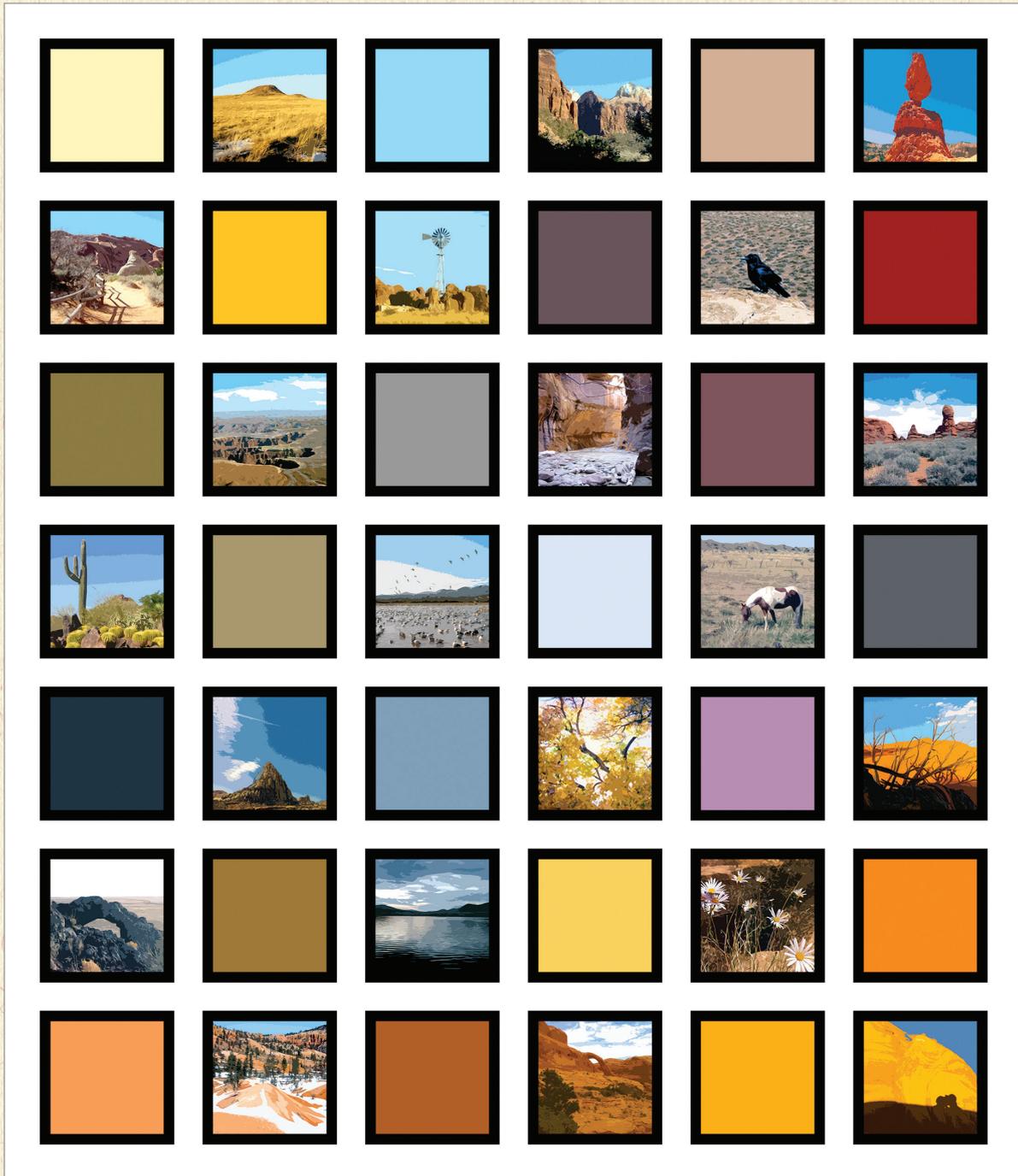


MEDICAL MUSE

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



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MEDICAL MUSE

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

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

Please include name and contact information.

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

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

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

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

– The Editorial Board

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Cover photograph collage, "Soulmates" by Carlos Colón



"Decisions," Robert C. Schenck, Jr.



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Ode to the Inner Samurai

She stands silently and still, arms to sides
A great field of falling snow
Surrounds her, eyes closed to the blinding whiteness
Icy droplets, cold rain, hot dry wind, a shiver
Calmness inside
Peace and fullness of spirit.

The stillness is soft and dark.

She awakes in the early dawn mist
To find she is still alive
Supple limbs, blood gurgling through inner pathways
Organs nourished, mind dreaming
Soft Jello-flesh protecting a strong heart and temporary frame,
A smile forms on her lips.

Exquisite feeling of warm water streaming down - head to shoulders to toes
Her face momentarily perplexed, now surrenders to the steady stream
A long slow moment of centered possibility, joyful moment
The smile endures.

Yes, it was only a dragon, but it seemed so real
Her heart remains calm.

- P. H. DeVoe

Gross Anatomy Lessons

We are blessed by death from the beginning.
There is no birth, no life, without millions of sacrifices.
Membranous Stomodeum obliterated
so we may speak and breathe,
Proctodeum dissolved
so we may relieve ourselves of waste.
The walls of the heart, built over mere weeks,
Are perforated in quick succession
as if besieged by trebuchet.
Cells just formed in a rolling frenzy like breaking waves
Are wiped out, and recede
So we may have dextrous fingers.
Everything so coyly leads us to the edge
Of what we think we know:
Life, by experience.
Death, by instinct
From those earliest chapters written and erased
in hazy darkness.
Boundaries are a convenient fiction of the anatomical atlas,
Delineating potential spaces that do not exist in the carefully packed viscera
or muscle bound to bone,
And are instead filled by spiderwebbed sliding planes of
Silky fascia and fluid sera;
Filled by the vast interconnectedness of everything, always.
Isolation is achieved only by artifice and dissection,
And questions lay dormant in the interstices.
The body, seeming equally improbable and provocative,
Keeps the gate and tends the fire of its own hearth.
We do not speak of what inhabits and animates it,
Because we do not have the scalpel
Fine enough for the fiber of it.
We instead find the chambered heart,
A symbol of what moves us.
The skeleton, blunt and gossamer in turns,
A symbol of mortality.
The blessing remains, and we hide our bones
Behind the exposed hint of sepulchral white smiles.

- Marion Cook



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See Me

By Thomas Frederick Byrd IV

We are defined by that which we create. Therefore, we do not know ourselves until we know what we have conceived. The outcome is not so important as the way we foster and present our genesis to the world. Fulfilling the evolutionary obligation to procreate or the desire to adopt allows us to understand what we are as our identity is reflected back at us in the faces of our infants. As such, it seems possible that without nurturing life we cannot fully understand who we are as human beings. For this reason I have listened intently to my pregnant patients, and with them I empathize. Even if a mother already has five children, giving birth for the sixth time defines her person and her life just as profoundly as the first. Thus, any threat to the well being of a fetus or neonate is also a direct threat to its mother's psyche; she could permanently lose the unrealized part of herself that only her newborn has the ability to cast back. Her mirror could be shattered.

Yet on the maternal fetal medicine ward, sledgehammers of misfortune strike vulnerable mirrors without discretion. My patient had been carrying a multiple gesta-

tion pregnancy with twin boys. In the third trimester, her obstetrician informed her that one fetus was not growing as well as he should be. A vascular connection between the brothers was causing one twin to absorb all the nutrients while the other starved. Delivery would have to be scheduled earlier than anticipated. Within days, the mother became preeclamptic with high blood pressures requiring regular medication and monitoring in the hospital. Her sons were in jeopardy. She was in jeopardy.

The day of the C-section quickly arrived, and to everyone's relief the risky procedure was completed without complications. One healthy son was immediately placed on mother's chest after the procedure. However, as anticipated, the smaller twin was not as well developed as his brother and therefore he went straight to the neonatal ICU for breathing support and monitoring, likely to remain there for weeks. Mom did not get to see this baby at all after he was taken out of her through the incision in her abdomen, and she was on strict orders to remain in bed for two days. One mirror was intact, but the other had disappeared.

The morning after surgery my patient told me how very much she appreciated being able to hold one of her new twin sons, and she also told me how terribly distraught she was that she could not hold, or even simply gaze upon, the other. I felt pained by the thought of having a loved one in the hospital so close physically yet so practically out of reach - a loved one who I could not call on the phone because he could not yet talk. Something had to be done. I needed to show my patient that her missing mirror was indeed intact, just a little small, and that he was waiting patiently for a happy reunion. All I needed was a video camera.

And so it was that I made my first FaceTime call within the sacrosanct walls of this hospital. One of the residents stayed by the patient's bedside and called my iPhone while I stood by the newborn's bed in the neonatal ICU. The baby's nurse and a few others were standing around in anticipation. They seemed to know that something magical was about to happen. I pulled my trusty phone out of the square leather case clipped to the waist of my scrub

pants and felt its reassuring weight in my hand. I noticed the screen was remarkably clear of finger smudges on that day. Then the call came in and with a deft finger swipe and screen rotation I had my patient on the phone looking upon her baby for the very first time.

The tears were instantaneous. I kept the phone above the crib and slowly zoomed in on the sleeping infant as his mother wept with joy. One of the nurses nearby reported that he was going to be weaned off oxygen today. I heard a noticeable outpouring of fresh sobs at the good news. I had no idea how else to maneuver the camera at this point, or how long to hold it there, but quickly I began to care less about what I was doing and more about what I was feeling - happiness that a love this powerful exists. And although it was the iPhone that had made this moment possible, that did not make me feel any less instrumental in helping my patient see her son for the first time ever. The mother, still crying, now beamed with confidence. She had found a piece of herself. □

Blood

Fluid that bends
The skin with pulse;
Bounding, thready, steady.
We search it for signs
Of sickness and health;
Query, quantify, culture.
Life is written in
Red blushing blue ink,
Wrung from a
twisting red rag.

- Marion Cook

Will's Dramaturg

By Rich Rubin

Characters

TODD - male, age 30-40, a dramaturg

WILL - male, age 30, a playwright

LIGHTS UP on a London tavern in the year 1594.

WILL, a thirty-year-old playwright, sits across from TODD, a slightly older colleague from the world of theater. Each is dressed in garb of the period.

TODD - Can I get you something, Will? A tankard of ale perhaps?

WILL - No, thanks.

TODD - You sure? How 'bout a roasted pheasant? A side of boar maybe?

WILL - No, I'm good ... I was just wondering, you know, what you thought.

TODD - What I thought?

WILL - I mean, after reading it.

TODD - Oh, you mean the play.

WILL - Right. The one I just wrote.

TODD - So, correct me if I'm wrong, Will, but what I'm hearing is, you want my honest opinion.

WILL - Absolutely.

TODD - OK, well, first I want you to understand that none of this is personal. It's not about you. It's not about me. It's all about the play, right?

WILL - Understood.

TODD - So here goes ...

WILL - OK.

TODD - Your day-job, Will ...

WILL - Yes?

TODD - Don't give it up.

WILL - I don't really have a day-job.

TODD - My advice?

WILL - I'm listening.

TODD - Run out and get one.

WILL - You didn't like the play.

TODD - No, that's not what I said.

WILL - No?

TODD - No, let's not exaggerate, alright? Let's just say I didn't like certain parts of the play.

WILL - Really? Which parts specifically?

TODD - Specifically, the beginning, the middle and the end.

WILL - But that's the entire play!

TODD - Let's not quibble over semantics, OK? ... Can we talk about the premise?

WILL - Sure.

TODD - I didn't like that, either.

WILL - Why not?

TODD - Come on, Will! Young love? Really?

WILL - But it is young love. They're teen-agers.

WILL - Sheesh! Talk about a cliché! And so obvious. Like, you might as well brand it on your tunic. Trust me, Will: you need to start thinking outside the box.

WILL - Outside the where?

TODD - Not young love, Will. Old love.

WILL - Huh?

TODD - Think demographics.

WILL - Demo-what?

TODD - Demographics. Next time you're at the theater, just look around and tell me what you see. I mean aside from all the oxen.

WILL - I see people.

TODD - Wrong! Mostly what you see are old people. And you know why?

WILL - No, why?

TODD - 'Cause the young people, they're all out doing something else. Something exciting. Something for England. You know, settling America ... expanding capitalism ... making fun of the French. But the old people, Will - the old people! - they're the ones with disposable income, bad hearing, and lots of time on their hands. In short, your perfect audience! ... Plus, why'd you set the thing in Italy?

WILL - I like Italy.

TODD - And I like blowing my nose in the morning, but that doesn't mean I have to write about it ... A question, Will: Are you Italian?

WILL - Of course I'm not Italian.

TODD - Bingo! First rule of playwrighting, Will: Write what you know ... and for God's sake, stick close to home, OK? I mean, if today's Italy, what's tomorrow, Denmark?

WILL - You know, now that you mention it ...

TODD - Time out, Will! Stop right there! Trust me: Last place you wanna go. You know the Danes. Poor bastards can never make up their minds about anything.

WILL - Can we please get back to this play?

TODD - Sure ... Big problem, Will. Where's the subtext?

WILL - What are you talking about? There's plenty of subtext. Two warring families. More than thirty characters.

Beat. TODD considers this.

TODD - You know something? You're right. Big problem. Too much subtext. And too much death. Why'd you have everyone die?

WILL - It's not everyone. Some people live.

TODD - Oh, sure: Some people live! Pardon me: It's just the two teen-agers who die. But who needs them, right? I mean, they're only the main characters! ... You want my opinion? Don't kill 'em off. Plus, change their ages, at least just a little.

WILL - To what?

TODD - Oh, I dunno. I'd probably make her about seventy-two or so.

WILL - Seventy-two?

TODD - Yeah. At the beginning. Though I'd have a scene at the end where she's ... oh, I dunno ... ninety-seven.

WILL - What?

TODD - And you wanna hear something else? Even though she's ninety-seven, I still wouldn't kill her off.

WILL - But that's ...

TODD - And him? Him I'd make sixty at the beginning. And eighty-five at the end. And also black.

WILL - Black?

TODD - What's the matter, Will? You can write a play for Italians, but not a black person?

WILL - Actually, I was thinking of writing a play about a black man. A Moor – a noble yet tragic warrior.

TODD - Nah, don't.

WILL - Why not?

TODD - 'Cause I've got a better idea. If I were you, I'd age him up, put him in this one, and make him a carriage driver.

WILL - A what?

TODD - A carriage driver ... Listen, here's the plot, OK? The seventy-two year-old, she's white, and she used to drive her own carriage ...

WILL - Her own carriage.

TODD - Exactly. But now she's getting older, see? So she's banging the horses into trees and things, so her son ...

WILL - Her son?

TODD - Yeah, I'm envisioning this as a three-hander. Anyway, so her son, who's a local businessman and a pillar of the Jewish community ...

WILL - Wait. The son's Jewish?

TODD - Yeah, and the old lady, too ... What's the matter, Will? Italians are in, but Jews are out, is that it?

WILL - No, it's just that I was thinking of writing another play with a Jewish character.

TODD - Well, don't even bother 'cause, believe me, this one's better ... Anyway, where was I? ... Oh, I know. So the son hires the old black guy to drive the old white lady around. You know, in her carriage. So no more accidents, no more problems, right?

WILL - Right. I mean, if you say so.

TODD - No, wrong! He drives her around, but she's really eccentric – you know, in this half-maddening, half-endearing, half-bipolar sort of way – so the two of them ... the old black guy and the old white lady ... they form this funny relationship ...

WILL - Hold on. This thing you're talking about, it's supposed to be funny?

TODD - Well, yeah, sort of funny. Funny, like unusual funny. But also funny, like ha-ha funny. I mean, this is all assuming, of course, that you've got the chops to pull it off.

WILL - The chops?

TODD - You know, the chops. The literary skill set.

WILL - But I wanted to write a tragedy about a pair of young lovers.

TODD - Yeah, I know. But since it obviously wasn't working, I thought you might want to switch it around, you know, just a little.

WILL - But it's a completely different play!

TODD - Well, I wouldn't say completely different.

WILL - But they're old!

TODD - Yeah, but when you think about it, it's still kind of a love story, right? At least in a funny sort of way ... Besides, think of the up side.

WILL - The up side?

TODD - Yeah, nobody dies – even though at the end she's ninety-seven! I mean, talk about your poetic license, huh? I really thought you'd like that part.

Beat. WILL remains silent.

TODD - So? Whatta you think?

WILL - What do I think?

TODD - Exactly. 'Cause I'm thinking – given everything I'm handing you – the next draft shouldn't take you more than a long weekend, two max ... and then, once I flip through it, I can get back in touch with you muy pronto.

WILL - Muy pronto?

TODD - Right. With some more notes.

Beat. WILL again remains silent.

TODD - So what's it gonna be, Will? Is it a go?

WILL - A "go"?

TODD - Green light, red light, Will. Your choice.

WILL - You don't understand, do you?

TODD - Understand what?

WILL - This idea of yours, it'll never work.

TODD - Oh, no. It'll work, alright. Remember what I said before.

WILL - About what?

TODD - Demographics. Take it from me, OK? Second rule of playwrighting: Know your audience. Just think about it. Will: Which would they rather see? A pair of teen-agers circling the grave or a couple of grey-hairs trading zingers in a vehicle? And best of all, it's all happening behind a horse!

WILL stands up.

TODD - Where are you going?

WILL - Back to my garet.

TODD - Oh, come on, Will. You're taking this way too personally. You need to take a step back. See the big picture here.

WILL - What I need is to get back to work.

TODD - OK, Will. If that's the way you wanna be. But don't forget my advice.

WILL - What advice?

TODD - The day-job, remember?

WILL exits.

Beat. Then TODD calls after him.

TODD - *Calling out.* I've even got a killer title for it ... **Driving Miss Lear!** And you know what? You could even throw in a thunderstorm! They both get soaked and then go crazy! Trust me: It's mega-dramatic!

Beat, then calling out again.

OK! Go ahead and write your stupid teen-age play! Kill off everyone and see if I care!

Beat, then to himself.

Amateurs. I mean, you make one little suggestion and look what happens.

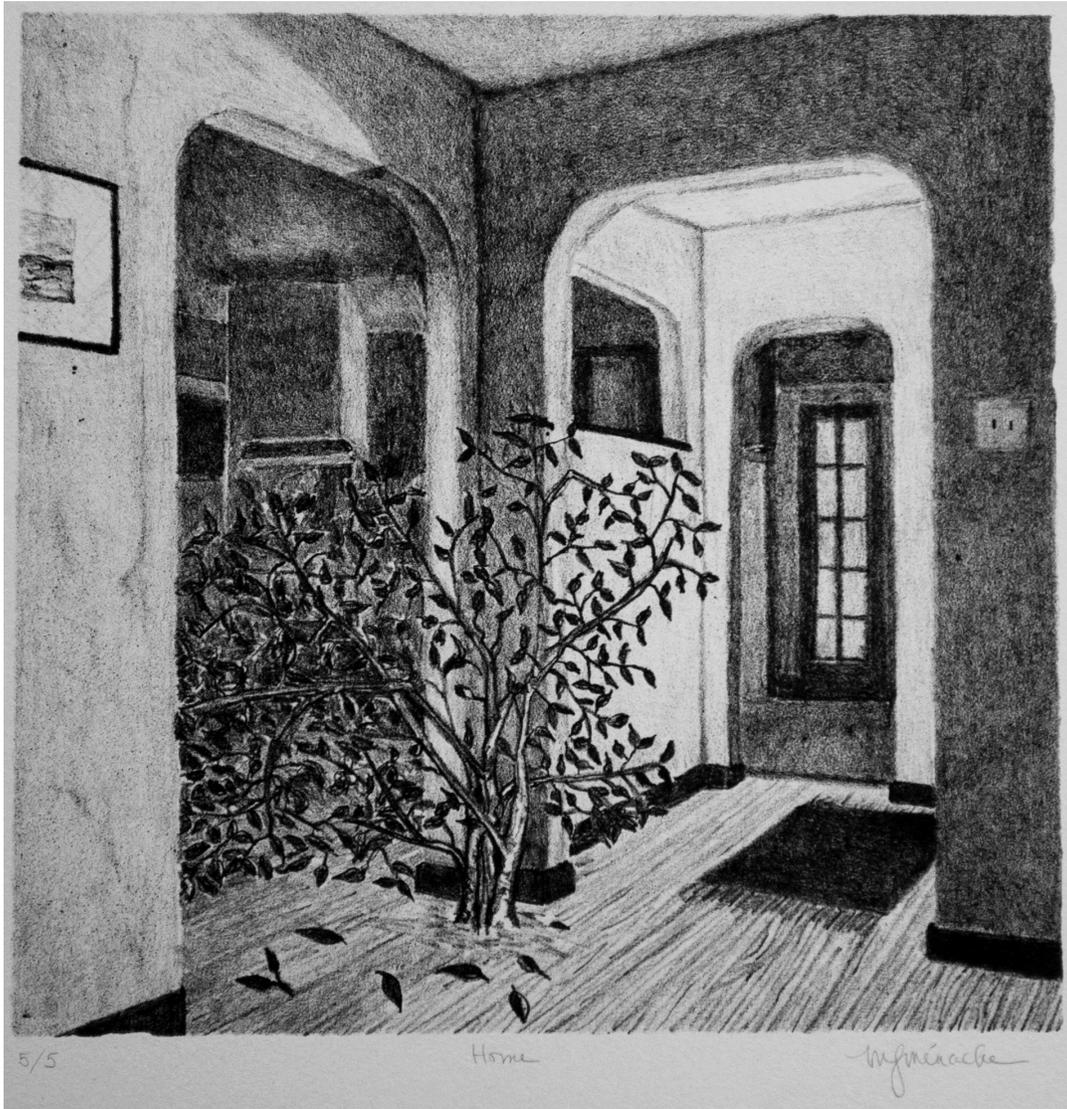
BLACKOUT

END OF PLAY.

Rich Rubin, MD, FACP is a Professor Emeritus of Medicine at UNMSOM and currently a member of the volunteer teaching faculty at the Oregon Health & Science University in Portland. His writing website is www.richrubinplaywright.com



morguefile.com image



"Home," Margaret Menache



morguefile.com image

A Silent Pain

By Faerl Torres

Ada left the doctor's office with confirmation of what she already knew and a prescription for painkillers she wouldn't fill. She would feel whatever pain would come, it was better than feeling nothing—the deep, terrible nothing. It was better than the silence that her doctor described. “A silent miscarriage, a missed miscarriage.”

Ada wouldn't miss it. She would be the lone person that acknowledged this slipping by of a life. She held onto it ferociously and selfishly. A mother bear came to mind but she would never really be a mother now.

She walked down the carpeted hall without any sound to mark her presence there. It was all stillness and fluorescent lights on cheaply framed prints of masterworks. She had liked coming here before, liked the hopeful and engaged conversations that interrupted her days of expensive tedium and shallow luncheons. The nurses and doctors asked questions that mattered more than which faux painter she would hire to decorate the nursery or whether she would have a live in nanny or a foreign au pair.

The idea of raising your own child without help was ludicrous in the minds of the members of her circle; none of which had jobs, graduate degrees, more than three children, happy marriages or yearly incomes less than a million. She stood outside them as the only one who had attempted higher learning, a career and didn't put on make up to work out. She stood outside of them for other reasons too but they were more hypocritical and less talked about.

She stepped up into her gargantuan SUV, a gift from her never-present husband who insisted that she needed to upgrade for the baby. He'd been excited when she told him, assured her that he would stop traveling so much and working so late. His promises and enthusiasm lasted two weeks after which time his firm was offered a deal they couldn't refuse. “Two months in and we'll have Junior's college paid for in full,” he'd said as he packed his suitcase, kissed her cheek and headed for Nicaragua or Nigeria or Norway or wherever it was he went and did what he did to bring home their gold-plated bacon.

She sat cocooned in cream leather, both hands gripping the steering wheel firmly as another cramp passed. She wouldn't go home, it was too big and empty. How could she miss this? How could anyone? She drove on autopilot into the parking garage of Neiman Marcus where she flashed a VIP card at the valet and entered the gleaming store. Ada wandered without purpose through the rows and racks of designer baby clothes that were even less justifiable than they had been three days ago. A dead baby, or maybe it's just a fetus when it's only half formed, needed a \$300 fur trimmed sweater even less than a living one did.

She ran a manicured hand over the cashmere blanket that all her friends had insisted she register for. “I don't know how anyone could wrap their baby in those cheap Target blankets, I mean, can you even imagine all the chemicals?”

What Ada couldn't imagine was handing off the person she alone had grown inside her to spend each day driving around town, shopping for the best cashmere for your au pair to wrap around your baby while you're away.

"Are chemicals worse than negligence?" she'd asked one day as her snarkest thoughts became tangible and slipped off her tongue. They flitted away, like little hand-painted butterflies and landed on the perfectly highlighted, low-lighted, glossed and straightened heads of each of her friends before she could catch them.

The friends looked at her a moment. The smart one flayed Ada with her comprehending eyes. The one with a guilty conscience and parents that had raised her themselves on a middle class income began rifling through her new "It" bag with downcast eyes. The two clueless friends began interjecting their thoughts on organic materials and the virtues of caregivers that spoke multiple languages. "Hiring someone who doesn't speak fluent French and conversational Spanish or Italian is negligence."

Negligence was a funny word. Negligence was abandoning your wife or your child. Negligence was forgetting. Negligence was skipping spa appointments. Negligence was a withered, shriveled, dried-out houseplant on your kitchen counter because you forgot to water it and on some level assumed the housekeeper would. Negligence was children in Africa starving and mutilated because your diamond necklace had to be bigger than his coworker's wife's. Negligence was no longer caring, even while you watched a thing die. Negligence was credit cards you couldn't pay because your grossly inflated lifestyle required more than the GDP of most developing countries. Negligence was stopping half-way through your Master's Degree to please someone who didn't understand what Social Economics had to do with their five-year plan. "You won't need a Master's to write a check," he'd joked and she'd smiled complicity with the sinking feeling you get before you're sick. Complicity was a funny word too.

She headed down the escalator to the shoes. She'd stopped wearing heels over three inches after her seventh week of pregnancy. She'd said it was because her feet were swelling but really she'd been looking for a socially acceptable excuse for a while. Now, Ada looked forward to the pinching around her toes and the soreness in the balls of her feet, a pain that could be identified and controlled.

Finding out she was pregnant was like being woken from a dream. Dreaming isn't choosing or participating, except to be asleep, but it can be enjoyable. The knowledge that she was hosting another person, another life, made her want to be awake, made her want to choose, feel and care.

Now she was in that place between dream and sleep—out of control but aware.

She stopped a moment and closed her eyes in front of a display of brightly hued shoes. Pain enveloped her abdomen like gift-wrapping, beginning at her spine and moving around to her belly. She held her breath and clutched the handles of her purse like it might run away. The pain dissipated and she picked up the shoe with the highest spiked heel triggering a sharply dressed saleswoman to her side like she'd pressed the code blue button in a hospital.

Ada bought the shoes without trying them on and left the store. As she stood at the valet another cramp came swiftly and left her glad she'd worn dark jeans and the maxi pad that the doctor suggested. "There will be spotting and expelled tissue."

Expelled baby was what everyone imagined but no one would say. When the OB had said it she'd imagined her teeny baby slipping out of her, wrapped in red tissue paper that stuck to its slimy skin and an umbilical cord tied in a sickening bow around its taut belly. She'd wanted to scream then, to make the doctor look in her eyes, hold her and rock her and know it was a horror. What she was losing was more horrific and appalling than tissue and blood or even just an unnamed, unknown fetus. She was losing the life, the hope, the bright spot that she had been kindling, planning, carving from the one she had been living all the years and moments before she'd seen the pink plus sign emerge from the test wand.

It had been like magic. A personal, private magic that meant she could change her whole life and would have to. The magic was gone, buried in an unmarked grave with all the dreams and hopes of all the people who had lost their second chance by some gross and betraying twist of fate or chance or bad luck. She had lost.

She handed the valet a bill from her wallet without looking to see if it was a one or a hundred, stepping up into the vehicle that was no longer required—a carbon footprint bigger than any of the shoes she could have purchased for her baby no matter how big and tall and strong he or she could have grown to be. She looked in the rearview mirror at the empty backseat and thought about crying but didn't. Instead she bit her lip in the same, still-swollen place she had been biting for the last two and half days. She bit down harder this time, imagining her sharp, Lumineered incisors piercing the skin inside her mouth like shears. She tasted the blood and was thankful for it, thankful for the palpability of it, the metallic, sharp taste of life slipping away.

She pulled into the parking lot of Target with a feeling of discomfort that necessitated a bathroom. A cleaning

cart blocked the door and a young woman with acne, khakis and red polo occupied one of the stalls. “Done in a minute.”

Ada walked out to the Starbucks at the storefront and ordered a hot tea while she eavesdropped/listened to someone explain why they should be allowed to return something past the thirty-day allotment with no receipt and no tags. The bathroom cleaner pushed her cart past Ada with a nod and vacancy of expression that was momentarily haunting. She wondered if that was how her face would look after this—haunted, vacant, slack, or if it already did.

Taking her tea into the bathroom, she sat on the toilet feeling at once guilty and justified for occupying the handicap stall. She cynically thought the handicapped were lucky, at least others could see what debilitated them. What was a lost leg, broken spine, or wasted muscles compared to this; compared to losing a life that was supposed to be your legacy, the guarantee that you wouldn’t go unmarked and unnamed in history? What was having lost all feeling below your waist compared to having lost all feeling?

The shame of having compared herself to people with actual disabilities and found them wanting was erased with one broad stroke of pain like a vice clamping down on her insides. She knew what was happening and still didn’t cry. When the cramps became sharper and closer together and she began to feel clots of blood and tissue moving out of her she dumped the cooled tea between her legs and waited until she knew what was coming—or was it whom? She delivered the clot of blood and tissue into her cup silently.

Ada cradled her baby with both hands wrapped securely around the paper cup. She slipped off the paper sleeve, one less barrier between them. Every one of her senses was filled like a sponge plunged into ice-cold water. It smelled metallic and acrid from the blood, citrusy from bathroom cleaner. Her mouth was filled with acid. The fetus-baby was the size of a misshapen tennis ball. She wished she’d bought a Venti tea.

Ada thought she might throw up and put the lid back on her cup/crib/coffin and cleaned herself up with wad after wad of cheap tissue paper. She flushed the toilet and knelt at its base waiting to be sick. Instead, she shook and thought more about crying as her knees began to ache on the cold tile and the cramps continued on, less stern but relentless. She blessed the minimum-waged bathroom cleaner as she wiped the toilet seat with another piece of thin tissue paper and put her purse on her shoulder. Ada made sure the lid was sealed and thought of the hand-carved, sleigh crib sitting like mahogany bones in her faux painted nursery.

All she wanted now was to take a shower and a sleeping pill that the guilty friend had given her once in a rare moment of deep conversation about how restless depression makes you. She saw she’d missed a call from her husband and wondered if he’d remembered about her appointment and the vague description of her concern when they’d talked a few days ago. She didn’t call him back.

He hadn’t been there for any of it and she wouldn’t share this with him, not when it would be so impossible to hold back. She would keep this from him like a selfish child hoarding her treats and saving them for the lights-out darkness under the safety of bed sheets; wrappers and stomach-ache were the only evidence. She would wait until she could be Spartan. He would be proud of that.

She pulled into the garage and took her purse and cup. Ada went inside the perfectly temperate house filled with things that had been expertly chosen by a professional hand. She’d asked a friend with three kids and two nannies what she’d done in the house to prepare for her babies. “It’s important that you don’t let a baby take over your life, which is why I don’t believe in baby-proofing. Baby-proofing just means you’ve let yourself become one of those people who don’t care anymore. You know, those moms that wear the same jeans and a tee shirt every day with sneakers and think it’s cute. It’s the first step to driving a minivan and shopping for everything at Wal-Mart.” Ada Googled poisonous houseplants and bought outlet covers.

In the kitchen she opened a box of new glass, food storage containers in a variety of sizes. “Don’t let your nanny heat up anything for the baby in plastic, it can give them cancer,” a health blog addicted friend had told her. She washed and dried one container with a fresh dishcloth and emptied the contents of her Starbucks cup into the glass before snapping the lid on. She was unsure what to do with the container.

Should she bury it or throw it away? It’s illegal to bury a person on private property without a permit but was this a person? A baby is a person but is this a baby? Zero to eight weeks, Embryo. Nine weeks on, Fetus. Baby was a very unscientific, generalized term. She thought back to the books she’d read on development stages in utero with pictures that were supposed to scare you into taking prenatal vitamins, abstain from caffeine and not inhale the toxic fumes of anything less pure than fresh mountain air. She’d done all those things, except the air—she had a purifier in the house but they still lived near the city—and look where that had gotten her.

Maybe if she’d had two diet cokes a day and ate fried chicken at each meal she would be happily nauseous

and still pregnant with a cup full of non-fat, no-whip, extra-hot, mocha instead of bloody, baby-fetus that was genetically linked to her. She put the container in the freezer next to a stack of dietician proportioned frozen meals and a bottle of vodka that someone had given them as a gift when her husband announced at his firm that she was pregnant.

Ada threw her stained jeans in the trashcan. She made the shower as hot as she could stand and stood under the water. When she was a child she had a goldfish that got sick. White lumps began forming on his body and he stopped swimming, flipping upside down every few moments and bobbing to the surface.

Her mother scooped him up in a green mesh net and put him in a sandwich baggie full of tap water. They placed the baggie in the freezer. "As the water gets colder he'll fall asleep and not wake up," Mother said. Ada asked what would happen if they thawed him out a few days later. Would he come back to life, healed, she wanted to know. She wondered if the fish knew that as he fell asleep the water around him would close up into an ice casket. She hadn't cried for the fish. Ada turned her face into the stream of hot water. She wouldn't feel the tears running down her cheeks, chin, breasts and empty abdomen. □

Rising Rituals

I taste my wheat toast while you
scamper for seeds scattered
across the crusty snow
beneath hanging bird feeders.

I stir cream in hazelnut coffee as you
stuff sunflower pods - spilled by
frenzied finches - inside furry cheeks.

My morning eyes try to focus
on newspaper headlines but soon
move to you - dashing along tree
limbs that hold food for feathered foes.

I gulp down vitamins with grape juice,
then watch you lithely leap on the plexi-
topped platform piled with eats for others.

Tomorrow we'll restart our breakfast
ballet - a pas de deux that features
well-rehearsed moves and wake-up fare.

- Lynn Lessard

The Patient

You wake up swearing
You wake up weeping
whose voice will reach
through the liquid bearing
unnatural sleep, unnaturally deepening
keeping under each
and all until suture closes
Fresh blooming roses
Incised in flesh while patient dozes,

Each scar a flower
which inward curls
into a neat and tidy bud
wrapped around that secret darkness
dreamt of on the table.

- Marion Cook



Racheal Allen



Racheal Allen



Barrio

By W. Curtis Young

He was thin, with wrinkles under his dark brown eyes, and silvery hair that molded to his pillow. He shifted onto his back, so that I could listen to his heart and lungs. I spoke slowly to him, allowing the interpreter to take my words phrase by phrase into Spanish. He nodded to me as I moved my stethoscope lower over his dark skin and listened for bowel sounds. His limbs were thin and frail, and he spoke softly like a child, but his abdomen was distended and his skin stretched tight from one side to the other. He was a migrant worker. His phone number's area code was 702, Las Vegas, but he was working in Albuquerque when his brother noticed that he was getting fat, laughing and calling him chubby. It wasn't fat. It was fluid filling his abdominal cavity, ascites from alcoholic cirrhosis. His liver was failing, and yesterday, we told him now would be the time to call family. He asked if I would call his son. He looked at his sheets as he spoke in his soft, high pitch. The interpreter said, "I have some things to resolve with him." When I called the son yesterday, he did not

know his father had been in the hospital for two weeks. He did not say he would come.

I moved my hands farther down to his ankles, checking for edema. He watched soccer on the television. He told me in Spanish, "If you're going to be hospitalized for so long, it's best when the World Cup is on."

I laughed. Looking at him, I realized his numbers were much worse than he was. His INR was rising quickly. I expected him to look like hell, but his eyes still glowed when he spoke. Yesterday, my attending spent half an hour talking to him about how his condition could be lethal and how he needed to think about whether he would want to be resuscitated and kept alive by a ventilator, fed by a tube. He was told our equipment and our techniques could do little to keep him living. Feeding, but not tasting. Breathing, but not alive. Not aware. My patient said he only wanted to be alive long enough to tell his son goodbye. I knew his son wasn't coming.

My physical exam couldn't change that, but doing it was all that I knew to do for him. I stood next to him and said, "How are you doing?"

His meekness when he spoke made it difficult to hear what he whispered back. The interpreter said, "I feel ok."

"Do you have any questions?" I asked. I stood there in my white coat with my patient list in one pocket and my stethoscope around my neck. I looked like a person with answers, but I feared what he might say.

He paused for a moment. He leaned toward me and said in Spanish, "Will I know who I am?"

I tried to pick the right words, hoping the interpreter could get them right. "When your liver fails, toxins build up in your blood, and it can affect your brain."

The interpreter gave me his response, "Then I must see my son, soon, and then I can go to the other side with God."

I smiled because the interpreter said "other side" but I heard my patient say the word, *barrio*. He was going to the other neighborhood, God's neighborhood. His current residence was a body that alcohol had poisoned and left him estranged from his son, but he had hope beyond himself in God for a new home. *Barrios* are places of security, family, and love. It's a community that has a barbecue in the backyard and plays soccer in the street. *Barrios* belong to the rich and the poor, to people of all backgrounds. Everyone needs a neighborhood, and when God is your neighbor, surely all death and sickness and fear and loneliness and tears are wiped away. Only restoration, healing, and unquenchable joy remains.

I sat with him for a few minutes and watched the soccer game. The camera panned the thousands of people in the stadium. In fifty, sixty, maybe one hundred years, all those people would be dead, their fate no different from his. Their bodies buried or ashes scattered, and mine along with them. Death is the slow genocide that strips man from this world. We are transient carbon stories, but he reminded me that we have a spirit that whispers a hope that no matter how broken we've become, God can bring us to himself in the end. The other side was not oblivion or neurons firing in the dark to him. It was a *barrio*, a family, a home. And perhaps by knowing that, it wouldn't break his heart to say goodbye.

Mexico scored and crowd cheered. I clapped along with him, and got up to leave. "Hasta luego, señor," I said.

He smiled and nodded. I stepped out of the room and walked to the computer on the wall. I started writing his note for the day. Behind me, I heard a man at the nurse's station. He said to them, "Excuse me, but I'm look-

ing for my father. I want to take him home with me."

I looked over my shoulder to see the man directed to my patient's room. He walked in with his cowboy hat clasped tightly between his hands. I wanted to see the look on my patient's face, but it wasn't my moment to interrupt. I scrolled down to the bottom of my note, past my description of his fluid filled abdomen and ominous labs and typed under disposition: Ready to go home. □

Bus Lines

66

Raucous reunions
Emotionally Intense
"Who is your P.O?"

777

Simmering drama
66 with blunt edges
"Where you livin' now?"

11

Urban unreserved
Unintroduced proposals
"Join me for dinner?"

5

Urbane creative
Gregarious inclusive
"Check out this music"

790

Suburban subdued
Protected personal space
Hushed "6-inch" voices

12

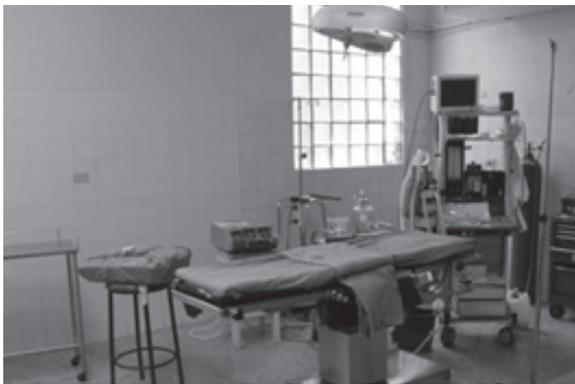
The regulars' route
Friendly neighborly noseys
"You missed yesterday"

- Sandra Bauman

Reflections from a Honduran Operating Room

By Marisa Elyse Rivera

I was standing in a humid room with yellow tiles breathing hot air through my face mask. I was in an operating room in Tegucigalpa, Honduras in the middle of summer. This was a community hospital where patients painfully wait months to be seen because they lack the ability to afford the much nicer, cleaner, and newer private hospitals in the city. In this country, the quality of care you receive is proportional to your income. This was my first time in an OR outside of the United States. There was no air conditioner, no blaring white lights, or gleaming equipment that exuded the sterility I felt back home. I was focusing on breathing again. The stagnant air was only briefly relieved by the occasional breeze that filtered through a small window that showed the tropical, exotic country beyond these walls.



Courtesy of author

This room was anything but exotic. The old linoleum floors had blood stains unable to be washed away from the many procedures of the past. The equipment was old and rusted. There was one small central light for illuminating the surgical field. A small stereo in the corner of the room with hemostats attached as a makeshift antenna was humming Spanish music. There were no sterile fields, no sterile gowns, just hand washed scrubs. In fact, the only sterile equipment included the surgical tools and the gloves. There was no ritual scrubbing procedure before surgery.

The patient was brought back. She was a petite 50 year old woman who was thin with a protruding abdomen. She was in a standard hospital gown that had some semblance to what I was accustomed to and white bandages wrapped around her feet and legs. They did not have sequential compression devices here. This woman had waited 6 months for her operation for ovarian cancer. She was from a poor village on the outskirts of Tegucigalpa and had

not been able to seek care until the mass was so heavy it was compressing her other organs and causing severe pain.

The smell of burning flesh filled my nostrils as the surgery began. It was made worse by the lack of airflow in the room. Soon after the surgeons entered the abdomen, it became clear why her belly was so large. A massive tumor crept up behind the bowels. It was easily the size of a football. All I could see was clamping and suturing and finally the 20 pound mass was excised. The surgeon tossed the fleshy mass onto a table behind him. There was an empty soda bottle resting on the table, which I thought strange that someone would leave that lying there during a procedure. One of the techs cut out several portions of tissue from the mass. Much to my surprise, she grabbed one of the scalpels and cut the bottle in half, dropped the samples in the bottom and used duct tape to refasten it together. As I later discovered, soda bottles are equivalent to our specimen containers. This former Sprite bottle now housed precious cells that would be sent to Pathology.

While the surgeons were digging around in the patient's abdomen they discovered multiple metastases throughout the peritoneum. They removed a few here and there, but left the majority because there was nothing else they could do for her cancer. Chemotherapy and radiation was not an option. Another surgeon reached up to adjust the light. There was no shield over the handle so whatever sterility his gloves provided was lost. They continued their exploration and discovered the patient had gallstones, so prophylactically, the surgeons removed the gallbladder. They mentioned casually that they did this because if she did get cholecystitis, there is no guarantee she could be seen before serious complications arise. I also discovered that day that there is no such thing as informed consent.



Courtesy of author

The patient woke after the several hour procedure with an abdomen that now reflected her small body habitus. She thanked all of us for her care and was wheeled away. Her surgeons did not tell her about the metastases or her absent gallbladder. I found myself staring again at the yellow tiles on the wall and breathing in the humid air. I thought about this patient's life and how her prognosis would have been different if she was in the United States. I wondered what she was thinking after the procedure. Did she think she was cured? Did she truly understand her diagnosis? Would she ever find out the results of those Sprite bottle samples? All these questions remained unanswered in that neglected operating room in the small country of Honduras. □



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We Love Our Interns

Can you put in that order?
Is the depart done?
Call Nephrology first.
Did you call Case Management?
Have you eaten lunch?
This order isn't right.
Hey do you have a minute?
Is that depart done yet?
Call Infectious Disease and ask them about that.
Did Case Management call you back?
Page them again.
Has CYFD called?
Do you have the lab results from Pres yet?
Why don't you look that up and give us a 5 minute presentation tomorrow?
Did you put in that order?
Is that patient discharged?
Can you go ask them what pharmacy they want?
Did you ask him if he's sexually active?
That's kind of important, why don't you go do that?
You really should have ordered that oxygen already.
Why don't you call an interpreter and update the family.
Can you call that CYFD worker?
Let's do feedback.
What was that page about?
Did you tell the family?
Are your notes done?

Who's ready for an admit?

When you go home and you haven't had any water all day or peed since 7:30 AM and someone asks you this list of questions in the time between 11:30 AM and noon, when your feet are swollen and your hair is haggard and your hands are cramping from all the typing, when your mouth is dry from the dictation and no one seems to see you unless they're judging you for a bad attitude.

Thank you for your effort.
Thank you for your work.
Thank you for your good attitudes.
It's hard to be an intern, but you'll make it.
At least until tomorrow, when we do it all again.

- Kari Carstensen



Racheal Allen



Racheal Allen

Medical School

Dropout rates, suicide rates, stress rates
Down and out.
Am I up and in?
What do you call a happy medical student?
A person.
I am not a medical student.
I am a person.
And I am up and in.
Not down and out.
Not down and in.
Not up and out—what would that be?
I am up and in
U- unconcerned
P- peaceful
In...
I- inquisitive
N- normal
I sit in the coffee shop amid loud teenagers,
yelling children,
Toddlers curiously turning in seats to face me,
Adults conversing, cute couples in the corner booths,
Busy business-people, student-waiters, waiters with stories,
Chess players at tables playing their scheduled game,
Grandmothers with their grandchildren, blind dates,
Retired everyone, engineers and residents, and people
Who help me when I spill all my water on my table.
I am normal like them.
I am exactly like them.
Up and in.
I am so happy to be where I am in life, learning
All the beauty of everyone in the coffee shop.
I am so happy to be where I am in life, learning
Who I am, looking inward at how much more
I am than a medical student.
Looking out, at how much more the people around me
mean in life.
They are so much more to me as a medical student.
It isn't that they have changed in their intrinsic qualities.
In intrinsics they are as much as they have ever been.
But my knowing them better, knowing myself better,
I have come to realize that being a physician is a small thing.
Just as if I was a scribe again.
No different at all.
No different than being a cafeteria worker.
Except that I am happier.
So maybe it is different.

I owe these people to ask them who they are and to
love them
Because I am so happy where I am.
I want to share that with them,
Because they are who have made me happy.
They bring me up when I am down
And when I am out,
They warmly and with trust invite me in.

the water is wide, a rain duet

We talked about the weather. Axioms:
I laughed and told him that whenever I dance, it rains.
This desert maiden dances when she is happy.

One night this week it rained, and I met you.
You told me you were the rain god,
And I laughed like I've noticed the raindrops do, bouncing
Down from the clouds above- not falling.

I am a river with many bends,
But you challenge me by bridging each curve,
Defying mathematical logic,
A bridge of steady strength that mends.

So many bends, pebbles on the floor,
I wanted them all to change with the
Empowering current of togetherness,
I wanted them to show.
And every direction that I wanted to go,
I wanted one to know.

I asked you how I could have faith now.
I had hidden mine beneath the willow tree,
Deciding friendship and love was a deep current,
One together, failing to see
That if it was only love I sought, the current couldn't be.

You whisper into my ear as you leave
That whenever I am happy, I dance,
And it will rain, and I know

You are the rain god
Bridging waters
That cannot be bridged in just one plane

- Francesca Giovanna Garcia

Interview Trail

by Robert C. Schenck, Jr



My medical school interview in Baltimore was humbling for a sophomore in college, and like most acceptance letter hungry, pre-meds, in an uncomfortable suit and tie, I was nervous. Despite my expertly typed application virtually no white out, I had regrettably made some errors in the process. I had scrambled to obtain a photograph at the local

Rite-Aid that was clear enough to highlight wind-burns taken in a rag wool ski sweater, it may have suggested I was hung-over or even worse yet, didn't care. I must interject that, in 2015, amongst medical school admission panels, that application photo sporting a gray sweater might be frowned upon. But realize it was January of 1979, in rural Colorado and the application requested a current photograph and I didn't have one. It was not feasible to drive fifteen miles to the Rite-Aid in a suit and tie in winter weather. Secondly, never thinking of buying something new, I decided to wear my very 1970's western corduroy suit that looked cool, well at least good, at a rural high school (please insert figure 2A). It was clearly in a Buck Owen's, country western singer style in sharp contrast to every other applicant. The others were all from the East and wore what looked cool in their high school: namely, a pin-striped suit and Brooks Brothers® tie. Everyone, but one, was dressed the same. I realize now that I was in a hipster costume, but being 1979 and not 2015, I was dressed as a Country Hayseed. This was Maryland, not Colorado, and I was interviewing at Johns Hopkins, not Western State. I had no clue (yes, I felt clueless) how ridiculous I looked to the fellow applicant pool. Two weeks earlier shopping with my sister, I had believed my look was perfect while picking out a matching shirt and tie in downtown Boulder. Durn it, the necktie had been imported from Italy!

Mingling with thirty other more appropriately dressed applicants, I was reminded by my new friends of my differences. They weren't afraid to let me know these differences and it was if their similar uniforms put them on the

same team. My mouth dropped when I was asked by a group, "Tell us about your grades." When I answered vaguely that they were good (I had one B, but would never tell them that), my pals quickly responded, "University of Colorado is not the same as the Ivy League." I lost a little of my confidence thinking that my suit and transcript were perfectly matched. But things got worse.

We toured East Baltimore and I listened to my guide, but he seemed to focus on me, explaining this was a big city, "much different than where you are from," and I thought I heard a country twang when he emphasized FRU-UUM. I had heard about muggings and I knew that it was best to "just give them your wallet," as I was being singled out and taught by my tour guide. Everyone around me nodded in agreement as he seemed to say, "this hayseed is most definitely getting mugged."

So I was relieved to get away from this friendly gang to be ushered into a room to wait for my interview. I was called into a beautiful office and I was introduced to two Hopkins psychiatrists and I impressed with how Freudian they appeared, but amazed by how comfortable they made me feel. They liked me from the start, and rereading my application today and looking back on the suit I was wearing, I am sure they concluded that my rural upbringing was in all likelihood real. And like most students, I was surprised they had read my personal statement. They focused on the last sentence where I described my experience during spring break the previous year, participating in The Longest Walk demonstration. Indeed, I explained, that I had walked (and run) from Boulder to Pueblo supporting the American Indian Movement in the spring of 1978. The American Indian Movement wanted to be taken seriously,



hence the acronym “AIM.” I explained the group organized a walk from San Francisco to Washington DC symbolically carrying a peace pipe to bring attention to the many broken promises throughout our country’s history with Native Americans. My interviewers were fascinated by my explanation and towards the end of the interview, I thought, a bit envious. Understand there were other more insightful things I had done such as standing up to a state championship winning coach in high school that got me benched, or the time I took meals to a homeless family living in an abandoned shed near our home. But this forty-eight hour walk had been real and I certainly had learned from it, especially seeing how those on the Longest Walk felt about inequalities. And it was right there in my personal statement. I explained, “there were many people who weren’t native, but wanted to be part of a cause . . . wanted to carry the peace pipe for their own experiences of life being unfair because of their background or color of their skin.” I explained how one of the organizers, Russell Means, had purchased my friend and me a bus ticket from Pueblo back to Denver that Saturday after we completed that leg of the journey. My med school interview changed such that we talked of nothing else and my two new friends immediately remarked, “tell us everything about this trip.” And being a storyteller, I enjoyed fulfilling their request.

I began with how my childhood friend, David, was an Indian Studies major at the University of Colorado where we were both freshmen. One afternoon he asked to meet me at the Alferd Packer Grill on the CU campus where he said “I need your help, I want to carry a peace pipe to Pueblo.” This is not a usual request, but I had nothing planned for spring break and hearing peace pipe got me quickly to yes. I wondered how the peace pipe would feel, what it would look like, and what it would be like to carry, and that was soon realized. David had bought a medallion from the AIM organization to help fund the walk, and we were in and signed up. We started in Boulder on Friday, and were instructed, “this peace pipe has been carried by foot from San Francisco and it must be carried to Washington DC without being in a car.” I explained to my psychiatric team that the organizers of AIM were commemorating the “Trail of Tears,” and we proceeded by walking as a group down Route 36 to Denver until were told by the Colorado State Patrol that we could no longer walk on the interstate. It was to decided to hand carry the peace pipe jogging down back roads, heading south to the Arkansas River with a car driving along side with relief runners inside. Not everyone was against us as before we were kicked off the highway, our group drew a lot of friendly attention with waves and warm cheers from passing cars. David



Photographs courtesy of author

would later send me a picture of the group from one of the Denver papers, teasing he “could pick me out by my long hair.” But even with the change in strategy, running the peace pipe alongside a car, we still felt like a team and I must say, very connected to what was being accomplished. The pipe was beautiful, heavy, and although solid, I feared if dropped would easily break as it had some age to it. But we were young, sure footed (and handed) and running for a mile or two with the peace pipe cradled in both hands insured that would never happen. Then much like a relay race, we carefully gave the peace pipe to the next runner who had quickly hopped out of the car. It was like a very delicate baton that we could not afford to drop.

We stopped around eight o’clock at a local non-descript public school where a meal had been prepared for the entire group. We played some basketball, rested, told stories, laughed, and enjoyed the warmth of the building and company. I received my only souvenir from the trip when my hand was hit by a wayward basketball and my little finger appeared crooked, and in searing pain. I straightened it out and my pinky knuckle crunched in a way that years later as an orthopaedic surgeon I would know it was broken and out of place. Eventually the organizers rounded up the group and we took our places back in the car, getting ready to run and carry.

It was cold that night and we ran as long as our lungs would hold out and usually I would have to stop from being cold rather than winded. I knew something was wrong as my hand throbbled no matter what position I used. (My finger continued to pain me for several weeks and ironically, I never made it to see an orthopaedic surgeon for six years until graduating from medical school with a crooked little finger.) Even though my friend and I were the only

two whites on the trip, we were treated graciously, and as we pulled into Pueblo, cold, exhausted, stiff and swollen, we were given a hero's welcome by the entire group and AIM leadership. It was such a wonderful feeling of accomplishment and pride, we were hugged, hands were shaken (not my left), and our backs were patted. We had a nice breakfast at a pancake house as a group, and then David and I were handed a bus ticket, a final handshake and thank you, and we were on a Continental Trailways bus back to Denver having not slept for a good twenty-four hours.

My new real friends in Baltimore had been completely intrigued and sat in silence. Finally one asked, "how far did you walk?" and I answered, pausing to think, "er, I guess 75 miles." In fact it was more like 150 miles, and Google maps will tell you walking that distance would take 48 hours, but of course we ran the whole way and I didn't have Google. I thanked Drs. Frank and Huggins for their time and then I was off to Penn Station, a place that would become very familiar to me over the next ten years in Baltimore. I grabbed a train to DC, almost a year after the peace pipe had made the journey. But being nervous I started to wonder how far Pueblo really was from Boulder, thinking I may have given an inaccurate answer that could be checked, sadly paranoid. I made it to my uncle's hotel without being

mugged and immediately called my Mother from the rotary dial phone and related the contrast of my suit, my apparent grade inflation at CU, and that I really was country and doubted I got in. She warmly reassured me, "you looked great, I know it." I went on compulsively to explain I had underestimated the distance from Boulder to Pueblo and her answer was contrasted by my uncle's concern of the inaccuracy, as she remarked, "I know you will get in," pausing and saying, "oh, you got in."

The Trail of Tears took on a more special meaning after that interview. I clearly had volunteered to help a friend and a much larger group, but giving a small part of one weekend, I received much in return. I was completely welcomed by all on the Longest Walk. A year had passed since the twenty-four hours spent carrying the peace pipe, and by spending one day in Baltimore, these special experiences came together with the help of two kind psychiatrists on a medical school admissions committee. No one cared how far I had walked the peace pipe, only that I had carried it, and they recommended acceptance.

In June of 1979, Bob Schenck received his letter of acceptance into the Hopkins BA-MD class, graduating in '81 and '84. □



Lynn Lessard



Lynn Lessard



Racheal Allen



Yvonne Ellington



Pamela DeVoe



Pamela DeVoe



Pamela DeVoe



Yvonne Ellington



morguefile.com image

Seurat Sunday

Ahhhh!

The welcome warmth of springtime
along the Seine—on a Sunday—
attracts winter weary Parisians

like a hungry hound to picnic crumbs,
or a listless daughter to he-loves-me-
he-loves-me-not daisies.

Light-hearted waves lap the shore
from passing sailboats with crew;
their lulling sound seems to say:
“It’s okay to while away the day!”

Something a frolicking child in the park
already knows, but corseted ladies
and top-hatted gents need to recall
while reflecting on still moving water.

– Lynn Lessard

Our Lady of Sorrows

by Celestina Salas

She sat on the leather chair, alone in the dark living room, holding a pearl rosary in her hand; a glass of water untouched on the side table. Her eyes closed as she silently said the same prayer over and over again.

Hail Mary, full of grace, the Lord is with thee. Blessed are thou among women and blessed is the fruit of thy womb...

Waiting.

Hours passed before the front door opened and she heard steps. His steps sounded different, but she knew him. She'd guided his first steps. Now it was hopeless to even try.

"Where were you?" she asked, knowing the answer already. She stood and faced him, searching his eyes in the dark. He also searched and tried to focus on hers. Hers were swollen. His were wild.

"Where..." she tried again. "I went out with friends," he answered.

"The same friends?" she asked, maintaining her stare to prevent him from lying.

"The same friends," he answered.

"How many times have I tried to get you away from those people? But no matter what I do, you always go back. Do you realize the heartache it gives me to see you like this?"

He didn't answer.

"What else can I do?" She searched his face. "Tell me what to do!"

He looked down. "I've tried..."

She allowed herself to collapse on the chair; no more energy to cry. Placing her hand over her chest, she tried to ease the pain of her heart. "Where did I go wrong? If only I'd seen the early signs. If I could make you feel the way I feel, you would never try it again."

He went to her and leaning over the back of the chair, embraced her. "I love you the most, and I hurt you the most," he said.

At that moment, she recognized the scared boy. She felt the softness of his fair skin, smelled the sweetness of his baby-fine hair. She allowed her hand to reach his face, to caress his cheek. "Go to sleep," she said. "I have a doctor's appointment in the morning. After that, I'll come home to check on you."

He kissed her cheek and embraced her one last time. Then obediently, he went to sleep.

In the morning she went to check on Dani before going to her appointment. He still slept. She left breakfast

ready on the kitchen counter in case he woke up before she came home.

"Wake him up," her husband said coming down the stairs. "Irresponsible! I work hard to provide for him, and all he does is throw his life away. What time did he get home last night?"

She went to tighten the knot on his tie and straighten the lapels of his jacket. "I didn't look at the time."

"You waited up for him again, didn't you? Because I know you didn't come back to bed until after four in the morning. He got himself into this mess, he better get himself out."

"Let him sleep, Oscar. I'll wake him up later."

She knew her husband was at the end of his rope also. Rehab had been their last hope. It had been torture to watch Dani go through it, but three months out of rehab and he was back with his friends again.

"Do you want me to talk to him? Try to reason with him?" Oscar asked.

"No, you'll just get into another fight. Let me handle it this time. There's no reason left in him. The drugs have taken over."

He placed his hands on the sides of her face and looked sadly into her eyes. "I'll see you tonight," he said with a sigh and kissed her. "Call me if you need anything."

She arrived early to her appointment; still the waiting room was already crowded with patients. The nurse greeted her and asked her to print her name and time of arrival. She wrote down the information with shaky hands. She hated doctors' offices, even if the doctor was her friend.

"How's your son?" Betsy, the nurse asked her.

She looked up from the paper directly into the nurse's eyes. "Fine. He is fine," she answered, trying to sound polite. She grabbed her purse from the nurse's station and turned to find a chair. If someone, anyone, had given her even the smallest warning.

Don Emilio, the elderly school custodian whose daughter now lived in her neighborhood, rose from his chair to greet her. She had planned to grab a magazine and pretend to read until her name was called, but Don Emilio was a sweet man, so instead she sat next to him and made an effort at nice conversation.

When it was her turn, Dr. Martinez came out personally into the waiting area to greet her. "How have you been, Nadia?" he asked her.



morguefile.com image

“Hi, Junior,” she greeted him and as soon as the door to his office was closed they exchanged a warm hug.

He sat down behind his desk and studied her chart. He shook his head before looking up at her. “So? Are you ready?” he asked.

She avoided his eyes. “I don’t know.”

“Why? What’s the matter? Everything’s set up for the surgery.”

“I’m not ready to tell my family I’m having open heart surgery.”

“I thought you were not going to tell them.”

“They’ll find out,” she thought to herself.

“I have spoken to the best cardio surgeons. You need this surgery. Everything’s ready.”

“I know. But it might not be the right time for me to leave home.”

“Nadia, what’s going on? Is it Dani again?”

“No!” She had to look away so he would not see the tears forming in her eyes.

“Nadia, Dani chose his own life, you must take care of...”

“That’s not Dani’s life. That’s no way to live a life. What kind of mother would I be if I let him go?”

“Nadia...”

“You men! You all want to be fathers, but you wear it as a title. Dani was born from me, he is part of my body. I

feel his pain, his struggle, and it’s all so... hopeless. I can’t go through it now.”

Instead of pressing her, he sighed and leaned back in his chair. He waited while she dried her tears before speaking again. “How’s Suzanne? I heard she got a good internship. Is she graduating next year?”

She smiled and slowly looked at him again.

“You know,” he continued, “my boy had his heart set on Suzanne when they went to school together, but she never paid any attention to him.”

She had known about that. “Suzanne has a boyfriend now.”

“From out of town, I hear. Just like her mother. All the town beauties want their boyfriends to come from out of town,” he said looking intently at her with a sarcastic smile.

This time she laughed. She had known about that too.

He was right. Suzanne was too much like her. She had turned out pretty and tall, with golden skin, a delicate face and a curvy body. All the boys had their eyes on her.

There was a time when she had worried about Suzanne. Her daughter had started dating and she had wanted to be there for her. She took her daughter shopping and drove her to her friend’s parties, always taking advantage of their time alone to warn her about boys. It had been easy and fun to talk to her daughter.

Why hadn't she done the same with Dani? Dani was a boy, and he was younger. She had thought she still had time to talk to Dani. It'd seemed she had less to worry about where he was concerned. But she had missed something. She had looked away for a second. She had blinked her eyes and before she realized, Dani was out of her reach.

They were her life—her children were her life and she would do anything for them. "I'll be at the hospital next week."

After her doctor's appointment she came home and opened the windows and the back door to let the cool autumn air into her home. She went into the kitchen and noticed the breakfast she'd left on the counter remained intact.

She ran out of breath as she climbed the stairs, but she used her last bit of energy to slam open his bedroom door. "Daniel, wake up. I don't care how high you got last night. I didn't raise you to be a slob."

She left his room door open, and went back down to the kitchen to start the noon meal. She placed the steak in the oven and chopped onions, tomatoes and green chile for the salsa. Still, no grand appearance from her son.

"Daniel Oscar Hernandez! Come down here. Now!" she yelled from the base of the stairs. "If you're going to miss classes again you better start looking for a job. Or your father is going to kick you out of this house. He warned you about it!"

No answer. No sounds.

"Dani, you're going to kill me one of these days with all this worry." She yanked off her apron and stood at the foot of the stairs looking up. She silently cursed her son for making her walk upstairs again.

He was still in bed, in the same position she'd left him that morning, but this time, she noticed something different. She didn't have to turn the lights on or open his windows to know there was something wrong. Fear overshadowed fatigue. "Dani, wake up."

She slowly walked around his bed. His right arm was outstretched. "Dani?" She removed the blanket that covered his face. His eyes were half-open, and white foam dribbled from his mouth.

Her screams brought the neighbors running. They found her kneeling next to her son, her arms embracing his body.

"Call an ambulance!" someone shouted.

"Call Dr. Martinez. He's her doctor," a shaky old man's voice shouted from the bedroom door. "I saw her in his office this morning."

The noises inside the house grew louder as more people walked in and out. Some softly tried to calm her.

Some forcefully tried to get her away from her son. She would only scream hysterically.

Dr. Martinez arrived and with obvious sadness, he pronounced Dani dead. "I knew your blood pressure was higher for a reason," he said looking down at her. "This is going to destroy your weak heart."

"He was so sweet last night. I was angry, I didn't tell him I loved him," she said, talking for the first time. "Oscar told me to wake him up this morning. I should've..." She cried and cried.

Dr. Martinez had pity on her and sedated her. Two neighbors carried her to her bedroom.

In her semi-comatose state she could still hear people's voices.

"The boy died from a drug overdose," a woman said far away.

"My daughter says Dani had been using drugs since he was thirteen."

"That boy is burning in hell. No way he could've repented before dying."

My Dani in hell? How could this happen?

Her life had been perfect. The perfect home, the perfect husband, and for a long time, the perfect children. Dani had always grabbed his sister's hand when crossing a street, he looked up to her, but a few years later they seemed to be going through a phase.

She should've paid closer attention to the changes. Dani's grades had dropped, but he hadn't suddenly become a monster. He had always remained her sweet boy, her baby.

"They're teenagers," Oscar would say, dismissing the subject.

It surprised her one day, when she came home and found her children fighting. As she walked upstairs, she heard Suzanne accuse Dani of cutting classes and hanging out with the wrong crowd. When she opened the door to Dani's room, Suzanne paled and hid a plastic bag behind her back.

"What's going on?" she asked.

Dani looked at his sister with pleading eyes, but Suzanne handed her the bag. Dani's betrayed face brought tears to Suzanne's eyes.

"He's been using drugs for over a year. It was just pot at the beginning," Suzanne said, looking guilty.

She didn't know if there was a right way for a mother to react to such news. She stared at the needles and bottles inside the bag. Before she knew it, she slapped Dani with an anger her children had never seen before.

"Mama!" Suzanne cried out.

Nadia looked at her son's hurt face and knew she would regret that moment until her dying day.

Dani in hell? Time passed. Minutes when she closed her eyes. Hours when she kept them open. Her husband was on his way, someone came in to tell her. He was going to pick up Suzanne from her dorm and bring her home.

My poor Suzanne. How will she take the news?

A lady she barely recognized woke her up to change her clothes. As the lady put a black dress over her head, a veil also seemed to drape over her body, over her entire being. Everything she experienced from then on she experienced through the black veil.

Suzanne, sobbing, put her arms around her, as if embracing her in slow motion. Her husband talked to her with tears in his eyes. He asked her questions. Was she supposed to know the answers?

They took her somewhere, she didn't know where, she didn't know what was expected of her.

"Can you walk?" someone asked her. "One step at a time," she thought he said. "Here, I'll hold on to you."

They sat her on a chair. Suzanne sobbed on her right shoulder. Oscar held her left hand and looked forward, tears streamed down his face. She followed the direction of her husband's stare. There he was. Dani, lying peacefully inside a dark coffin, his hands crossed over his chest. Her screams echoed inside the veil, and she was taken away.

Time. Time again. It kept moving, although the hands on the clock didn't make sense to her anymore. Sometimes she lay in bed, sometimes she walked around. Sometimes there was light in the room and sometimes everything was dark. Only Dani's image became clear when she closed her eyes. Dani in flames. Dani screaming her name. She had to help him. She had to get him out of there.

My rosary, where is it? Holy Mary, mother of God, pray for us sinners...

The pain inside her chest was also real, but the veil had become too heavy. Sometimes, the veil would cover her soul so entirely she could almost reach out her hand and touch Dani's. He seemed so close those times, but no matter how close she could never completely grab his hand to pull him out.

Mama...

"Mama," she heard Suzanne say. "The doctor is here to see you."

She recognized the doctor. He'd been visiting often.

"Have you thought about what I said last time?" he asked.

"I don't remember," she heard herself answer.

"Your blood pressure won't go down. You need surgery. We talked about it before Dani died."

"I couldn't leave Dani."

"It's time now. If you wait any longer, it's going to be too late."

"Will I die?"

"Yes. There's something clogging your arteries, and it's weighing down on your heart. If you leave it unattended, you will die."

If I recover, I will have a chance at a normal life again. I will attend Suzanne's graduation. I will have to convince her to go back to school. I will be there when she gets married and has children. Oscar will retire and we will travel together, or stay home and help take care of our grandchildren. But will my life ever be the same? Could I recover from losing Dani?

"Nadia?"

Oh, Dani, why? "What did you give me?"

"What do you mean?" Dr. Martinez asked.

"The day Dani...when you came in, the day Dani..."

"Valium. I gave you a shot of valium."

"Give me a prescription."

"Nadia, the surgery."

"No."

"Nadia!"

"Please, tell my daughter I love her. Take care of her for me. Oscar won't be strong enough."

Time flew by. Days? Weeks? They went fast. She was again lying down. Suzanne sobbed on a chair, close to her. Oscar held Suzanne's hand and stared into space. "You hurt so much for him. You loved him more than anyone," Suzanne said between sobs.

"It's not that I loved him more," she whispered in her daughter's ear, wishing she could stroke her hair and ease her pain. "But right now, he needs me the most." The veil lifted from her soul. She arose from her coffin, and went in search of her son.

Now and at the hour of our death. □



Courtesy of author

Lilacs

by S. Yvonne Ellington

The sweet scent of lilacs fills the air. The springtime breeze shifts the fragrance in space and, with a whiff, I'm in search of the closest bloom~ knowing that this time is short.

Yesterday I stopped to bury my face in the flowers. I closed my eyes, took a deep breath, and I was transported back to the happy memory of our home in Española.

Our front yard had a wall of extra tall lilac bushes that flourished under the careful gardening and irrigating floods my parents provided for them. The irrigation water attracted magpies to frolic and bathe. Reminiscing from a 10 year old's vantage point, I remember the lilacs blowing in the wind- sharing their perfume freely while I watched the magpies play.

Those days of childhood are long gone, and that beautiful Española oasis no longer exists~ but the sweet scent of lilacs gives me a momentary escape to fondly remember my youth and appreciate nature's beauty in the span of one deep breath. □

Earthquake in Nepal

by Nancy L Kerr, MD, MPH and Mark Hauswald, MS, MD

How did we respond to the earthquake? Our group, sponsored by the University of New Mexico in the southwest region of the US, had been in Nepal for a month and our Global Health course had just finished when the quake occurred. We were all aware that “the big one” was overdue, and had just visited NSET, the National Society for Earthquake Technology (Nepal) and knew what to do. Many of us live in the western portion of the United States and had experienced many earthquakes in the past, but never one of such magnitude. Ten of us were in Kathmandu, and one had just flown to Pokhara that morning. We were very fortunate, none of us were injured. Most of us had planned to leave for home that evening; everything, however, had changed. Kathmandu was strangely quiet, the mood subdued. Everyone seemed to be catching their breath, grateful to be alive, yet alert for aftershocks.

The faculty members, three emergency medicine specialists and one obstetrician/gynecologist, offered to help at two of the main referral hospitals, but we were reassured that the hospital staff were coping well. Two of us had previous disaster experience and had worked in Haiti after their earthquake, so we knew that the initial need would be for supplies, orthopedic surgeons, anesthesiologists, and operat-

ing theater staff. We provided some local first aid “on the street” but then followed the basic tenet that if you are not assisting, you are hindering and should probably leave. The US embassy staff encouraged us to do so, and within a few days, we were able to get flights back home.

Earlier in April our group had stayed in Dhulikhel for a week, collaborating with medical faculty and students at Dhulikhel Hospital/Kathmandu University (DH/KU.) The highlight of our visit was a two day problem based learning (PBL) experience. Cases included “chest pain on exertion in a 54 year old man” and “an 18 month old female with diarrhea x 3 days.” Estevan Apodaca, one of our medical students, said the best part of PBL was “learning about tropical disease treatments from people that are accustomed to the presentation, treatment, and outcomes. Much better than learning from reading.” Our students also loved just hanging out and playing basketball with the KU students.

DH/KU has 18 outreach programs, 10 of which were severely damaged in the quake. We had visited the one at Bahunepati including their microfinance program for disadvantaged women, and also visited the primary healthcare center at Melamchi. Photos reaching us after our



Courtesy of authors

return to the US show cracks in the walls at Bahuneapati which rendered it unusable. Our faculty had extensive previous experience in Nepal, and one of the four is fluent in Nepali. The earthquake response by the Nepali medical community confirmed our impression that the Nepal educates an ample number of very competent physicians and nurses. The majority are generalists but more post-graduate training is becoming available, which allows more young physicians to stay in Nepal and continue their medical specialty education. International collaboration to support advanced training programs, medical research and publication will be beneficial. Global interaction with the specialty

medical professional societies should aid in equalizing the training of generalists and specialists throughout the world. However, as in many low and middle income countries, the disparities in income make equal access to both quality medical education and medical care difficult. Additionally, as Nepal is in the midst of the demographic transition, the medical education infrastructure will need to adapt to the changing needs of the population.

Nepal remains a great country to visit and work. We have been coming to Nepal for many years - we will be back. □

The Inevitable Earthquake

by Estevan A. Apodaca, MD

There are certain events in life that are inevitable. You know that these events will occur and there is nothing that can be done to prevent them. Before that time comes you can act to be in the best position possible when the event happens or you can sit by and wait until it does at which time the word "I wish I would have..." will be said. The major events in a person's life that come to mind for me are illness, old age, and death.

Yet there is a world much bigger than the individual and a timeline much longer than the span of a life on which events take place. Events that are just as inevitable. For the world these events include hurricanes, tornados, floods, droughts, and earthquakes. And even bigger events still. The impact of a meteor, the slowing and stopping of the rotation of the Earth, and the last light of the sun.

In the last week of March 2015, I landed in Kathmandu airport after many connections. I am not a novice traveler to the developing world but the mixture of congested roads, pollution, poor city planning, and what looked like absolutely no order on the roadways gave Kathmandu a sense of chaos that I was unaccustomed to. I sped along the roads in a taxi in which I quickly learned to roll the windows up in order to keep the diesel exhaust out and to keep your limbs in. I arrived at my Kathmandu residence at the Bodhi Guest house in Bou-dha near the world famous Boudhanath Stupa. There I met the rest of the group of soon-to-be physicians who were taking part in the global health course along with our Emergency Medicine trained course instructors.

The objective of the course was to learn about healthcare and public health in the developing country setting and to understand the successes and pitfalls of providing services to a foreign country. In the month we were in Nepal we met with NGOs working on various projects from child nutrition to maternal mortality. We met with US AID and Save the Children and many other NGOs as well as locally run hospitals, clinics, and institutions.

There was no shortage of people wanting to do something helpful and beneficial in Nepal. From physicians donating some of their time to people donating their entire lives in attempts to set up successful and sustainable programs throughout the mountainous country. The difficulty was not the will or funding of those helping, it was the will of Nepal and the Nepalese government.

Nepal is a country without a constitution, without a properly functioning central government, and without a tradition of democracy. These are all things that we take for granted here in the states yet can have devastating consequences when they are lacking. How do you create sustainable healthcare and public health systems when the government is hardly sustainable and how do you respond to problems when there is no government in place to respond?

This brings me to the earthquake. As surprising as it was for everyone overseas to wake up on the morning of April 25th and see in the paper that a 7.8 magnitude earthquake hit Nepal, it was no surprise for many people who are acquainted with Nepal. Earthquakes in Nepal occur about every 75 years and one in Nepal was expected, overdue even.

From the first week of our course that we began learning about the healthcare and public health systems in Nepal we were made aware of the earthquake that was on the horizon. It was a fact as much as the sun rising and the tides falling and it would happen soon.

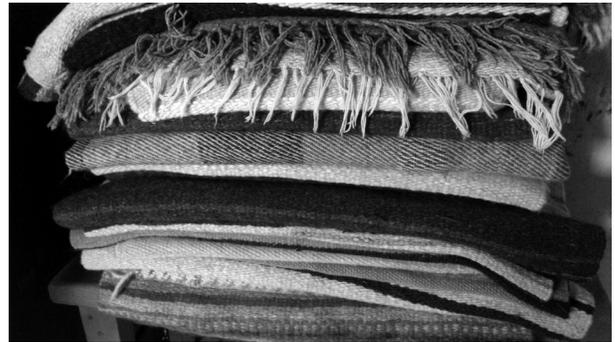
So who is ultimately responsible to prepare a person for old age and death? Is it the physician who gives advice and recommendations? Who meets a few times a year and says to do more of this and less of that. Or is it the individual. The person who will have to live with those choices as they slowly lose out to disease and the inevitable end of their lives.

The same can be said for the country of Nepal. There were many foreign advisors and funding sources that were trying to prepare Nepal for the disaster that was coming. There was a lot that could have been done to prepare for the inevitable, such as improving building codes and roadways, to improving ambulance and disaster response systems, and having a functioning government to implement the relief efforts. Yet the Nepal elected officials were still trying to figure out how they could hold onto as much power as possible as opposed to governing those who had granted them that power.

The same social determinants of health that we learn so much about apply to nations the same as people. At the end of the day it is difficult to place blame on the struggling individual as it is to place blame on the struggling country. As physicians to people and nations we can only continue to give advice, to help when we can, and to learn from our mistakes and the mistakes of others.

I left Kathmandu on April 24th, the day before the earthquake. I woke up to a phone call checking to see where I was and with shaking hands I opened my laptop and learned about what had happened. Many students and the instructors of our course were still in Kathmandu and were able to find relief in a Hyatt and all made it out without injury. The death toll has reached over 8,500, much less than was predicted, and many structures stood that we previously believed would fall.

Yet even though it could have been worse every life that could have been saved by better planning or a better functioning system is a tragic loss. As a physician I need to carry this philosophy with me into my own practice and community. It shouldn't take a natural disaster to know that some things are inevitable and that we need to do what we can as physicians, advisors, and community members to improve the outcome. □



Lynn Lessard

Have you ever listened so intently,
to hear the bounding sound of a lub-dub,
only to be surprised by a fading heart yelling,
Ken-tucky?

Have you looked so deep into one's eyes ,
only to see an ophthalmoscopic projection
of the vague collection
of cells creating the retinal reflection
of yourself?

Has the thought of thinking thoughts,
Made you ponder what is and is not,
Going on in the brain box,
We call a skull?

Have you percussed and heard the
reverberations of ascites?
Sculpted and rebuilt the broken structures
that hold us up-rightly?

Has this all not ever left you wanting more,
as you go drifting into an absence seizure,

At the wheeze of sweet nothing's
into your stethoscopic ear?

- Jessica McGraw

Steep Trails, Dropped Packs, Broken Legs, and the Best Fishing in the West

by Reilly Kuehn, Sean Kuehn, and Bob Schenck

Black walls and salmon flies

Over the western plains, we glimpse the watermelon sunset of July over northern New Mexico on the way toward the Colorado border. My brother and I departed after a long day of work, and after six hours of solid driving through desert plains and mountain passes I finally make the final turn into the Black Canyon of the Gunnison National Park around midnight. I lay into the gas pedal and cut sharp the hairpin turns toward the canyon rim as the opening riff of “The Weight” sounds sharply over the stereo; this, I thought, would be a pleasant way of waking my sleeping brother. If you have previously driven into Zion, or Yellowstone, or Glacier, or any number of other national parks, then you likely have some misconceptions about the scene that awaits us in the Black Canyon near Warner Point. Instead of swarms of vehicles, tents, and infuriating selfie-sticks, we arrive to a small parking lot of two empty cars.

As the first order of business, we open two chilled pale ales and shuffle around in the crisp night air as the music plays low from the door speakers. Those who do not chase trout and seclusion and adventure may not quite understand our restrained grins of excitement as we view the moonrise over the rolling hills of juniper and piñon pines falling away towards the steep canyon walls. We briefly think our contentment might be interrupted as a park ranger approaches us out of the darkness. Instead, he cautions us that a hiker from earlier in the day is bivouacked a just off the trail with a fractured tibia about a thousand vertical feet beneath us. Moreover, he asks, “we would be kind not to shower him with rocks during our descent” while he awaited rescue from the park rangers the next morning. He shows no disapproval at our sleeping bags and gear sprawled on the grass near our car as we are about to bed down for the night. We question him about the river flows, the fly-fishing, and the status of the salmon fly hatch, but he proved to be a typical ranger with a paucity of information. Apparently, we will have to make the near vertical 3000 foot decent to the Gunnison River below and find out for ourselves. For us, this river, its trout, and its epic salmon fly hatch are legend and would be well worth the sweat and scrapes of the trip down off of Warner Point.

We awake before light the next morning and hasten to cram the next three days of supplies into our packs. It

quickly becomes evident that I have forgotten my MSR backpacking stove, which I usually store in my pans, and my brother (read “older”) guilt trips me into strapping the monstrosity of a dual-burner Coleman® stove stored in his truck onto my backpack like some sort of pack mule. The warming rays of sunshine cut through the chill of the air as we begin our descent. My pack, upwards of 70 pounds, feels clumsy and off kilter on account of the brick of cooking metal and wading boots haphazardly strapped to the back. We traverse rolling hills until we reached the edge of the canyon proper and begin our descent amongst the dark foreboding canyon walls. . We stop to offer water to the injured hiker who still awaits his final rescue as we are indeed orthopaedic surgeons. He seems in good spirits for his predicament, despite his envious eyes falling on my sage rod-case sticking out the top of my pack. The next two to three hours are a blur of sweat and frustration as we scramble down scree slopes and dirt slides, using fallen trees and brush and any other hand-holds available to prevent a leg-breaking stumble. I feel alone in this misery until I see my brother throw down his pack (obviously lacking the 15 pound stove and fuel) with about 100 vertical feet left to descend. With boots of lead and thighs of jello, he stumbled the remainder of the rocky decline as the first to reach to river’s edge appearing to be newly afflicted with an awful neuromuscular condition. I drag the dumped pack down to my paraplegic brother.

Misery quickly turns to elation as we draw closer to the emerald runs between sections of pocket water. It wasn’t long before we saw feeding lanes of fish gulping at the surface. Salmon flies already covered the bank vegetation at this early hour of the day and trafficked in thick clouds above the river. My pride recovered while my brother backtracked uphill to recover his pack.

We quickly dump our packs and assembled our fly rods. Within a few minutes I double haul an outrageously large salmon fly imitation up the near bank to an intriguing foam line. Brown flash. SMASH! Today fishing would not be an intellectual endeavor. Forget about throwing double midge setups behind an indicator with 6x tippet. Fish on.

Throughout the day, the two of us march upstream to much the same rhythm...the whirl of a cast, the gulp of the fish, and the song of the reel. The canyon walls grow progressively more vertical. Healthy fat brown trout with an

occasional rainbow rise to elk hair and salmon colored thread from nearly every enticing facet of the beautiful stream. The hatch only seems to thicken.

We grew up fishing. Different fathers, but we were taught in a similar mindset, to love the outdoors and adventure and to catch the most and hopefully the biggest fish of the day. We have travelled to special parts of the world, have fished 'big water,' Alaska, Montana, Wyoming, and especially my home state of Colorado. My father taught me to fly fish, but interestingly, grew tired of it and as he aged, just liked to catch fish and we focused on areas that were untouched, primitive (meaning you are going to have to



blaze a trail), and a special part of a river, possibly a stream, but always filled with fish. We looked to catch natives, cut throats or brook trout, looked down on rainbows as they were often stocked, and really liked hooking into a huge brown trout.

Fishing is best early in the morning or at dusk, but I have fished during all times of days. The best memories are late afternoon, usually driving down to the Roaring Fork at Catherine Store bridge after dinner (worked had to be done first) and walk up the train tracks on the south side of the Roaring Fork and fish up and down. Remember, when you fish, fish look up stream so if you fish down river, you need to still cast up river. But with fly-fishing, and now being a professional with ability to travel, there is often a competition to fish in an exotic area, a travel destination almost being more important than the critical three of fishing: being outdoors with adventure, catching many fish and catching the biggest fish.

The three of us discovered a place that we believe may be the best fishing in America. It recently received notice in the May edition of Outside Magazine and taking the risk of ruining this spot (we doubt that will ever happen) we are writing of our experience fishing the Gunnison River in the Black Canyon down a trail that begins, more like a cliff, at Warner Point. This is not a one-day fishing trip. It is hard enough to do it staying two nights on the river at the bottom of the canyon. We even recommend that you don't

do this, just read about the hike and dream about the fish you could catch. But don't make this hike, yet.

If you have never been to the Black Canyon, the fishing will initially be secondary to an absolutely spectacular view of a natural landmark that is a deep cliff, narrow, and called the 'grand canyon of Colorado.' The canyon is unbelievably narrow and scary deep, runs east to west, with no bridge built or in reality, possible, from the north to south rim for over fifty miles. It is bizarrely like a crevice or really deep slot canyon and visitors can see both vertical walls in a manner that will make many gasp, and rivals the beauty of what you can see in the West. At its narrowest

point the canyon is only a thousand feet wide at the top and forty feet wide at river's edge 1700 feet below and is aptly called the "Narrows." Interestingly the canyon's name comes from two reasons: the walls are stained black, but also because the walls and the river receive very little sunshine. At forty paces at river's edge, direct sunlight lasts only thirty-three minutes a day at the base of the Narrows. It is a spectacular national park that is hard to find, few have seen, but absolutely worth visiting. And the views are there without even trying to catch a fish.

It is a five-hour drive from Denver (six hours from Albuquerque) and it is easiest through the town of Gunnison winding along Blue Mesa reservoir and then up the plateau from the south. You cannot come into the Gunnison in the Black Canyon from the north as the old timers joke, "the first step is a long one," namely the vertical fall of 2200 feet. The north rim of the Black Canyon is much more primitive, but is a beautiful vantage point coming in from Crawford, Colorado along a gravel road as you near the cliff's edge. I had toured the canyon one year with the family and vowed I would fish on the Gunnison in the Black Canyon. Since you can't realistically fish from the north rim, river access is survivable, but not easy, from the south rim off Warner Point and became my focus to make a trip. We will come to that trail shortly. But any access into the Gunnison River in the Black Canyon is steep and a rigorous hike.

The view from either side of the canyon is impressive. The walls are beautiful and best seen from the south rim. You can and should drive down to the river on the eastern edge of the south rim once past the ranger station entrance to the Black Canyon National park. This drive is a useful exercise before you try to make this hike to fish in America's best fishing spot. Stopping at the visitor center, you must pick up your permit to hike into the river off Warner Point, but from there it is hard to not stop along the way to view the many pullouts and be awed by the beauty. "The Painted Wall" is breath-taking with or without the creative image of a dragon floating down into the canyon. When peering down into the canyon from the north or south rim, with any hint of acrophobia, your stomach may twist looking into the chasm. You may be forced to make a second trip to the Black Canyon as our group's timeline and excitement to fish limited our chance to sight-see from our moving vehicle. Buying a permit is really a formality as very few people are going to make the trip to river's edge unless fishing, but know that there are limited campsites. Furthermore, this fishing trip is not made any easier even with the most expensive guide, Simms, Patagonia, Orvis, North Face, and Sage gear. The Warner Point trek is three miles virtually straight down, is a crude, rough, steep barely recognizable trail once you drop off the point. There are no switchbacks, markings, and especially difficult to go down loaded with gear for three days of fishing. This route, off the canyon edge makes it hard to find someone carry in your gear in this part of the world, even harder to find someone to back it back up and out.

There is great parking at Warner Point as this park is oddly a rarely visited park as it is a distance from any major US interstate and under the radar as a canyon due to Arizona's grandest canyon's global popularity. There are a few hikers who make the one-mile loop to peer down into the Black Canyon and the heavy laden trekkers can be easily distinguished from the day trippers that are stopping at Warner Point. The hike from the canyon edge, that is the Warner Point, is a little under 3 miles, descends 2700 vertical feet and gives access of one mile of river with five official campsites available. The hike in is approximately shorter than the advertised 4 hours and approximately 150 minutes. The route is easily lost, always steep, footing can be very difficult, hiking poles are not out of question, and we slipped several times as we lost and found the trail. But what brought the three authors together

on this story is the beauty of the canyon, the difficulty of the adventure, and the incredible fishing experience.

Climbing down this steep descent, a loaded backpack makes balance tricky. We all split the food and equipment but as if we were going to a foreign country, we definitely packed too much. Normally a seventy-pound pack makes hiking exhausting but not usually that dangerous. The Warner Point trail is steep enough that the pack makes balancing difficult and sidestepping is almost necessary when fully loaded. Going out three days later, the physics of climbing out, made the hike easier. Obviously the packs were lighter but leaning forward functioned like climbing a ladder and made the trek out surprisingly easier. But it was a complicated hike and at one point on two different trips down to the river, emotions boiled over, a backpack was thrown down, and the sanity of such a hike was questioned. My companion stating that my pack was lighter. I didn't question, just grabbed my son Gus's pack and handed him mine. It later proved to be humorous as the Kuehn brothers had a similar episode.

As we descended, we got only occasional glimpses of the river, until we came right upon the Gunnison River. Seeing we were almost to camp, although we were exhausted we refused to think of anything but dropping our packs as



we trudged down river a few hundred yards to an excellent and best campsite near the river and surrounded by trees. It was a cool late afternoon and once we put up the unnecessary tents, opened up too many stoves, and water filters, we headed down to the river.

The Gunnison River is impressive and the water is wide, deep, and strong. There are many variations with deep eddies along cliffs, boulders, and wide slow areas along grassy banks, and even a great split in the river creating an island. The water is also cold, and was strong at 450 cubic feet per second. The river is easily accessible but only through large swatches of poison oak and ivy. Even though we brought too much equipment, first aid was high on the list and there was plenty of medicated soaps and calamine lotion as the poison ivy will find any exposed skin on the

Gunnison River. We were fortunate in that we had been for-warned and in such, avoided any significant poison ivy problems.

The fishing is truly amazing. The rules change so understand what is currently allowed. Rainbows are currently all catch and release, but we fished during a period where size of the rainbow allowed one to take a fish. Currently one can bag four brown trout per day (our rule was two) and only a total of eight browns can be in possession. You will not want to pack out any fish, the hike out is so tough, no added weight is really worth it. We decided each morning as a group what we needed for dinner and as the fishing was so good, there is no need to take anything until late in the day and then in our group of six anglers, only four fish. I say this because you will catch fish even if you are not talented with a fly rod. It was most impressive in this day and in an age where fish can be scarce. Remember artificial flies or lures (what old-timers call 'hardware') are allowed on the Gunnison River in the Black Canyon and bait is prohibited.

One of the least experienced anglers was my son. Good athlete, but loved basketball more than fishing and it was exciting for me to take him to the river before he started law school on this August trip. So knowing the difficulty of



fly fishing, I brought a spinning rod, five or six lures, and wanted him to catch some fish first before becoming frustrated with the phenomenon of fly fishing.

Fly-fishing is tough, especially with wind, and if you haven't grown up on a river, the average ability of fly-casting is even tougher if you don't know where to place your fly.

So the following morning we headed up river. Fishing side by side initially (and later apart), Gus was handed a spinning rod and a number two (#2) silver Mepps. He practiced a few times, bounced the lure off a rock or two and then as I pointed to the left of a nice size rock in mid-river, he dropped it in to the right, and boom, nothing. As he reeled it in, I gently coached him, "to the left," and with one throw, the spinner landed just as instructed, to the left of the rock, and boom, an eighteen inch brown hammered his rod. I reminded him how to wet his hands, carefully release the trout, and he stood there a twenty three year old teenager. And we must have repeated this fifty times. I

couldn't believe how many fish he caught and released. His arm got tired and wanting to try fly-fishing, said Dad, "let's switch." We went as far up the river as the canyon would allow us and the river was so loud, I couldn't hear Gus and approached him to hear him. "Looking at you with the fly rod, I thought I saw little Bobby fishing as a kid."

We got back to camp satisfied having kept the largest brown that Gus caught and it was the largest of the day. We met our companions, worked as team, filtering water, swapping stories, and especially Gus retelling our afternoon together, especially how amazed he was that only one side of a rock could bring forth a fish. We made dinner and then as the sun set, we all sat on the bank, feeling the cool water and watched an expert angler, Guy, stalk and catch a large brown, with a fly. The trip went smoothly and the following day we fished and bumped into a German hiker in, and Gus and I offered to let him use one of our fly rods to catch a fish, ignoring the state law for a second. But with a thick accent, he said, "no I just want to see you fly fish."

Gus and I decided to leave after breakfast the last day in the canyon so we could top out by noon and get back to Albuquerque before dark. The hike out wasn't easy, but certainly easier. No packs were dropped and Gus even laughed that our packs had probably been the same weight. My son had caught and released a hundred fish over three days and they were all big, and was becoming hooked on fishing. The trip from riverside up to the canyon rim was very special to think that we had made the trip together, father and son. We were tired of fish stew and three years later we still can't tolerate the taste of Ramen. We wanted breakfast, lunch, and dinner all in the same meal and the chicken fried steak in Montrose was the best tasting meal we can remember. The drive home to Albuquerque was special, we were exhausted, stiff, and couldn't stop thinking of the fish waiting for the next brave soul heading to the Gunnison River in the Black Canyon off the cliff we know as Warner Point.

Sunbeaten and starving on wobbly ankles after three days of flyfishing this beautiful, secluded chasm, I am seldom so happy. It seems no coincidence that many of my fondest memories have involved a similar effort or investment. However, this experience has not finished exacting its toll; we still have to hike out. Lured by thoughts of cold beer and red meat, we hoist our awkward packs and lean into the steep switchbacks. The dark scree field that we climb still has not lost the night's chill as it awaits the first rays of the morning sunshine. However, as the day wears on, we are scrambling up the same exposed dirt shoots and grappling at fallen logs for purchase. It is all dust, sweat, sun, and lactate burn all over again.

We eventually reach the sleeping bag print of the injured hiker. Remembering the look in the man's eyes, I suspect, like the two of us, he will return to this canyon. Perhaps given the dues he has paid, the trout we have released will be slightly bigger, fatter, and again ravenously hungry for the next years hatch. And, if he has truly lived a good life, perhaps the salmon flies will again cloud the July air.

Epilogue

The Gunnison River in the Black Canyon, especially off Warner Point, is treacherously secluded which makes it such an amazing 5000 feet of river. The fishing doesn't require an expensive guide, flight arrangements, or another language. There is no spa, no four star restaurant, and certainly no one will be making your bed or hauling any of your gear. For us, it is a purely Western experience that only a few will ever be able to say they fished this primitive water. I have no apologies for the usage of hardware (#2 Mepps) on the Gunnison, as in doing so, my son, Gus, now loves fishing, and especially loves fly-fishing, like the three of us writing this story.

Final words from older brother

I would like to make a few comments on the facts of this article. First, while it is true I had my younger brother carry a dual burner Coleman stove which is a relic from the days our father used to camp back in the late 1980's, this was only because he had forgotten our MSR® whisper light stove (which truly is light) and also because I was carrying the group spirits to ease the burn of a 2700 foot descent into the canyon. Second, while on the canyon rim the night before our descent, more than one pale ale was consumed, and we woke with fuzzy brains and blood-shot eyes long after the first rays of sun filtered through the juniper trees onto our sleeping faces. Even though by the time we had woken and packed our bags for the trip, the hour was well past nine, the park rangers and EMS crew were no where in site to haul out the injured hiker they had told us about the night before. I am guessing there is a very good diner in Montrose, serving flapjacks not worth missing on a Saturday morning. Third, while it may seem like quite an endeavor to do this hard of a hike for a few fish, I am quite sure it pales in comparison to hauling yourself up 1000 vertical feet of dirt, rocks, and roots on three limbs while your fourth limb moves in an unnatural fashion of brokenness. The fact the injured hiker did this the afternoon before we arrived is a testament to the BURLINESS of some of the individuals who descend into the canyon walls to fish this river. Fourth, while I would like to pretend

I enjoy the challenge of the steep descent and the beauty of the surrounding land, there is no way in hell I would do this without the promise of some kick ass fishing. And in my mind, that really is the only reason to embark on this trip. If you don't like to see giant Browns and rainbows push a wave of water to engulf your huge dragging salmon fly imitation, forget it, go join the crowd of yuppies in the overcrowded parking area at Church hole on the San Juan, and enjoy your lot in life. Fifth, it was during the previous years trip my legs locked up and I couldn't bend my knees to get to the riverside campsite even though it was within sight. But, on the trip spoken about by my brother in this article, I was the first to reach camp after months of squats, lunges, and time on a stair stepper. It was actually my college buddy Kyle, who dropped his pack that time to stumble into camp with knees fused in muscular spasm. Sixth, if you like fishing with fly rod or spinning reel alike, if you enjoy a meal of freeze dried food with a Bullet Rye poured into your Nalgene bottle to wash it down, if you are willing to swim across a freezing canyon tailwater to reach a promising run, or if you simply enjoy sitting at the bottom of a deep onerous canyon in the dirt with your brother and close friends, bullshitting about women, fishing, and life, make the trip down Werner point in the Black Canyon of the Gunnison river, if nothing else, you will have a tale to tell to your buddies who spent their weekend taking call at a level one trauma center in Albuquerque, New Mexico. □

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Outside Magazine, May 2015. p., 37.

Photographs courtesy of authors.



Bilateral Central Scotomas

The fireworks announced the coming of heartache,
with flames hissing like poisonous snakes with putrid tongues
smiling at spilled oil paint.

It's stress.

But he feels a pulsating headache that nags him even during sleep.
He sees the diming of an era like a black and white film with an
impromptu ending

I need some eye drops, he says to himself - a painter loosing his
touch is inevitable,
even artistic motivation wavers, but I am only 65.

The fog is growing gray as the black/blue snowballs dilate in unison
in his right eye,
blinding flashes of sparks on the left,
each one transports him to times not yet seen - the face of a future
granddaughter, the
wedding day of his eldest son - they play like a misaligned sepia rail
film about to be
consumed by an overheating projector.

Tears flood his vista as lightning strikes each scene.

There is no encore.

- Susan Mirabal

A Reminder

by Kendall Rogers, MD, CPE, FACP, SFHM and Bina Ahmed, MD, FACC

A close friend of ours was recently diagnosed with cancer. This was a shock to all around him: a young, vibrant triathlete (competing almost every year) committed to his health with a beautiful wife and rambunctious 7 year old son. His symptoms which led him to the emergency room were minor: vague abdominal pain. This led to a CT scan which reported the 'incidental' findings of two enlarged lymph nodes, which led to a positive biopsy and diagnosis of Follicular Lymphoma.

When we heard of his symptoms and his visit to the ER, we assumed that like so many patients we see, his symptoms too would go unexplained or be a transient medical mystery never to recur. Research in biases show us that we poorly estimate the risk of disease and illness in those close to us, one of the reasons to avoid giving medical advice to family. We thought his symptoms were vague and mentally downplayed the symptoms he was having, never believing it could be something serious. But it was. At 39, his life has changed dramatically in many ways.

At a recent cancer fundraising event in his honor, David Liotta gave a speech which was a reminder to us of the impact a diagnosis like this has on the lives of those we love and the patients that we treat. It also reminded us of the importance of our role as physicians during these life changing moments for our patients (and loved ones.) We wanted to share Dave's moving speech here.

At first the ER doctor said it was nothing, "your labs look good, but let's get a CT scan." Then it was "most likely a low grade infection, but let's get a biopsy." Then it was real. Cancer, my doctor told me. Lymphoma. That was seven weeks ago. What does that feel like...being told you have cancer?

Picture if you will a beautiful summer day, you and your family driving down by the ocean, convertible top down, your wife or partner by your side, kids in the back seat. You feel the sunshine on your face, the wind in your hair, you can taste the sweet smell of budding citrus flowers and you hear the tender giggle of your children. Then crashing into a brick wall.

That is how "you have cancer resonated in me". It stops you in your tracks, viciously looking around to see the collateral damage. You see, cancer is like a brick wall. Interestingly enough brick walls are not built over night, they are built one brick at a time over a very extended pe-

riod of time. The irony is they can also be taken down, not overnight but one brick at a time. And that is why you are here today. To help in that challenge, to give, to support, to help find a cure. It might not happen today or tomorrow, but slowly, over time. And like that wall, cancer is being displaced one brick at a time until one day there is no wall. There is no cancer.

Picture if you will a beautiful summer day, you and your family driving down by the ocean, convertible top down, your wife or partner by your side, kids in the back seat. You feel the sunshine on your face, you can taste the sweet smell of budding citrus flowers and you hear the tender giggle of your children. Then...you hit a pebble in the road, almost motionless in your response, you continue driving, with the sun on your face, citrus in the air, and the tender giggle of children in the back seat.

Let's find our way, let's find our cure!

- David Liotta

Lobby Day 2012

by Eve Espey, MD, MPH

Eager to make use of the knowledge we acquired in last evening's sessions on lobbying—how bills become laws, the art of messaging, the intricacies of health care reform—we made our earnest way to the Santa Fe Roundhouse, the seat of New Mexico government. Ten, in all, comprised of attending and resident physicians, students, a lobbyist, we gamely pursued our advocacy curriculum. We gathered respectfully in the rotunda, listening to the chants of the Navajo and Zuni women and men—it was Native American Day at the roundhouse. We noted the artwork, the architecture, and moved aside for the hurrying Senator, the harried intern, the last code-talker, the Taos girl scout. We silently entered the Chambers, and caught the myriad acknowledgements and multi-denominational prayers. From there, we located the room to participate in the committee meeting of the bill we had come to lobby for: health care as a human right. We were crammed with talking points and self-righteous zeal—yes, health care, a human right, New Mexico, possibly a leader in taking such a bold step. We entered the room, scattered to find seats, and waited, nervously, for the opportunity to deliver, with eloquence we hoped, our arguments for so noble a cause.

But a slight change in schedule put another bill before ours: a memorial to study the impact of children playing outside. Who could possibly object to such a bill? Passage would be a slam-dunk, we thought, taking no more than a few minutes before proceeding with our human rights.

Our education began. At the call for public comment, a sea of mothers and school children, advocates and lobbyists, also eager to have their day in court, appeared at the microphone. A plump gap-toothed child clutched her sheet of notebook paper and declared, in a high-pitched squeal, that play outdoors was essential to her health. A stringy boy with a furtive glance at the lawmakers insisted that his ADHD would be improved if he could only be outside. Mothers smiled approvingly as their offspring took the microphone, and applause rippled through the audience at each comment. One woman, who only appeared to raise her hand, was asked if she had a comment. “Oh no, I don't have anything to add,” she said, and proceeded to roll out her talking points for the next 8 minutes. Just when it appeared that every argument in favor of this non-controversial bill had been made, several other citizens requested the floor. At last, the legislators would vote, but, apparently,

not before they too, contributed their opinions. And what opinions they were. “Although on the surface, this seems like a great memorial,” says one, “we must be VERY careful of the environment.” He made a lengthy and passionate plea for the preservation of our natural surroundings, noting that a careless child at play could disrupt a tree root... maybe several, or sully the landscape with wanton litter. He offered up the heart rending scene he had witnessed, not 3 days ago, of a cat whose little face had gotten stuck in an aluminum can, thoughtlessly tossed on the ground by an outdoor enthusiast. Silent for a moment, contemplating the fate of that poor feline, he resumed his diatribe about the depredations of outdoor activity.

We're now 25 minutes into this discussion, ready to move on to our bill. But not to be outdone, and to be thorough in describing the full sweep of misery to expect with so-called outdoor “play,” another lawmaker enumerated the dangers, not to the environment, but to the actual children. He started with an account of a personal near miss: his son had strayed from the house, only to encounter a snake, just ten yards beyond his very own porch. He helped us imagine the horrible what-if's and we shuddered to consider the tragic end this youngster could have met had he carelessly, “as children do,” left the safety of the porch. What's more, he admonished, let us not forget that New Mexico is still habitat to a number of dangerous beasts, including bears and mountain lions. All of us, particularly the innocent unsuspecting children, must be constantly alert to the possibility of attack or ambush. Horrified by the imaginary but gruesome picture of children gored and bleeding in the schoolyard, I'm sure many of us reviled the thoughtless false advocates who created sacrificial lambs of our angelic tots in conceiving this ruthless memorial.

Forty minutes later, the memorial passed, but pushed health care as a human right clean off the agenda. Compared to a study of outdoor play, the committee that day considered less worthy a discussion of the merits of extending health care to all residents of the state of New Mexico. We learned much that day about the legislative process... and may take up this bill again, in future, when the risks and benefits of outdoor play will have been conclusively resolved. □

Listen Over the Noise

by Katharine Caldwell

When I walk in to the psych emergency room on this particular Friday night, it does not surprise me at all that the first thing I hear is screaming.

Someone's not having a great Friday night.

Mike is throwing himself into walls, and for the record the walls in a psych ward aren't actually padded. It can't be particularly comfortable, bouncing off the cinder-block edges of doors. He's a big guy, his arms covered in tattoos, not one of which was done skillfully enough that I could tell what they're supposed to be.

Maybe that one on his forearm is a naked lady... could be a blowfish though...

His screaming is nearly as disorganized as his tattoos; I can hardly follow the frayed thread of it amidst the litany of swear words.

I'm adding this to the list of things I've seen so far that buy you Haldol.

#3 Meth psychosis.

Previously on that list was:

#1: trying to break out of a fourth floor window in the hospital due to delirium, and

#2: aggressively shouting obscenities at all the female staff and nearly breaking a nurse's hand.

What's wrong with Mike is easy. It's written out in his urine test coming up positive for amphetamines. It's easy to see in his behavior, his history. Textbook. I can run my pen down the page and check off symptoms. But in the excitement of Mike's stories about the people who drugged him and the raised eyebrows about how he's "never taken drugs," no one is paying much attention to another man who's being brought in by paramedics.

The other man, the quiet man is John. He sits down in the middle of the tiny mattress and something about the way his spine curls down makes the vinyl-covered pad nearly swallow him up. I saw when he came in that he was quite tall, but now he looks shrunken in the center of that bare, square psych holding room.

He's not saying much of anything to anyone, and what he does say turns out to be a lie.

Boldfaced and blatantly, John lies.

He claims to be homeless and suicidal. He repeats this again and again. He repeats this even when confronted with the facts of who he really is—a man with a wife and two children, a job and a house.

He's not psychotic.

He's just lying.

But last time he came in to talk about his depression, someone barely asked his name before they handed him a sheaf of papers and sent him away. He wasn't going to let that happen again.

The system failed him.

He tried to get follow up outpatient, called all the numbers trying to get into see someone, anyone, a counselor, a therapist, a psychiatrist—anyone who might listen to him and be able to help. But everyone he talked to told him that he wouldn't be able to see anyone for weeks at a time, sometimes months.

He couldn't wait.

His wife is leaving him, taking his children away because his depression and anger are ruining their family. But all that merited him last time was a pile of dead end phone numbers.

The system failed him.

And now there's no reconciliation, no help and that's what brought him back. None of what he was feeling was enough last time for anyone to pay attention over the sound of screaming down the hall.

Enough for someone to listen over the noise.

Just thank you sir, have a good night. Good luck.

This time he'll lie to get what he needs.

Reading the notes from his last visit to the ED, we realize that no one had even noted his marital problems, or if they had they didn't think it notable enough to make note of.

I'm concerned sometimes how much of the medical interview, even how much of the psychiatric interview, where yes and no answers are even more insufficient to tell stories, seems to be a series of boxes. I'm concerned how frequently we stop listening when all the answers are no.

Chest pain? No.

Shortness of breath? No.

Pain? No.

Suicidal Ideation? No.

Homicidal Ideation? No.

Auditory Hallucinations? No.

Visual Hallucinations? No.

Next patient.

It's easy to hit a stride, a pattern, to see the same thing a thousand times and know the answers we're going to get before we ask the questions. Premature closure, is what we call it in fancy "medicalese" when you walk into a patient's room and already know the diagnosis before you

ever actually speak to the patient. When you see a kid whose chief complaint is fever and a cough during bronchiolitis season, you don't need to open the door to know what's happening.

We're trained to look for acuity. What's the biggest, scariest thing this could be? We train doctors to the test, to kneejerk reactions to question stems. And yes, we should immediately pull the lever to order the CT when someone says "this is the worst headache of my life" to make sure that we don't miss the bleed. But after we know the bleed isn't there, it doesn't mean we can write a script for Tylenol and walk away.

Lack of acuity is not the end of the problem.

This is especially true of emotion.

Emotion doesn't fit into boxes, neatly. It's messy, difficult. It requires creativity, patience.

It requires listening.

Sometimes I become increasingly frustrated with third year, especially as decisions are made about specialties, doors are closed, and I more and more frequently have to have the nerve wracking conversation about how soon I'll be adding MD to the end of my name. I become increasingly frustrated not because of the frequent (and sometimes ridiculous) shelf exams, or the constant work-life imbalance, but because after nearly a year of doing this, I've found that I have finally become, however occasionally and infrequently it occurs, competent.

Sometimes I know the right answers, I know how to write a note or what the plan should be for a patient. I understand the protocol, I know what the right choice of medication should be, I have the diagnosis or the treatment sitting on the tip of my tongue, but I don't have the power to do anything about it.

I watch as any work I do has to be redone. Sure, I interviewed that patient and gathered all the relevant history, but someone else has to come along and repeat the most important parts of my work. I watch as things I am easily capable of doing have to be done by someone more senior than I am. Even though I understand the legality of everything, there is still a tiny part of me that feels like I have failed every time this happens.

Some days this feeling makes me want to stomp my feet. Some days it makes me want to punch walls. Some days I simply throw my hands up and resign myself to it for another year. Most days I have radical acceptance that this is the way it has to be.

But while the list of things I can't do as a medical student grows longer every day, I've brought back again and again to the realization that there is one thing I can do, one little "medical student superpower" I do possess: listening.

As a child, my mother used to play a game with us at restaurants. While you were having a conversation with the family, you would try and listen to the conversation of the table behind you and follow both conversations simultaneously.

I realize now this is the antithesis of what most mothers do, teaching you TO eavesdrop. But it developed in me a keen interest in what others were saying. (Of course now I only use my powers for good and never to listen in to the conversation that nurses are having about this or that hospital drama or to listen to the whispered phone conversation of the patient one bed over. Of course I never do that.)

So maybe I can't enter the notes for patients I saw, maybe I can't place the orders or call the family and explain a treatment plan. Maybe my feet are set exactly where they are without the ability to jump ahead.

But maybe it's with good reason.

Because right now, in this moment, I can listen. I can listen when the residents turn away to put orders in on COWS (computer on wheels). I can listen when the attendings reach down to pick up their pagers.

I can listen over the noise.

And so I do.

I sit down with John, and this time and talk him through how he's been feeling recently, and this time we work to hook him up with an outpatient appointment the following week. He asks me to call his sister, get her to come pick him up and give him a place to stay while he sees if it will be possible to save his marriage.

I walk through the darkness back to my car and try to crystallize John in my brain as lesson. In the midst of this growth into a full-length coat, I must not forget how to work outside the box, off script. I may have hit stride at last, no longer constantly feel as though I'm playing the part as the understudy—comfortable only with being wrong. In the midst of the memorization of illness scripts and textbook presentations, I cannot forget to step away from the templates we write our notes with and listen...

Sometimes it's the only power we have and sometimes it's the only power we need. □



morguefile.com image

Dissonance and Resolution

This is maybe not the advice you're looking for.
You're looking for the uplifting ending,
the warm and fuzzy,
the dissonance followed by inevitable resolution.
But it's not like that.
If you go looking for the
miracles and the magic,
the waiting will get you.
You have to take it as it comes
to do this every day.
You have to find something inside yourself,
something to keep you going.
You have to get beyond your demand for
good news,
then you'll do okay.
Don't think too deeply, or feel too much.
Just keep doing your job
and the discomfort subsides.
You have to find it inside yourself,
have to make that uneasy peace with the
dissonance -
or risk missing the resolution
when it comes.

- Lori Ellison

