made me mindful of my own life. Our clinic was in full swing by midmorning. I assisted Karolyn and Jeremiah in triage. This was especially valuable for me because it enabled me to utilize my assessment skills in order to diagnose, something we don't get to do in school.

In the afternoon, Julie, our team leader got together a smaller contingency to go further to an outlying village where the mode of calling people to the town square was by bull horn. I was one of the lucky ones to have gone. I worked with Karolyn and our wonderful Bolivian doctor, Naddyne. We saw a lot of pteragium, dehydration, and also a gentleman with what looked like melanoma. On our way out of town, we also did a home visit for a patient that most likely had pneumonia. Our day ended with a meal at a local missionary's house, where we discussed the latest changes to the town, such as electricity and TV, and how that has had some negative effects.

This was just one day, but everyday was just as full of surprises, just as full of beautiful people who were grateful for our presence. In a discussion I had with Karolyn, we talked about how our visit was helping. I feel it is the fact that we care enough to travel all the way there just to help these people that makes the difference, probably as much as the medical care.

I could go into all the little things that might have been seen as a pain, like sharing one bathroom with twenty people, sleeping on a tile floor with no heat, or not having the luxury of taking a shower but once a week. But, like I said, those are just little things. When you see these people and how they live, you forget all about inconveniences and just want to help in whatever way you can.

Academically, the trip helped me to hone my assessment skills in a way I had not done until that point. I also got a firsthand look at community nursing and how it is such a big part of prevention. The Universidad Mayor De San Andres in La Paz that we visited was a delight; the director gave us a tour of the college, as well as the adjacent hospital. We spent the entire morning touring, meeting with staff members, and getting to know the nursing profession in Bolivia. A difference we learned is that the curriculum is universal throughout Bolivia with a program length of five years - four in the classroom and the last working in a rural area completing the clinical experience. This trip improved my role as a nurse and has given me a new perspective by allowing me to appreciate the things we often take for granted like heat, electricity, and clean running water. □



Livinia Gallegos-Silva

My Life

by Cesar Quesada

I may look like a “normal” fifteen year-old guy, but you know what, I’m not. My name is Cesar Quesada, I was born in Costa Rica in November 1994, I have two absolutely wonderful parents and I have Transitional Cell Carcinoma. It is a cancer most commonly found in seniors, 60 years and older, but extremely rare in children. To give you an idea of how rare it is in children, let me tell you that at the time of my diagnosis, in 2001; only five other kids in the world (Yes, in the entire world!!!) had Transitional Cell Carcinoma. From then on, surgeries, chemotherapies, and great teachings came along, changing my life at every corner, making me see life in a totally different way. Let’s not get ahead of the game though, how about we start from the very beginning, the beginning of my complicated and absolutely magnificent life...

It was October 7, 2001, the sun was up and the day seemed like any other. I put on the blue t-shirt and shorts that my mom had ironed the night before, grabbed my 15 dollar Wal-Mart backpack (filled with crayons, a couple of pencils and some ripped paper; all ingredients for fun), my Winnie the Pooh lunch box, and headed out the door. We got in our blue beat up Mazda truck and headed down Route 66. We got there just in time, it was 8:58. My parents kissed me goodbye and I was off on another fun day of first grade.

Like every day, I was anxious for recess to come; to be able to play tag, soccer, and wall ball with my friends.

Finally, recess came. We heard the bell and ran out the door into the sandy, and rocky, and sometimes even grassy playground that we all loved. We went to play by a metal irrigation thing; I don’t know what it’s called. It’s just one of those metallic tubes that just stick out of the ground where you least expect them to. We thought it looked like a space ship, so everybody got on it except me. I was then supposed to dive and jump to avoid getting hit by the huge, flaming space ship we had all imagined at the time. So I jumped. I dived to the right, and I dived to the left and then, I felt this inconceivable pain that you cannot possibly imagine.

There and then, my life changed completely. That same afternoon, after hours of nonstop pain, my parents took me to the ER thinking that I probably had a broken bone or something of the sort. The doctors decided to do an x-ray and found nothing abnormal, no broken bones or anything; but my almost unbearable pain was still there. The docs then decided to do a CT scan (It’s where they put you into one of those huge donut-looking machines, tell you not to move, and put something in your vein). Then when the docs examined the results, the most unexpected thing happened. First of all, I had cancer (the kind was unknown at the time), and to make matters worse, the tumor had been so big that when I had dived to the left on the playground, my left kidney had literally burst into heaven-knows how many pieces inside my tiny body. They immediately took me in, put some stuff in my IV, and knocked me out.

Two days later, a surgery was made to extract my entire kidney and some of its surroundings. They took so much out, that when I woke up I think I even felt lighter; it was actually kind of cool. The next day, I was loopy as hell, and the pain was practically not there, so I was content. At that moment, I felt happy that I almost didn’t have any pain, but now I realize what I should’ve really felt. I should’ve felt infinitely thankful for being able to wake up one more day and appreciate that I was still alive.

From then on, I started getting different kinds of chemos that made me puke like every two minutes. I started collecting surgeries, and most importantly, started learning about the life that I was living.

So far, I have had a total of 13 surgeries. So many that my doctor even says that I look like a freakin’ road map, and you know what’s so ironic about that? He is the one that wanted me to have them. Quite the doc I have there, quite the doc-but also, quite the friend. I have had a surgery to remove the kidney, the ureter they had left, two nodules in the lungs, part of my liver, part of my colon, to insert a G-tube (a tube connected directly to my stomach to feed me), and three infusion ports. That’s a helluva lot of

surgeries if you ask me. Oh, and I've also had like, five different types of chemotherapies, including the ones that I am having now.

Even though I have had this over a nine year period and continue to add surgeries to my collection and get more chemo, there are two things that are unquestionably clear to me at least: God is great and the cancer is the best thing that has happened to me.

You are probably thinking right now: Damn! That chemo messed him up bad. Tell you what, many people are extremely confused when I say that, so you aren't the first. Let's be honest. Yes, cancer kills many, many people every year throughout the world. But to me, it is something great (both in a good and a bad way) that if you have it, know how to look at it and understand it, you are lucky as can be.

To me cancer is the cause of my happiness, not my sadness. It's the reason why I am who I am; a soccer-playing

freak who enjoys life to the max. It's the cause of me having the amazing friends that I have and somewhat touch people's lives wherever the heck I go. It is my past, my present, and heaven-knows- but most likely, also my future. God only knows what is going to happen to me tonight, or tomorrow, or the day after, but one thing is for certain: no matter what He has chosen, I will enjoy this fantastic life that He has given me and make a difference in people's lives wherever I go.

Life is a great thing that we get to enjoy only once; whether it is mine, yours, or some other dude's, so why not start now enjoying every moment you are given. Whether you are playing your favorite sport, spending time with your friends and family or simply eating a 99 cent bag of Hot Cheetos, just enjoy the life you have, and most importantly, be thankful for it cause some people aren't as lucky as you. □



Jonathan Terry, DO

untitled

by Melanie Phipps-Morgan, CNM, MSN

I made the decision to become a nurse midwife on the way home from the birthing center with my new baby daughter. The labor had been long and hard. Throughout the ups and downs and wondering “Was I really was going to make it?,” the midwives were patient and encouraging. I was so awed from my experience that the thought occurred to me, “This is how birth could be for other women in the U.S., for women all over the world. What if women were to birth in a way that honored and empowered them?” I thought this could be the first step towards changing the world.

I know that these feelings then were part of my “new mom” euphoria, but I have never stopped thinking about the possibilities of women helping other women. For me, midwifery has never been simply about delivering babies. Midwifery is what I have done as a mom in helping my children think of the creative possibilities in their lives as they were growing up. Midwifery has been attending to an elder woman living alone in a housing project, or talking with a Muslim woman about lowering her cholesterol through nutrition during Ramadan. It wasn’t so much as what was being said, but that I was listening and trying in my own, often limited way to validate and understand the life of another human being. I believe in the power, focus, creativity and imagination of an individual to help another find their way. Often, it was I who was actually being helped. The communion of two people working together opens up the world for both.

It is this same midwifery sense of exploration, possibility, and wonder that I bring to my research on immigrant communities. I have worked in community health clinics in San Diego where many of my clients were from Latin America or were newly settled refugees from Southeast Asia and Africa. I also worked for a year in a little birthing center on the border of Texas and Mexico. The land on which the birthing center lay had once been a cucumber farm, and we were surrounded by other farms. I was awakened by the crowing of roosters in the early morning. Most of the women we cared for were migrant workers and had very hard lives. As the new mothers were usually able to go home soon after birth, our care included a home visit three days later. Many of the mothers lived with their families in colonias, dwellings outside of the city limits. Their homes often lacked electricity, plumbing, and sewers and it was common to find just a corrugated shack with

a dirt floor and a fire pit in the middle. What a difficult situation and one that seemed so unnecessary! I wondered then as I do now, how can this be in the United States? Do other Americans know that many of their fellow Americans are living this way?

My questioning deepened when I began to compare the reality of the women and their families’ difficult lives with that of my mother’s. My mother is an immigrant, and now a naturalized U.S. citizen. She comes from a small town in Costa Rica. Her father was the city accountant and her mother the high school principal. In my home in the U.S., however, Spanish was not spoken, except during the rare times when my grandparents visited. No one ever referred to my mother as Hispanic or Latina. In fact, I had never even heard of those terms until I entered college.

We often speak of women in immigrant communities as a monolithic group that belies the tremendous diversity within them as well as the commonalities between them. My mother is a highly educated woman and never had the difficulties experienced by the women and their families in the colonias in Texas or the Southeast Asian and African refugees in San Diego. But poverty was not far from my mother’s life. In one of her most emotional stories she talks of my grandmother, Tita, who, as a small child had to sell little candies in the street after her mother had died from a postpartum infection. My mother tells me that Tita was so poor then that she didn’t even have shoes. Large families were not uncommon. Tita was one of thirteen children, though there had been eighteen. Five had died as infants. My grandfather, Abuelito, was one of twelve.

In common with many immigrants around the world, my mother still feels loss and displacement from her native country, even as she has become highly acculturated to living in the U.S. Tita and Abuelito have now passed away and my mother’s “real” home is with our family here in the U.S. Along with her displacement in time and space, she also shares feelings of adventure, opportunity, and hope that is experienced by many immigrants and refugees.

Most of us are descended from immigrants, and yet we have somehow forgotten what this means. By witnessing and trying to understand those lives so that I may bring them into focus and awareness for others, I believe it is possible to remember. In remembering, I believe we can find our humanity in the knowing of our neighbors as ourselves. □



Jonathan Terry, DO

One Name

by Loren Menefee

I used to want to be a doctor. As a teenager, I watched my grandpa get sick and die and that sparked it in me: I want to save people. I want to save people from ever being this sick, ever losing this much of themselves. He had lung cancer. As it spread, it ate pieces of him up, took elements of him into itself, leaving an ever dwindling man behind. First it took his voice, leaving him only wheezes and gasps which his lips struggled to chisel and whistle into words. Next it took his ability to swallow, leaving him a plastic tube channeling a milky-looking liquid straight to his duodenum. I think that's when he gave up fighting. Just no point to living if you can't sit down and eat a bowl of my grandmother's honest-to-goodness chile and frijoles, a fresh-off-the-stove butter slathered tortilla on the side. Then it took his life. One thing the cancer never did take, no matter how hard it tried: his ability to make a joke out of anything. A devastatingly handsome and optimistic man, plagued by poor judgment and misfortune, he had earned to laugh, first at himself and then at everything the world threw at him. Laughter and good humor were hardwired into him right up until his last breath.

I used to want to be a doctor, until April 23, 2009. That day, sitting in a human physiology lecture—the better part of my junior year of college and my pre-med curriculum behind me—a small, still voice welled up inside me and said, “I don't want to do this.” Just like that.

I tried to ignore it, pacify it. “You're just hungry,” I told the voice, “We'll eat as soon as class is over.”

“No,” the voice said, defiant, “I don't want to do this, any of this. I won't do this. I won't spend my life doing this.”

I was silent. I was stunned. Later I went home to my tiny apartment, took out my journal and wrote: Today, I decided I'm not going to medical school. I paused, my pen hesitant above the surface of the paper. I set it down and read back my first sentence. I laughed at the absurd simplicity of it. Then I cried, because it had taken me five years to write.

I went ahead with my biology degree. I figured since nowadays a Bachelor of Science is worth only slightly more than the other kind of B.S., it didn't really matter what I majored in. I was still resolute that medical school was not for me. But I wasn't any closer to discovering what was for me. So I did what all young adults not enrolling in graduate school or back-packing through Europe must do: I got a job. I'm now an official employee of the Cancer Research and Treatment Center. Official job title: Data Analyst. Unofficial job description: Studier, navigator, and explorer of a surprisingly user un-friendly database that comes with a hefty price tag and an exceptionally vague instruction manual. I like the job though. The people in my office are so rosy and chipper they must have been teleported out of Mayberry. I enjoy the highly tangible results and task-oriented nature of the work. And I like that I'm involved with medicine without actually having to be involved with sick people. Cancer patients especially tug my heart strings so tight I get afraid they'll snap. So it's really for the best that the only cancer patients I see are names on my computer screen, safely dehumanized entries in a database. I'll look at my interface populated with 30-some-thousand names and I tell them, in as husky and caveman-like a voice as possible, “You: data. Me: data analyst.” (Only when my cubicle-mates are gone, obviously.) That's about as personal as our interaction gets.

Except the other day, while scrolling through those 30-some-thousand entries, I came upon one I. E. Sandoval, 83 year old male, deceased. No one ever called him I. E. It was rare that someone called him by his full name, Ildefonso Ernesto, either. Almost everyone called him Ernie, except his children, who called him Daddy. He had lung cancer, as noted in his record. However, he also had a gritty, obstinate strength; he had chutzpah; and he had the biggest, sunniest smile this side of the Rio Grande. None of which was noted in his record, one name among thousands. □

Unbreakable

by Jonathan Terry, DO

He was sixteen years old. Too young to die, too disbelieving to shut his eyes as the Toyota minivan flew right, collided with the unforgiving divider, and lifted up to crash across the interstate.

Dad, are you okay?

You would expect the headlights to be on the road, instead of reflecting back from the dew-covered grass. You do not expect to be so helplessly, so uncouthly pulled with the car, attached like an unloved doll clinging to the dead mass of the van.

Dad, are you okay?

He heard, as the door was ripped off by the guard rail that bent without forgiveness, his Father's sole, startled shout of dismay. Then the glass flew from everywhere, flooding over them. Across his face. Across his legs. Over and throughout his neck and clinging to his hair. Fleeing in scattered storms like a bee-hive struck with a baseball bat, seeking both to escape and destroy all at once and overcome with a misunderstood outcry of immediate flight. The headlights reflected off the grass directly below, like a mirror with nothing left to see. Hiding the scattered remains of him.



Jonathan Terry, DO

He lived the AMERICAN dream, to be all HE COULD BE, like those overplayed army commercials. Alive and free, to be all HE COULD BE.

Looking at his Father, smiling at his quirks. He wished one day he could have the confidence and determination of his Father, before the tire blew and the car began to spin.

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THERE WAS THE TIME: Among his attentive mother with the video camera, JB pedaled his tiny legs. Free. Freedom, what a feeling, looking back for a second to see his Father clapping with his partially open mouth beaming in a smile, proud of his son, riding without training wheels for the first time.

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Dad, are you okay?

DAD!

Except he didn't know where his Father was. As the glass dug into his knuckles and seemed to numb his body, comfortable and suffocating, not like a cold night. He was forcing himself to breathe in as much as he could, his diaphragm shaking with the effort to hang onto life. He had squinted upwards and saw his father struggling with the seatbelt above him, his far arm caught on spears of glass, the damp red spot growing on his white hat.

His Father was a businessman, with the brightest smile in the room, always smiling, always driving, sometimes even...invincible. □

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That night, when they'd left the blue house in Lincolnshire, they were only a half hour behind schedule. Not too bad. Starting out in the very driveway he first stepped on the accelerator, JB curiously watched his Father gather the large booklet of maps and guides sent by the motor club.

One was subtitled "I-65, the backbone of the Midwest." Eyes, watching his Father return the map to the creased portfolio, smiling at his Father's quirks. He had been excited: Vanderbilt, Duke, Emory, a few days with Grandpa, and all back in time for New Year's.



Jonathan Terry, DO

Where We Live in the World

by Megan Brown

When I hear the word “international,” an expensive plane ticket or passport comes to mind. It’s a word that implies a journey outside of one’s community. Yet within the unassuming adobe apartment walls which offer a disheartening choice of pea-green or lemon-yellow countertops—otherwise known as Graduate and Student Family Housing—there is an “international” experience to be had.

While self-absorbedly wading through my first year of medical school, at some point I began to notice that many of my neighbors at SFH are medical researchers or students within the UNM health sciences community. What a different perspective it is to see each other out of our eight-to-five personas. It’s a colorful change. Many of us curiously observe each other and our lives outside of the monolithic basic medical sciences building.

Some of us read the apartment announcements in English, others in Chinese or Spanish. In the afternoon,

the dull brown-green of the courtyards and lawns is punctuated by mothers strolling by in flowing saris and harem pants. There is ebony skin in African prints, and sometimes, I see a family in the traditional dress of the highlands of Ecuador. Capoeira, Brazilian art and dance forms, are advertised on the bulletin boards that my neighbors pause to consider on their way to the next courtyard where the Chinese-American barbeque is taking place.

Our food and garden plots are as colorful and varied as our clothing, as are the accents and happy shouts of children determinedly working together to catch a brave little white-tailed rabbit. And so I am thankful for this home of mine. It is vibrant and alive. As Naomi Shihab Nye, Arab-American poet, once observed, “Where we live in the world is never one place . . .” □

The Day the Sky Fell

Family gathered
excitement high – a new one on the way.

Four days of labor
exhausted – a new one on the way.

It's time to push
everyone in their places – a new one on the way.

They hand him to me
a sheet of ice cuts through me – he doesn't look
right.

I scan the faces in the room – everyone is smiling
family, nurses – nothing out of place...must be my
imagination.

Three hours later
a long awaited journey home – to crib unfettered,
stuffed animals await...
and oxygen, feeding tube supplies, and monitors,
and a list of “who to call when...”

Welcome home, little one.

– Charlene St. Germain

Caught in Mental Gridlock

Caught in mental gridlock
he finally pauses
just one effect
too many causes

– Arun Anand Ahuja

The Beast

And what of Man?

Naked children without eyes
Stalk fields of coal in search of remembrance
Clutching wilted flowers in skeletal hands

The ancients roam in silent death walk
Rustling like dead leaves
Blowing to the dark forest
Where creatures lie
Waiting
Terrible haunting beasts
Whose eyes yield no reflection
Only blackness

Mindless Xenon
Sinks beneath the shifting sand
His pleas muted by the howling wind

Lonely Canthus
Shrouded in dismal cloak
Passes alone
Unseen
Unheard
With shadow friend

Tortured phantoms
Stirring in death moon night
Starving
Devoured from within
The White Lady gathers her brood
What of their agony?

Cry you still of beauty and color?
Beware
Mysterious entities pursuing all to the sea of chaos
Darkly seething

What say you now of Man
And truth?

– Larry Osborn

Catatonia? (if I can by definition ever know)

Trapped finally
In folds of contradiction
I grow still
(in a peace that is the unique preserve of the prisoner)

My mind now darts motivationally
From one religion to another
Not seeking anymore, just processing
(albeit at a comparative level)

I look at the clock
It is still two hours to sunrise
Suddenly I feel fine
(and grateful for a single room in these dorms)

- Arun Anand Ahuja



Livinia Gallegos-Silva

His Everest

Squeaking through Death's closing clutch
Its claws as many as his problems
His view reduced to just the next foothold
If only to cut through clambered choices
He must make, being bounced around
In a system with multiple complications

The steepening climb is a reassurance
He must therefore be closer to the top

Suddenly the claws clamp shut
But he is not hurt, being at that point just air
Rising naturally as draft to the top
Then he is not even that, being the world's best view
From peak with snow alive
As it whips off to join him always

- Arun Anand Ahuja

depression

to laugh
cuz you are supposed to laugh
cuz all the others are doing it
cuz you are faking it because
you didn't get the joke, not really

to stay alive
cuz you are supposed to
cuz nobody's ever offed themselves
in your kinda family
cuz you are faking it because
all the personal growth books
you've been reading
since you were a teenager
work on that unspoken assumption
that first you have to stay alive
to then make your life a smashing success

- Arun Anand Ahuja



Livinia Gallegos-Silva

Lessons From My Patients About Living With A Serious Illness

by John H. Saiki, MD

Illness is far more complex than most physicians allow themselves to acknowledge. The dimensions of illness extend far beyond the symptoms and physical signs to include the far reaching impact on mind and spirit. We are trained with an emphasis on the biology of disease and its treatment. To the patient and family, the meaning and impact of serious illness is the more significant problem. This, “other side” of illness, I learned from my patients.

The impact of illness on mind and spirit is learned by listening to, and observing, the patient, spouse, and family. The doctor must learn what it means to be a patient, what the disease means to the patient, what laboratory tests and imaging studies mean. To us these procedures are cut and dried, black and white, millimeters, units. We order the test, make the diagnosis, and prescribe the treatment. To many of us that is what illness is.

To the patient illness has far greater significance: “Could I die from this illness? What will happen to my wife/husband and my children? Will I be able to work?

What will happen to my job? How long will I live? What will happen to our income? Will I be able to do the things I enjoy? Can I still be a husband to my wife? Am I going to suffer? Will I become an invalid and a burden on my family?”

After I have completed the history and physical exam, reviewed the laboratory data, the X-rays with the radiologist, and discussed the biopsy with the pathologist, I sit down with my patient and her spouse to discuss the illness and its treatment. I respond to all of their questions and say, “Now I would like to discuss with you what I have learned from other patients about living with a serious illness.”

Close and open communication

The most important lesson is closeness between patient and spouse, patient and child, other family members or close friend. By closeness I mean sincere communication in words and open expression of feelings.

It's not easy to be a patient, but it may be easier to be a patient than to be the family of a patient. Serious illness steps on the toes of the patient and on the hearts of the family. The patient experiences the physical pain, the needle sticks, the surgeon's knife, and the side effects of our treatments, but family members feel the emotional pain. It is the spouse who is in emotional agony.

It is human to want to "protect" the other person. The patient wishes that the disease were only his/hers, but serious illness is the entire family's problem. For this reason open communication between patient and family is essential. The family must become a team dealing with the issues of serious illness. The patient asks himself: "How am I going to tell my wife and family? I worry about what might happen to them if I were to die. I especially worry about burdening them more by talking about this, when they are already hurting much more than I."

Many years ago I took care of a young girl who had been diagnosed 2 years earlier with chronic granulocytic leukemia. She was 12 years old at diagnosis and had been treated with radiotherapy to her spleen. Her disease was monitored with blood tests every two weeks. Now, at the age of 14, she had become withdrawn, was losing weight, and had falling grades at school. There was concern that her leukemia was worsening and I was asked to see her in consultation.

One day prior to Jane's visit her mother called to tell me that they had never told their daughter the diagnosis and that she did not want her daughter to know that she had leukemia. I discussed with the mother the importance of telling the truth, but that I would respect her wishes. I explained why it was important to discuss the diagnosis with her daughter and how doing so would open their communication about so many important issues that concern a young teenage girl. I told her that it was likely Jane did know that she had a serious illness, having been treated with radiation therapy and having had frequent blood tests, in addition to stressed family interactions. I told her that Jane was alone with her illness and had no one with whom to talk.

She was an attractive, pleasant 14 year old high school student. Her exam was normal and her blood tests were not particularly remarkable, except for a minimally enlarged spleen. I had planned to do blood tests and a bone marrow. But I was careful to alert our medical technologist to not ask about the diagnosis. I was careful to not write the diagnosis on the laboratory slips, which she would hand-carry to the lab. I felt uncomfortable and was worried that Jane would accidentally discover her diagnosis.

I was unable to find anything significant that could

explain her worsening symptoms and weight loss. That evening Jane's mother called. She was crying and said that she had discussed everything with her daughter. They cried together. I arranged for an appointment the next day to sit down with Jane and her family to talk about the disease and to talk about the specialness of open communication and sharing of feelings with each other. Weeks later, her mom called and said that Jane had improved considerably, was eating well, in good spirits, had improved grades, and was back to her normal energetic self.

The patient says, "Enough is enough. I don't want to add my worries and fears to all the stress my family already feels." The patient thinks that they are protecting their spouse, child or other family member, when she does not talk about emotionally painful issues. Quite likely she is also protecting herself, knowing how much she hurts, when she sees the emotional pain in her loved ones. This is especially distressing for her, believing that she is responsible for their pain and doesn't know how to comfort them. However, "protecting" is pulling a curtain between herself and her husband and family, blocking communication and preventing their support for each other.

Her husband shares identical thoughts and concerns, and wants to "protect" her. He sees what his wife is going through, and imagines what she will go through. Human nature is such that we tend not to worry about ourselves, but we do worry about the other person. I have observed that my patients and their families have identical thoughts, fears, and feelings, but are unaware of this. They should never be afraid of hurting each other with whatever they say. Everyone has such thoughts. They are not negative, but real, human and important.

Bill Moyers hosted a documentary on "Death in America." One story concerned a veterinarian, diagnosed with ALS (Amyotrophic Lateral Sclerosis also known as Lou Gehrig's Disease). During his initial interview, the veterinarian explained his illness to Mr. Moyers and how he would eventually become paralyzed and bedbound. He told Bill Moyers, that when his disease began to compromise his quality of life, he would end his life, and that he had the means to do that. His illness did progress over many months and eventually he became bed-bound.

In a subsequent interview with Bill Moyers the veterinarian's wife talked about how difficult it had become for her husband. She suddenly broke down and cried, saying "I feel so guilty, because sometimes I wish that he could die." As I gave thought to this scene, I knew that it was likely that her husband shared the same thoughts/feelings, probably crying alone, wishing that he could die, and feeling guilty

that he was giving up on her.

Discovering that their thoughts are identical is liberating and enables the husband and wife to be a team, solving problems together and supporting each other. In sharing their fears they help each other. And when there are tears, they comfort each other. This holds true for even the most extreme thoughts in the most difficult of times.

“Day-tight compartments”¹

I tell my patients and their families to live “one day at a time.” The only time any of us have for certain is now. We cannot change yesterday and we cannot know tomorrow. Work with the treatments and the disease one day at a time, living in day-tight compartments. Don’t ask, “how will I cope with 4, 6, or 8 more of these terribly distressing treatments.”

Even in perfect health we can’t shoulder the problems of the next six months today. Continue to make all the plans that you have ever made. Plan to celebrate that next anniversary. However, when you find yourself worrying about the cancer or the treatments, remind yourself, “one day at a time.”

“Anger is normal”

I tell my patient that anger and frustration resulting from having the cancer may be expressed towards others, the doctor, the world, and God. The patient at a supermarket may find himself inappropriately becoming upset with the person at the check-out counter. Recognize that under stress this may occur. The patient may get upset with their doctor, and say to himself, “I shouldn’t be upset with my doctor, he’s not the cause of my situation. He didn’t cause my cancer or the side-effects of my treatments.” Realize that these responses are not uncommon. My patient may express his anger at God. I will tell him that God should be tough enough and accepting.

I will mention to my patient to be aware that you and your wife may, on occasion, become irritable and upset with each other. My patient will say to himself, “How can I be upset with my wife, she didn’t do anything wrong.” Simply seeing her emotional pain and believing that you are the cause, hurts, I tell my patients. When somebody hurts you, you get upset and this is normal. Likewise, your wife may find herself upset or angry with you and she may not understand the reason for her distress. She may say to herself, “How can I be angry with my husband, he didn’t cause his cancer. He didn’t do anything to hurt me.” However, because of the cancer, he threatens to leave her (by dying) and that hurts. The normal response is to feel angry. These

are normal feelings. Importantly the good things you are to each other are the real essence of your relationship. The same response occurs in young children who lose a parent to cancer, and are angry at their mother/father for abandoning them.

Just “be there”

A major problem for many physicians is that we always want to be of help to our patients. However, when we have a patient who has a disease that is resistant to treatment and we are unable to help, we feel that we have failed and are responsible in some way. Truly we are no more responsible for the cancer not responding to a medicine than we are responsible for its remission from a treatment. Most importantly the patient does not see us as having failed.

Early in my career I had a patient in her sixties with metastatic cancer involving her liver. It was a very slow growing tumor for which there was no treatment. I saw her each month, but I felt helpless. I would agonize trying to figure out a way to help her and did not look forward to her visits; for with each visit I saw her ability to do the things she loved steadily decline. Then on one follow-up visit, she told me something that was a profound lesson in caring for all future patients with chronic incurable disease. She said simply: “I know that you can not do anything for my cancer, but I want you to know how much I appreciate that you are there and that you listen to me.”

I discovered that “just being there” is also helpful for the healthy spouse. Often the caregiver feels helpless. The healthy wife is in the kitchen preparing a gourmet meal to entice the appetite of her ill husband, to help him gain weight, to make him stronger. But as his cancer progresses, his appetite diminishes and even the smell of food becomes nauseating. What my patients have taught me is that their spouse doesn’t have to do anything - simply their presence means everything.

“Be good to yourself”

Finally I tell my patients, “be good to yourself, do things that you like to do.” Pleasure and enjoyment are “vitamins” for the brain. When one has a toothache and spirits are down, it hurts like hell. If spirits are good, it still hurts, but not as much. So, be good to yourself, do things you enjoy doing. It will help you cope with us, our treatments, and the cancer. It is normal to have good days and bad days, and when we have our bad days we think of bad things, such as the cancer recurring. Go out to dinner, rent a great video, and interrupt that vicious cycle of having a down day. I have observed that when patients are having a

bad day, they think the cancer is worse and when they are having a good day the cancer just doesn't seem to be a problem, regardless of whether the cancer is progressing, regressing, or cured.

Completing Treatment, "Graduation?"

When a patient has completed treatment, they anticipate it to be an exciting "graduation." However, difficult treatments require every ounce of energy to cope; and when the treatment is completed, instead of feeling great, the patient may discover that their spirits are low. They don't understand why, especially when one thinks, "I should be feeling great." They may spend more time thinking about the meaning of their illness and all of the potential losses.

This is very disheartening. But as the patient thinks through these issues, she puts her life in order, places various problems in perspective, and develops an understanding of thoughts to which she had never previously given consideration. Among her thoughts she discovers: "I'm not afraid of dying, but more importantly, I'm going to survive this." And when she does, she begins to feel better, more in charge of herself, more in control. In fact she begins to realize that the quality of her life has only improved since the diagnosis of her cancer, not worsened. She begins to realize what is important in life, and what is not. She begins to feel human again and that she is coming back to life. Her relationship with her husband, children and family is enhanced and closer than ever before.

The "Anniversary Syndrome"

Almost always, one year after the traumatic event of a cancer diagnosis and aggressive treatment, many patients often feel uneasy and depressed. They may even feel a recurrence of their original symptoms. One of my patients called to tell me that all of his symptoms had returned, that his disease had relapsed, and that he needed to see me as soon as possible. I saw him the next day. His physical exam was normal and all of his laboratory tests were normal.

This phenomenon is called the "anniversary syndrome." Be aware of this, tell your patients to circle the month prior to an anniversary date on each new yearly calendar to remind them that their "anniversary" date is approaching. We may forget, but the brain has a deep-seated imprint of the painful emotions from 12 months earlier. When their calendar reminds them of their approaching "anniversary" date, they should relive in their minds all of the emotionally painful events of the diagnosis, treatment, and family distress. In doing so, they can lessen the impact of the "anniversary syndrome." It is important to do this

each year. With time, the event will become less and less painful. Remember this is a family and patient experience.

"Amazing resilience of the human spirit and mind"²

I am amazed at the adaptability of the human brain, mind, and spirit. This ability is beautifully illustrated in the book, "The Diving Bell and The Butterfly," in which the author's physical body is shackled by a devastating stroke (the diving bell), but his creative mind (the butterfly) allows him to live and enjoy a life that most of us never experience or achieve in perfect health. In this light I would like to relate the following story:

A few years ago I met Robert, a hospice patient of mine in his late fifties with Amyotrophic Lateral Sclerosis. He was admitted to our in-patient hospice unit and was no longer able to walk or move his arms. His swallowing was becoming impaired, as was his breathing but he was able to talk and able to use his thumbs to press the buttons on the remote-control for his TV set. He was a very pleasant man and seemed to handle his physical incapacity well. After we talked about his illness, I was curious about what he did for relaxation and what he dreamed about. He told me that he enjoyed watching travel videos and that he dreamed about travel. I was curious, because early in my career I had cared for a woman with a malignancy that had put pressure on her esophagus, which made it impossible for her to eat solid foods. I always remember her laughing and telling me that she often dreamed about eating steak.

That evening. I thought to myself how incredibly anxious I would feel, if I were paralyzed and unable to scratch my nose or reach for a glass of water. The next morning on rounds I found Robert asleep. I woke him and asked, "Robert, what were you dreaming about?" He laughed and said, "I was on tour with Michael Jackson, dancing on stage." I told Robert about my thoughts the previous evening and asked him if he ever felt terribly anxious or panicky because he was unable to move. He stared at the ceiling, and then looked at me and said, "No, and I know what you are saying, but I don't feel anxious and panicky and I don't really know why I don't." Robert demonstrated this remarkable adjustment to adversity.

Spouses, family members, friends have shown special ways in providing the patient emotional support. Several years ago I walked into the examining room for a follow-up visit with a woman in her forties with breast cancer. Three weeks earlier I had started her on an aggressive course of chemotherapy. When I entered the room, I immediately noticed that she had lost her hair from her first treatment, but the real surprise was that her husband was also bald. I

said, "What happened?" He said, "Well, Dr. Saiki, my wife felt so badly when you told her that she would lose her hair from the chemotherapy, I told her, that if she lost her hair, I would lose mine."

"Living with cancer"

When some cancers recur, there can still be a realistic chance for cure. With other cancers, there may not be a possibility of cure even at the time of the original diagnosis. Yet with some of those cancers, the growth rate can be so slow that it may never interfere with the patient's life and may never require treatment. Other cancers may be slow growing, but require treatment and are easily controlled.

When treatments are no longer effective and the cancer is progressing, I talk to my patients about the status of their disease, its seriousness, and what we can and can't do. I work with my patient and their family as a partner and ask for their thoughts and concerns. I have found that knowing how my patient is coping with their illness has given me a sense of comfort. I have come to believe that my patients cope with their illness and the possibility of dying far better than I. When they're okay, I'm okay. When they're not okay, then I sit down with my patient, assess the problem and develop a plan to resolve it.

When treatments are no longer working, I ask my patients how they would feel about stopping the chemotherapy and changing the direction of our efforts to focus on quality of life. I remind them that decisions are always for the moment, so we can say "Yes" today and "No" tomorrow. When a decision is made to focus on quality of life and not the tumor, the patient will ask me, "How much time do I have? Am I going to be a burden on my family? Am I going to suffer? How will I die?"

"How much time do I have?"

I will say to my patient that they will know by how they are feeling. If their life is limited to a few months or less, they will know and I will share the same feeling. But when they do not know, I do not know either and this means that the patient may have several months to live with no predictable end in sight. I remind the patient and spouse to live in "day-tight compartments," to be open and complete in their communication with each other. I tell them that if they can say to themselves it is okay if they were never to see each other again, then their communication is complete. Their children should be encouraged to visit and this same completeness of communication is especially important, as often the distance that they live magnifies their worry and concern. When their communication is

complete and they share their feelings with each other, they will still worry, but they will no longer be consumed with worry every hour of every day.

"Will I be a burden on my family?"

I have observed that families appreciate being able to care for their loved one. Being involved, experiencing the intimate conversations, and sharing the progressive loss of quality of life allows the family to know how the patient feels in a deeply personal way enabling them to "let go" more comfortably. I discuss with my patients and their families the wonderful care and emotional support for both patient and family that hospice provides and arrange for their involvement. I tell my patient and their spouse and family that the more they grieve together the more comfortable they will be when death eventually occurs. When the family shares their emotion with their loved one, they must tell the patient how much he or she is helping them, when they cry.

"Will I suffer, how will I die?"

"We will do everything to comfort you, keep you free of pain, and be observant of any distress even when you are no longer able to express yourself." If my patient has shortness of breath from metastatic cancer or chronic lung disease, I know they will anticipate and fear the possibility of smothering to death. I tell them, "You must be assured that we will do everything to be certain that you are comfortable and pain-free. We will give you whatever it takes to manage your pain or other symptoms. If you were to develop severe shortness of breath, pain medicine will take away the pain of air hunger, as it would take away bone pain. Sometimes in doing so, you feel more comfortable. You will not breathe as intensely, which could shorten your life. You need to know that your comfort is most important, even if it were to shorten your life. Do you agree?"

"As your disease progresses, you will become increasingly weak, eat less, and become less and less active. Eventually you will be confined to bed and when this happens, it is likely that your life will be limited to weeks. You will then sleep more and eventually most of the time. When you are no longer taking any food or fluids then your life is likely to be limited to a week or two. Eventually you will drift into a sleep, and will not be able to be aroused. When this happens, you will likely live only a couple of days at most. When dying is imminent, you will likely be unresponsive. Your family may notice a change in breathing with an increase in rate. This is not a sign of respiratory distress, but most likely relates to chemical and physiological

changes.” I inform the family that “I do not expect any catastrophic event to occur and that they should feel comfortable keeping the patient at home.”

The Doctor

The emotional stress of serious illness is enormous. These issues are often hidden from the physician. Even though the doctor can do little to resolve these problems, he/she can listen to the patient, be aware of their distress and emotional pain, care for the patient, guide the patient, and facilitate obtaining help from others. Being a physician is not easy. The physician can not be all things to his patients, but he can and must always care. As Dr. Francis Peabody famously wrote, “...for the secret of the care of the patient is in caring for the patient.”³ The patient is only asking for that. Anatole Broyard wrote in his book, *Intoxicated by My Illness*⁴: “Not every patient can be saved, but his illness may be eased by the way the doctor responds to him...and in responding to him the doctor may save himself. In learning to talk to his patients, the doctor may talk himself back into loving his work. He has little to lose and everything to gain by letting the sick man into his heart. If he does, they can share, as few others can, the wonder, ter-

ror, and exaltation of being on the edge of being, between the natural and the supernatural.”

The more difficult challenge for the physician and the most important lesson is learning to accept the patient’s anger, anguish and tears. To encourage the expression of emotion and that “just being there” is extremely important in comforting the patient. Facilitating communication between patient, spouse and family enables each to overcome the crisis of illness, to put things in perspective, and manage problems as a team. This is as important as making the diagnosis and prescribing the treatment. □

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Livinia Gallegos-Silva



Robert Vickrey, TIME magazine cover of Francis D. Moore, 1963.

The Gettysburg Address

by John C. Russell, MD

The Gettysburg Address. 187 words – 6 minutes to present. Reportedly it was not heard by many, because of poor acoustics and the unexpectedly high, nasal voice of President Lincoln. It came following long speeches by other dignitaries that have long since been forgotten. It was probably only appreciated by those in attendance in retrospect. Yet it was clearly a speech that touched a responsive chord, one that has resonated for many in subsequent years.

Nearly 40 years ago, I remember little about the beginnings of my medical school career. On one of the first days we were paraded into a fabled hospital auditorium, to hear words of wisdom from graybeards of whom I knew little then, but now know were world-acclaimed physicians and the pride of my medical school. I listened with some awe, but much disinterest, reflective of my age and the stage of the US history. Only two years before my class had closed down a major university with Vietnam protests, and our President had proclaimed our class the WORST in more than 300 year history of that college.

Not me – I had been an unassuming biology major, trying to stay out of harm's way, and doing what I could to get into medical school.

In hallowed halls, listening for the wisdom of the ages about becoming a physician. Family Medicine loomed in my future – it seemed to best fit my personality and my understanding of medical practice. No one in my family had been a physician, so I had to go by what I saw on television and what my personal experiences with medicine had been.

Near the end of that initial session, and after many speeches now long forgotten, an older gentleman stepped to the podium. He was introduced, but that introduction meant nothing to me then. He was a surgeon – an entity as foreign to me as a Martian. I didn't know then (but I do now) that he was among the most renowned surgeons of the twentieth century – Francis D. Moore, a pioneer in many aspects of modern surgical care.

I do not remember the details, but I have always remembered the message. I can only paraphrase:

“The fundamental act of being a physician is accepting responsibility – for yourself and for your patient. If you cannot, or do not want to, accept that responsibility, you should find another profession.”

He said nothing more – not a word about medicine, about surgery, or about the formative process of becoming a physician. Just about responsibility, and the wonderful and awesome burden placed upon us in being a physician.

It was nearly three years before the seed planted that day germinated. I realized that Surgery provided, for me, the ultimate personal challenge in accepting responsibility for patients. I haven’t looked back since.

I heard the Gettysburg Address. □



Paul Akmajian

Stanley’s Diner

by Jonathan Terry, DO

I Will Know

I will know.

I will know when I have died ~
for I will only feel God.

I will only have compassion
I will only know forgiveness
I will know love as God intended it.

I will look in the mirror and see only one of us ~
I will look in the mirror and Gods eyes will be mine.

I will “see “for the first time.
I will be ~ alive for the first time.
That is how I will know ~ that I have died.

– Johnelle Phelps

He sat alone at the diner in Santa Fe. The young man had been there so many times before, always in that corner booth with the patch on the seat and the matte, checkerboard table. The other patrons, busy in conversation, hardly noticed his foot tapping or the way he would slide the salt shaker one inch forward, one inch back.

Stanley, who made the milkshakes, looked over and shook his head. He knew the man for years. Even on nights like tonight, where there wasn’t an empty seat in the diner, the man had been a good customer. He always had something nice to say, but still, always had something missing. Stanley didn’t think much of him, but was glad his diner was a place the man liked to visit. Two or three times a week, maybe four, the man would come in and deliberate on the menu, but would always order the same thing.

Another order came up, and Stanley walked over to the kitchen window to grab the steaming bowl of chili. The young couple were so busy in conversation, they didn’t notice when Stanley quietly placed the bowl in front of them, before heading over to now-vacant corner booth where the man had left the crumpled bill adjacent to his napkin.

As he lifted the plate, still half full of French fries and crumb-filled ketchup, Stanley pushed the greasy salt shaker back towards the napkin holder near the wall. Suddenly stopping, the diner man saw the ring, resting idly near where the shaker had been. Three diamonds and an etching of a vine were on the face. They were sloppy and greasy from the hands that had fumbled with the fries moments ago. Stanley thought about calling the police before quickly realizing they wouldn’t respond. He knew this was the last time he would see the man in the corner booth. □

The Weight of Halos

Be.

Alphabetically the
shortest complete
sentence of the English
language, this two-letter
suggestion, this command,
has tentatively hanged
from the frothing
mouth of God since
his lips unfurled
the Sixth Day,
when he gave breath
to the rest of his
menagerie, filling
emptiness with instinct.

The way a halo hovers
overhead—proud—
implies consent,
and temptation, like smoke, fills
every crack, sets
up shop, and goes to work,
tarnishing the glow until
it has lost all charm,
and slides
past the eyes, to rest
heavy around the neck
with a leaden
promise of success.

The lies we tell
ourselves, they shackle
us, and we believe
them too quickly
to appreciate the quiet
wisdom in patience.

We beg: How
soon may I become
owned? I want
the choke chain—

It's easier than waiting.

If God ever lets
that word fall,
if he ever
finishes his decree, perhaps
we can reclaim our
role of steward, and
care again
for the world.
Maybe he is too
tired—the soul
requires great effort
to bestow. Maybe the will
has faded, as if he decided
this would turn us
into brutes. Then
again, the cornerstone
of civilization has
always been conquest—
inside our walls, we are
already less than wild
men. Maybe God had long
ago given the Word,
and too busy, we just
didn't listen.

But maybe the savages did,
and since Day Six
have run from
the burden of machine
and empty promise.

If they know
something we don't—
how to live within
the world instead
of above it—perhaps
that knowledge is
held tenderly by the surface
tension of those two
letters, by the calm
voice of that word, and we
are too reckless to notice.
Perhaps,

the way a halo
hovers overhead—proud—implies
hope, and makes the effort
to breathe free seem
not like a chore, but
like instinct: intriguing
the soul to grow, to soar,
or simply to be.

- Benjamin Bormann



Laura Hall

Shorn

I am a sweater on the
shoulders of an old woman.

She moves like fall
branches, every rasping
step calls the dead
down to be counted.

She is small and frail,
but has worked
lifetimes of men,
then buried them.
Her face is
their gravestone,
each wrinkle an epitaph,
each sad look a eulogy.

Eventually she will disrobe
me as well.
She promises
to be gentle, telling
me on that day her
eyes will smile.

- Benjamin Bormann

Visitor

the small neat badge
over his left breast
reads simply: visitor

not meaning to do more than designate
some transitory passage
through this particular mundane place

a hospital clinic on a blunt work day
but seeing him, his rag clothes
nonetheless arrests the eye

and meager intent grows
like the thunder soft crack
of a broken bone

a terminal interloper, a life on loan
whose dust offending step
feels no welcome, finds no home

he drags his brain like a weight
an empty belly ache
listens for his last meal

over all he hesitates
everywhere and everything
is someone else's space

of course we like to believe
that he is different
we have our people, our place

but somewhere someone is preparing
to bear us quietly away
transitory visitors

to a temporary place

- David J. Mullen, MD



Livinia Gallegos-Silva

The Magic Christian

by Robert Schenck, Jr., MD

In high school I learned about perception, an amazing concept for young and old alike. When I started school in Carbondale, my new fifth grade class made fun of my name, pronounced Skank, but was simultaneously awed by my size. I was unstoppable at recess football and after my first touchdown; the kids quickly changed my nickname from skunk to moose, as I could be trusted to carry the ball

That first year was a little tough. I had a few friends who knew me from summers fishing with my Dad and I was liked at recess, but my opinions got me into trouble. I spent some time in Principal Nicholson's office for my outspoken nature. My perception was such that the two fifth grade classes were separated based on smarts as the other class played chess, read, and studied math at an advanced level. In contrast, my class studied only the basics and when I saw I was the only one raising my hand to answer a question, I realized that the adults were doing something silly again. I liked my classmates, but they didn't read and mostly wanted to play at recess football. "Why am I in the dumb class?" I asked my kind teacher, Ms. Vohs. She promptly sent me to the principal's office. Principal Nicholson and Ms. Vohs denied the segregation, emphasized by the crack of his paddle, but the following year I felt vindicated when the kids were mixed between classes more homogeneously.

I still got into trouble and with it suffered through some visits by my father to my elementary school. Once while in the library, Mark Giannetti, Hank Spaulding, Gary Cerise and I decide to race around the library tables. We were all summoned to principal Nicholson's office, my second trip for the year, and he called all the parents asking them how they wanted it handled. Mr. Nicholson was kind enough to let me wipe the tears from my eyes before he took me back to class even though it was my second paddling on the academic fifth grade year, the three swats still hurt. I explained to my dad the following afternoon how the other parents had told the principal they would handle it at home in contrast to my father's decision. My accomplices told me their parents all laughed at the issue and I made sure to relay that to my father. That started the chasm between my father and me as I began to feel I got more than I deserved.

But in an effort to avoid meetings with the principal and his strong arm, I ran for office in the sixth grade, the following year. As I was still relatively new to my classmates, I set my sights on the office of treasure as it had the least competition. I was elected with the campaign promise of '☿☿ Skunks Know Their Scents ☿☿'. The mind of a sixth grader, was no match for this simple humor. After my year as sixth grade treasurer, I ran for class president in

junior high and high school and was surprised that I was elected each time. During my freshman year in high school, my leadership skills were put to their first real test.

Like all high schools in the 1970's, Roaring Fork had a student council and as ninth grade class president I was automatically made a member. This honor involved time out from the doldrums of class and free candy. During the October meeting, choosing a Christmas movie was briefly discussed. Nick Guthrie, a star football player who had taken a liking to me and announced not as a suggestion but as a decision, "Have little Skank chose the movie." I was instructed to visit with the high school principal, the intimidating Mr. Wallace Parker. It was in Principal Parker's office where he handed me three movie catalogs from which to choose our holiday film. His direction was limited to four words, "Don't mess this up." We got to know each other very well over the next four years and I saw that he had little confidence in any high school student much less a freshman who would be foolish enough to wear red pants. While his confidence in me also remained marginal, I discovered that I had no problem with decision making. Even if I screwed up.

Mr. Parker was a very strict principal who dreaded change and was often ridiculed for his lack of personality. He hated taking chances and his penchant for taking the straight and narrow often backfired. The most common tale of this was years later, when he was retired from administration. Even some of the teachers disliked him but no less than our family friend Don Boss who taught junior high mathematics in Carbondale. Although I doubted the source, Mr. Boss told me this story, as if gospel, one summer while I was home from medical school. Apparently, while working on the steep roof of his mountain cabin, Don described how Mr. Parker attempted a measure of safety by securing a rope to his jeep on the opposite side of the house, like a mountain climber uses ropes. In case he slipped on the steep roof, the jeep on the other side of his house would act like an anchor and prevent a fall to the ground as the rope tightened across the top of the roof. While this safety precaution would have prevented him from falling off his side of the roof, he was the first roofer, that Don knew of, "to fall up a roof". Apparently his wife had decided to make a trip to town, but hadn't see the rope attached to the bumper. The legend has it that she dragged her husband up the roof, over the house on to the ground. Don told the story with a grin, "she didn't stop 'til she arrived at the hospital." Everyone was intimidated by Mr. Parker's strictness, and it was for that reason the story, even if possibly not entirely factual, was told by Don, repeatedly, with glee.

Over the next several days I realized I was alone in this movie decision and carefully scrutinized the movie

catalogs and came up with two choices. "Thoroughly Modern Millie", a madcap musical with wholesome actors Mary Tyler Moore and Julie Andrews. But the brief description about a 1920's Flapper musical left me wanting something more relevant and exciting. Ultimately, I chose "The Magic Christian", a humorous satire on the greed of mankind, starring Peter Sellers and Ringo Starr. Perfect, I thought, a great comedian, a famous drummer, and a title that spoke to me of the magic of Christmas. It was the 1970's and I believed the satire would be appreciated by the post-Vietnam War high school mindset. I should have gotten more information.

I announced my selection to Mr. Parker and received his blessing. The secretary and I carefully removed the perforated order form from the back of the catalog and filled it out. True to the company's guarantee, the 16-mm movie spools arrived within six weeks protected in heavy metal cases.

Friday, December 14th was the last day before Christmas holiday and movie day. The basketball gym windows were covered with black construction paper and the chairs were moved to face the stage, underneath the homecourt basket, which had been elevated by cable and hook to give the projector a clear shot at the screen. Juniors and seniors were given preference and sat toward the front, and the concession stand was open just like it would be for a spectacular state championship game. Even the coolest seniors lost their composure, as they were excited to have a free afternoon to see a movie. Mr. Parker introduced the film, "Today we're going to see The Magic Christian, a religious based movie mind you. I wish all of you a Merry Christmas." The lights dimmed and the film rolled. Mr. Parker sat with the teachers and watched alongside the students; everyone was excited to watch a movie at school.

Roaring Fork High School is located in the mountains of Colorado. In 1973, the entire population of our valley was comprised of ranchers, miners, and merchants. To say the citizens were conservative is very accurate, but many of their school age children wanted anything wild or new, and secretly enjoyed a protest over authority. On this afternoon, the only conservative representation was the principal and a few teachers. Many teachers and students were surprised by my movie choice, but no one was as surprised as Mr. Parker.

The movie *The Magic Christian* is a satire on capitalism and greed with a famous cast including John Cleese, Raquel Welch, Yul Bryner, and Roman Polanski. The premise of the movie is an eccentric billionaire, Sir Guy Grand, played by Peter Sellers who adopts a homeless, derelict named Youngman, played by Ringo Starr. Youngman helps his new rich father play elaborate practical jokes

on the common citizen, exposing their greed and vanity. The movie involves the most irreverent, bizarre bribes and stunts imagined; all created to see the extent to which people will go for the almighty dollar or pound. The movie ends with Youngman filling a pool with filth, excrement and thousands of bank notes as Sir Guy Grand watches the crowd dive into the manmade cesspool to extract the tainted money. But we didn't get to that part of the movie. In fact, I had to wait over thirty years and the arrival of Netflix to see the chaotic ending of the Magic Christian. Back in 1973, the film abruptly ended during a psychedelic scene in the hull of an abandoned ship where the high priestess, played by Raquel Welch, was whipping topless female rowing slaves. Frontal nudity was forbidden in Colorado high schools. And that is the moment Mr. Parker pulled the plug on my movie to the groans of the student body watching their first glimpse of soft porn. My heart stopped along with Raquel's whip as the screen went black. The students were told to remain in their seats as it was too early to be released from school for winter break. I, on the other hand, was motioned by a furious Mr. Parker to follow him as he left the gym.

Walking behind Mr. Parker past the concessions and into his office, I was filled with dread. He shut the door and said, "No one in the history of Roaring Fork High School has ever pulled a stunt like that. You are barred from the student body and your high school career will be tarnished by this act." I sat in disbelief. I didn't care about my career, but I did care that he believed I had intentionally chosen *The Magic Christian* as a subversive attempt to bring down the schools morals. I was in shock.

I stumbled out of his office and walked back slowly to the gym. I wiped a tear from my cheek thinking about my future and Christmas break, hoping that my parents would not eventually find out as Mr. Parker had been unsuccessful in his attempts to call my parents. Standing near the concession stand, I saw the gym door burst open and I was instantly surrounded by hundreds of students headed home for their holiday. "Great movie, Little Skank!" they cried. "Yeah, that was the best Christmas movie ever!" Nick the senior patted my back and for a moment I felt like I was a celebrity. At that moment, I fully experienced how perception is dependent upon your point of view.

Mr. Parker was wrong. I was elected class president for the next three years and remained in student council. My parents only found out later when I told the story the following Thanksgiving and my father finally laughed. Amazingly, I was put in charge of the Christmas movie selection the following year. That year, I chose a mad cap musical. □



Livinia Gallegos-Silva

Stem Cell Aspirations

That spooky skeleton, that wizard of lith
Creaks and rattles and outlives us.
A chalky chassis, it wears well
But wants to be rock, a flinty fossil.

But blood won't let it.
Drilling its dwelling inside bone's cave
Bony trabeculae arch a cathedral ceiling
While resident stem cells in rubicund reticulum
Percolate the primeval wellspring
Of bone's reluctant cloister.

Replete with life but still not content
Its life calling rests still
Until silence is shattered by gleaming needle
Piercing the crusty rind.
No mere vestige or lifeless fossil
Stemcells wander a signless path
Bringing light to a new unopened ashen chamber.

- Ted Eastlund, MD



Livinia Gallegos-Silva

The Woods of Fall

by Jason Bengtson

Sam tapped his cigarette against the sole of his shoe. In the darkness, between the tall, groping trees, the sparks fell like a shower of stars.

“Nice, here,” he said, as if to no one in particular, which David appreciated. He appreciated a lot of things about Sam. His slow smile, his calm eyes, but most of all David appreciated his strange and quiet ways.

“Yes,” David responded softly, through a swollen throat.

“He’d have liked it here. Like when we took them all camping. You remember. He always liked the trees. The growing things.”

“Yes. He did.”

In the darkness of the woods the constant reality of survival played itself out. Animals prowled and cried out and were silenced. David thought he could hear each one of them breathing.

“Is it finished?”

David turned to him, not comprehending, struggling for his friend’s meaning.

“What . . . ?”

“Did you empty it out? Where he wanted it?”

“He never said. Not exactly. But when they’re a boy, who thinks . . . but I . . . but yes, it’s done.”

“Then you should come back to the camp, Dave. Come back to the fire.”

“My dad first took me up here when I was seven. Did you know that? I was just a boy myself then. I used to roam all around these woods. I could walk them in the dark. I wonder. I wonder if I could still find my way.”

“You shouldn’t do that.”

“Why? Why not?”

“You’d get lost, Dave. Time changes things.”

“You know I never got hurt up here. Not once in

all those years. Camping and hunting and fishing all those years and it was like a dream. Can you understand that? Do you understand how it can be that way?"

Something tight and heavy choked off the end of the sentence. Sam put his hand on his friend's shoulder. It felt bent, hollow, defeated.

"Come back to the fire. They're all waiting for you."

"No. Not yet. You go on. You tell them . . . tell them I'll be back soon."

Sam exhaled a gout of pale smoke.

"Sure. I'll tell them. But don't stay up too long."

Leaves rustled underfoot as Sam started toward the camp, then stopped. There was silence. When Sam finally spoke again his voice was different. Barely a whisper.

"It wasn't your fault, you know. It really wasn't. It might have been God's fault, but it surely wasn't yours."

David felt something thin and hard battering itself against the inside of his chest. He felt his throat close up and he couldn't answer. Couldn't think of how to answer. The words that he wanted to find escaped his reach, danced about his head like the sound of young, drifting laughter, and a moment later Sam started off along the path, leaving him alone.

The sob caught David by surprise, took him to his knees and wracked his body. The floor of the forest was cool and disinterested. It was littered with leaves and branches in the wanton disorder of a young child's room. David heard Sam's footsteps in the dark distance and he thanked him for not stopping, thanked him beneath his terrible lurching sobs.

The forest, with its myriad of life, was still a graveyard. Under every footfall lay the remains of those that had lived before, dismal and abundant. David reached his hands out, bent over like a penitent, fingers straining, before dropping them to the earth and scooping the detritus of the forest floor back toward him, now a man trying to gather up and remake the past. He felt suddenly, in that instant, that he could fix it. That there was some way that he could reshape the loamy soil and the moist leaves into something warm and definite and human. It seemed that it could be a simple thing, a small thing really, to push time backwards and remake all of the things that had become broken.

The momentary reverie passed, leaving David clutching the soggy remnants of the forest's entropy. He clenched his handfuls desperately, hopelessly, a numbness beginning to creep into his fingers. Overhead the trees swayed as a bone-chilling autumn wind whipped through the branches and, still lower, shifted the saturated contents

of the forest floor. David lifted up his hands and opened them, leaving the pulpy masses of twigs and filthy leaves to fall down around him. They were limp and vaguely pathetic.

It will be this moment, he decided, it will be now, in the dark, when all delusions fall away and all lights go out. I will live here, and I will not be able to escape. I will wilt, like these dead leaves. I will lose my color and my firmness and everything within me will fall to rot. When I move it will be like the creeping movement of the smallest, strangest thing. And when I lay down it will be as ashes falling onto the earth. Those who love me will learn to love my absence, because I now have nothing else for them.

The wind arced beneath the collar of his jacket, racing along David's bare skin with what should have been a bracing shock. But, despite an involuntary shudder, David found that he felt nothing. The cold was swallowed up within him, tossed into a black pit with the rest of his sensations, feeding an emptiness that filled him completely.

He stood reluctantly, because he could think of nothing else to do. His narrow hands with their long, fluttering fingers brushed his trousers off and for a moment he simply stood, a slim figure drooping pointlessly among the hulking trunks. He finally started off toward camp, accelerating to a stumbling walk after a few listless steps. As he moved along the trail, he found himself hoping only one thing. He hoped Sam was wrong.

He hoped that he would find no one waiting for him. □

Revelation

One strange night
When clouds caressed the moon with silent silver flames
And leaves swirled restlessly
As if to drown the footsteps of evil follower
I
Traveling without direction
Swept suddenly into a void of endless mist and rushing wind
Was hurled beyond that barrier
Known to few
And descended into dawn

- Larry Osborn



Jonathan Terry, DO

The Mind

The mind races and rides
through it's maze byzantine
as it reads blogs and views
of people on the news

Drawn out from it's peaceful reverie
it jumps through hoops
to find it's niche to shine,
write it's own blogs and views
for other to see

"Stop this running, mind!"
You scream.
Just let me be - breathe.
And lead a life of simplicity

"What?" Says the mind -
"No glory, for the world to see?
No one will ever know,
You lived and loved me."

"Who is the me, mind?", you ask
And silence you hear, as the mind
races and rides once again
through it's maze byzantine

- Annandhi Chandrasekaran

Perception

Lest We Forget

The little girl stands there with her doll in one hand
pushed into a pit
no time to cry out as the bullet hits her axis
as Atlas stumbles and the globe of hope
never to blossom
crashes into the abyss that gapes
already layers deep in rotting flesh
and unsung future - Shma Israel

How can this be one of the last trials
November 2009
when the barbarism has not ended

Placing hands on bodies inured to inflicting pain
noxious images emanate from muscle fibers

Put it in the neutral field

structures morph and explode
slowly settling into perfect source
cathartically rebalanced

From the pit rises a red goddess
wisdom
the magma to which we return
cleansed
the captor is enslaved
commodification cannot keep away the haunting images
self-hatred cannot make anything undone

Recount we must
give voice and form in every manifestation possible
one life is transient
the sum of our lives is eternal

- Eva Lipton-Ormand

Chords of haunting music
Flow into night of discord
Weaving through a glowing forest
Beckoning

A glimmering light
Is reflected upon stones from eons past
While
Slowly and silently
The creatures from stone
Dark forms restless in their madness
Are aroused

They begin to move in a dance of tortured motion
While darkness and light swirl in flickering embrace

- Larry Osborn

For Incest Survivor

What must be written
Are words that are forbidden
What must be drawn
Is what has been withdrawn
What must be said
Is what's better left unsaid

For who you must be
Is what he doesn't want you
(through saying and drawing and writing)
To be

- Arun Anand Ahuja

The Number

by Josephine Burguete Vincioni

September 19, 1990, a date I'll never forget. It was the predicted date of a special arrival. Even today, I can't begin to make sense of the symbolism or perhaps the co-incidence of the number itself. For nine long years, family, close friends, medical staff and 'Josefina' fought a battle against what began as a silent deceiver and later morphed itself into a venomous demon with a tangible persona all of its own. Moments in time remain clear and unclouded just as they were at the time of her nebulous diagnosis.

That very diagnosis shifted relationships and time into a cyclone of appointments, medical bills, worry, sadness, surgeries, guarded encouragement, spiritual questioning, emotional barriers, walls of clinical caution, and yes more of that mysterious number - nine. Josefina's medical history was known only by her long-time physician and yet because of one 'confused and aggressive' cell, her history became known to a team of nine wonderful people in the oncology medical profession. Men and woman that were like a defense force in her battle; forging ahead alongside her through a hazy trail of uncertainties and outcomes. She became their leader in her battle. A fight that they were professionally trained to deal with daily. To them, she represented a cancer patient refusing to be a morbid statistic. She was a caring and a humanitarian woman diagnosed with cancer. She lived each day with a passion for life and the desire to be remembered for who she was before her diagnosis. Location - only a menial logistic as to the place she was confined to live but not the identifier of how she would choose to live each day. Whether she was confined to her bed or hooked to an I.V. she still had the desire to live. Weakened by this disease, she was no longer able to garden but was still able to write. She was no longer able to cook but was able to smile as she was served her meal. She was not able to help others but with grace was able accept the help she needed. She no longer was able to go to church but she was still able to pray. She adjusted to what she was able to do and not cry about what she no longer could do.

Josefina, armed with courage and the smile, became a bright guiding light into a field of darkness for her medical army. Her medical team represented to her and our family, not only their God-given gift of knowledge but their endless gift of compassion. Nine. Her cancer fighting army line-up read like this: GYN-oncology M.D., Radiation Oncology M.D., Radiation Technician, Radiation Oncology nurse, Surgeon, Oncology hospital floor nurse, Cancer Society volunteer and Grief Counselor. All of them with lives of

their own. All of these people possessing worries of their own, and all of them displaying an endless dedication. To her team, Josefina became so much more than just the medical number that was used to identify her and to her, they had become a tenacious cancer fighting team. A dedicated group of nine with more than just employee numbers of their own - they had names - Nick, Katub, Barbara, Francisco, Debbie, Gopal, Olivia, Nick, and Joan. Her Nine.

Refusing to let the "C" word be what identified our lives, it managed to become the nine-year battle with nine years of memories - some good - some bad. When would our prayers be answered? When would the treatments begin to work? Nine years with each day viewed as a blessing and in her slowly fading radiance a painful reminder of days past. Nine emergency trips to the hospital, nine blood transfusions and yes in the end, nine special friends spending long evening hours of a prayerful vigil at her silent bedside. She knew she was reaching the end of her journey. Along with her God, it became her time to plan her departure. In the end, she was right - she knew. Nine days earlier, Josefina prepared her family by sharing her heart's prediction saying: "En nueve dias ya no estare aqui" (in nine days I will no longer be here). As her children sadly listened, she shared her last wishes and plans for her funeral service. She knew that now each minute was a gift. At dusk quietly and with one last tear streaming down her cheek, she slipped into the state of her departure from this earthly life - her nine day coma. She had a very special appointment to keep. On that ninth day as I looked out her hospital window, there were cars racing by on the street below, hospital employees walking hurriedly to work with their coffee mugs, and lives seemed unexplainably unaffected by the pain that surrounded our little corner of the world. I remember saying to myself "how can their lives go on when I feel like mine is ending?" It was on that beautiful fall morning that I watched the beautiful multi-colored maple leaves slowly drift down from their life-time foundation and onto the cold ground. I silently counted them in my head, "one, two, three...nine". The chatter of people in the hospital hallway distracted me for an instant as I glanced away from the window and over at my two wonderful sisters that tearfully hugged mama and in a single deep breath - she was gone.... she had arrived at her new home...before nine. □

Seizure

saying it; even that much is ugly.

it's a hard whirred with long azzurre-.

a dead blue drawn out in vulgar vibrato—putrid
onomatopoeia.

he howls when it hits him—pops him tight
wired and twisted.

this one's a spit streamer, tongue ripper, skin
paler, palm nailer, skull buster, teeth grinder.

gut growler.

brain bleeder.

soul peeler.

hush you're in a restaurant.

what are you looking at?

can't you see from the food on his face, the
wild blank eyes?

it's too damn late!

he's old as 12 but tiny as 5.

wordless in that black rack chair

cracked lips scream

and cry

and cry.

- David J. Mullen, MD

reframe

another referral, a little girl

the white paper in plain states she was "physi-
cally abused". some dusty words little blinders,
binders, keeping out our eyes. try to hide, but
never mind, I still see:

the heavy hand falls with a wet smack, little
lips smashed back like split eels swelling pink
pearls. Purple eyes shut. Her head drum
thumps the trailer walls. Her belly wraps
around his foot, a hard kick to her soft gut.
silent screams come without breath, but daddy
isn't done yet

and "sexually molested"

beer breath in grunts fills up her lungs. it
hurts so bad. is he ever going to stop. the thin
bloody drip burns. and runs. men with flat
eyes. rictus smiles like open sores. "Little bitch
you're just a whore."

with "several group home placements"

kitchens are hearts of homes with copy ma-
chines and time clocks. they can't wait to get
off. life in a used car lot. Jack always smells like
booze and pot.

she "externalizes" and has "constricted affect".

the breath came back but the screams won't
stop. hollow eyed, soul bored. will anything be
enough. to heal her bleeding core. no empty
gestures, clerks in proper smiles and paper
gloves.

my eyes have cradled hundreds of these.

and they always ask why I write sad poetry.

- David J. Mullen, MD



Jonathan Terry, DO

Bitter End

There on desolation row
Stands a derelict
Yes
A ravaged man

Percolating through the thorny nets
Of defensive posture
Are the dripping, dripping soft drum notes of
perennial defeats

Once
Listening for the nightingale
He heard instead the whining of approaching
arsenical darts
Which pierced his eager philogyny
And poisoned his fragile trust

He clutches now a black petaled rose
And squints at the softest of light

- Larry Osborn

To Be A Neurosurgeon

Rods, screws, clips, periosteals
Mallets, Penfields, and Cushing Retractors.
To ask the patient "How does it Feel"
A lifetime for a Speculator.

Gun shot wounds, badly contused brain
Severe hemispheric infarction.
What can be done, What should be done
A Neurosurgical Human Decision!

A blown pupil, A seventeen year old child
The Chariots are Preparing.
Remove the Pressure, Remove Frontal Lobe
Postpone the Galluping.

Our sweet child so badly hurt
Time will only tell.
Returns to say "Hi" showing off her new dress
A Power so swell!

- Paul Kaloostian, MD

The Kindness of Life

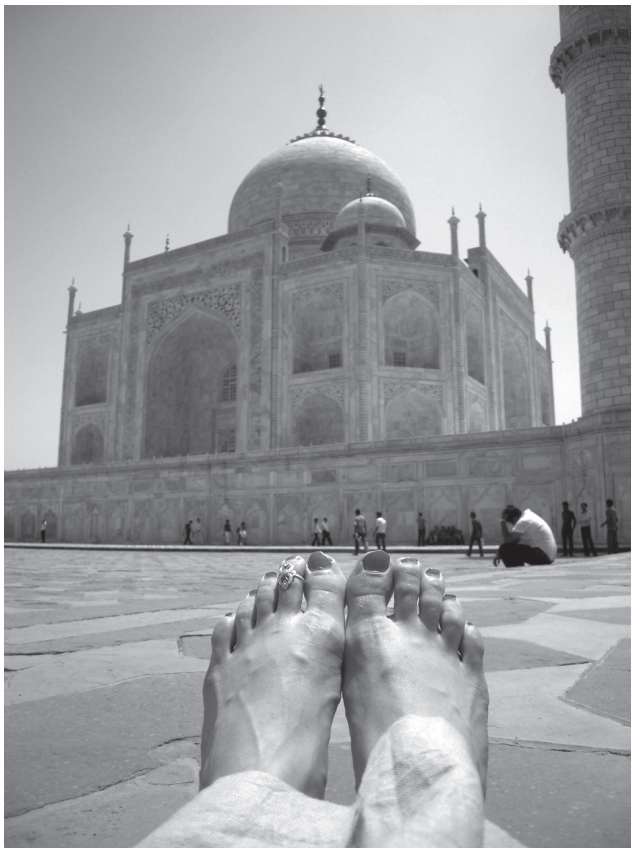
So we always ask, what is life?
Is everyone supposed to just love
and bring the sense of joy?

The important element of joy
seems to really enhance life
and tends to bring people together to love

But then we ask, if love
doesn't enlighten us with joy
then is there no meaning of life?

So, I kindly asked life to bring me love, so I could
feel joy.

- Livinia Gallegos-Silva



Jonathan Terry, DO

Soul

She looks out to see the sweet sunset.
Analyzing what's around her,
Looking out,
but still can't see her wrinkling face.
She can't believe who she is,
but she can feel it.
She can feel that cooling breeze throughout
the night.
At the withering age,
she realizes she is just a soul
that has just borrowed a body.
She is not flesh and blood,
but a soul
contracting and flexing muscles.

As she returns to I,
the window begins to shut.
I analyze what I have physically;
a flesh that is cold
that occupies space on earth,
a lonely anatomy
that soon will be of no importance

So at the end,
I realize that all those cars, jewelry and clothes
which are put on and used
don't help the soul
but destroy and confuse it.
Just one journey, one purpose, one chance.

- Livinia Gallegos-Silva



Jonathan Terry, DO

