

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

Contributors for this issue on the back inside cover.



On the cover:
"Balloon and Rainbow,"
by Christine F. Heinemeyer.



Lynn Lessard



"Grand Canyon," Butch Phillips

Journey Along the Way

Forming Self

I'd never been there before. This was the beginning of something new.
There wasn't a path laid out, but I knew the trail to be true.
Externally I was packed, all the tools that I would need.
Internally I didn't know if I had what it took to succeed.
It's okay, because along the way I formed my inner stride.
I managed difficult terrain and I didn't go insane, while all the while seeing a different side.

Pain

Often I seek that which hurts in ways that bring pleasure to mind.
The ache of the trail and pains of the course are gains that elsewhere I cannot find.
But this was different, it was there from the start, this pain from nowhere had taken a hold.
It worsened and was compounded, I cursed and was confounded, but it held on strong and bold.
I can't sit, I can't stand. Never before have I been in this land, why is this pain the only one
holding my hand?

Gain

Loading this trip with my own extra weight made navigation difficult at best. I read the trail
with a watchful eye and listened to the rest. A jolt to my senses along the way caused me to pause
and reflect. I had to stop and warm myself with new information and respect. Restorative justice
came to me in many forms to learn. I pondered these thoughts at a fork in the trail as death took
its turn. He was 21, our friend's son, and the pain still lingers today. His brother of 10, made
restorative justice his friend and I won't forget what he had to say. "Ah ha!" I said as I continued
along, it's powerful to think this way. Imagine how bright, how shiny it could be if we all could
see this way.

Trail's End

I made it! It done! I'm at the top and I take time to look. I peer in to my pack and I find it
heavy with book. It's knowledge I see, wisdom and truth all packed to the brim. Who would
have known that I would've gained so much just by reaching the rim? It's mine now, this knowl-
edge, and I have stored it nice and tight. When it's time to use it will I be able to let it take a
flight? Can the circles be used to harmonize our clans? Will people join in, symbiotic we are,
together including the land? I hope that I can use what I've learned to broaden a horizon or two.
With new knowledge and wisdom the sky can look so blue.

– Jack Rotach



The Importance of Telling and Reflecting Upon Stories in Medicine

By Jeanne Bereiter

"Just as I see no reason for my physician to love me, I would not expect him to suffer with me either. On the contrary, what would please me most would be a doctor who enjoyed me. I want to be a good story for him, to give him some of my art in exchange for his."

– Anatole Broyard, "Doctor Talk to Me," The New York Times, 1990.

Human beings have always told stories, as songs, chants or written in poetry or prose. Stories help us to communicate and to learn from each other, and to organize and make sense of our experience.

Patients experience their illnesses as a story, with a beginning, middle and end. We clinicians investigate and interrogate our patients' stories, primarily to tease out the facts that allow us to form a diagnosis and plan.

Often, we hurry patients through their story, listening only to the medical details, interrupting and refocusing our patients, guiding and taking charge of what is, after all, an interview, not a conversation. We would enjoy learning

about our patients' lives, their explanatory model for their illness, their values and goals, but we frequently don't have the time. Patients complain that their clinicians don't seem to care about them. Clinicians and patients are frustrated by our encounters.

When I was in medical school in the 1980s, we were expected to write a history and physical so that another doctor could identify our patient across a crowded room: "Mrs. Jones is a 45-year-old Caucasian, married mother of four, who works as an accountant in a large firm. She is underweight, with short greying hair, and is neatly dressed in a blue suit and white blouse, with lipstick and pearl earrings and dark shadows under her eyes. She presents to the family practice outpatient clinic today with a chief complaint of headaches."

Contrast this description with the more contemporary, "The patient is a middle-aged woman c/o headaches."

What have we lost by this brevity? Medical training teaches students to take medical histories that largely ignore the narrative meaning of patients' stories and relegate the

facts they learn about their patients' lives to the often ignored, or cursorily mentioned "social history."

Social history is seen as an add-on, an accessory to the more meaningful medical facts about the disease. But is this true?

Stories have meaning unique to the teller. Mrs. Jones' story of her last headache will not be the same as ours. It will be embedded in the circumstances of her life, as ours will be in ours. It will be influenced by her experience with headaches, how her parents reacted when she was ill as a child, how her husband responds to her when she's sick, by her genetics, overall health, and so on.

Without stories, facts are random, nonsensical. Mrs. Jones' head hurts, but she doesn't know why. Then she recalls her own stories of previous years during tax time, when she got headaches. Today's headache is likely a stress headache, not a brain tumor or a bleed. It's a signal that she should slow down. Or, the headache she has today doesn't fit with any of her past headache stories. It's different, alarming. She calls her clinician on the phone.

If Mrs. Jones' clinician knows the story of her headaches, rather than just the facts about type of headaches in general, she'll be better able to work with her to find a treatment that fits with her needs. She won't waste their time on unnecessary tests and visits, or in prescribing treatments that Mrs. Jones won't follow.

And, if she knows Mrs. Jones' stories, she'll find it easier to remember who Mrs. Jones is when she calls her and reports that this headache is different. She'll provide Mrs. Jones with better, safer, cheaper care. And she will likely have spent less time doing so than if she hurried her through her stories and just stuck to the medical facts.

Narrative-based medicine, or narrative medicine, is a medical approach that recognizes the value of people's narratives in clinical practice, research and education. It is generated from humanities and medicine, literature, primary care medicine and the study of doctor-patient relationships. Narrative medicine seeks to validate patients' own experience of their illness, encourages creativity and self-reflection in the clinician, and teaches clinicians to hear and understand patients' stories and integrate them with the medical history. This results in more meaningful patient/clinician interactions and more patient-centered, cost-effective care.

As clinicians learn to elicit and pay attention to their patients' stories, we also learn to pay attention to our own stories. Clinicians all have our own stories about patient interactions, our grief and confusion and trauma when a patient with whom we have connected deeply dies, or doesn't do well, our frustrations with the medical system,

our doubts about our abilities and our regret over mistakes or opportunities not taken.

We often think of caring as one-sided: the patient is sick, we are well, the patient complains, we respond, the patient needs and we give. Yet we all know that in the most meaningful interactions, we do just that. We interact. Just as caring is a two-way street, so are stories in medicine.

When we think about the patient we have just seen, when we write down not just the facts about their illness with its pertinent positives and negatives, but their story, we are called upon to reflect about the patient, to think about the whys, not just the whats.

Why did the patient say what she did? Why did we respond in the way we did? What happened next, and what would have gone differently if we'd responded in a different way?

As John Dewey famously said, "We do not learn from experience . . . we learn from reflecting on experience." Meta-cognition, or thinking about thinking helps to deepen our understanding, aids in our professional development, and moves us from doers to doers with the ability to reflect and change.

Listening to, processing and telling stories about our patients – and ourselves – not only helps clinicians to provide better health care, it helps us to better care for ourselves. ♦

“Social Medicine” and the Hidden Curriculum

By John C. Russell

In the past 20 years, the medical education literature regarding the “informal” and “hidden” curricula encountered by medical students has evolved. Usually, these terms reflect “curricula” surrounding professionalism, and are contrasted with the “formal” didactic curriculum – what is formally taught in lectures and seminars and reflected in printed curricular materials.

The “informal curriculum” – that which is taught in informal settings, and the behaviors and values role-modelled in daily clinical practice of supervising physicians and house-staff – stands in contrast to the “hidden curriculum” – the cultural values that are reflected in issues such as the institution’s financial decisions, policies and practices of that institution.

To paraphrase Dr. Jonathan Bolton, in this instance “hidden” does not equate with “bad” – “subconscious” might be a better synonym. Thus, the “hidden curriculum” is not always recognized or acknowledged as something that could affect our individual behaviors. Who and what are promoted and rewarded, who and what are devalued or ignored – these are parts of the “hidden curriculum.”

Threats to the professionalism and ethics of medical students most commonly represent conflicts between the informal and formal medical curricula – what we, as faculty “do” on a daily basis, as opposed to what we “say” we should value and do.

However, the “hidden” curriculum should not be forgotten, as its impact can be profound as well. An example I encountered very early in my own medical school career illustrated the “hidden curriculum” at one prestigious institution.

“Social Medicine.” The course started halfway through our first year of medical school, without much fanfare, without any grading, and certainly NOT on the day or time that would assure optimal attendance – 1 p.m. to 3 p.m. on Friday afternoons.

My medical school class did not attend many lectures for any course. One student was responsible for attending each lecture and transcribing that lecture for distribution to the rest of the class.

On any given day, perhaps 30 or 40 students (out of a class of 120) attended each lecture, but “Social Medicine” lectures rarely drew more than 10. Certainly this must have been embarrassing for those well-intentioned faculty who scheduled and gave those Friday afternoon lectures on a potpourri of topics – anything that wasn’t biomedical.

To be honest, there never seemed to be any rhyme or reason to the lectures. It just seemed that the course was thrown together to meet a medical school accreditation requirement, and to perhaps placate those “progressive” faculty members who saw medical care as something beyond deciphering biochemical or physiologic mysteries.

We were given a syllabus (which I kept for 30 years after graduation), but I don’t recall ever being tested on the material. If we attended class, fine. If we actually cared about the material, and took to heart the lessons provided by what were, at that time, orphan departments – “Family Medicine,” “Community Medicine” – fine. The course was random and disjointed, and clearly not a priority in our overall preclinical medical education.

My alma mater was, and remains today, among the most prestigious (and certainly among the wealthiest) medical schools in the country. I remain proud to be one of its graduates.

However, how they spent their money, how they valued their teachers and their coursework and who they chose to honor and publicize, said more about the values of that school than any amount of written propaganda or marketing materials.

At least to an impressionable first-year medical student like me, my school’s unfortunate “hidden curriculum” could not have been clearer. At least in the early 1970’s, “Social Medicine” resided at the bottom of the food chain of institutional prestige, and a career path embracing these principles was not encouraged.

We are fortunate at UNM that the behavioral-social-environmental aspects of medicine are highly valued, and that the primacy of our institutional mission in holistically addressing the health needs of the patients and populations we serve is firmly established.

That said, all institutions have a hidden curriculum, and we need to be ever mindful of the potential of that curriculum to adversely impact our learners. ♦



Monsoon Rhapsody

High desert storm
blows into Southwest
with spirited winds and
much-needed rain that
tap
 tap
 taps
upon patio umbrellas
while willow trees whoosh
and thunder clouds roll.
Sizzling summer temps
drop
 twenty
 degrees
in matter of minutes: a
cooling composition from
Heaven's maestro.

– Lynn M. Lessard



Photo courtesy of author

Hot Rod

By Robert C. Schenck, Jr.

We never suspected that Mike murdered Rodney. I had been friends with Rodney Byrge and I never liked his best friend Mike. But when the police interrogated him in an Alaska jail 30 years after Rodney's death, Mike was described as insane and broken.

Terry and I realized Mike was guilty, but the deputy sheriff didn't share our opinion. Mike was only a person of interest in the eyes of the law, but Terry and I remembering and questioning Rodney's death, and Mike's involvement made us understand that we were truly brothers. We did not want to believe that what happened to Rodney was just an accident. This is our story.

The Byrge family moved to Colorado from Tennessee to work in the coal mines where my great-grandfather owned the company store. Their life was full of disappointments, but to be with them, to live with them, made me ignore their poverty and love their family dynamic.

Crammed into a single-family trailer, the six Byrge kids slept side by side in claustrophobic bunks, only finding

room to breathe when they went outdoors or escaped into their plywood addition. Walking from one end of the trailer you hoped not to meet anyone going the opposite direction as it mandated a stop and careful maneuvering chest to chest to get past the human road block. The trailer was so tiny that they had to add on a room to eat their meals. But the Byrges were happy and whole, and they treated me like their favorite child making me look forward to any visit to their comfortable shoebox.

I was surprised years later to find out the Byrges were Mormons. I had been fooled, as empty cases of Pall Mall cigarettes and Olympia Light beer weren't part of the daily life of a Latter Day Saint. But the Byrges spoke lovingly of Jesus, and although they never went to church, they went out each day without fear. And going into Mid-Continent Coal and Coke mines without fear took a strong sense of faith or absolute ignorance. I later found out how strong their faith really was.

Colleen, the matriarch, was the true head of the household and became my surrogate mother. Chuck was father in name only as his involvement in any decision decreased as the number of empty Oly light cans increased. Unlike my father, Chuck became nicer with every can of beer consumed and was friendly to his family drunk or sober.

My first memory of Chuck as a role model was in teaching me how to light a cigarette and look cool. The lesson occurred one night while I was studying at my second home. Chuck may have been a bit insulted by my concentration and he decided to test my intelligence by making me guess which end of a Pall Mall filterless cigarette to light. I learned that if you smoked Pall Mall's at the Byrges' home, you lit the end of the cigarette imprinted with the name Pall Mall.

In 10 years that instruction was my interaction with Chuck: he was basically a happy piece of furniture with a beer in his hand. But he faithfully went to work and didn't complain about going underground six days a week to support his family. And he loved me.

Colleen, on the other hand, was the family boss and most importantly, the decision-maker. She was smart, clever, funny, and in charge. She made all the decisions, paid the bills, and subtly determined what the family valued. She even decided on what should be considered funny. She was the leader, had a good, friendly heart, and was my closest ally in the family.

Colleen was generous in ways that I had seen only in my family at Christmas. Any time I stopped by their trailer, I was invited to dinner or cards, and through the smoke and the empty beer cans I found the warmth of their home intoxicating. The Byrge dinner was a rare treat for me. I had never seen a real box of Hamburger Helper, and the steaming hamburger, grease and noodles prepared in one skillet was like a gourmet meal to me.

The coal mines were central to our rural lifestyle in the Roaring Fork valley in the 1960s and 70s. There were distinct rules that had to be followed when living near mines and miners. The risk of death was ever present. It was not an accepted fact that Chuck would walk through the door at the end of the work day. When he did it was subtly acknowledged as another day passing with the safe return of dad.

I realized that the moment a family took things for granted, the mine had a bounce, and father or brother were dead. Just the term – bounce – minimized the tragedy. How else would you describe or live with the thought of a brief instant when ceiling touched the floor, crushing anything in between?

No one talked of death until it happened, and only then could it no longer be ignored as men were pulled from the mine for burial and a flimsy insurance payout. The possibility of death gave mining families had a special bond and I came to share that respect with my second family.

When passing near a miner's home, it was critical to know which shift the miner worked. Sleep and safety went hand in hand: waking a miner at 3 p.m. could lead to disaster, as it was that afternoon sleep that could keep dad alive on the graveyard shift. Children's noise was cherished in the Byrge household, but only during or after a shift.

A day shift was a luxury, as the miner had only a one in three chance of working during daylight hours. Only the most loyal, well-behaved, hardworking senior miners were given the opportunity to sleep at night and get up with the rest of us. The day shift was vacated for only two reasons: retirement or death.

I came to respect miners as a group and understood why they drank their beer, worked their shift, and did it with all-American pride. I loved seeing miners retire with a pension, finding freedom from the battle endured underground for so many years.

The Byrges were generational miners, and in Terry's family the male was not only expected to be a miner but were also expected to become foremen, or at least die trying. Little did we suspect the real danger lay aboveground.

Rodney was the youngest and the most lighthearted of all the Byrge children. He smiled, laughed and virtually had no direction in life except to be happy. His studies were poor, his living carefree, and he looked for friends with a similar philosophy. Being older, I initially looked at him as an inconvenience, but found his joy to be contagious and soon thought of him as a younger brother.

Nothing discouraged Rodney, lovingly referred to as Hot Rod. Much like a souped-up jalopy, he was expected to run life's race for the Byrge family. He didn't see his poverty and never missed a chance to laugh or make a joke. He lived in the poorest surroundings, had a patchwork wardrobe of hand-me-downs and simply purchased clothing, proudly wearing his plastic tennis shoes.

Rodney could not be pulled down by his circumstances. His smile offset his scarred complexion. When brushing our teeth together in the cramped bathroom, he looked in the mirror, and I quickly noticed that he failed to notice the varying stages of his healing sores and would remark to me, somewhat narcissistically, how handsome he was.

Most of the Byrges carried the affliction and it was considered part of their identity. Father, mother, daughter

and son accepted it as part of life. What amazed me was their simple view such that nothing would stop them from enjoying life. This miraculous love for life that kept pulling me back to the Byrges.

Happiness set the Byrges apart. Despite their poverty, endless hard work and personal challenges, the Byrges as a family enjoyed life. And Rodney Byrge was the marquis for this happiness. He had the strongest sense of well-being, self-esteem and ease.

Because Hot Rod loved life, he enjoyed each day. Even in winter, with the thinnest coat and used clothes, he didn't let the bitter cold affect his outlook while waiting for the school bus. He used anything available to improve his life. While we stood and shivered, he unrolled the sleeves of his hand-me-down, oversized jacket to create makeshift mittens.

His plastic shoes without warmth or traction were best used as skates. Running and leaping, he could slide along any ice-covered road with perfect balance. Hot Rod would position himself up the road and with a burst of speed he would begin his slide down the road to see if he could break a record.

The bus stop was at a point clustered around other families much like the Byrges. Everyone in that vicinity lived in trailers with thin walls, poor insulation and expensive heating bills. Heat seemed to be the family's one luxury. We lived on the opposite end of the road in a large, well-insulated house, but poorly heated, as our philosophy was to be cold but wealthy.

We had a furnace, but the thermostat was set so rigidly low that we heated with the commodity cheaper than propane gas, firewood. In my home, the only warm place was near the hearth and your best chance to stay warm at night was to wear a sweater and sleep under the weight of many blankets. I often headed to the Byrge trailer to experience a little laughter and get a comfortable night's rest that barely required a blanket, regardless of the season.

Once the frost lifted we never slept inside at the Byrge household. Instead, we slept in the alfalfa field a hundred steps from the trailer. Falling asleep under the night's starry blanket and waking up with dew-covered clover made our childhood life rich. Their trailer is now gone, but the clover field still exists. I still go back to visit and remember the best night's rest I ever knew.

Meals were also an important part of this experience and no expense was spared in the Byrge household. They were prepared with two goals: taste and leftovers. Feeding eight people (with me as a random ninth) never resulted in a lack of food. Laughter was the common spice and I found the meal satisfying in ways food had never tasted in



morguefile.com image

my mother's kitchen. No conversation was unacceptable and I would often chuckle thinking of what my mother's reaction would be if she had been at the table.

I remember a night when Terry came to my house for dinner. He was extremely nervous, used his ma'ams and sirs at every question, and had to be prodded to have a second helping. It was the first time I had seen him not have thirds! Throughout the dinner he was quiet, subdued, and basically not funny. Although my parents welcomed him, he rarely returned to my home, and when he did, I made sure the two of us took our meals alone in the kitchen.

My time with the Byrges eventually ended. Their finances improved and they were able to afford a larger double-wide in town. Terry (or T, as he like to be called), and I would see each other at school, and we remained good friends, but my nights in town were limited and I had to be home for chores. I would stop by to briefly say hello, or watch some television, but I always needed to head up the hill before it was dark.

My parents supported this friendship and the time I spent with the Byrge family. They were always interested in the details of my visit, and often asked for updates on my second family. They were relieved that I had an experience

that in their minds would make me a better human being. Nonetheless, I found myself growing further apart from the Byrges during high school.

T and Hot Rod found new townie friends and I was slowly replaced by others. I found that I didn't like their new friends, not because of jealousy, but because the city was a poor influence. This influence gradually changed T. He found work at a local grocery store working all night with a new buddy. Their focus now involved avoiding school, stocking shelves at the store and the new process of buying and using drugs around payday.

T had never studied in the past, but at least he had been awake for school. Rodney as well found a friend who I thought was singularly odd but I felt was harmless, and they soon became inseparable, with pot-smoking as their sole activity.

Surprisingly, when I was alone with the Byrge brothers, we would quickly slip back into our old filial relationship. But with one of the townies in the mix, I saw a change in our relationship and conversations, and sadly, sarcasm was evident and painful.

When we graduated from high school, Colleen gave me a big, motherly hug and we moved on to adulthood and we drifted apart. Terry went to work in the mines, I went to college, away from my hometown and the changing life of the Byrges.

The shock came several years later on a hot July day. I was back home in Colorado for the summer and working as a hospital orderly when the head nurse mentioned that my mother had called and it was urgent that I call home.

"Rodney Byrge is missing," Mother said, "You need to come home directly after work." When I got there the story was brief: Rodney had been on the river with his friend and had accidentally fallen in.

She gave me specific instructions, "Take this ham to the Byrges," she said. "No matter how sad, you must sit with the family in their home and stay with them until sunset. They will need you.

"Rodney is missing" is different than "Rodney is dead," but there was no question in my mind that Rodney was gone. My mother only prepared a meal for a family when there was a death and the circumstance of falling into a river and not getting out can only be due to drowning.

Mother again reinforced that I had to stay at their home, telling me to sit on the couch, comfort Hot Rod's mother, Colleen and stay put. "What should I talk about?" I asked. In her Western simplicity she said, "You will know what to say. Just comfort the family."

Rodney had been fishing when the river bank had apparently collapsed, taking him away at the tail end of a

big spring runoff. I had never been allowed on the river until after August 1st, when most of the snowmelt had flowed down to Arizona and made fishing and falling in less dangerous.

Even without the spring runoff, the river was still dangerous, and was accurately named Roaring Fork. The day Rodney was on the river, it was high and dangerous. It had been a beautiful, still day, with a broad blue sky framed by distant clouds. Rodney had probably been lured to the river for the chance to be wrapped in this beauty. He had gone with his steadfast townie friend, Mike.

While driving to the Byrge's home, I remembered my own experiences with the river and why I dreaded what awaited me. Once, while fishing at dusk, I crossed the river above Catherine Store Bridge. In the middle of the river, I realized I had made a poor decision: the water was up to my hips, and I began to struggle and slip, pushed hard. Luckily I made it safely to the opposite bank – and this was in the late fall, when the river was at its lowest.

On another occasion, while fishing from a raft, I flipped it while going through a series of rapids and found myself trapped underneath, floating downstream. My only thought, looking up through translucent floor of the raft was tragic but clear: "So this is how you drown on the river."

Fortunately, with a deep breath of the captured air, I slipped out from under the raft and swam to safety, watching the raft bobbing downstream, as if it came to life laughing at the exhausted wet fool on the bank.

The river was ruthless, and to survive you needed to be strong, lucky – and most importantly – you needed to be able to swim. I realized as I pulled up to the Byrge double-wide that Rodney had always been lucky, but never learned how to swim. His family couldn't afford lessons at the Hot Springs pool.

When I opened the trailer's aluminum door, my eyes took time to adjust to the darkened living room. The family was sitting together and the space was joyless, filled with dust particles reflected by the block of sunlight crossing the room. The screen door clanged behind me and my day turned to night.

Colleen came out of the bedroom, crying. She thanked me for coming so quickly. I placed the baked ham on the worn Formica counter and told her how sorry I was that Rodney was missing, speaking and thinking carefully. She suddenly burst out crying and said, "Bobby, you are so smart and you'd never lie to me. Tell me if Rodney will come walking through that door tonight. Tell me, is my baby coming home?"

By that age, I had already seen two friends die. One in the coal mine and the other while hunting. Their moth-

ers never recovered. It would be no different with Colleen. Of all the questions I have had to answer, that one on a hot, dusty Colorado afternoon remains the toughest. I knew the river's unforgiving power, and I knew he was dead.

I wanted to know what had happened. I knew every bend and island of that river. I wanted to hear where he had been, what side of the bank he was on. I wanted to hear it from a witness. Later, the answers would not add up to anything but a bizarre accident: a collapsed river bank with both friends falling in. Rodney had been washed downstream and his friend was saved by the luck of his fishing creel snagging a tree branch. But Colleen deserved my answer before I knew any of that.

Holding her hands, in the darkness, I said, "It's a tough situation, but I hope and pray that Rodney comes walking through this front door tonight, wet and tired."

Just hearing me say that he might come walking in the door relieved Colleen and gave her hope, but it only made me feel sick to my stomach. There was no way Rodney would be found alive.

Three days later Rodney was found floating 50 miles downriver, bloated and disfigured. A week later, he was buried back home in Mormon country in Utah. Terry was asked to identify his brother at the morgue and later told me that Rodney was barely recognizable. I didn't go to the funeral.

The aftermath was tough on everyone. Terry and Rodney had had a falling-out the night before the accident and the angry words exchanged between two brothers haunted the family. Terry turned to alcohol and drugs, a therapy that lasted over 20 years.

In the days following the drowning, I had a chance to see Hot Rod's friend and ask him what happened. "The bank collapsed and Rodney fell in" was all I got. He didn't look me directly in the eyes, but he had always been shifty. I wanted to blame someone for Rodney's death, but the story made sense and I felt he had just been a bad influence. I never suspected Mike.

I seldom saw Colleen or the Byrges after Hot Rod's death. They moved to Utah, and my compassion for their loss eventually brought me to Terry's wedding. Colleen and Chuck were so kind, but they appeared older and pained. I spent two nights there and remember Colleen's humor came back. By the time I left, she brought up Rodney's memories and even his drowning. She noted that all mothers mourn the loss of a child. But as the memory of Rodney's tragic death had slowly faded, she simply remembered the happy son during better times in the single-wide trailer next to the alfalfa field outside town.

Rodney had been dead for 30 years when I received a letter from T. Rodney's friend, his companion on that tragic day, was in prison for the murder of a fishing boat captain up in Alaska. Even more chilling was a vague story about others on the Colorado River who had met the same fate as Rodney. They appeared to have one thing in common: the same friend.

We contacted the Garfield County sheriff and pushed for an investigation. He sent a detective to meet with Rodney's old friend in Alaska. The prisoner, a diagnosed schizophrenic, asked the deputy, "Are you asking if I hit Rodney in the back of the head with a rock and threw him in the river?"

The deputy, surprised, didn't miss a beat. He asked, "Yes, did you hit Rodney in the head and throw him in the river?" The friend simply replied, "No, no I didn't."

The deputy sheriff pushed to have Rodney's remains exhumed by the state police in Utah. An autopsy found his face was crushed, but the back of his head was untouched. The young man had been given a pauper's burial 30 years before, having been covered in lime, in a cheap metal box, but tragically placed face-down.

It was a cold day in Helper, Utah, when we eventually gently placed Hot Rod face up and buried him properly. We didn't tell Colleen how we found him. We didn't have to ask to bury the boy face-up this time around. ♦



Christina Hoff



Christina Hoff



morguefile.com image

Trapped

I was trapped and could not get out. I screamed, I cried, I began to suffocate.

Help me someone, help me. But no one came.

I can't breathe. I'm going to die alone, completely trapped and powerless.

It was brutally hot . . . 95 degrees.

I shook, I grabbed at my clothes. I began pulling off my shirt thinking it would help me breathe. I had no means of communication . . . no cell phone, no nothing.

The walls closed in and my level of fear was unbearable. I could not stop hyperventilating. I could not stop having a panic attack.

Suddenly, miraculously, my fear and panic turned to rage, utter complete rage.

I began screaming every four-letter word possible. I became verbally violent and wanted to smash everything around me . . . of course there was nothing around me.

Why was I alone, why could no one be with me to comfort me, to quiet me? I so desperately needed assurance and reassurance.

Then without warning, my world began to move and the space surrounding me seemed to be speeding upward.

I urgently grabbed at anything, hoping desperately to protect myself from collapsing, falling, hitting my head, my neck, my entire being.

I had no idea this simple movement would cause chaotic terror.

As Oscar Wilde so eloquently said ... "everything is dangerous my dear fellow" ... my dear Allen.

Suddenly everything stopped, a door opened and out I jumped without a moment's hesitation.

Yes, I survived and my life would be worth living.

I was safe but I know more danger will be thrust upon me . . . today, tomorrow, next week . . . who knows when.

The elevator did not claim me.

– Allen Dickstein



morguefile.com image

Wasteland

Apoplectic you create a flaming hellhole with your words
Ready to completely and thoroughly obliterate me, the one you “love”
Spitting fire daggers to the wind, sending radioactive flashes from your eyes
You stand gratified and towering, surveying your caustic handiwork
And that might be enough . . . but no
When I am in a heap on the bed, sobbing like I did when I was a child
You persist . . . just one more slur . . . another dose of venom
You eviscerate me with your tongue and sneer while devouring my soul
You have broken me . . . you have broken us
You have triumphed in battle, one in which I didn’t want to engage
and for which I was not prepared
You, the champion of annihilation, any closeness we may have nurtured,
lost on me, deserted at your feet
The ruler of a wasteland so immense and desolate, that you don’t even
recognize the echo of yourself in my eyes anymore . . .

– Christina Hoff



Photos courtesy of author

My Experience in Guatemala

by Catherine Burke

We arrived in Antigua, Guatemala in the dark. Silently we sat, jostling from the cobblestone streets and looking out the shuttle windows. It was Friday night of a festival weekend and Parque Central was filled with people and music. Motorcycles buzzed around us following some bizarre form of traffic rules.

For me it felt exciting but altogether foreign and overwhelming. I was in a surreal fog as the driver drove us to our respective host families. I was the last to get dropped off. As the driver retrieved my luggage, I looked around. This was a very dark street. An austere wooden door and shadowy boarded windows confronted me.

"What have I gotten myself into?" I thought as I knocked on the front door. Standing there outside, feeling like I had entered another world, I wished for a moment I was back in my comfortable home in my normal life.

I had been looking forward to this trip since before I started graduate school. I was one of 10 physical therapy doctoral students from the University of New Mexico who had the good fortune to be selected for an annual service-learning trip to Guatemala.

This opportunity was one of the reasons I chose to come to UNM in the first place. The program is a two-week adventure where students stay with host families, attend morning Spanish classes and work in a local hospital and wheelchair factory in the afternoon.

My passion for travel motivated me to put my name in the pool of perspective participants and I felt like I had won the lottery when my name was chosen. But no amount of planning or anticipation can change that initial feeling of being alone and different when stepping into a new culture. I knocked one more time and finally I heard someone fumble with the front door. Light spilled into the street and a warm face greeted me.

"Welcome, Catherine, we have been waiting for you!" It was my host mother Blanca. She gave me a heartfelt hug and over her shoulder I could see her 2-year-old son, Santiago, laughing and blowing bubbles in the kitchen. I breathed a sigh of relief. I was going to be OK.

The next two weeks passed in a whirlwind of work, Spanish classes and fun. The first week I went to the hospital in the afternoons. Obras Sociales del Santo Hermano Pedro is multiservice facility that includes an orphanage for children as well as adults. I worked alongside Guatemalan physical therapy students and PTs.

Many of the children could not speak, hear or see. Because therapy involved touch and movement, rather than language it was the only time that I felt my poor Spanish was not interfering with my ability to provide care for my patients.

During the second week, my classmates and I took a daily 40-minute shuttle ride to Refugio de Esperanza (Hope Haven). This nonprofit facility assembles and manu-



factures wheelchairs that they send to other parts of the world. They also provide refurbished chairs to people locally free of charge.

Many of the employees have disabilities themselves, so this facility is also providing valuable opportunities to acquire job skills in a country with limited work prospects.

We helped with fitting custom wheelchair seating systems for disabled children. Working in groups with some of the factory employees trying to evaluate and assemble chairs to accommodate the complicated needs of our patients was challenging. It was an exercise in humility to collaborate and communicate in Spanish.

Thankfully, we had the expertise of our instructor Rose Vallejo PT, ATP, who has extensive knowledge about wheelchair seating through her career start at Rancho Los Amigos National Rehabilitation Center and creating the Lovelace Wheelchair Seating Clinic in Albuquerque. She is also fluent in Spanish, which was a tremendous help when trying to discuss ideas with the Guatemalan physical therapists.

After our two weeks of volunteering we still had one week left before fall classes started. Many of us took advantage of the opportunity to travel some more. Some students headed north to take the sunrise tour of the ancient Mayan city of Tikal.

Beginning the hike before dawn means experiencing the captivating sounds of the rainforest waking up. As one walks along the trail in the dark, insects, birds and monkeys create the rhythmic reverberations of life. This culminates with viewing the sunrise from the highest temple in the park.

A few classmates and I decided instead to make our way south to the El Salvadoran coast to relax and learn to surf. With nothing more to do than walk along the beach, swim in the surprisingly warm water of the Pacific Ocean and practice Spanish with the friendly locals, I experienced

a peace of mind long forgotten since the stress of physical therapy school took hold.

It all ended too soon, as good trips often do. Shutting back into Antigua from El Salvador, I was struck with how much I had changed in three weeks. I had gone from feeling genuinely foreign and slightly terrified in this city to now feeling completely comfortable and sad to be leaving.

I was going back to my normal life, back to a place where my customs and my norms were similar to others, where I could deftly navigate the linguistic intricacies of my native tongue and where I understood the traffic laws.

With less than a year until graduation, I wonder how this trip might affect my clinical practice. As a physical therapist I am required to demonstrate cultural competence. My goal is to respond effectively to my client's cultural needs in order to provide the best care for them.

To me, this means the meeting of two worlds: my world and my client's. My client might be entirely unfamiliar the culture of physical therapy entrenched in Western medicine. Also, unlike my going to Guatemala, they might not be all that excited to be entering this exotic place.

It can be daunting to begin communicating and collaborating to reach a place of mutual understanding and respect. I do not have all the answers but one thing I now understand is what it is like to feel foreign. I know how it feels to be at a strange door in a strange land in the dark without a clue what to expect on the other side.

Becoming a culturally competent health care provider is an ongoing process but I believe it starts with being that friendly person who opens the door for my patient and says, "Welcome! I have been waiting for you," helping them feel like they have the strength to navigate this strange new world of physical therapy to recovery. ♦

Goodbye

by Sarah Cordova

Today was a long day – my second 13-hour day in a row, and my seventh day on medicine wards straight. It was 6:56 p.m. and I was the last one in the workroom writing my daily notes.

Sign. My last note of the day was completed. I scanned over my crumpled patient list. All my written boxes by each patient's name were checked. I logged off, quickly packed my bag and walked out with a sigh of relief and feeling of accomplishment. I was officially beginning my one day off for the week.

As I walked toward the elevator, I couldn't help but mull over my patient list once more, given that I would not be at the hospital the next day.

Shoot. Mr. D was going to be discharged tomorrow and I would not be here to go over discharge instructions or say goodbye. Mr. D was a patient I had been following since beginning my sub-internship three weeks ago and was finally ready to go home. I had tried to find him earlier in the afternoon, but he was not in his room.

I stood at the elevator thinking. Should I go back and say bye to him? He had been here for so long that even though I primarily followed him every day, the team was familiar enough with his hospital course that they could certainly give him adequate discharge instructions.

My finger hovered above the MRSA-infected elevator button. What if I go and say bye and he has a problem? I will have to go back and make an addendum on my note or worse yet, I will have to bother my residents at home to do something. Was it worth it?

Technically speaking, my job as his provider was done. I had prepared him – as much as a measly sub-intern could – for discharge which, I was discovering, is the ultimate goal of inpatient medicine. Fine, I will say bye. I grudgingly marched over to his room where I found him like I usually did, sitting in the chair with his white undershirt on and his feet propped up on the bed. I slapped a smile on.

"Hola! Como estas?" This had become our greeting every time I saw him. We shot the breeze for a few then he hesitated and asked in a somewhat worried tone, "So what's up, doc? Why are you here?"

I was caught off guard by this question. I had not thought about it until that moment but I guess patients only expect the doctor to come to talk to them when there is something wrong or a change in plans. I stuttered somewhat ashamedly, "Oh, I came to say bye since I won't see you tomorrow. It's my day off and you most likely are leaving. Hopefully."

He was silent for a moment as a huge, beaming smile formed across his round face. He chuckled and said, "Oh, well in that case we need a proper hug!" I threw my head back and awkwardly giggled, thinking he was joking like he always did with me. But then, he sprung up from the chair and flung his big, woody tattooed arms out around my stiff body and hugged me.

I nervously patted him on the back and inched backwards. "Thanks," I said. "Well, guess I better get going. Good luck to you." I quickly pivoted towards the door when he gently grabbed my arm, cleared his throat and mumbled, "Thanks for caring to say bye, Doc."

I turned around and looked back. This time instead of his gleaming smile he had tears in his hazel eyes while a huge, beaming smile formed unintentionally on my face. "Of course. Why would I not come say goodbye?"

As I walked down the hall, my smile faded and tears began to fill my eyes. I had lied. I hadn't come to say goodbye. My visit did not spring from sincerity, but rather obligation. As I aimlessly traversed the halls back towards the elevator, I began to think. Why is it that doctors don't say goodbye to their patients when it brings them and ourselves so much genuine happiness when we do?

It seems we focus on discharge from the moment we say hello to each patient, yet we doctors never actually say the word "goodbye" when our patients leave. In every other human interaction, a hello and a goodbye is not only expected, it is often automatic. Why then is this not the case in the physician-patient relationship?

It seems that in this relationship especially it would be, given that doctors spend extensive time getting to know patients in the most intimate ways from the moment they are admitted to the hospital. Yet it isn't. Is it because we are too tired to make the extra effort to go say goodbye? Are we afraid it will take too much time and make more work for us at the end of a long day?

Or is the real reason that we as doctors are afraid to be just as vulnerable with our patients as they are with us from the moment they are admitted and surrender their lives into our hands. Maybe, just maybe, we are afraid to enter into a patient room like I did with no other purpose but to treat them as we treat every other human we form relationships with – to say goodbye and to end the relationship we started.

Bing. The elevator doors opened. It was the beginning of my day off. ♦



Lynn Lessard



Lynn Lessard



Christine F. Heinemeyer



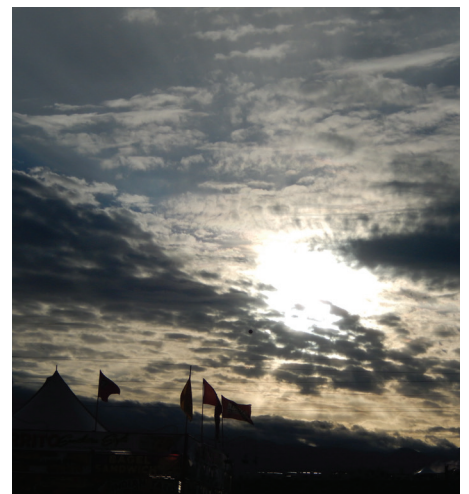
Lynn Lessard



Robert C. Schenck Jr.



Christina Hoff



Christine F. Heinemeyer



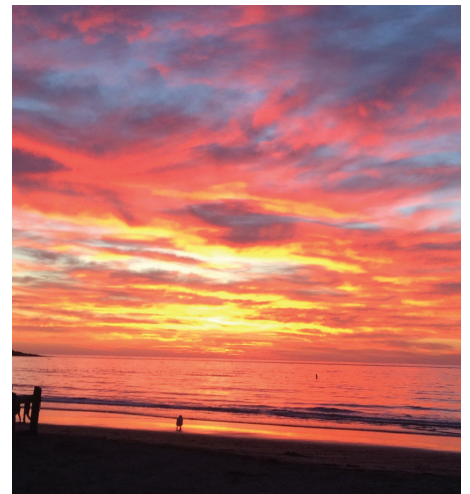
Rosalyn Nguyen



Christina Hoff



Rosalyn Nguyen



S. Yvonne Ellington



Photos by Pamela DeVoe, PhD

Three-Word Sentences: Life

A darkened tunnel	I can't breathe
Where am I?	They force me
I am alone	I fall asleep
So very frightened	So much later
Let me leave	Eyes are open
Let me flee	I look around
Home I must	Am in bed
I can't leave	I look around
Won't let me	Parents are here
No please no	They kiss me
They will probe	Soon homeward bound
Will it hurt?	Go to sleep
Will it destroy?	Maybe a dream
Will I survive?	It's 4 a.m.
I am cold	I am awake
It's my terror	Blood is everywhere
I fear unknowns	What is happening?
Long, long tunnel	I am dying
I'm in nothingness	Blood from mouth
Help me please	Blood from nose
I beg you	Oh so terrified
I'm a child	Move from bed
Just six years	Crawl to bathroom
Not in control	Toilet engulfs me
The tunnel ends	More blood flows
It's a prison	I cry out
Can I escape?	Parents come running
I see people	The car speeds
They scare me	Rush to hospital
They will destroy	Please no more
So many lights	So very painful
So many machines	I must survive
Oxygen on me	I did survive
I push back	

- Allen Dickstein

Go Gently

Would that I were a painter
I might choose the softest of palates
One that evokes lightness and serenity –
Gentle waves or blue of dusk
I might leave out the fiery anger,
The violence of your transgressions,
Peel back the molten tones
To reveal your gentle soul.
“When it’s my turn, it’s my turn,” you said.

Would that I were a writer
I might pen the graceful pentameter
The prose which promises a loyalty
(Of syllables and of endings),
The prose of love, of forgiveness, of beauty, and of pain
I might omit a certain protagonist
Who inflicted pain or hatred or suffering.
“Forgive yourself,” not my permission but my prayer.

Would that I were a composer
I might plan the chords all major
Choosing the brightest of all the notes
Building on all the memorable swells
Of your days for your finale
I might ignore the minor music
Of your blemished overture.

Would that I were your doctor
I might belatedly mutter through tears
“Your service was your honor.
My honor was my service. To you”
I might hold your hand and search your face
And whisper “I love you.”

– Erin FitzGerald

There are those patients whose impact is undeniable. They are the most unexpected people at the most unexpected times. They leave their mark. This poem was written for one such patient, hours after I last saw him. It burst out of my pen only moments after he died. I could not stifle the urge to write it down. It is my offering to him.

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S. Yvonne Ellington

Look Up

The trees said “Hey...look up!” and there they were, standing like monuments against a brilliant and colorful sky in southern California. Along with many other people we walked quickly to the shore to take in the entire skyscape on the beach. All of us were mesmerized. We stood in united appreciation of this spectacular and fleeting moment.

– S. Yvonne Ellington



A La Maquina

"We have become the tool of our tools."

– Henry David Thoreau

Don't let the machines be in charge.
 They are only here to help us, the humans.
 We are not at their mercy even when we seem to be.
 Don't get carried away with our ability to connect
 electronically, to fill the boxes, to build elaborate digital
 creations.
 We must not become the "tool of our tools."
 We must not fall in love with our machines and forget
 each other.
 I feel sure the machines are incapable of loving us back.

– Jennifer K. Phillips MD

cara a cara

beautiful morning delivers serene
 impact from an ultralight beam
 una sombra topples from a bike
 seizing sans scream
 groveling for life on the gravel
 tears and arms stretched to the sky
 showdown on Menaul
 i make a call
 trumped by rescue:
 29 Bravo becomes a monitor line.

how many of us
 switch up the number?
 another vision, another power
 i'm my only power;
 that thought delivers feeling to my soul
 una sombra stumbles through my clinic doors
 says hello, writes a name,
 recovers one memory
 of that vicious day.

instead
 life bleeds out
 independently
 life confronts me but
 chin up, tongue out
 i cross the line.

– Katherine Elwell

From the Halls of 3N

by Antonio J Gonzales MS, Dr. Sonja J Halterman, Dr. Lia Hoffner, Dr. Cristian E Laguillo, Susan M Muraida MS,
Dr. Jasmine V Nández, Dr. Tanya P Reyes, Dr. Andrew B Russell, Dr. David G Stromberg, Dr. Phung Kim Vo

Family & Community Medicine Residents and Attendings, Anesthesiology Residents and UNM School of Medicine Students

Another disease.
Obscured by data,
a human exists

Ride my bike
to work
Eat more fresh
fruits and veggies
Practice what you
preach

Irish Lifestyle
"Bottling" my
emotions
Open the bottle?

Lactulose
Clear mind or
loose stool
Shitty choice

Need lots of caffeine
But not an eye
opener
Too early to tell

Too much propofol
Now I have to
intubate
Don't kill the patient

Thinking Pradaxa?
Better than
warfarin? Yes.
Not in GI bleeds.

Trapped by her
disease.
Meth replacement
therapy,
why don't you exist?

Oh, diabetes
How cruel. E-S-R-D
and
Gastroparesis?

Pyelonephritis
E. coli you are
peeing
Don't leave AMA

Finished a night
shift.
Ben and Jerry's
taunting me ...
No use resisting

Year for less patients
A Sisyphean census
Shouldn't there be
more?

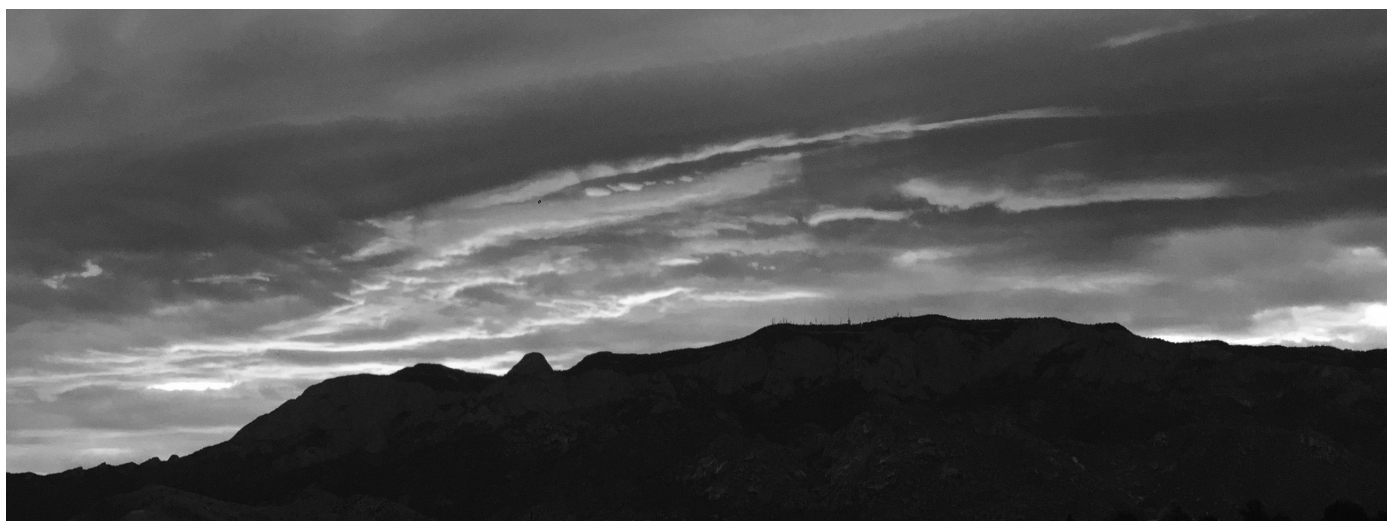
Fluid restriction
Throat is dry as
desert dust
Only change is thirst

New intern training
BATCAVE and chest
compressions
Need to study more

First 24-hour shift
To shit my pants
or not,
That is the question

"Worse day of my
Life"
"Have another
admission"
Patient vs. Doc

The nighttime quiet
interrupted by beeping
adrenaline spikes



Robert C. Schenck Jr.

Saying Goodbye

By Bina Ahmed, MD

It is time to say goodbye to UNM and New Mexico. My almost six years at UNM can be defined in many ways. There was much I accomplished, many ways I was fulfilled and uncountable ways I was bettered by those around me.

There were also much struggle and disappointment, which in the end drove the decision to leave.

When asked why I am leaving and where I'm headed, my response to the second part of the inquiry is easy. What is more complicated is the answer to why I am leaving. Put simply, I am moving on to a new job and new opportunity. What is harder is acknowledging all that I am leaving behind.

Six years ago, New Mexico was a new experience altogether. The strange and unknown Land of Enchantment offered itself stingily at first, but before long it felt like home. There is no match for the geographical adventures offered in each corner of this mammoth state.

And there is no equivalent to the tricultural experience that permeates everyday life – which will leave with me to the extent it can. My time here will always leave me in search of the endless horizon scattered with the perfect Georgia O'Keeffe clouds.

Leaving also means saying good-bye to my patients.

I see a genuine wish and want that there was no goodbye. A wish that is as much mine as it is theirs. As I

have gotten to know them, I have admired the palpable presence of love and support of family in their lives.

I know that they have tried and fought disease with me and they know that I was there for them, like family. As we part, we wish each other well and like the uniqueness of New Mexico, these patient experiences will always remain with me.

UNM has also given me colleagues and friends who have loved in ways and to heights that are a mile high – five thousand three hundred and twelve feet six to be exact.

These important relationships have changed and formed me over my time here. In truth, no numeric or quantifiable value can describe the importance of these friendships. They will be missed and will become the reason I come back to visit (often).

In many ways, life is without permanence and change is an essential part of the human condition. Although New Mexico wasn't part of my forever, it will always be an essential part of my condition. ♦

Beginner's Luck

by Robert C. Schenck, Jr.

Starting out in research when your entire focus has been patient care may seem daunting for most young physicians, but be confident. Clinical knowledge is an excellent pathway to a successful research career, bench or bedside. As a sophomore at the University of Colorado I had taken a philosophy course on science and research.... my professor was a bearded slightly prejudiced professor who saw me come in late every day. When I explained to my professor I was coming from a Calculus class in the Engineering building 12 minutes away (Google maps support this 0.6 miles, 12 minutes), and he said, "Oh you are a scientist." He later would write on my essays, "you write like a scientist" or in other words, "I don't really like your type" and he gave me a B+ on every essay. I had long hair, loved Neil Young, so all I could say was "what the Hell?"

We read, *The Structure of Scientific Revolutions*, by Thomas Kuhn, a philosopher who coined the term, "paradigm shift" a useful concept in handling our way of thinking in science and although written in 1962, this concept of thinking and research has been a very useful tool for me since I first read it for my course in 1978. There are simple examples of paradigm shifts: I was taught in medical school to wash hands after seeing a patient, we all know now that we wash before and after seeing patients.....similarly using chloraprep – rather than betadine – in most skin sterilization preps are ways of thinking that make us eventually shift from what is our standard paradigms of thinking in medicine or science.

Although I have had wonderful research experiences over the year, one that sticks with me as my own paradigm shift is in the anatomic classification for knee dislocations. I treated a patient in 1992 (Fig. 1., Patient MS with written HIPAA approval, another paradigm shift in medicine, permission to use his story and images) with the following x-ray image... one that best described as perched, but not classifiable by the Kennedy system using position of the tibia on the femur.



Figure 1. MS, KDIIIMC

In 1994, I published a new classification in the *American Journal of Knee Surgery*, after numerous rejections (part of the process in Thomas Kuhn's experience with paradigm shifts). I was able to establish at least in PubMed searchable form a new concept of how to classify knee dislocations. KDV was later added when Dan Wascher and I began working together after 2000. One minor philosophical point is that virtually all of my publications, even this one, I prefer to use the student or resident involved in the project as the first author. So the original paper is Walker et al., no Schenck until the final author.

Class	Injury
KD I	ACL or PCL intact knee dislocation Variable collateral involvement
KD II	Both cruciates torn, collaterals intact
KD III	Both cruciates torn, one collateral torn M (medial) or L (Lateral)
KD IV	All four ligaments torn
KD V	Periarticular fracture-dislocation

Interestingly, nothing happened. The classification languished, and many orthopaedic sports surgeons rarely acknowledged it, nor utilized it. But years later, while in clinic, I received a call from an influential Orthopaedic Sports Medicine Surgeon, William "Bill" Clancy, MD. "Bob, I am giving a talk on knee dislocations and I love your classification system... I just have a couple of questions." These were easily answered and he presented the Anatomic (e.g., Schenck, pronounced world-wide 'Shank', but now more often pronounced 'Skank' which is a paradigm shift in itself) at the Annual Meeting of the AOSSM in Sun Valley in 2000. It is now accepted as a classification world-wide and I speak on the topic regularly. Remember, in research, remain patient, listen and learn from others, and always take a call from any colleague.....as a paradigm shift requires a "secondary follower" to prove the first (me) is not a "nut" and on average, paradigm shifts take eleven years...

But back to Boulder, Colorado. I suspected my philosophy professor downgraded my essays and I submitted one without a name, just a couple of initials. When handing them back, he asked "Who's is this?" and as I walked up to the front of the class his face turned the same color as the

red 98 with a circled “A,” and he scolded me, “always put your name on any essay!” As predicted I didn’t get an A in the class, based on my non-blinded average, but that course and his teachings prepared me for research, looking for paradigm shifts, and submitting blinded papers. ♦

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morguefile.com image



Christina Hoff



morguefile.com image

Wailing Song

Because I cannot sleep I compose music and visions at night
I am troubled by you
Whose image strikes shades of autumn leaves
I have neither rest nor patience
Neither grace nor dishonor
Eons of wisdom are lost
My faith transferred to a distant passing
My heart and mind furious with each other
The stars and moon frustrated
By the division of our physical universe
Becoming more and more restricted
Further and farther from each other
The moon questions "How long will I remain suspended without the sun?"
Without the jewel of your love inside me?
Let my curious existence be destroyed bone by bone
You, who have been called by countless names and none at all – love
You, who know how to unravel the secrets of my universe – we are one now and always
You, who give culture to a thousand mysteries – it is inside you . . . and me
You, who are faceless but have a multitude of facades – and the only eyes into which I wish
to gaze

Oh love, you who shape the walls of the fortress that surrounds you
Oh gatekeeper and locksmith
Remove the restraints and give me shelter and refuge within you
Through the fire and ashes of everything that has occurred
Mistakes we can no longer rehash – it is done
I am content to let it go – but not you . . .
Neither acceding to the past nor visioning the possible future
You feel the need to punish us just a little longer
Pining for what you think you have lost – should have, would have, could have
Instead of devising a plan for creating me your future – you saw it from the very beginning
Open your eyes . . . abre los ojos

I see a gathering of warriors powerless around me
A circle of ecstatic poets and dancers
Craving a resurrection of us, their muses
Giving them so much about which to write, paint and sculpt
They all smiled when we whispered each other's names to the wind
Left us alone all those times, to burn out the intensity
That was palpable in the atmosphere when we were touching, looking, tasting, listening,
experiencing
When we spoke our names together the sound of creation broke
It is the sound I hear at night
When I cannot sleep so I remember
How you tasted . . . how you smelled . . . how you felt . . . what you thought . . . and how you
touched me

And I wonder how you can so easily put up the barricade because we made a few mistakes
with each other
Missteps that are not embedded in the granite of our existence but are rather just dust
blowing in the desert
The zephyr of time, soon enough erasing all evidence of our indiscretions
Leaving shining flecks of sand like the flashing of your eyes
When you locked yourself in mine for a moment and for eternity

How do you break a promise that was forged within the walls of your heart, the ether of your
soul and the melding of two bodies?
How does the denial of our harmony not hurt you like hell?
And when do you think you will see that I am still here with you, sa'ah naaghai bik'eh hozho
Chanting your blessing song, sending you blue corn pollen and praying for your happiness
in the rays of the sun & moon, the earth solid beneath me, and the silence of the night
When I can't sleep, can no longer dream and have no words or voice left for singing

– Christina Hoff



morguefile.com image

Mind's Eye

by Carolyn Jones

Nursing was a chance, one I took on a whim, and it turned into a lifetime of experiences that most never dream of having. Good dreams, happy dreams, horrific dreams and emotional dreams. The kind of dreams that could be experienced by a nurse.

Many years as a surgical nurse in several operating rooms around the Southwest brought the experiences of the beginnings of life in the moments of a Cesarean birth with the first cries of a pink, healthy infant, and the end of life, tragically halted when the heart ceased to beat in the final moments and succumbed to disease. These experiences that touched every human sense in ways that would never be forgotten.

My eyes hold memories of peering into a child's face fearing the unknown moments before a surgical procedure – and the same face, lighting up with joy at being placed in a family member's arms after awakening from the deep slumber of anesthesia.

A family pacing to and fro in a darkened surgical waiting room long since emptied of others, awaiting news after many tiring hours following a surgical procedure meant to prolong a life encircled by cancer's cold, unforgiving arms.

The happiness of parents agonizing over the long-awaited news that the injury sustained by a teenager, full of life and excited to be driving their first car, is less severe than originally thought and may be surgically repaired without lasting damage.

My ears remember the echo of painful cries after a patient awakens following a procedure to sever the cold, pale limb, no longer able to function and threatening to further sicken the very body to which it served for so many years.

The words of thanks from family members who view the now-lifeless body of a loved one after a long-fought battle and the final procedures of many, to correct anomalies burdening the body since birth.

The concerned voices of family members discussing the surgical procedure that may enrich – or ultimately end – the life of an elder whose final days depend on the trained hands of the surgeon faced with a very complicated procedure with odds for a positive outcome stacked against him.

My sense of smell to the environment that is the operating room, heightened, when faced with a pending emergency involving a trauma patient that is whisked speedily into the surgical suite with the rapid burning of flesh to

prevent hemorrhage.

The putrid stench of a swollen and inflamed joint as the yellow thickened fluid pours out of a single scalp incision, freeing the area of infection.

The cleaning solution, poured copiously on the surgical suite floor following a procedure that left many too many various bodily fluids on its surfaces, and spread efficiently by the staff who does this time and time again, without complaint.

My tongue remembers the many sandwiches eaten hurriedly in a staff lounge, quieted after many hours of surgical procedures in the still moment reserved to reflect on the busy day completed, bringing thoughts of the day ahead, as the sun rises after a night of on-call insanity.

The sweet cake prepared to celebrate the birth of a coworker's new baby with quick congratulations before having to rush back to an operating room to assist another nurse with an emergency.

And the words spoken to the new nurse, who can't decide whether she has made the best decision, having transferred from a unit position and bedside care to the operating room, which seems so impersonal.

My hands remember the touch of a surgeon who comforted me as I had to bolt from the operating room in a flood of tears after learning that my father had sustained a stroke and before I rushed to make that call to my mother to say that I would travel the 200 miles to be by her side as soon as I could.

The firm, reassuring hug given to a relieved mother wringing her hands as she patiently awaited news that her child's surgery to remove a swallowed penny that had lodged

in her trachea was successful, and that she could be with the child in the recovery room within moments.

Holding onto the firm grip from the hand of a terrified and tearful woman who was slowly being placed under anesthesia before having both breasts removed, after receiving a dreaded advanced-stage cancer diagnosis.

And finally, for those who believe in a sixth sense, I remember the rare lull between surgical procedures when the hum of equipment was all that could be heard, knowing that it would only be moments before the unmistakable sound of stretcher wheels could be heard rounding the corner, bringing yet another patient urgently in need of medical attention.

And the horrible feeling of impending catastrophe when a cranial aneurysm suddenly ruptures before the clip can be strategically placed, allowing a rush of red so profuse that there is nothing that may be done in that moment to control it.

And finally, the feeling of life ebbing away from the donor patient, as the anesthesia machine is silenced once all organs have been harvested for the benefit of another to prolong life.

I no longer work in the surgical environment, but the dreams and experiences I encountered over 30 years still linger . . . and I think of them sometimes and of all the patients in a multitude of life situations . . . and I take a deep breath, and I know that my life has had purpose and I am honored to have been there for many patients to provide some degree of comfort and support.

They will all remain a part of me . . . forever. ♦



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The Accidental Accident

By Allen Dickstein

When they gazed in confusion at the broken shards of glass . . . it was no accident or was it? I lost my balance, I stumbled, I crashed on the glass table.

It is difficult to balance, to stand upright, not to crash into walls, doors and furniture. It seems impossible not to have wounds and bruises from head-to-toe and to always be in pain and often severe agony.

Every time it is an accident, the conscious flow to gain greater control rears its' head and I dig deeper toward my feelings of "Why?" How can this be prevented again and again?

The accidents go on, the loss of physical control thwarts me, frustrates me, enrages me.

I vow it will not happen again but again it does happen. I do not have control.

There is a wall . . . I crash into it. There is a door . . . I crash into it. There is a piece of furniture . . . I crash into it.

I am wounded physically and my mind grieves for these wounds and I pray, "Nevermore."

But it is beyond control . . . beyond my control.

It is a disease I wish no one else to have, and no one to be thrust into the abyss of painful hell as I am 24

hours and seven days each week.

But here I am, unable to climb out of this abyss and go forward to shed these accidents, these pains, these emotional traumas that will not let me be free of physical pain and emotional frustration.

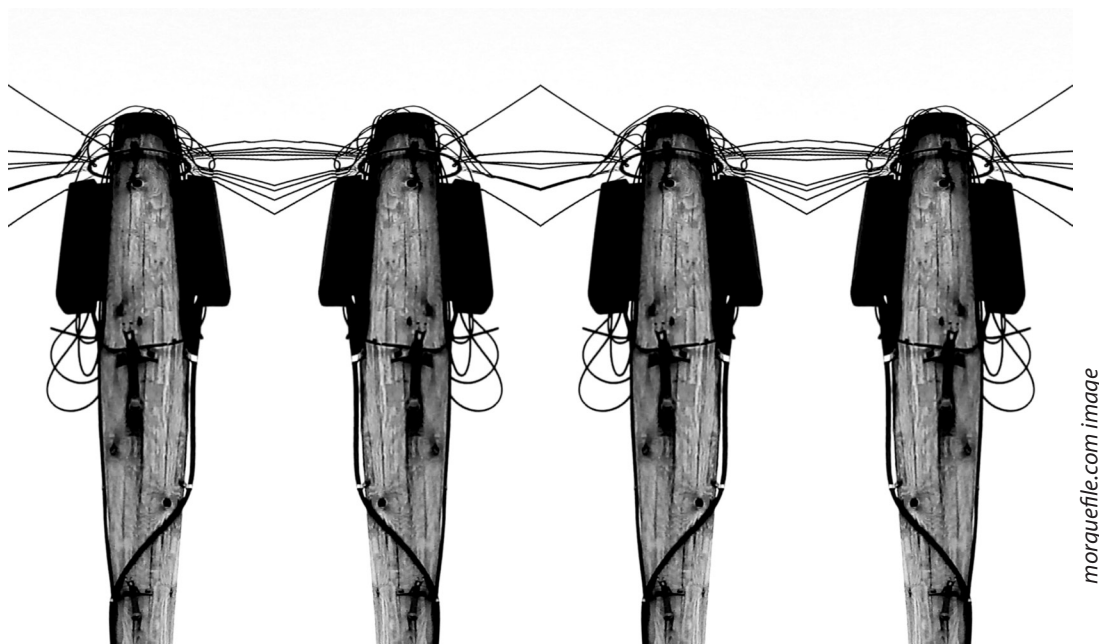
But wait . . . I am strong, determined, inner-directed. I will never allow these accidents to totally engulf me, control me, keep me down and down-trodden.

I push, I thrust, I will not yield to accident after accident no matter how much and how often these multi-faceted accidents dare to control me, hurt me and endeavor to destroy me.

Yes, I have a brutal incurable disease within my body for the past 25 years. Yes. I have a cancer that has physically and mentally destroyed me, and yes, I have a second cancer hiding deep within me.

Life is beautiful and the desire to participate in this beauty is stronger than to be controlled by the horrors within me.

My multiple diseases will continue to attempt to control me, hurt me and ultimately destroy me but they will never stop me! ♦



Crossing the Line

by A.L. Gomortis

Gravel sprays into the air as Alex Thatcher turns left into the Border Patrol station parking lot just ahead of the oncoming pickup truck. As she grabs her phone from the passenger seat, the text alert chimes. Alex curses as she looks at the message. “Heading for the Bahamas today. All in a day’s work in the Miami sector. How’s the sandbox?” It’s her academy roommate Mari bragging again about how much better life is in Florida.

She jerks open the car door and steps into what feels like a furnace: Tucson in July, with heat radiating down from the sky and up from the blacktop of the parking lot. “Fourth consecutive day over 100 degrees. At least it’s a dry heat,” she mutters to herself sardonically, trying to think of a clever quip for her return text.

Any stirrings of humor disappear when she catches sight of her team’s duty vehicle, parked in the full sun. “Goddamn it! Who was the dumbass that didn’t park the SUV in the covered section of the parking lot? Who didn’t leave the windows cracked to let some of the heat out? Who forgot to put up the reflective sun shield? I work with a bunch of idiots!”

She is still muttering to herself when she slides into her seat for the shift briefing. Her partner, Jodie Starling, raises an eyebrow at her. Although she doesn’t really care who hears her complaining, she also doesn’t want to push Jodie too far this early in the shift. The senior agent isn’t

technically her supervisor anymore, but had been her field training officer and was her mentor even before that, so it was hard to think of her as just a regular colleague. Jodie was usually pretty easygoing, but she could be fierce when annoyed, and she had a low tolerance for whining.

Alex decides to seethe silently for a while. Her mood darkens further during the briefing, which is tedious as usual, unnecessarily long and filled with rambling and stupid jokes, capped by the announcement that the agents would be field testing a “new and improved” handheld device, so they would need to turn in their old devices before setting out for the day.

“Why don’t they put some money into maintaining our duty vehicles and getting new tires, instead of throwing it away on these stupid electronics? Those old devices never worked from the first day we got them,” she mutters to Jodie.

Jodie shrugs. “I have the old piece in my desk drawer. I’ll get it after the meeting.” As Alex exits the headquarters building after the briefing, she feels her irritation flare again at the sight of the baking vehicle. She settles into the driver’s seat, yanking her seat belt across her lap and slamming the door. Bryon McAndrews, a new agent and currently the third member of their team, catches her glare in the rearview mirror and immediately averts his gaze. Probably still in pain from the last ass-chewing she gave

him, she thinks, slightly amused at his look of fear.

She waits for Jodie to buckle herself into the front passenger seat and then floors the accelerator, screeching the tires as she speeds towards the parking lot exit. The momentum causes Jodie to slide against the door, and she gives Alex another look. "Whoa! Take it easy on the vehicle, Alex. We have 10 hours and who knows how many miles ahead of us in the desert tonight. I don't want to have to call the helicopter to rescue us."

Alex replies, "Sorry, Jodie. Still fired up after the morning briefing. And why is it so hot already?"

From the back seat, Bryon chuckles and says, "Oh that's right, you'd rather be rescuing Cubans from the Gulf of Mexico."

Alex shoots him another glare. "No! I was supposed to get the cushy cruise ship duty, where the most difficult thing I would have to do is tell the passengers that they can't drink their duty-free liquors until they get to international waters."

Jodie laughs her contagious laugh and replies, "Ha! You were expecting that job right out of training? If you believe that, I have some oceanfront property to sell you out in the Sonoran desert. In fact, we can drive by it later this evening."

Bryon joins in the laughter while Alex sighs and turns south down the dirt road just east of the Pascua Yaqui reservation. This part of the road is relatively straight and is in pretty good shape, considering that it crosses federal and county borders and neither jurisdiction wants to pay for maintenance.

As Alex drives, she keeps quiet and wonders again how she got stuck out here. She studied hard in her undergraduate criminal justice classes, getting straight As all through college. She did summer internships with the FBI and the Border Patrol. She earned the Homer Campbell Fellowship, which paid for her master's degree.

When she applied for a Border Patrol, job her interviewers told her she was one of their top candidates. She actually enjoyed the challenges of basic training at the border patrol academy. She found the physical conditioning easy, thanks to years of running, biking and a newly-acquired love for weight lifting. She surprised everyone, including herself, with how effectively she mastered the hands-on techniques. Her instructors had frequently put her up against people many times her size, and she always came out on top.

She was a very quick study in firearms training, despite not even owning a gun until she applied for the job. And she had the top score on every single test in the law courses and language training. She did so well that near the

completion of her training, one of the instructors had pulled her aside and told her that she would get her first choice of the open positions.

True, usually new agents started along the Mexican border, but the Miami sector had one opening and that was what she put at the top of her list. She wasn't particularly close with any of her fellow trainees, but she had confided to Mari how excited she was and how sure she was that she was going to Florida. She even felt a little sorry for her when Mari mentioned that she wanted that position too. Even though they had a friendly rivalry of sorts during training, she had clearly bested Mari in all aspects of the academy. She knew the position was hers.

Even thinking about it now, almost two years after the fact, she still gets that "gut-punch" feeling when she remembers the call offering her a duty station in the Tucson sector. To make matters worse, it was Mari who got the Florida job after all, something that she never failed to gloat about. So now Mari gets the jaunts to Cuba and the Bahamas, the cruise ship launches and boat trips in the Everglades. All glamour, all the time, from the way she made it sound.

And she, Alex, spends all her time sweltering in the southern Arizona desert, sweating through her shirt on every shift, dodging cactus spines and biting reptiles. Yes, the heat was occasionally interrupted by monsoon storms, which cooled things off and made the air smell fresh and clean. On the other hand, those storms usually brought flash floods and giant sinkholes, which could and sometimes did easily swallow their vehicles and strand them out in the wilderness.

All of this because the illegals couldn't just stay home and because no one in Washington could decide what type of fence to build along the border. In truth, the desert itself was kind of growing on her. It had sparse beauty that was scary and beautiful all at once, and she had a grudging respect for a place that was so unrelentingly hostile. The environment did its best to kill you all the time, and you had to stay on your game to survive it every day.

No, if she was honest with herself, the part that made her job here so hard was the murkiness of it all. In training, they had made it sound so straightforward: Here are the laws. Memorize them. These people are breaking the laws, so they have to be apprehended. It was true that they did sometimes catch "bad guys" – illegals who were wanted for robbery, assault, weapons trafficking, even homicide. But much more often, they caught regular people who showed her pictures of the kids they were trying to support and told her about the culinary classes they had been taking so they could get a job at one of the resorts around Phoenix.

Or worse, they told her that they had been living in San Diego or Atlanta for 15 years before getting deported and had families there that they were trying to get back to. Sometimes they cried. Sometimes they were too exhausted and sick to cry. All this suffering, just to make a living.

It was wrong of them to come here, of course. It was wrong of them to sneak around in the desert to cross the border. But was it wrong of them to want to work hard and support their families? Was it right to punish the regular people in the same way the bad guys were punished? Thinking about it made her head hurt—made her angry. None of the other agents seemed to have these doubts, although she didn't really talk to any of them about it. No point looking weak in front of your co-workers, after all.

"Pull over here," directs Jodie, breaking into Alex's thoughts. "We'll wait here until we get further instructions from dispatch."

Alex pulls the vehicle into a nearby turnout, switches off the lights, lowers the windows to keep a cross breeze, and then shuts off the engine. The setting sun has disappeared and the night sky is filled with stars on this cloudless, moonless night. Bryon peers upward and comments, "I love the sky out here. No light pollution to interfere with the stars, especially when we're out so far from the city."

Alex reminds him that the moonless nights seem to be the busiest for them. Jodie chimes in, "More work for us, but it does make the time go faster." The radio crackles, and through the static they hear their sector dispatch say that a ground sensor was activated about 25 miles from their current location.

Alex crosses her fingers as she reaches for the radio, hoping there is another vehicle closer to the sensor. Just as she keys the microphone, the radio comes to life, "10-4." Alex breathes a sigh of relief to hear that another team is responding and smirks at the thought of some other agent responding to a herd of javelina stampeding over the sensor. Or, even better, having to fill out all that paperwork and spend the time processing the illegals if the sensor was actually tripped by humans.

She still can't decide if she prefers finding live bodies or dead ones. Live bodies required paperwork and conversations and ambiguity. Dead bodies required a lot less paperwork; the part that took the longest was waiting for the medical examiner's office to send someone to pick up the body.

On the other hand, it was always disturbing to see how fast the desert could change people. Back when she first started, she had expected to see dead bodies that looked like they did on TV, all clean and nicely dressed, still recognizable to their families. She had been unpleasantly

surprised to find out that bodies in the desert did not stay recognizable for long. The first body she ever encountered had been swollen, black, and smelled terrible.

The very next day she and Jodie came upon a skull and some bones under a tree, next to a backpack and an empty water jug. The day after that they found a body covered in what looked like leather, with no eyes or mouth. She had asked a bunch of questions about how a body gets like that—so many that Jodie finally arranged for her to visit the medical examiner's office to talk to the pathologists and anthropologists.

Dr. Winthrop, the pathologist, had told her that a dead body at room temperature decomposes gradually. First the skin turns green or gray. Then the body parts start to swell. If the body remains at room temperature for several days, the entire body becomes bloated and turns from green to black. The skin slips off the body, and then after several weeks, the fat and muscle slip off the bones and the body is reduced to a skeleton. Or, if the air is dry enough, after several weeks, the skin and tissue will dry out and turn leathery instead of slipping off the bones.

But, he said, a body outdoors in Arizona goes through these changes much more quickly because the heat accelerates the breakdown process. Also, a body out in the open in the desert is a target for scavengers. Insects, rodents, coyotes, ravens and vultures all viewed the dead body as a good food source.

Dr. Winthrop had showed her a body without eyes or lips, just like the one she and Jodie had seen in the desert, and told her that the non-skin-covered areas, like the eyes, mouth, vagina and anus were where the scavengers usually started eating, since skin is harder for them to tear through.

Then he showed her another body, where it looked like something had started eating the chest and arm instead of the eyes and mouth. Dr. Winthrop told her that when there are injuries, like stab wounds or gunshot wounds, the skin is torn, so scavengers can easily eat those areas too.

The man they were looking at now had been shot in the chest and arm. Dr. Forbes, the anthropologist, had joined them and pointed out that where scavengers had eaten the tissues, they had also left their teeth marks on the ribs and arm bones. Dr. Forbes said that sometimes teeth marks on bones made it difficult to tell if there was some injury to the bones before death, pointing out how hard it was to see this man's gunshot wounds amongst the teeth marks.

Dr. Forbes cautioned her to never assume that someone had just died of heat and dehydration, since you couldn't easily see injuries on a decomposing body. And she

said to always look around the area of a dead body to make sure they found the whole body. In addition to eating what they could right there, scavengers would sometimes drag or carry away parts of the body to eat later. Sometimes those parts could be found nearby, and Dr. Forbes and Dr. Winthrop both emphasized that the more complete the body was, the better information they could gain from their examinations.

Since that day she had tried to always do a thorough search around the body, even looking through nearby bushes and trees to make sure they weren't missing any important body parts.

Her musing is interrupted when Jodie opens her door and tells the others to get out for a short walk around the area. Just as Alex pushes open her door, she hears the staccato of a rattlesnake. Bryon hears it as well and tells Alex to stay in the vehicle until he can take care of the situation. She shakes her head at his unhealthy love for rattlesnakes, but she has to admit she is glad to have him along in these situations. He even has a special tool he uses to grasp the snake and move it away. And although he always forgets some necessary piece of gear for their actual jobs, he never seems to be without his field guide to snakes and his snake-moving tool.

Jodie tells Bryon to put the snake on the eastern side of the road, as they will be walking westward towards the ridge. They strap on their headlamps and head off. There is a wider variety of cactus in this part of the desert, ranging from the stately saguaro cactus to the low-to-the-ground barrel cactus.

On any given night the wildlife sightings range from ground-dwelling birds to rodents to the skittish coyotes. They frequently see Gambel's quail, often with a trail of chicks scrambling behind them. Occasionally they see a bobcat, waiting for the quail or other small prey to wander into its range.

In spite of this beauty around and above them, they mostly keep their eyes on the ground, looking for evidence of recent migrations: empty gallon jugs, worn out shoes, empty backpacks, trash, and especially footprints or other fresh marks in the sand. They are silent while studying the hard-packed sand of the desert floor; there has not been much monsoon activity in this part of the desert recently, so finding tracks on the ground is not easy. An occasional kangaroo mouse scampers silently across their path.

The three walk in a triangle, with Alex and Bryon at the lead while Jodie hangs back. From this vantage point she can see where the two rookies shine their headlamps. A few minutes into their walk, Alex catches movement out of the corner of her eye. She abruptly stops and puts her right

arm up, signaling her partners to stop. She points to her left. As all three headlamps illuminate the area, she realizes it is a pair of coyotes.

Usually even the slightest movement towards the skittish animals would result in them running away. This time, however, they seem to be intent on staying. Alex knows there must be something there keeping their interest, probably something they are eating. As she approaches the coyotes, she hears growling and sees the animals move closer to each other and to their food. Bryon pipes up, "They must have found a dead rabbit or fellow coyote. We don't want to interrupt their dinner, do we?"

Jodie edges forward and shines her flashlight on the desert floor between the coyotes. The light glints off something shiny attached to the coyotes' meal. Jodie quips, "These rabbits must have had good dental insurance."

Bryon gives her a puzzled look. "What do you mean?"

Jodie replies, "Well, I'm pretty sure I see gold-colored windows on those teeth."

Alex grumbles, "Ah, shit - these are human remains. Now we're stuck here until the medical examiner's office can get out here. So much for a short walk around, huh?"

Jodie returns cheerfully, "Yep. Let me shoo away these coyotes and then we can get a quick assessment of what we have."

Alex knows it's her duty as driver to report this finding and fill out the required paperwork. She trudges back to the vehicle to radio in the report that human remains have been found. She gives the GPS coordinates of their location and asks the dispatcher to get an estimate of how long the medical examiner's investigator would take to arrive.

Approximately 10 minutes later, the radio crackles to life again. "The investigator says arrival time of approximately one hour."

Alex thanks her and grabs the camera and clipboard. As she approaches Jodie and Bryon, Jodie looks up at her questioningly. Alex says, "ETA one hour."

Jodie nods and looks back to the pile of bones. Bryon wonders out loud, "Interesting how no one has found these bones, seeing as how they are only 100 yards from the road."

"You guys know how much area we have to cover out here. We almost never park in the same place from night to night. Nor do we always have coyotes to show us where to look," replies Jodie.

After about 45 minutes of combing the area, the group determines that the bones are contained within a 30-

foot radius. They also find some clothing and a tattered backpack. Alex takes a few photos of the body and the area while Bryon documents the position of the bones and belongings with his GPS.

Jodie heads back to the vehicle to get some water for the crew and contact dispatch to see if she can get an update on the arrival of the medical examiner's investigator. Just as she makes her request, she notices a set of headlights in the distance. She radios back and tells the dispatcher that she thinks she sees the county vehicle coming down the road and to cancel the call. The investigator pulls up in the county SUV and hails Jodie.

Jodie smiles and greets James. She is glad to see him, as he is one of the more proficient investigators. Unlike some of the others, James always has what he needs and is expedient at getting additional information.

"This location is much easier to find compared to the last scene you called me out on. What do you have for me tonight? I'm hoping it's lightweight and near the road."

"James, tonight's your lucky night," calls out Bryon as he approaches the vehicles.

"Sweet! I assume you already have the location documented?" queries James. He follows Bryon back toward the pile of bones. "Oh, hello, Alex! It's always a pleasure to see you," he flirts. "Wanna grab some breakfast when you get off shift?"

"Just get your bones and head back to your cubicle," snaps Alex as she turns her back on him.

"What's got her panties in a wad?" James whispers to Jodie.

"I don't know and I don't care," chimes in Bryon. "Maybe it was the rattlesnake we saw earlier this evening."

Jodie rolls her eyes. "Or maybe it's that you ask her out every time we have a scene together."

James laughs and heads over to Alex, who shines her headlamp and hand-held LED flashlight onto the various bones. James photographs the remains and then picks them up with gloved hands. As he picks up the last bone and puts it into the white plastic pouch, he asks if they want to seal and sign the bag. A synchronized "No" comes from the agents. The investigator carries the white bag of bones back to his vehicle, places it in the rear and puts his gloves into a small red plastic biohazard bag. He calls out, "Do any of you have gloves you want to put in my trash bag?"

"We didn't wear gloves, since we knew we were only looking, not touching," laughs Bryon. "I really don't know how you do your job."

James just shakes his head and says, "Don't you ever get tired of using that line?"

The investigator confirms all of the information he

received from the dispatcher and informs the trio that it might be a few days before the exam is completed since there has been an abundance of deaths in the past few days.

"I haven't read about any homicides or car wrecks in the paper!" challenges Bryon.

"C'mon Bryon, you know the majority of cases that come to our office don't make the news," replies James.

"My bad," says Bryon. "But after tonight our crew has a few days off and then we are back on the day shift. One of us will check in with your office when we return to duty."

"Enjoy your days off and stay out of trouble," replies James. "If you come to our office we would rather see you at the front door, not the back door."

Jodie snorts. "And to think that you were the one complaining earlier about using retread one-liners."

James grins at her and then turns back. "Alex, last chance for some action this morning."

Alex just shakes her head and gets in the SUV, slamming the door behind her. ♦

Excerpt from novel, "Crossing the Line." A.L. Gomortis is the pen name of two forensic pathologists, one of whom works in Albuquerque and the other of whom works in Tucson. Together, they have more than 20 years of experience in the field of death investigation. They are currently at work on their second novel.



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Can't We All Just Get Along?

By John C. Russell

I'm about to meet with another faculty member, to hear her side of the story.

There is a discouraging sameness to this scenario. A comment has been made to or overheard by a faculty member or another member of the HSC community, ruminated upon, and then responded to.

While disrespectful treatment of patients or families can never be tolerated, this is something different. These are interactions in the workplace, and often occurring under conditions of personal stress.

Perhaps the comment was misheard or misinterpreted. Perhaps a comment made in jest has been taken as serious. Perhaps a comment of general frustration has been perceived as a personally directed attack.

Perhaps a legitimate concern regarding professional performance has been taken as a statement of personal disrespect. Perhaps a valid difference of medical opinion has been recast as either support for or an allegation of substandard medical care. To disagree is seen to be disagreeable, and perhaps even disrespectful. Pleasant incompetence can sometimes seem valued above unpleasant competence.

What started as a minor issue has now been become a major one through a PSN report or through widely disseminated e-mails or texts. A concern that could have been discussed and resolved "in the moment" has taken on a life of its own.

Days to weeks after the occurrence, a formal complaint has been made, and must now be investigated and responded to. The nuclear bomb is about to drop upon the

unsuspecting miscreant. The chance of a beneficial and durable outcome for all parties seems small.

How did we come to this? Why have face-to-face conversations become so difficult? We speak of power differentials as the justification for anonymous evaluation and reporting systems, yet we are seemingly indifferent to the harm unleashed when individuals can say anything about someone else without fear of consequence.

My pleas are simple and heart-felt:

- We must clearly define institutional standards and boundaries of acceptable behavior – the ideal as well as the intolerable.
- We must recognize that disagreement is not inevitably disrespectful, and that out of disagreement and serious discourse better solutions almost invariably result.
- We must empower, and when necessary, teach individuals at all levels, to identify and resolve interpersonal conflicts "in the moment."
- We have to recognize and reward professionalism, and no longer tolerate unprofessional behaviors.
- We must value the safety and quality of care provided to our patients above all else.
- We have to hold each other accountable for what we say and, more importantly, what we do.

Can't we act like and treat each other as adults? As Rodney King asked, "Can't we all just get along?" ♦



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