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:
"White Sands,"
by Lynn Lessard.

Racheal Allen

January

This is the month of snow,
and somewhere inside your heart,
at the cusp of another year orbiting the sun, you know.
Know how free and loose and fine it can be,
all through every pliant thread of light.
Know that every time a poem breaks free,
you let loose a cacophony of notes
and glow shards of snow and ice,
flying away as solitary, shimmering birds.
And within each flight, is the trace of every day that ever died.
This is the symmetry of light.
This is how you break through the shadow

January

– Lisa Alvarado

Blood

It started with blood.

The blood of the men and women who lived in shadow. The drag queens, the sissy boys, the bull dykes.

Their lives meant little to those around them. “Oh, those homosexuals are ruining our society,” they said. “They’ll convert our children,” they said.

Fear has spilled more blood than disease ever will.

The fear of people who don’t look or act like you. The fear of the unknown. The fear of fear.

Countless lives taken by those gripped by fear. In Germany. Here at home.

Then came the disease.

The gay cancer, they called it. “Serves them right,” they said.

More blood spilled. More fear. More despair.

“Why are they ignoring us?!” we cried. Silence.

Three years before our nation heard the word from our leader.

AIDS.

The struggle continues today. Millions diagnosed. Millions dead.

The tide of fear evolved slowly. They began taking it seriously. Research. Legislation. Change.

“We no longer live in fear,” they tell me. “We know so much more,” they insist.

Then why are you still afraid of me?

My life will be dedicated to medicine. I’m investing my blood, sweat and tears into healing everyone else. Why is my blood not good enough for you?

I know the evidence. Better risk factor screening. Viral detection techniques.

Yet fear still rules.

“Remain celibate for a year, and we’ll think about it,” they say.

We don’t need your pandering. You still fear our blood. Why? We ask. We’re just like you.

You took our blood before. Why don’t you want it now?

– Kory A. Tillery

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Conscientious Objection in our Pharmacy Profession

Professional societies play the political game
Seeking the exposure to finally bring our profession fame
Will we be sold down the river
Or stand and deliver?

Leaders say they lead
Yet we as a profession bleed
Without a soul
How can we be whole?

We hear the rhetoric from the conscientious objectors
And it sounds like rectors
When did morals and religion
Take over our profession?

Zealots are upon us
And perhaps it's our opus
Religious right ideology
Is becoming a reality

The time is high
To do what's right
Provide care for patients in good time
And don't count on the next RPh down the line

– Mark Holdsworth

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"Wish you were here"

By Trisha Fleet

Claire stared out the window and watched as the delicate raindrops splashed against it breaking the cohesive bonds that held them together. Her legs were curled up on the beige couch they had bought together just before they made the move to Seattle, her hand placed just under her chin, bearing the weight of her tilted face, while her other hand cupped a now-cold cup of green tea. The fire danced shadows on the wall behind her as she stared ahead into the glowing abyss, caught in a trance.

She instantly felt the cold from the opening of the wooden door behind her and heard his delicate footsteps approaching. She felt his cold hand touch her shoulder lightly and then his soft voice. "Hi Claire-bear, what are you doing?" he asked as Claire stared straight ahead and then cocked her head up and looked into his brown eyes.

She knew and he knew that she knew. She could smell the alcohol and clove cigarettes intermixed with something else he had been smoking. The mint gum he was chewing did little to hide the evidence issuing forth from every breath he took.

Claire thought no words were needed but John spoke anyway.

"Look, Claire I had a rough couple of days, so just don't." He kept on, "My patient died today and I thought I deserved to go out and blow off some steam with the boys." And on he went, "Look, I can't be as perfect as you, OK?"

He paused as if gathering his defense within his clouded mind and then began again, " I am not you, OK? I am me, take it or leave it."

He paused seemingly waiting for the argument to begin and then after a few moments he said, "Fine then, I am going to take a shower."

Claire returned to staring into the fireplace, mesmerized by the different shapes the glowing fire seemed to take and the hot embers jumping off as though they were diving off a cliff. She heard the sound of Pink Floyd surround her and the lyrics she knew all so well:

"So, so you think you can tell Heaven from Hell, blue skies from pain. Can you tell a green field from a cold steel rail? A smile from a veil?" and then the sound of water, as the shower was turned on, drowned out the rest.

Claire thought about her day. She had lost a patient too a day ago and today a very ill patient vomited on her clogs even as she reached for the pink emesis pan. That

incident was followed by another, only with a not-so-thankful and apologetic patient. Claire had been up all the previous night with the trauma attending, saving a patient with a self-inflicted gunshot wound to the chest who clearly did not want to be saved.

After she had wiped up the vomit and cleaned herself up quickly, she had headed over to see the suicidal patient. She was greeted with a waterfall of insults. The patient had called her every bad name in the book and told Claire and her attending that they "should burn in hell for saving me. I wanted to die, and now look at me," followed by more swearing. It went on and on as she tried to ask the patient questions for 10 minutes or so.

Claire had no doubt that John's day had been just as convoluted and messed up, maybe even worse, but her patience was wearing thin. She thought about how John's ways of "blowing off steam" had progressed from drinking alcohol and smoking infrequently to a daily occurrence of trying to hide exactly what he had been doing and where he had been.

He'd also become more and more distant toward her, finding excuses to not be intimate when they were both sleeping in the same bed. Claire thought about him pulling away from her physically and emotionally. She thought about the faint vanilla scent that emanated from his clothing now every time she tried to hug him. The scent was not hers, she realized, as she heard the sound of the water faucet being turned off and the music of Pink Floyd rushing forth,

"Remember when you were young, you shone like the sun. Shine on you crazy diamond. Now there's a look in your eyes, like black holes in the sky. Shine on you crazy diamond."

Claire heard footsteps again on the hardwood floor. Her trance broke when John appeared again with the navy blue fleece blanket she had given him during their first year of medical school and the Yahtzee game she had given him their third year. He was smiling the smile she fell in love with. It was the same smile she saw the first time he awkwardly asked her out, the smile she rarely saw now.

Claire smiled back and asked, "Best of three?" It was no matter what happened in the game; she was going to enjoy the time they had left and let him win if possible. They laughed and set up the game even as music played in the background,

"Threatened by shadows at night, and exposed in the light. Shine on you crazy diamond. Well you wore out your welcome with random precision, rode on the steel breeze."

They'd met their first day of medical school. He was sitting right next to her in lecture and then somehow ended up in her anatomy lab group. She thought his best friend James was supposed to be in her group but turned out not to be. "Hi, I'm John Avery" he said, "James couldn't be in this group after all."

Years later, Claire thought about how he managed that one but let the thought seep into her storage of great memories – into a place reserved for memories that made her smile the biggest.

John and Claire soon became inseparable. They were right by each other's sides with their hands in the abdomen of someone who now lived on in the memories of those lucky enough to know them.

John was great about trying to distract her from thinking such emotion-filled thoughts. "Claire if you keep on thinking like that you will drive yourself crazy – now concentrate" he would demand. Claire was more emotional, while John was more logical and focused.

He quizzed Claire time and time again, refusing to let her think she couldn't understand something. John spent countless hours in the anatomy lab with her, studying, drawing, making her recite the names of all the fasciæ and muscles of the trunk, lower and upper extremities and their mechanisms of action, even though she knew he didn't need to do so for himself as well.

"Claire, I know you know this stuff, so again from the top, I'll point to something and you tell me the name and its mechanism of action" he demanded.

John was smart, scary brilliant. It was unnerving how much less he needed to study but did anyway just to help her. Claire took comfort in the fact that she had been there for him too. John's grandfather had been diagnosed with Alzheimer's disease prior to his matriculation into medical school. Claire went with John on a weekly basis to visit his grandfather even the old man's mind became plagued and confused.

She and John would repeat stories over and over and answer the same questions over and over and go along whatever journey his grandfather wanted to take that day. If he thought they were his young friends he met in France during World War II, then so be it.

"Good to see you again so soon, Charles" his grandfather would say, "and I see you and Anna are still together and looking very well."

One of the last things John's grandfather had said to him was, "You can do it; I believe in you. You just get out on that field and you play like you never played before and you will win."

Of course Grandpa Avery was not thinking what John was, but it didn't matter. After Claire and John left him that evening, John looked at Claire and said, "I know

I made the correct decision by going to medical school. I really want to be a great physician and care for people."

Claire comforted John throughout this difficult time, holding him as he cried on her shoulder and laughing with him as he recalled all the times Grandpa Avery covered for his mischievous behavior by redirecting John's parents' attention.

***

Claire thought about all these memories and many more as she tried to fall asleep Sunday evening. Morning came too fast, as always, and John and Claire fell into their weekday routine. They took separate cars to the hospital because one never knew when the other was going to get out. As surgical residents their schedules were chaotic. The first one home would cook a meal and typically make up a plate for the other for whenever they made it home. They tried to talk during the day, but even being on the same service did little to put them in the same place at the same time.

Their conversations always went something like, "Hey . . . yeah . . . OK . . . Oh, my pager is going off. I have to go." Claire would usually catch glimpses of John throughout the day. She saw his back through a small window in the operating room or heard his voice echo from a room when she was rounding on her patients in the same unit.

"We are doing everything we can, Mr. Smith," John's voice resonated over the sound of the various other unit noises. "I'll call your wife and let her know what the situation is and what our plan is." John would say over the sound of respirators and drug pumps beeping, "No sir, I will tell her to stay with her ill mother and that we will make sure you are taken care of until she can return."

John was great about that, and held himself to his word. There had been one incident two months ago that Claire thought about the most when trying to decide whether to end her six-year relationship with John or stay and continue to watch him spiral out of control.

John was on the trauma service and there had been a bad accident. A car driven by a young man had run a red light and smashed into a small car carrying a mother, father and their young daughter on their way to a movie. The mother and father had died at the scene and the daughter, clinging to life, was flown to the hospital by helicopter. John said he held her hand and whispered, "Fight! You can do it. You can win."

John, his senior resident and attending physician operated for hours. John came out incredibly exhausted from the procedure, combined with his 36-hour shift. It didn't matter how tired he was, though, or that he could have gone home. John stayed by the young girl's bedside throughout the night, reassuring her and holding her hand until her extended family could arrive. When she left the hospital months later, the girl stopped by the Trauma/Surgical ICU to say thank-you and goodbye.

She walked up to him and said, "Even though I don't really remember, I do. Thank you for being there and saving me when my mother and father could not." She handed him a thank you card that read: "Dear Dr. Avery, Thank you for all you did to save me. I will make you and my mom and dad proud."

It was around this time that John started to drink more and more, growing more and more distant toward Claire and everyone else who did not approve of his coping mechanisms.

The days turned into weeks and the weeks into months before Claire truly recognized – or chose to recognize – the severity of the situation. Perhaps it was because she was not at home a lot, perhaps it was because he hid his indiscretions well or perhaps she couldn't leave him, just like she couldn't abandon a patient who abused alcohol and drugs.

"Claire," John said one day in December. "We need to talk. I slept with someone else . . ."

The raindrops that had fallen in October had been replaced by falling snowflakes, which were odd for Seattle. Claire sat like always, with her legs curled up on the beige couch and a cup of lukewarm green tea in her hand watching the fire distort the logs below and around it.

This time she spoke. "I know. I have known for a while. You don't have to say anything more. I will pack my things and be out of here tomorrow." Claire didn't want the house. They had created a home there, too many good and bad memories to haunt the place . . . to haunt her.

She paused just to breathe in and out and finally restated her wish, "Please don't tell me anything, because I already know enough, not knowing everything."

As Claire sat there on the couch, John whispered, "I am so sorry. You deserve better. I am so messed up I don't know up from down." Without looking at him Claire could tell he was crying. His voice was different.

John slowly turned and lightly walked across the wood floors to the door, opened it, letting in the cold air ever so slightly, leaving behind a smell of clove cigarettes, alcohol, and whatever else he had smoked – only this time the hint of mint from the gum was missing.

Claire rotated to another hospital for three months, which meant she did not see John except at Friday morning conference. She always smiled and nodded and that was

that. Shortly after she returned to the university hospital, Claire heard that John had switched from surgery to anesthesiology, so she saw him even less.

"Do you know what happened, or why?" Claire's friend Tracy asked. "No, I do not know" Claire replied.

Not long after that Claire noticed two of the anesthesiology-attendings talking to John in the hallway outside the operating rooms. "We need to speak with you privately," one said quietly.

As Claire walked by, she heard John say, "Why would you want me to take a drug test again? I took one when I started the program." Just as he was saying that Claire noticed he was looking straight at her, past his attendings. His face had turned pale and the dark circles under his eyes were even more pronounced than they had been months prior.

Claire had no idea what happened to John until months later. There were rumors flying around, but her focus was on her patients and the job at hand, not her emotions. John had taught her well. One weekend she finally found time to sift through the pile of mail that had accumulated on her table.

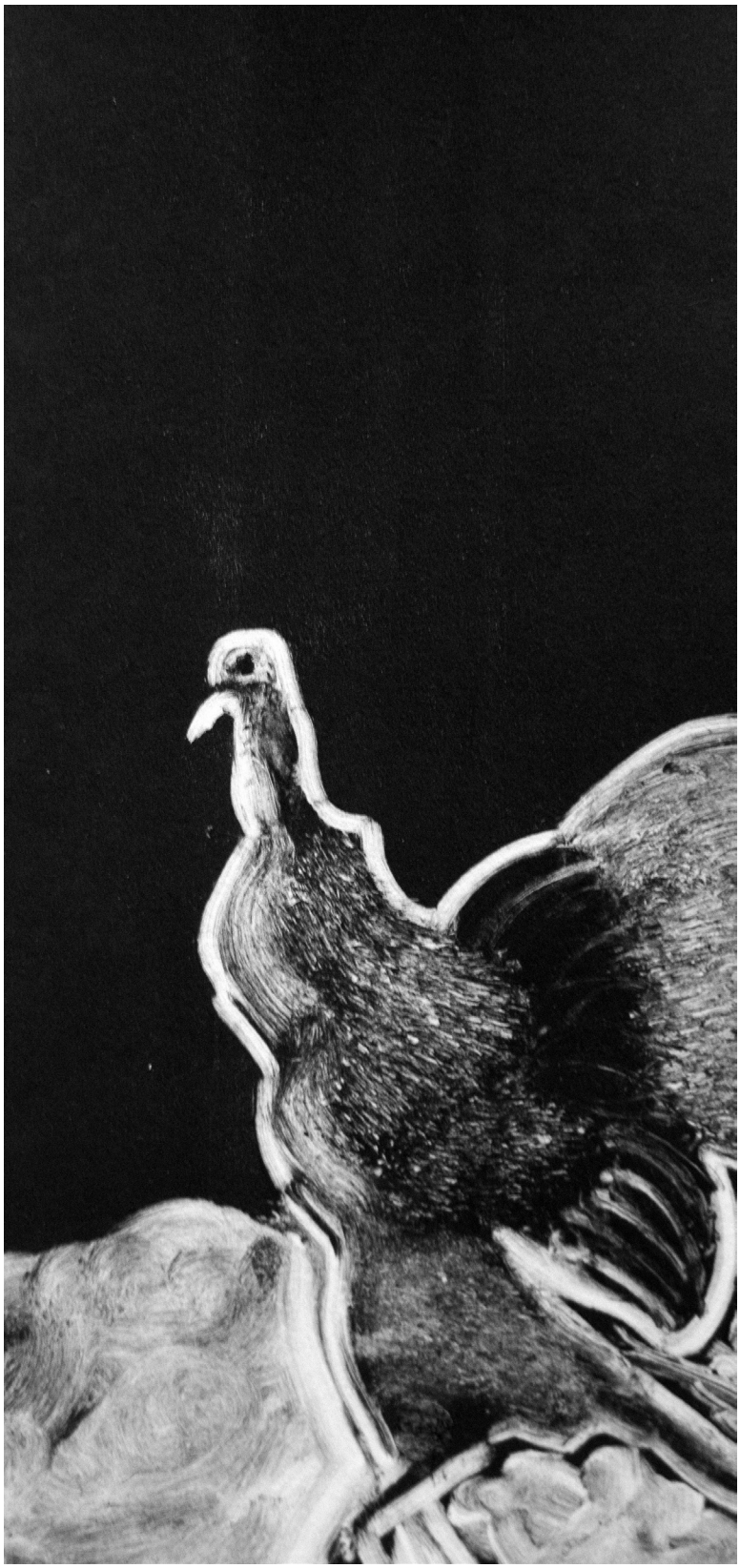
"Bill, bill, junk, junk, junk," Claire said aloud until she got to the silver envelope with no name but a return address in Oregon. She knew no one in Oregon but as she opened the envelope she recognized the handwriting immediately. It read:

"Dear Claire-bear, Please forgive me. I thank you for saving my life and owe you mine. I am sorry. Please take care of the patients I would have and don't doubt your capabilities. Please know I am trying to get better here and am hoping for things I dare not ask for at this time and surely do not deserve. I love you. John."

Claire thought about the note throughout the day and when she got home she would curl up on the couch and read it again while Pink Floyd played in the background and the fire danced and the rain fell.

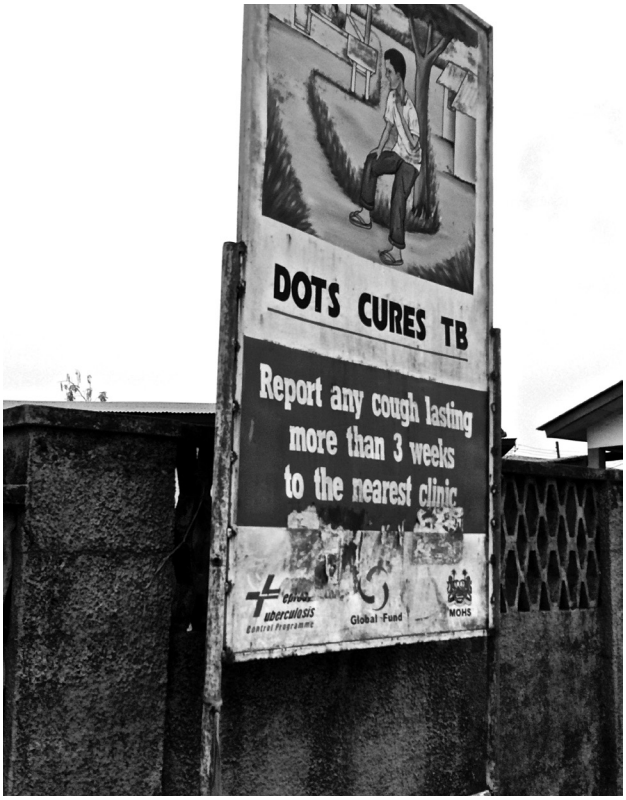
"How I wish, how I wish you were here. We're just two lost souls swimming in a fish bowl, year after year, running over the same old ground. What have you found? The same old fears. Wish you were here." □

Patrice Martin

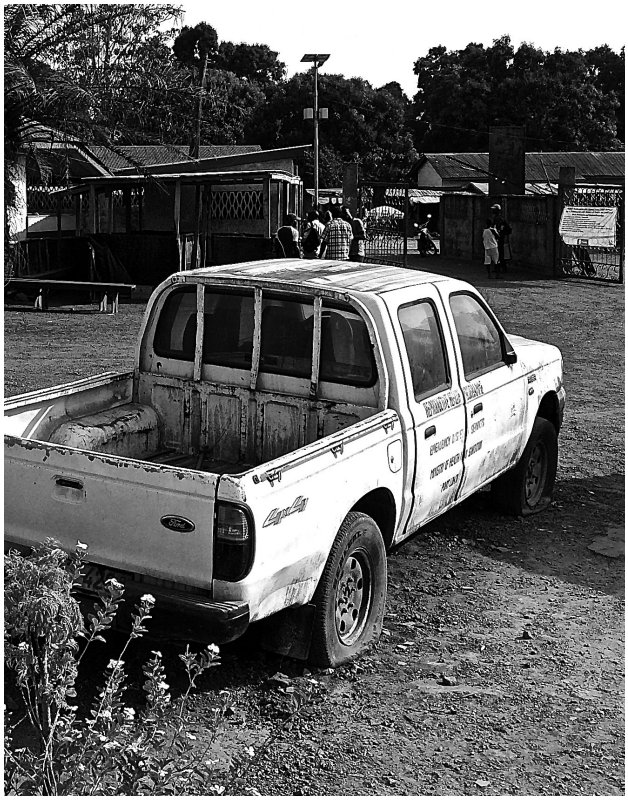


"Angry Turkey," Katherine Morris

"Medic and Burmese Children," Palainjapan, Myanmar, Eileen Barrett



"DOTS Cures TB," Sierra Leone, Eileen Barrett



"Reproductive health vehicle," Sierra Leone, Eileen Barrett

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Clinical Psychiatry 101

By Greg Franchini, MD

It's a cold December morning, and we are heading down a narrow country road through the frosty Pennsylvania heartland toward the Millersburg Mental Health Clinic. As Chief Resident in Psychiatry, I've been chosen to accompany one of our faculty psychiatrists to this rural clinic every month where we care for individuals with chronic, severe mental illness.

Contrary to my preconceptions, this experience has turned out to be one of my most enjoyable as a resident. Mental illness seems somehow less toxic in a rural setting. People here are more accepting and supportive of their mentally ill family members, and the whole community seems more tolerant of those marked as different by their mental disorders. So, I look forward to these monthly trips to the clinic.

Because our day at the clinic begins at 8 a.m., I catch my ride several hours earlier to be sure we arrive on time. We see both established and new patients who are referred primarily from one of the state mental hospitals.

Unfortunately, the entire mental health system is in flux, with a large number of patients being discharged to receive their ongoing care as outpatients in the community. Only those patients who are totally incapacitated or maintain a degree of danger to themselves or others are allowed to remain in the hospital. Patients from rural areas are often discharged back to their families while those discharged to urban areas must generally rely on "the system" and wind up in group homes or some other "affordable" housing.

Practicing as a psychiatrist in this rural clinic allows me to actually use some of the skills I learned in medical school, like performing physical exams, giving injections, ordering and interpreting lab tests, etc. Although I was never much good at performing procedures, I've missed the "hands on" aspects of medicine, and working at this clinic for almost six months now has allowed me to get to get back into the practice of medicine.

I've also become close to a good number of patients and their families. On some occasions I've brought home

loaves of bread, jams and other homemade goods. Like I said, I'm enjoying my time at this clinic.

Today the clinic parking lot is full, something we've never seen before. We share puzzled looks, and head to the clinic without a clue as to why things are already so busy. As we enter, we are stunned by a bright orange shifting mass in the waiting area. Patients, family members and their buddies are decked out in bright orange vests, jackets, caps and other accessories.

Before I can even ask, someone shouts out, *"First day of deer hunting season!"* While that explains the full parking lot and orange festooned waiting area, it also opens up a multitude of questions about the safety and appropriateness of at least some of these patients wandering over the countryside, shooting at deer and God knows what else that may come into their sights.

My attending psychiatrist, looking uneasy and confused, quietly whispered to me, "Couldn't this be dangerous?" The only response I could muster was, "I don't know!"

As we settled ourselves and prepared to meet with our scheduled patients, I became more aware of how different the whole nature of the clinic was. Patients whom I had never seen interacting with anyone before were engaged in conversations involving hunting, rifles, ammo and other diverse topics.

It suddenly dawned on me how limited and narrow was my understanding of these people whom I called my patients. My orientation to them was sadly based so strongly on their diagnostic labels and associated characteristics that I had hardly been aware of any other aspects of their existence. How I had underestimated them! I began to realize that even my psychotherapy patients with whom I worked closely for months, and even years, must have had many other facets of themselves that I had yet to discover, let alone understand. While this new awareness might seem obvious, to me it was, at that moment, truly enlightening (and also very humbling).

So, that day as I met with my scheduled patients, I took a different approach. Instead of going through my usual regimen of questions focused upon their level of functioning, thinking, mood, possible side effects of medication, etc., I engaged them in conversations about their experiences, ideas, and stories involving deer hunting or other meaningful areas of their lives.

In that one day I learned more about those patients and connected with them more profoundly than I had in all the previous times we had spent together.

As I approached my attending psychiatrist at the end of the day, I felt energized and elated from my productive clinical interactions and was looking forward to sharing my new insights on appreciating and interacting with patients. My excitement, however, was short-lived when I saw the concerned look on her face.

"This could be a disastrous situation," she offered, shaking her head disparagingly. "I hope you completed thorough assessments of dangerousness on all of those patients who would be deer hunting and clearly documented your findings in their charts."

Somehow this didn't fit at all with what I had experienced and what I was feeling. I wanted to let her know how well I'd connected with my patients and what an enhanced appreciation I was feeling towards them.

My clinical notes reflected this and certainly described my impressions but didn't specifically describe levels of "dangerousness." It just didn't seem indicated nor appropriate, and struck me as somehow demeaning.

I tried to explain this to her, but sensed that I wasn't getting very far. As I finished my explanation, she merely asked, "Do you think any of the patients you saw today would inappropriately or dangerously use their weapon?" As I emphatically replied, "No, I just told you that!" She gently replied, "Then, state that in their charts. Even if you have had an exhilarating day of insights and connections, it is still your responsibility as their psychiatrist to document your findings. This isn't just any day at the clinic. This is the first day of deer hunting season, and a number of your patients are going out into the world in possession of loaded and potentially deadly weapons."

I cringed at hearing the words "deadly weapons." At that moment I knew she was right. In my excitement of seeing these patients so alive and engaged, I had looked past the reality of the situation.

These were individuals who had been diagnosed and were being treated for significant mental disorders, and they were headed out to shoot deer. As a physician, it was my job to make some assessment of whether or not that action was safe for all concerned (with the exception of the poor deer) and then act upon my assessment while documenting it in the medical record.

So, I sheepishly returned to the charts and documented my assessments as accurately and respectfully as possible. It would take a while for everything that I had experienced that day to sink in, but my feelings at the time were how difficult this business of psychiatry was and how much I still had to learn.

Now, almost 40 years later, I know I've learned a lot, but my feelings about psychiatry remain the same. □

Snack and Chat

By Jackie Levinson

As an occupational therapy graduate student, I'm excited whenever I get to go into the community and apply my recently acquired knowledge. I had such an opportunity last summer at Albuquerque Opportunity Center (AOC), a shelter operated by Albuquerque Heading Hope that helps men transition out of homelessness. There are some lessons you just don't learn from a lecture or a book and it takes hands-on life experience to acquire them.

I met Ray at AOC, and we exchanged greetings. I invited him to sit down at a table where I was going to conduct the Canadian Occupational Performance Measure, (COPM). The COPM is a client-centered, standardized assessment used to evaluate a client's perceived change in occupational performance with activities they need or want to do.

Ray was polite; he sat down and listened as I explained the assessment to him. "No, occupational therapists do much more than help you get a job," I told him. "We also help people acquire or re-learn the skills necessary to carry out activities of every-day life as independently as possible, such as self-care, home-management, education and leisure activities."

morguefile.com image

For example, Mrs. Jones, who has hemiplegia following a stroke, would like to still be able to cook for her family, I explained. Her OT would provide patient education, tools and techniques to be able to safely cook using one hand during the recovery process.

"Great," I thought, "I made it through introductions. Next on the agenda, begin the assessment!" I asked Ray to tell me if he had any difficulties with self-care. He shrugged, and said, "Sometimes I feel unsteady while getting myself ready in the morning."

As we worked our way through the COPM, Ray's answers seemed to become increasingly vague and he looked less and less interested. When I asked him about his work history and what types of leisure activities he liked, he sighed and said, "I used to do landscaping." At this point, I could tell I wasn't going to get much more out of him. "Ray, let's go outside, " I said. He looked surprised, but followed me out of the dim portable into the warm sunshine.

"Aster, primrose, penstemon and sage" he said, gesturing towards the garden with strong, weathered hands. "I wasn't always homeless." He stared at the rough lines etched in his lengthy fingers. "I did landscaping for over 30 years. I started as a skinny 16-year-old boy, and taking care of those plants everyday is what kept me healthy."

Ray and I sat on a bench overlooking the community garden. I could see what he meant. His physique was strong and lean at 65 years. "When I retired, I went to live with my sister in Arizona. I don't want to get into it, but it wasn't good and I took a bus back to Albuquerque after four months. When I got back I didn't have anywhere to go, so I slept in the park. I hung out with these other guys, talked about life. "Then, one night I woke up to find someone taking stuff from my backpack. He probably would have pulled the blanket right off of me if I'd let him. I realized I couldn't trust no one. I never felt like I could rest, I was always watching my back, sleeping with one eye open, planning my days around which food shelters were serving breakfast, lunch and dinner."

As our time together came to an end, Ray told me what activities he liked to do for fun. He mentioned that when he got his own place, he'd like to have some guys over to play cards.

"Ray, you don't have to wait until you get your own place," I said. I'm coming back this Wednesday to help one of my professors run a group called "Snack and Chat." It involves playing games and hanging out with other residents. Ray's eyes lit up and he told me that he'd be there.

On Wednesday evening Dr. VanLeit and some OT students came to AOC with food, beverages and an assortment of games for Snack and Chat. The residents began to drop in, including Ray. Half of the group decided to play Jenga at one end of the table, the other half cards.

I played rummy with Ray and four other guys. They sat quietly, waiting for me to get the game rolling. Someone said they didn't remember how to play. With a little encouragement from my end, Ray began to explain the game.

After a few rounds, Ray was smiling, eyes twinkling, cracking jokes and laughing at stories shared by the group. He leaned into the table, involved and at ease, sweet tea in

one hand and cards in the other.

When the game ended, I asked Ray if he would consider coming back next Wednesday. Exuberantly, he told me he wouldn't miss it. "I have never felt more alone and stressed then when I became homeless," he said. "My blood pressure is high. I drink to cope with the anxiety and I don't know when I'll be finding a place to live. Every day I feel overwhelmed and scared. I don't have any support except for what I'm getting here at AOC. I truly appreciate what they're doing for me."

I asked Ray what he thought about Snack and Chat. He told me, "I haven't laughed like this in a very long time. This is the most I've talked to the other guys here. I actually felt like I could relax for once."

I was moved by listening to Ray's story, playing cards and conducting the COPM. This experience taught me a few things:

Lesson No. 1. Be creative and go with the flow. As a graduate student, I wanted to follow the COPM Assessment to a T. However, I had to be resourceful and throw that idea out of the window when I realized I wasn't getting through to Ray.

By understanding what motivated Ray (he mentioned that he used to do landscaping), I took bold action by changing the environment and having a casual conversation with him outside in front of the garden. He soon felt comfortable in answering my questions and much more. I eventually did get the answers I needed for the COPM, just not in the order I had expected.

Lesson No. 2. Peer support is vital. By providing Ray with an opportunity to interact with others who were also experiencing homelessness, he gained a strong sense of camaraderie and courage to share and face his situation.

Lesson No. 3. We're never too old to play. Snack and Chat is a great example of the stress-reducing effects play has on health. It is one night every week where residents get to experience an increased sense of well-being and quality of life. Ray's personal account is a testimony to that. □

Out of Sync

He crossed the street in front of me
hands gesturing, talking to himself.

I couldn't hear what he was saying or
know what he was thinking.

Yet he communicated to me the frustration
of not having spoken or gestured
at the right time to someone else.

– Gale Hannigan

She decided not to kill herself

She decided not to kill herself yet because her boots were at the shoe repair shop and "after 30 days, management no longer claims responsibility." Like most of her tasks, this one had been procrastinated long enough; she simply had to pick up her goods.

The next week some library books were due, and after that she had a hair appointment. He had behaved horribly by leaving her but that was no excuse, she felt, for her to become unpredictable or untrustworthy too.

So the weeks passed and she never managed to end it all because she never managed to disconnect herself from the world as easily as he had cut himself off from her.

– Gale Hannigan

NM LEND Fellows: The Leaders of Tomorrow

By RoseLynn Otero, MOTS

Benjamin Franklin wrote, "An investment in knowledge pays the best interest." I found that to be true when, in my second semester of the Occupational Therapy graduate program, I heard about a traineeship called New Mexico Leadership Education in Neurodevelopmental Disabilities (NM LEND).

I applied right away, because I wanted to learn as much as I could about developmental disabilities. NM LEND is federally funded by the Maternal and Child Health Bureau as a program within UNM's Center for Development and Disability. It offers leadership training to graduate and post-graduate professionals, as well as family members and self-advocates.

Fellows learn the values of family-centered and culturally competent practice, interdisciplinary services and best practices in the field of developmental disabilities. The leadership training is aimed at improving the systems of care for children, adolescents and adults with neurodevelopmental and related disabilities and their families. The training program enlists professionals early in their careers, so they become leaders in their respective professions.

Through NM LEND, I had an opportunity to attend the 2015 Disability Policy Seminar in Washington D.C. I attended seminars on federal legislation affecting people with disabilities. I visited the Capitol with fellow NM LEND fellows, professionals and self-advocates to express our concerns to New Mexico's senators and representatives.

During this visit we had coffee with Senators Tom Udall and Martin Heinrich. Afterward, we met the staff of Representatives Michelle Lujan Grisham and Ben Ray Lujan, and Senators Udall, and Heinrich. We discussed with important issues, such as the Elementary and Secondary Education Act Reauthorization, the Affordable Care Act, and federal funding of Social Security Income. It was an amazing experience to see disability policy in action.

Closer to home, my fellow NM LEND classmates and I had an opportunity to visit Santa Fe to shadow state senators and representatives to expand our knowledge of how policy affects health care in our state. I shadowed Sen. Jacob Candelaria and sat in on his committee meetings. I was even introduced by him on the floor of the Senate.

I saw how hectic the New Mexico Legislature is when in session because of all the different committee meetings and bills being presented. Advocates only had five to 10 minutes in between committee meetings to inform

NM LEND fellows and advocates with Martin Heinrich

state legislators about their cause. If they were not concise, their message might not make an impact on the state legislator.

An additional learning opportunity made possible through my connection with NM LEND was my ability to attend the 2015 Southwestern Disability Conference in Albuquerque. This was a national conference, attended by self-advocates and professionals, offering a variety of informative sessions about different disabilities, resources, disability rights, mental illness and more. I attended one session that described an initiative where people with disabilities were gaining job skills through an internship program at the Rhode Island Department of Health.

Another intriguing session led by Ken Collins, a self-advocate who suffered a traumatic brain injury, examined the role of the limbic system in traumatic brain injuries. Collins has been promoting strategies such as mindfulness meditation training and Emotional Freedom techniques based on his own success. It was powerful to hear someone's firsthand experience on how to manage the effects of a traumatic brain injury. Engaging with self-advocates was priceless because I was able to hear the needs and wants of individuals with a disability.

I also got to attend a Newborn Hearing Screening Initiative in the summer of 2015. The initiative supports the New Mexico Department of Health's efforts to improve the the number of newborns are screened and referred for hearing loss.

Hilary Maez, a NM LEND comrade, worked with me under Envision New Mexico during this initiative. We

learned how to solve small problems to help eliminate the bigger issues. We did this by first delving into the grant timeline, so we could identify the issues, such as loss in follow-up, that were being addressed by Department of Health.

Once these issues where identified, we made a process map that showed how a newborn was referred for hearing loss. Then the grant timeline and process map were cross-referenced so common issues or lingering questions could be identified.

Next, Envision New Mexico organized a stakeholder meeting to present findings to every profession involved in the referral process: audiologists, case managers, midwives and child medical services. The goal was to have the professionals discuss how the referral process could be improved, and to organize the next steps to the initiative.

Through this initiative I came to understand the importance of structure in a health care system, interdisciplinary collaboration, grant organization and newborn screenings.

NM LEND offers all-day seminars every Friday that are a part of a thoroughly thought-out curriculum. During the spring and fall semester I receive a schedule that details what each seminar will entail. The seminars that have intrigued me the most are interdisciplinary, family-centered and culturally competent practice.

I never really understood what interdisciplinary practice was, but I have learned that it is a collaboration between different professions to meet a common goal. I have seen this in practice at NM LEND seminars.

Recently, the Early Childhood Evaluation Program let NM LEND fellows observe a team evaluation of a child with a developmental disability. The team consisted of a physician, psychologist, occupational therapist and speech pathologist.

The team members first came into the classroom and explained what each professional was going to concentrate on during the evaluation. Then we observed the evaluation via webcam. Afterward, the team explained their findings to the classroom, and then we watched them present the findings to the family.

After seeing a clinical evaluation I now not only understand interdisciplinary as a collaboration between different professions, but I can envision what the practice should resemble.

I have also enjoyed seminars that have allowed me to further understand family-centered practice. I have become especially aware of and sensitive to the impact of disability on family.

During a seminar NM LEND organized a panel of siblings who have a brother or sister with a disability. They talked to us about their personal experiences. It was eye-opening, because I realized how care for one child can affect the family as a whole.

NM LEND also pairs each fellow with a family who cares for an member with a disability. I have gone to several functions with my family, such as prom dress shopping, the Buddy Walk, a jazz concert and Zoo Boo. Spending time with this family has made me want to practice family-centered care, because I have glimpsed into their lives. I have seen first-hand that their lives are similar to mine, so I need to provide interventions that are realistic for both the family and the child.

Learning how to provide family-centered care will make my therapeutic intervention more effective, because the family is the center of a child. I cannot make an impact on a child's development if I can't obtain the support of the family.

The NM LEND program has also given me a chance to explore my own cultural biases, and those of others. Through this program I have learned about culture through books, guest speakers and interactions with my classmates. It has been interesting to explore culturally competent practice with my classmates, because we all have such diverse backgrounds.

During one seminar we were required to complete two assessments, the Cultural Competence Checklist and Implicit Association Test. The checklist was developed to create awareness in how individuals view clients from culturally and linguistically diverse populations. The Implicit Association Test is used to identify hidden biases.

We discussed our results in small groups. This opened my eyes to the diversity of the people in my group. As we discussed our own cultures and upbringing, I realized that culturally competent practice should not only be practiced with our clients, but with colleagues as well. These seminars have made clear to me what interdisciplinary, family-centered and culturally competent practice entails. I no longer think of these forms of practice as decorative terms.

This experience has also taught me the importance of networking. I'm able to hear the perspective from an individual who lives with a disability or who is a caregiver for someone with a disability. I can hear firsthand experiences and opinions from the people I will be working with as an occupational therapist. The mixed group of nurses, social workers, teachers, therapists, psychologists, self-advocates and parents in NM LEND has given me confidence when interacting with others in a professional setting.

The leadership workshops are where I learned the most about myself as a professional. I've never seen myself


NM LEND fellows at fall leadership workshop

as a leader, and didn't understand my own leadership style. During these workshops we explore different leadership activities such as The PATH, in which images are used to describe what one hopes to achieve in five years. It is an interesting way to set personal goals when they are visualized in this way, because it makes them more palpable. One classmate even expressed a goal to the whole class that she had never said out loud to anyone.

Another self-assessment tool used during a leadership workshop was The Strength Development Reemployment Inventory. It comes in the form of a packet, and it is done in specific stages. It helps people understand their self-worth and how they relate to others.

Another activity was True Colors, which starts with a worksheet that identifies your personality as a color. Then you're grouped with others that have the same personality, and you have to plan a trip. As each group presents their trip to the class it comes to represent the group's personality type. At the same time the whole class starts to understand the need for different personalities in a group, so the end product isn't so shortsighted.

The Path, Strength Development Inventory and True Colors have allowed me to discover strengths and areas of needed growth. This has made me more confident when presenting, conducting meetings and participating in group discussion.

Given the many different professions in this program, I have had to advocate for my discipline, occupational therapy, during activities and discussions.

During seminars we are given case studies where we have to come up with recommendations, interventions and resources for a client. I have used the skills I have learned through the leadership workshops to advocate for occupational therapy by explaining how it helps people to participate in meaningful activities that will improve their quality of life.

These could range from improving an infant's ability to crawl so they can play and learn to improving a person's coordination and balance after an injury so they can safely navigate their environment.

I also used my leadership skills to advocate for my profession in Journal Club, where a fellow brings in a research article of interest. As we discussed these articles in small groups, I often had to interject occupational therapy perspectives into the discussion.

I distinctly recall one article about the usefulness of everyday materials to stimulate creativity and play in children. I was in a group with a statistician who didn't understand the need for play. I was able to explain to him how play affects development in children.

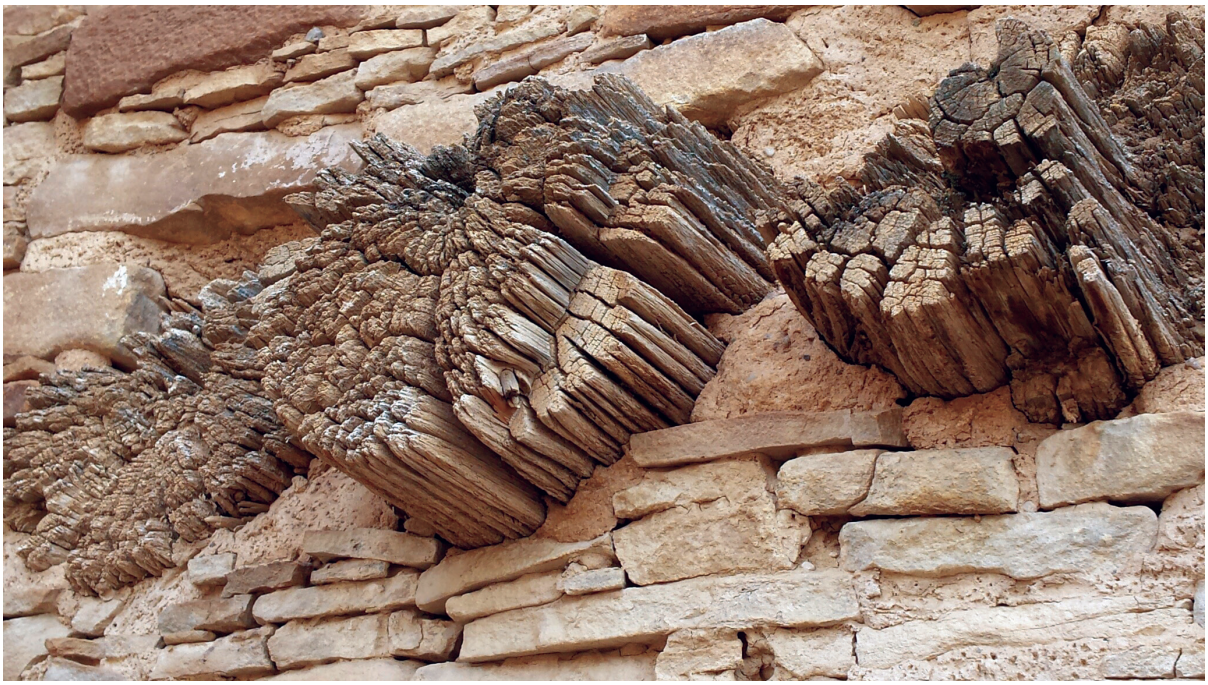
During the same session the statistician explained to me the purpose of the different statistics used to measure the results in the research article. My leadership training has taught me how to advocate for my profession, as well as how to appreciate the role of other professions.

It has helped me grow as a future occupational therapist by providing unique learning opportunities and by increasing my knowledge in concepts relating to the profession. The program has also allowed me to network and build upon my leadership capabilities.

I believe NM LEND fellows will be more competitive in the job market than their peers, because they will be equipped with a wider skill set. The program promotes professional growth by motivating their fellows to be skilled professionals who are both knowledgeable and experienced. □

Patrice Martin

Lynn Lessard



Lynn Lessard

Photos by Robert C. Schenck Jr.

"Blue Tree," Katherine Morris

Cigarettes

by John C. Russell, MD

Cigarettes are among the most powerful addicting substances. If I ever have any doubt of this, and how reasonable judgment can be clouded in a ring of cigarette smoke, the following incident from early in my medical career brings this reality back to me.

Hospitals used to tolerate cigarette smoking in a way that is inconceivable today. One surgeon I knew – ironically, a peripheral vascular surgeon – used to step out of the OR for a few minutes in the middle of long procedures (leaving the patient in the hands of the assigned surgical resident) in order to take a cigarette break. The nurses euphemistically referred to these OR pauses as "heparin breaks" (several years later, that surgeon finally quit smoking, at least at work).

At the VA hospital where I worked, patients, employees and visitors could buy cigarettes in the canteen. Patients could smoke in designated smoking areas in the inpatient units.

morguefile.com image

Perhaps the most common smoking area was the men's communal bathroom found on each inpatient floor. Chairs and wheelchairs were lined up around the periphery, between the sinks and the urinals, and patients would spend much of the day there, windows wide open even in the dead of New England winters, swapping stories while enjoying a smoke.

One afternoon I was making Chief's Rounds with the surgical resident team. As usual, we started in the bathroom on the main surgical floor. The chief resident on my service was an unusually thoughtful young man who would go on to a distinguished career in cardiac surgery. Interestingly, though, he had little interest in peripheral vascular surgery, which was most unusual at that time, as many adult cardiac surgeons also performed peripheral vascular reconstructive surgery.

The group stopped by a gentleman in a wheelchair (I'll call him Mr. Jones), who was scheduled the next morning for a very challenging distal right lower extremity arterial reconstruction (using the patient's own saphenous vein from that leg).

This would be a long, complex surgery, with a high risk for failure, but it was indicated as a last resort to save Mr. Jones' right leg from certain amputation. His right foot was blue, and the reason he was in a wheelchair was because he had already undergone an above-knee amputation of his left leg several years earlier, due to severe arteriosclerosis.

Should tomorrow's arterial bypass procedure fail and he then underwent an amputation of his right leg, as an elderly double-amputee he would almost assuredly be assigned to a wheelchair for the rest of his life. Mr. Jones was casually smoking a cigarette while engaged in conversation with his fellow veterans when our group arrived.

One of the junior residents made his usual perfunctory case presentation in front of the patient and the surgical team. I could sense that usually calm and introspective chief resident was agitated this afternoon, and suddenly he loudly erupted in frustration at me and the patient.

"Dr. Russell, I cannot believe that I will be spending six hours tomorrow working with Dr. D (an especially enthusiastic and optimistic vascular surgery faculty member), digging around in this man's lower leg, searching to find an unnamed twig of an artery that I will try to plug a venous bypass graft into, with that graft clotting off in about 30 minutes, all because Mr. Jones cannot stop smoking cigarettes!"

The group recoiled at the outburst, with the awkward silence finally broken by the patient, after he had finished a leisurely drag on his cigarette. His words were unforgettable.

"You know, Doc, I've been smoking for about 50 years. I've heard all this news about cigarettes being bad for your health, but, you know, I just don't buy it."

What could we say? Mr. Jones had already lost his left leg, and was surely about to lose his right leg as well, because of the toil taken on his peripheral arteries by many years of cigarette smoking. Yet he didn't "buy it" that cigarettes were bad for his health. The chance that we were going to fix his leg tomorrow was small, but the chance that we would be able to get this patient to stop smoking was essentially zero. We walked in silence out of the bathroom and continued our rounds elsewhere.

Patient education and risk factor modification are important principles of modern medicine and surgery, but I'm not sure any amount of education can overcome this degree of denial in a patient truly and tragically addicted to tobacco. □

Dance Medicine

long time ago
back in the day
Creator
gave
medicine to the two-leggeds
fancy footwork
dancing on Mother Earth
prayer of foot and heart's soul
giving thanks far beyond words
medicine so pure the DEA's bound to confiscate
investigate
drug companies scheming to re-create
this thing that
got us so high
on life
pumpin' veins
with spiritual adrenaline
better than
anything the streets or pharmacy gots to offer
Bboys, bgirls
my sisters and brethren
dance medicine
will not be put in capsule form
won't be prescribed by your doc
so dope
even the medical marijuana folks can't comprehend

The commercial might go a little something like this:
dance medicine
are you suffering from standing in one place?
is your body in need of some rhythm?
does funk to you simply mean needing deodorant?
then you should ask your local krew
if dance medicine is right for you
different doses available
best results by starting low, top rockin'
titrating up to freezes, arm poppin'
and ultimately to Nato Rock, Sugar Shane levels
comes in many flavors – East and West Coast, Burque style,
house,
poppin'
breakin'
always to be taken along with tight beats from your local DJs
and parents not to worry cuz
even if your kiddo is out there breakin' late into the night
medical studies conclude there is no way to overdose

though the sickest in battle may leave bums comatose
breakin' hearts
on tha underground
5
0
ain't you gonna pick up some
dance medicine today?

Disclaimer: Pumas sold separately. Available in all 50 states and worldwide. Taxes and fees may vary. Side effects: may cause calmness, increased fitness and flexibility, gratitude, improved self-esteem, and if taken regularly, may make you tight, dope, and even sick.

– Anthony Fleg

Running Medicine

I run to give thanks
to realize and protect a gift
I have been handed

I run to think
and not think at all
to be at one with grass, trees, and fresh dirt after a hard day of books

I run because I have been given two legs
to move
too fast
is my last concern.

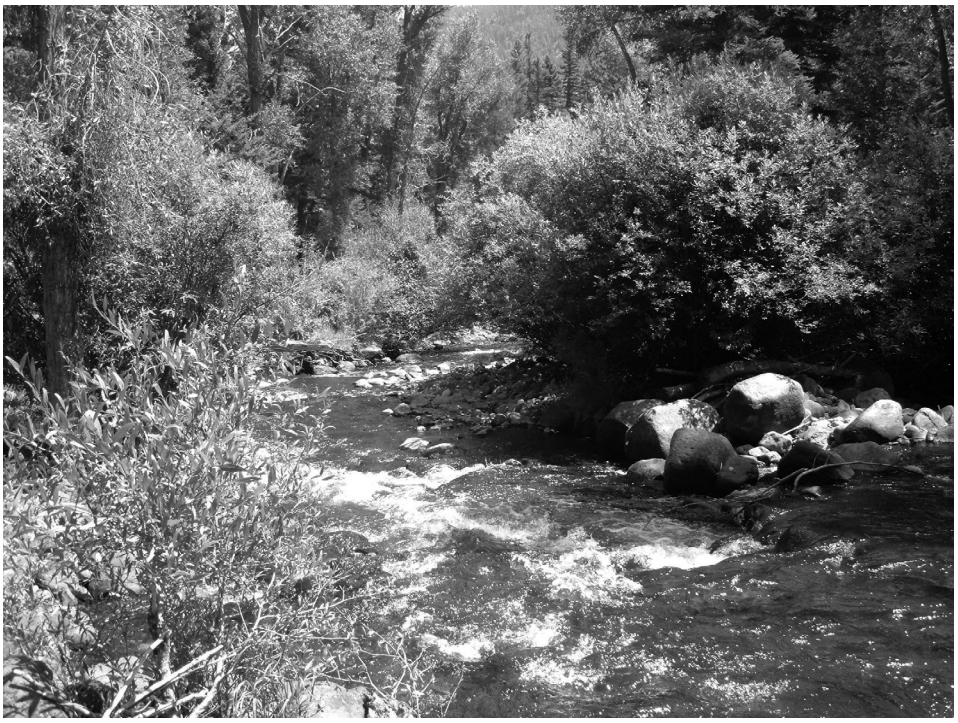
I run for those who can't and those who wish they could
reminding myself that times are superfluous
effort is not.

I run
away from problems
as a way to solve them.

I run as prayer
each foot strike as a verse
each breath an utterance of praise.

Just as I awake each morning
Fall asleep each night
I run to mark the day between.

– Anthony Fleg



Elk Creek, courtesy of author

Water Flows in Elk Creek

Water in the stream
Constantly flows
The sound never stops
Trickling through stones
Noisier over the larger stones
Water falling over boulders
Clear, clear water
Not enough names for the sounds
Trickling, gurgling, babbling,
Rushing, streaming, collecting
Meandering, traveling

Constancy	Giving
Life	Growing
Water	Amazing
Safety	Restoring
Survival	Abundant
Breathing	Moving
Comfort	Upstream
Soothing	Downstream
Nurturing	Flowing

Be like the water
that flows in Elk Creek
constantly, gently
offering life.

– Jeanne Favret

Declaration

Clear deep navy blue
Predawn celestial backdrop
Heaven cites Glory

Dipper dominates
Orion dances with Bull
Pleiades delight

Steadily closing
Slow Mars Jupiter Venus
Triangulation

Mottled brilliant Moon
Disc grows large rosy dropping
Towards the volcanoes

Morning's Psalm 19
Tangible display in the
Albuquerque sky

– Sandra Bauman

Laura Hall

Photos courtesy of author

Reflections on a Visit With Mr. Ho Chi Minh

by Pamela DeVoe, PhD

Hanoi City, November 2011. The air was morning fresh. In a short couple hours it would morph into a hot, soupy dampness under a lightly clouded sky. The city was filled with large old very green hardwoods, and in certain areas colorful bushes, and lovely delicate flowers.

The government section of this capital city was housed in the old French Colonial enclave with its tall trees, large pond and sturdy mustard yellow buildings – serious, beautiful architecture and walkways.

Ho Chi Minh had declined to live in his official mansion when he moved to town, but instead chose a more Spartan life within a smaller two-story wooden structure overlooking the water.

Beyond this enclave and the surrounding diplomatic mansions is the lively, dense central city. The old part of Hanoi is still the old soul of the city. Motorbikes flood the city streets with traveling singles, couples and families. The women are covered from head to toe during the day to protect themselves and their fair skin from the sun. Evening presents a much different face. Everyone's an entrepreneur, even if just selling fruit on the sidewalk.

Vietnam is a long, skinny country with population bubbles in the north and south. The north extends to China's southern border and even with Hanoi, the area seems lost in time.

Far to the south, Vietnam's largest city, Ho Chi Minh City (or Saigon – still used for the old center of town) sits in the Mekong Delta, the wide region surrounding the huge Mekong River that flows straight down to the sea all the way from the Tibetan Plateau.

The area is swampy and beautiful, with rice fields, lush foliage and a lively international, neon feel to the market district in old Saigon.

The countryside is noticeably different in each region of Vietnam, from the Mekong Delta through the central mountains facing the "South China Sea" (so named



by the imperialist Chinese) and called the "East Sea" by the Vietnamese whose land abuts it.

In common among these two extremes are the ubiquitous motorbikes, motorized rickshaws, conical straw hats, a pervasive poverty and wealth differential and the strong arm of the communist government.

To people living in ageless poverty communism must have sounded pretty good. Ho Chi Minh was a convert; he believed this system could lead his country out of colonialism as well as poverty. When the French were finally ousted in 1954 after more than 60 years, they and the Western powers insisted the country be divided into halves: Ho Chi Minh's north and Emperor Bao Dai's south.

The American War soon followed – a vain effort to keep the communist north contained. Even with the 1975 victory for North Vietnam, followed by the political reunification of the country and the renaming of Saigon, Vietnam remains a bipolar country in spirit and practice.

It's unclear what the Vietnamese people think about all this. Mostly they seemed to just want to make a living.

Before Mr. Ho died in 1969 he requested that his body be cremated and the ashes spread throughout Vietnam, north, middle and south.

Instead his successors wanted to use his body for their own purposes as a national symbol and had it interred in a mausoleum. As a symbol of what, it's not clear – the non-disintegration of human flesh after the soul has departed? Perhaps the new leaders were insecure with their power and position and needed this preserved symbol of brilliance and patriotism to validate their tenuous hold on power.

Perhaps also it's a characteristic of communism – or socialism as it inevitably becomes – that progress freezes just where it was when communism took over. Is it even possible for a country to grow and progress under communism or is this form of government by its nature and philosophy stagnant?

We arrived by tour bus. Some visitors stayed on the bus in their own quiet protest, because of personal memory, commitment and respect for their American Vietnam War-era friends, colleagues or family.

So there was our own American group, also polarized. I was curious, and also respectful: our war to stop communism was also their continuing war for independence

Uniformed guards guided the gathered crowd up the stairs of the massive mausoleum. After slowly walking in silent single file around a walkway and up a flight of stairs, we were ushered into his room, where he lies fully dressed and comfortable in a large canopied bed.

The slow march around his body is respectful and curious for Western tourists, reverent for the Vietnamese school children, but it doesn't tell you anything about Mr. Ho's life. He was a thoughtful, even brilliant leader who worked tirelessly to free his people from colonial overlords.

He was convinced that communism would bring most of the population out of poverty and into self-determination. In the end he led his people from the bondage of colonialism into the bondage of communism.

As we marched solemnly through, I couldn't help but marvel at the (to me) misplaced resources and unlikely tribute to the past. All countries create monuments – it's how they describe who they are. The Vietnamese people I had met seemed straining to forget that past and move forward. But not this: this seemed stalled in time.

I learned a lot about Ho Chi Minh while in Vietnam, not by circling around his dignified corpse, but by visiting among the Vietnamese people, north and south, reading about and seeing what he had accomplished. Would it be possible after all to make those ashes and spread them out toward a positive future for Vietnam? □

A Strange Land ...

By Ramnarine Boodoo

Psychotherapist: "So I had a dream last night."

Supervisor: "Oh?"

Therapist: "Yeah...Weird...You know how dreams can be."

Supervisor: "Strange."

Therapist:"Yeah...(smiles shyly).....You know that patient we've been treating, the Vietnam vet?"

Supervisor: "Uh-huh."

Therapist: "I dreamed him last night...He came to my house. Knocked on the door, smiling, and I let him right in. Now if he came to my house in real life, I'd be very surprised. But in the dream I just let him walk right in, as if it was...(looks curious and uneasy)."

Supervisor: (Smiles)

Therapist: "Anyways, I let him walk in and we go straight to the kitchen, both smiling. And this guy doesn't smile much, not much at all. He sits at the table and I stand behind him. Not a word yet. Then I look down and part his grey hair, down to the scalp (motioning the action). Then I press my fingers into his scalp and pull...And his scalp gives way, and his whole skull, cranium opens (looks up in amazed bewilderment)."

Supervisor: (Smiling engagedly)

Therapist: "And we both know what a brain looks like right? But what do you think was in there? A roll of dough... Like for bread."

Supervisor: "Interesting."

Therapist: "(Smiling) And I stick my hands in there and start kneading, kneading the dough. (Looks down, moving hands in a motion reminiscent of kneading) And I'm kneading slowly, then faster, and I'm getting really into it.... To the point where I'm just seeing my hands kneading in his head (motions focusing on the pts head), to the point where I couldn't really distinguish where my hands ended and the dough began, or where the dough ended and he began.....Eventually it was like we were both one individual, one identity...Moving, kneading in sync..... You know how dreams occur in clips?"

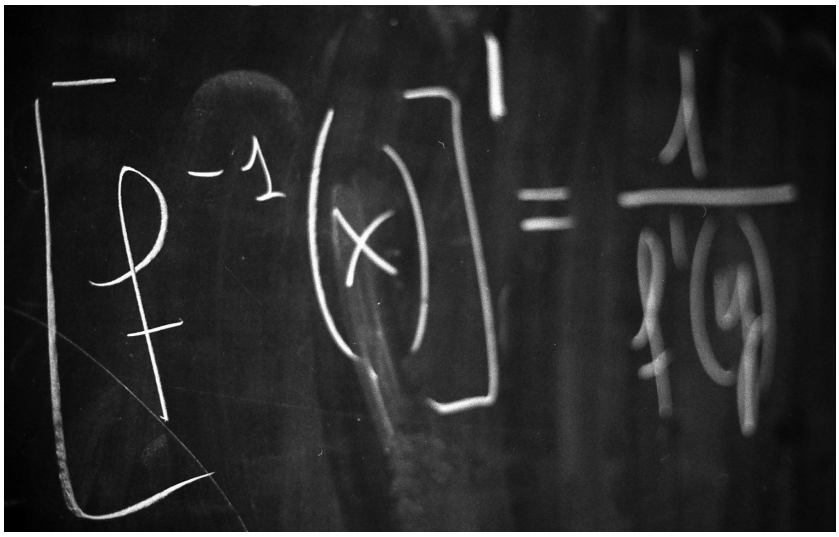
Supervisor: "Uh-huh."

Therapist: "I know my hands were still in there, but more out now... And, as I kneaded, I saw these brown spots in my dough, and as I looked closer at them they turned black... Like burned bread, or ash or weevils... And I was like 'What is this?', got kinda irritated at these blemishes in my dough. And I started pulling them out. And I knew I was pulling them out, I could feel it in my hands... But I couldn't feel my hands doing it... And I was just kneading away... And in the next frame I'm looking at myself. At myself kneading his brain, I mean the dough. And I'm smiling, looking engaged and happy.

And he's smiling too. But... Have you ever seen those ceremonial bowls that ancient Mesoamericans would use to hold the organs of persons who'd been sacrificed? He had turned into one of them, smiling. And I could tell he was alive, but in the form of a wooden sacrificial bowl, smiling. And I'm intrigued but perturbed. And I opened my eyes. Woke up. I didn't feel scared after, but just.... Unsettled (long pause)."

Supervisor: "Very interesting (smiling)... How are you feeling right now?"

Therapist: "Unsettled...But exhilarated too. Like walking into a dense forest at night." □



morguefile.com image

Those Teachers Were Right

"Numbers are important" they said,
"From when you wake, 'til you go to bed."
Don't let them know it. They already do.

20-something. Opens some doors while others are closing.
19. It is proof that hope is alive, waiting future admittance fuels it.
>100. People joining us in the trenches. For the battles we will fight and the war we will win – not all will survive, but others will join in.

½. An "M." Fractions now, only a portion, but that portion is huge.
Step 1 of 3. Word problems complicating this.
O.G.S.U. Here come the letters representing numbers, a major transition.
Step 2A and 2B. More letters and numbers, things you thought only once you were 2C.

58. I am jealous of your 23, "what's your number?" becomes something more unique.
150,000. Miles that make me proud, lots of sunsets with occasional clouds.
Monopoly currency thrown in along the way, representing the real $ we will eventually pay.

10. The magic rank list number that somehow equals >90%,
Must have been a math lesson I previously missed.
45°. Even angles come up, like that formed by the hands of a clock 4:30 struck.
Learning to solve these math problems never did hurt me, I suppose.

Though that match day algorithm,
Something even those teachers did not know.

– Jessica McGraw

Taste of Dr. Fife

by Noah Cooperstein

The Spirit Catches You and You Fall Down recounts the clash of cultures between U.S. doctors and a family of Laotian refugees belonging to the Hmong people. In the most basic terms, it is a book about the failure of medicine to care for a little girl. In it, Dr. Fife is the one success. He is the one doctor who Hmong patients want to see. The one doctor who lets them be patients on their own terms. Yet, in 300 odd pages, he receives less than one page of text. And in that page, he is belittled by his peers.

Sitting in traffic, head slightly cocked to the right, Dr. Fife looks perplexed.

He's looking at the jalopy in front of him. It's trailing a faint cloud of blue smoke. It's a Toyota. An old Corolla, blue, hatchback, from the early 80s. It's beat to all hell. Faded paint punctuated with gray primer. A broken taillight. Pinstripes long gone. He imagines it smells like his gym bag on the inside. He remembers when these cars were new. Never liked them. Who drives a Japanese car anyway?

But it's not the car that's perplexing him. It's the bumper sticker. Three words. Black letters on a white background. It reads: Haters Gonna Hate. Only "Haters" is spelled with an '8.' H8ers. Half-heartedly, he contemplates what this could mean, but reaches no conclusion. The old Toyota turns right. "Piston rings," he says out loud, unexpectedly remembering his high school auto shop. The blue smoke. The old Toyota probably needs piston rings.

Dr. Fife's car, on the other hand, needs nothing. It's one of a kind. The only Mercedes 280SE manufactured during the entire 1988 model year that was optioned in gold paint, red leather interior, and a sun roof. He takes good care of it. He sprays it down with the hose and treats it to an extra helping of Turtle Wax every couple of months. He added a small spoiler to the rear deck lid. Nothing too brash. He wanted to keep it understated. He keeps it parked in his carport, safe from the Merced sun.

Much like his car, Dr. Fife's house is also something of an original. He calls himself the proud owner of the only Greek Revival ranch house in all of central California. It's a low-slung split-level. Three bedrooms, two full baths, and a converted basement. It's done up in white Sears vinyl siding with blue vinyl trim. The blue trim, like his car, had to be special ordered.

Added to the house, at no insignificant expense – as Dr. Fife is fond of reminding guests – is a row of 12 white steel columns along the front of the house. The columns are topped with an elaborate entablature and pediment, both executed in white polyvinyl chloride moldings. The entire look is completed with a gray asphalt shingle roof. It's furnished in large part with Victorian-era antiques bought from a dealer in Reno. Dr. Fife likes to think of his home as a temple to comfortable living.

Much like his car and his house, Dr. Fife's wardrobe strives for both comfort and style. A stout man, five feet, six inches tall, he is always clean shaven and dabbed in Drakkar Noir. Though he knows it wasn't good for him, he maintains a golden tan year round. At work, he favors dress slacks and a dress shirt, worn open at the collar, and accessorized with a single gold chain and a gold Timex watch. Again, understatement being a priority.

On days off, the natural choice is, of course, a track suit. Having been married twice, Dr. Fife has recently decided that from now on he would gladly remain a bachelor. He isn't one to kiss and tell, but he's been having quite a bit of luck recently meeting women to his liking through a variety of online dating services.

Dr. Fife knows what many of his colleagues think of him. Among other things, they call him 'thick.' This makes no sense to him. He sees more patients than any of them, or their cocky residents. And on top of that, his patients like him better. Thankfully, Dr. Fife doesn't care what other people think. He's arrived. He's successful. He lets his patients be whoever they want, and they love him for it. And he's the dumb one? Dr. Fife is happy with the life that he has built. Happy with his car, his house, his love life. And happy with his successful practice as a physician. They just don't understand him.

In fairness, Dr. Fife doesn't understand his colleagues either. He didn't understand why anyone would drive a Lexus or an Infinity – call them what you want, they're still Japanese cars. He doesn't understand why anyone would spend thousands of dollars on a suit when there is a perfectly good tailor at the local Marshall's, and suits at a fraction of the price.

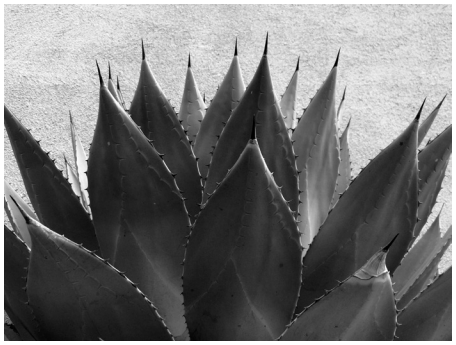
First and fore most though, he doesn't understand the relentless striving. He doesn't understand why his colleagues are always rushing around with cell phones, always going to meetings, presenting papers, and trying to publish research results. What does it matter? Who does it help? Why strive for more, when there is so much happiness to be had, right here, in the beautiful San Joaquin Valley?

His commute home almost over, Dr. Fife contemplates his fellow doctors. The striving may perplex him, but what aggravates him is the self-righteousness. So many of his colleagues insist that patients conform to the

doctor's will. This makes no sense to him. Not medically. Not financially. If a patient wants a placenta in a bag, what does it matter why? He preferred cocktail onions to olives in his martinis. *De gustibus non est disputandum,* he mused, a phrase that he loosely translated as *let people do what the fuck they want.* Who cares, as long as he's helping and not hurting? Why enforce your will on someone else? Why look down on them? Some doctors, he thinks, will always want more. And more. And more. They measure their lives not by how happy they are, but by how superior they feel.

His colleagues look down on him because he lives his life on his own terms. Because he refuses to conform to their endless striving. Because he doesn't care about being slick or quick or clever. He cares about his patients and that's it.

As he pulls into his drive way, that bumper sticker suddenly made sense. He's going to keep doing what he's doing. And his colleagues willcontinue to condescend to him. Doesn't matter. Haters gonna hate, he thinks. H8ters gonna hate. □



Laura Hall

Sonoran Desert Sunrise

Morning chill,
here at will.

Fire pit warms us,
Lakotan guides us
with melodious flute
and family wisdom:

We are all related –
creatures of The Creator.

Prayers are tucked
into tied packets of
sage and tossed into
flames we face.

A new day unfolds.
Cleansed with feather-waved
incense, we float into it.

–Lynn Lessard

Sending Email Into the Ether

By Amy Robinson, MD

My middle name is Laurel.

So, what? It turns out that could be useful information if you have something to say to me at UNM.

I had the privilege of joining the faculty here at the UNM School of Medicine in October 2012. On and off over the past few years, a student or faculty member might have said to me, "Why didn't you reply to my email?"

My usual response: "What email? I didn't receive any email from you . . . Why don't you resend it?"

One day in November 2015 I discovered a second email account in my name. Can you believe this? It lists me as "Amy Robinson." There were more than 200 emails in it. Some of the "missing" emails from the past three years were in there.

A deep sinking feeling repeatedly hit me in the gut that day as I worked through those messages. Now I understood why I seemed clueless when my clinic unit director mentioned things I should know. For months, I had acted like an absent-minded professor, nodding and smiling in response to various situations.

Since then, I have activated the "auto-forward" function. In theory, anything sent to *amy robinson@unm.edu* will go to *amy laurel robinson@salud.unm.edu*.

But there is a deeper story here. When I get up in the morning to start my day, I don't ask myself, "How can I serve technology?" I come to work with a mission to achieve good things, hoping that technology will serve to help me in my endeavors.

Meanwhile, if you were one of the people who sent me an email and never received a reply, please resend it to Amy Laurel Robinson. I would love to hear from you! □

Shawnia Ryan

In the Right Place to Help

I telephone my supervisor, whispering,
"The man who had the meltdown in the lobby
is here again." "I'll be right there" is her reply.
We are in the right place to listen, she reassures.

God put a runner who also was a doctor
near the blast at the end of The Boston Marathon.

Her child sits and spins in the blue chair
360 degrees around, Autism again, again, again.
Spinning and twirling himself, she says, "It calms him down."
I am in the disability library, the right place to observe.

God put a runner who also was a doctor
near the blast at the end of The Boston Marathon.

A raised scar runs across his forehead,
and around his ear. He limps toward me.
"Do you have a book about traumatic brain injury?"
I am in the Brain Injury Resource Center, the right place to help.

God put a runner who also was a doctor
near the blast at the end of The Boston Marathon.

– Jeanne Favret

Yes, maybe.

Give me your words.
Give me your words hand-delivered on a silver platter,
With a side of breakfast toast,
Elaborately scrawled on ancient papaya,
In the calligraphy you learned vacationing in Rome.

Give me your words.
Give me your words whispered in sidewalk passings,
Between work breaks and daily hassles.

Give me your words.
Give me your words shouted from the rooftops,
Exclamations made loud,
Over the sound made when somewhere a pin drops.

Give. Me. Your. Words.
Give me your words free from the regret of parting ways,
Said long before final goodbyes and dying days.

Give me your words.
Give me those words of elaborate gestures,
Hopeful wonderings, and timeless treasures.

But first, give me your words.
Give me your words freshly mined,
Quick responses untarnished by time,
Those innocent remarks fresh off your mind.

Yes, give me those words.
Give me your words of non-judgmental responses,
Full of inside jokes, being brutally honest.
Those words on the tip of your tongue,
Edge of your mind, wanting to be sung.
Give me those words.

Give me your words.
Give me your words before, during, and while we age,
Free from remorse, give them today.
Give me your words,
I will try to do the same.

– Jessica McGraw

"Catching Light" inspired by Dylan Thomas, photos by Jessica McGraw

Elegy No. 2

Life flows
And we daily ride the current
Navigating the ebbs, eddys, rapids, calms
Taking the regular, and occasional
Slub in the pattern for granted
Until we hear of a stone
Long placed upstream, suddenly removed
The pattern: disrupted
And the flow, not strengthening,
Becomes instead somewhat
Meager

– Sandra Bauman

morguefile.com image

Mercy, Me

I lived at one point in a farmhouse, and part of the design is that the windows were set low. One morning, a sparrow hit the window and fell to the porch. It didn't fly away, and I wasn't sure if its wing or its leg was broken. This sparrow was not some brilliantly exotic thing, with lush, surreal dreamscape plumage – just a gray sparrow, as gray as the autumn skies above on this Shabbat morning, this typical fall morning after a storm.

This moved me to tears, this sight, what it seemed to signify. I have spent most of my life being told that somehow I feel too much, that I see things that aren't there. What I think is that we are given a thousand ways in this culture to not feel, to not pay attention, to not see at all.

Small, round and ordinary, and somehow, someone needed to try to save it, needed to keep it safe. Wrapped in a placemat, it was carried to a van, placed inside and the window left cracked. It may fly away, it may die, but this morning it is kept from the cat watching it with hungry eyes.

The morning. The bird. The decision to do something. I think this is what daily mercy is like, some small gesture, a chance to heal for the small, round ordinary soul, like me. Maybe like you, too.

– Lisa Alvarado



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