

MEDICAL MUSE

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



Vol. 16, No. 2 • Fall 2011

Published by the University of New Mexico School of Medicine

<http://hsc.unm.edu/medmuse/>

MEDICAL MUSE

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

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

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

Please include name and contact information.

Reviewers for this issue:

Cheri Koinis

Erin Roth

Norman Taslitz

Advisor:

Norman Taslitz

Art Director/Designer:

Paul Akmajian

Design/Layout:

Laura J. Hall

Thanks to Sandra Naranjo, Dept. of Internal Medicine

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

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

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

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

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

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

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

- The Editorial Board

Contributors for this issue:

Paul Akmajian

Christina Hoff

Sean Rivera

Pattie Curran

Mary A. Jacintha

Robert Schenck, Jr., MD

Greg Franchini, MD

Paul Kalostian

Amanda Segura

Joseph Francomano

Rebecca Mayo, PhD, RN

Kristina Sowar

Robert H. Glew, PhD

Margaret Menache

Lee Swiderek

Bethany Godwin

Maria C. Montoya

Jonathan Terry, DO

Laura Hall

David J. Mullen, MD

Rebecca Turciano

Anita Harshman

Janet Page-Reeves

Margaret Hayden

Jeremy Parsons, MD



Jonathan Terry, DO

Contained within this edition of the Medical Muse are writings of second-year medical students who participated in a narrative writing project as part of their Practical Immersion Experience (PIE).

During the summer between their first and second years of medical school, all UNM SOM students disperse for eight weeks to rural and underserved parts of New Mexico to live in those communities and to work with community-based primary care providers.

This is their first exposure to sustained clinical practice. Beginning in 2005, students have had the option to sign up for a special Narrative Strand of PIE, in which they write once per week about their field experiences, and e-mail their reflections to a mentor on campus who responds to their work.

Some of the works are poignant, some are funny. Collectively, they bring us into the minds and hearts of the beginning practitioner: moments of awe, crisis, humor, disillusion, and initiation.



Jonathan Terry, DO

My Mother's Hands

I look at her hands, the way they are now . . .
Wrinkled, thin-skinned, gnarled with arthritis.
And I wonder about how her hands got so old!
It hurts me to see those hands -
Because they look like they must hurt.
And then, I look at these old hands . . .
And I see hands that held each of her babies with so much love!
Hands that closed over mine when I was afraid.
I see hands that wiped away so many tears
That came from scrapes, bruises, heartaches and sadness.
Hands that reached out to me when no other hands did.
Hands that always worked so hard,
Hands that were never held back from any task!
I see hands that clutched at her heart in times of sorrow,
Hands that held tight to her rosary and her prayers.
Hands that could be stern if she had to issue punishment or warnings.
Hands that touched her lips as she blew kisses.
Her hands were always busy doing something . . .
Cooking, cleaning, caring for her children,
Reaching out to hold my father's hands,
Hands that with the slightest touch gave reassurance.
Hands that have been dirtied and washed a million times!
Hands that have held the hands of sick and dying loved ones.
Now her hands aren't as busy as they once were.
Now her hands can rest.
They do hurt her sometimes, I know.
But these wrinkled, thin-skinned, gnarled hands . . .
These hands that touch my hands still touch my heart!
These hands are filled with love!

- Pattie Curran



Kristina Sowar

Mea Culpa

by Greg Franchini, MD

I've done something that I have to get off my chest. What motivates me to confess a misdeed so many years after it occurred, I don't know, but lately I've had this increasing need to do so. I'm hoping that the statute of limitations has run out because I'm seeking only some relief and not punishment. Could it be that as one gets older, people are more likely to forgive those indiscretions that were committed at an earlier stage in life? It's like those classic prison films where we feel kindly toward the wise old convict who has spent his entire adult life behind bars after having been incarcerated as a young man for a murder (or other shocking crime) that he may or may not have committed. What's important is that, even if he was guilty, we can somehow put that aside and appreciate the sage advice that he now provides to younger, less experienced inmates. It is in this spirit that I share my story.

I found the first year of medical school to be as difficult a time as I have ever experienced, even to this day. So, having made it to the second year, I was definitely relieved and able to breathe easier. I was beginning to accept

the possibility that the school may not have made a mistake in accepting me, and more importantly, I was starting to daydream about actually becoming a physician. This new awareness served to re-awaken my spirit which allowed me to look more critically upon my medical school experience. While continuing to recognize "my place" as a medical student, I found myself thinking of ways in which I might "tweak" the system as a way to enhance my self-respect and bolster my confidence. In a twisted sort of way I began to see this as a form of watered-down guerrilla warfare against an overly repressive regime.

As the year progressed, I satisfied myself with making the usual petty complaints about poor lectures, outdated handouts, and ambiguous exam questions. This innocuous activity, coupled with subject matter that was appreciably more interesting than in year one, served to distract me from taking more serious action.

It was during the late fall semester that things would change. The opportunity presented itself as I was served a particularly inedible portion of food while dining

alone in the hospital cafeteria. My initial feelings of disgust quickly gave way to those of anticipation and excitement as I realized the “gift” that I had been given. My plan began to take shape almost as quickly as I could harvest this inedible, but still warm, specimen.

Our final exam, consisting of written and “hands on” practical components was scheduled to take place within the week. That gave me enough time to inconspicuously use the school’s own equipment to seal my newly acquired specimen in a clear plastic bag exactly like those used in the exams. I figured that, since my plan wouldn’t injure, endanger or humiliate anyone (except maybe me), I was ethically exonerated. As I saw it, my actions might instill some much needed energy into my classmates whom I felt to be experiencing a mild, but unhealthy stagnation brought on by the relative routine of the second year curriculum.

As the exam day arrived, instead of my usual anxiety, I awoke with an odd sense of exhilaration—possibly some sub-conscious connection to my “dark side.” My plan involved substituting the cafeteria specimen for one of the exhibits used in the practical exam. Since we would be moving to the practical exam after completing the written test, timing would be crucial. I needed to be one of the first students to arrive in the practical exam room so as to make the switch early enough to affect most of the class. Getting there too early, though, would be risky as I would be too exposed to pull off the switch. There had to be enough activity to provide the necessary cover and distraction for me to successfully carry out my mission.

As I completed the first part of the exam and moved on to the practical component, I became overwhelmed with the thought of “getting caught.” While not actually cheating, I would be “disrupting” the exam. I would also be removing (albeit temporarily) medical school property from the exam site. Could they get me for theft? I was ready to chuck the whole idea when I came upon station # 4 of the exam. The gods were smiling upon me! This exhibit turned out to be a wedge of lung tissue containing an ugly malignant mass. I couldn’t believe it! It was almost the exact same size, shape and color of my own specimen, and it was encased in the same clear plastic envelope. Almost before I knew it, I had replaced the official exhibit with an unrecognizable fat-laden hunk of tissue that only I knew had been a pork chop in its previous life. With the bone removed and sealed in its official plastic covering, it took on a mysterious, almost alien-like appearance. It was difficult to withdraw my eyes from this new exhibit, but I finally placed a question mark down as my answer and moved along to complete the remainder of the exam. I couldn’t help but sneak a few quick glances back at the station and,

as I finished up, I lingered just long enough to catch a glimpse of one of my classmates struggling to identify the peculiar specimen I had produced.

The most difficult aspect of the entire escapade was to resist the impulse to share what I had done with my classmates or to offer them an explanation for the baffling specimen at station # 4. I did take some personal satisfaction in hearing it mentioned a number of times at the “mind clearing” party that evening after the exam. It was all I could do to not say anything about my prank.

Imagine my surprise and subsequent dread when the head of the block greeted our class at 8:00 a.m. the following Monday morning. He somberly reported that there had been “a serious breach of security” in which someone had “stolen” a specimen from the exam and replaced it with “tissue of unknown origin.” We were then informed that an investigation was already underway, and, if it was determined that the “unknown tissue” was procured from one of the teaching cadavers, the perpetrator would risk expulsion. He then advised the “person responsible” for this “immature and unprofessional act” to turn himself in immediately or risk even more serious consequences (even more serious consequences?).

I sat there stunned, trying not to look as guilty and vulnerable as I felt. What had started out as a stupid, harmless prank now had the potential to end my medical career before it even got started. No mention was made of the fact that the original specimen had been returned to the department unharmed and undamaged over the weekend. This led me to believe that no attempt would be made to treat this simply as a prank, nor would any leniency be shown to the perpetrator should he turn himself in. Acknowledgment of guilt was now totally out of the question.

After spending the day in anguish and that night without sleep, an idea suddenly came to me as I soaked in the shower the next morning. If I could just get to school before anyone else, there was something I might be able to do. Anything seemed better than continuing to obsess about the possibility my eventual and inevitable expulsion.

Later that morning as students began to file in for class, someone noticed large block printing on the board that declared:

PRACTICAL EXAM STATION # 4: “IDENTIFY.”
THE CORRECT ANSWER IS “PORK.” THE
SPECIMEN IS COURTESY OF THE HOSPITAL
CAFETERIA.

As far as I know the investigation ceased and the case was closed. □

Taking the social history.

The veteran told me
that his first war cost him his marriage
“it was the distance you know”
and his second war cost him his right kidney
“you know from the shrapnel.”

He doesn’t care about
elevated lipids, hypertension
or elevated liver enzymes.

“You know doc,” he says,
“you’ve done a right acceptable job
patchin’ me up over the years but
we have one more thing to fix.
It’s the ‘thritis in my fingers here.
I can’t play the trumpet any more
like I used to.
I can’t push down the valves.”

You are 85 years old sarge
You told me six months ago you hawked your horn
to buy winter tires for your car.

Why you need to play a horn you don’t even own?
“It’s Frank,” he said. “The last one besides me left from the unit.
The old guy and me had dinner every night at the legion.
He stopped showing up last week.
Called his wife she said he in hospital on hospice.”

So what does that have to do with your fingers Sarge?
“Well, that’s just it Doc.

They say he got the pancreatic cancer
and not much time left here on God’s green earth.

When we lay him to rest.
In a week or a month
my fingers just have to work
because I gotta play the taps.”

– Jeremy Parsons, MD



Jonathan Terry, DO

The Epidermoid

A young Hispanic man, his left eye without flavor.
Presents to the surgeon, "ayudame por favor."
The surgeon writes the order, "MRI brain stat,"
The patient goes home, "Adios" he says flat.

He returns in one week, obtains his MRI
The surgeon looks in amazement, a large tumor affecting
the eye.
He tells the patient, "necessitas surgeria para sacar su tu-
mor,"
The patient agrees, "vamonos doctor."

The patients head is fixed, the cranium is drilled open
These aren't evil humors, these are the corridors to a differ-
ent nation.
The carotid, the third nerve, the cisterns are opened,
We need his brain relaxed, so we can squeeze through the
tiny portion.

Pearly white, keratin debris
This is an amazing tumor, an epidermoid it must be.
A benign tumor, that has been growing since birth
It reached such a size, that it had girth.

It comes out nicely, easily suctioned out
The brain nicely relaxing, the midbrain is close around.
Avoiding the nerves, the veins, the arteries
The tumor is removed, the surgeon still has quandaries.

Is he ok, will his nerves retire?
The approach to the tumor was not an easy fire.
He wakes up fine, his nerves working well
All in a days work, the three hours from Hell.

- Paul Kaloostian



Jonathan Terry, DO

My Five Cents' Worth

By Joseph Francomano

I wasn't quite awake yet even though I had been at work for at least 30 minutes. I was in line at the hospital café paying for my morning coffee with a dollar and some change. This usually happens on any given morning at around 8:30 or so. It is one of the more predictable events of the day. Most of us, no matter what we do or where we work, seem to take part in a similar daily ritual. I paid the cashier, received some change back, and just happened to glance down at my palm before the reflex action of putting the change into my pocket could take place. What I noticed, surrounded by a handful of other coins, was a nickel. There was something different about it though. It looked older, and it was; 1940 to be exact. It was somewhat darkened and pretty well worn but still proudly bore Jefferson's likeness.

I then made my way to a table where I had a few minutes to spend before having to get back to work. I set the nickel down in front of me as I sipped my coffee. "1940" I thought. This coin has been in circulation much longer than most. There were some obvious reasons for that. One being that most pre 1965 American coinage was made of silver and therefore removed from circulation due to rising melt values over the decades. Older pennies now experience a similar situation due to rising values in copper. But the value of nickel has remained solvent at most. No sheltered life in a collector's display case for this example.

I couldn't help but think how this five cent piece made its debut sometime in 1940. I think it was probably

for the purchase of a cup of coffee at an old time lunch counter somewhere in Middle America. It was a chilly Fall morning. Men in suits, overcoats, and hats sat down as waitresses in starched white uniforms poured their coffee. An old wooden cathedral style radio sat on a shelf facing the counter and its patrons. Amidst the clinking of silverware and the sounds of plates being set down, a silver toned voice projected from out of a scratchy static background. Despite the primitive cathode ray tubes and monophonic speaker, this voice stood out and resonated from deep within the simple electrical apparatus' wooden cabinet. The voice spoke of the latest tensions mounting in Western Europe and predicted that there would be an unavoidable escalation in the War soon. People strained to hear more as the words caught their ear over the noise in the diner. Yes a nickel bought you a lot back then.

The caffeine started working as I glanced at the headline on the morning paper. It stated something to the effect that tensions were once again rising somewhere in the Middle Eastern part of the world. I glanced down at my newfound artifact once again. I thought "how many wars has this septuagenarian coin been though and how many more does it have left to go? I then thought "well maybe if I take it out of circulation today, it will have seen its last." For some reason I think I had better hold on to this nickel. It seems quite extraordinary. □

Dedicated to the memory of Lowell King, MD

Lost

I was missing you from that place where we were both created - one
So I ran away to Dinétah to be with your people
To see if I could find some semblance of you
In the black pools of their eyes or the red of their skin
To see if I could hear your beautiful voice in the shadow song of theirs
Or taste you through the raindrops on my lips from canyon storms
I have not found you here
There is no substitute for you
And I realize that I will not be able to find you anywhere
Until you are able to first find yourself.

- Christina Hoff

Change is a bubbling spring

Change is a bubbling spring, full of chatter and joy
Chaos, uncertainty, bewilderment. What is in there for me?
Change is a rainbow, brilliant and beautiful
Chaos, uncertainty, bewilderment. I do not know what to do.

Chaos, uncertainty, bewilderment. What do I do?
Let me be free, set me free. Can I be free?
Chaos, uncertainty, acceptance. Yes I can.
Set myself free. Yes I will.

Set myself free. I am a bird, wings spread out
What a sight, endless is the view.
I have set myself free, weightless and hovering
Shimmering, sparkling, weightless, divine view.

Shimmer, sparkle, glorious, endless
Yes, I can. I am, FREE
Shimmer yes, sparkle, oh yeah. Is it a dream?
Change, transformation, change, METAMORPHOSIS - FREE!!

- Mary A. Jacintha



Kristina Sowar

Week One

anonymous, *PIE Narrative Strand*

My first week with Dr. BeBe Han was quite interesting for a number of reasons. First, knowing that his practice consists of patients primarily on Medicaid (Salud), I think I harbored some pre-conceived notions that I would encounter a good number of apathetic parents who seemed disinterested in their children's well-being. Perhaps I developed this bias from watching the local nightly news (as well as other news sources) which so often cover stories in which parents -primarily of lower economic classes- do harm to their children. Well, I had quite a surprise at Dr. Han's office. I was very impressed with the commitment level that I saw from the mothers that I visited with. While some certainly were unsure of themselves and didn't quite know what they were doing, I was very impressed by their willingness to do all that they could for their children. In addition, I was also very surprised to see

so many fathers attending well-child visits with their partners and children. With the increase in prevalence of split families, I didn't think that I would see so many couples together.

The "mechanical" challenges of caring for newborns are another aspect of pediatric that caught me off guard. For example, a mother brought in her seven week old infant (who was born seven weeks premature to the clinic) and we found that her daughter had only gained 5 ounces in the last two weeks. After some discussion, we learned that she was mixing 1.5 scoops of formula with 5ounces of water. Although the total ounces her daughter consumed each day were on target, she was not getting nearly enough calories. The mom admitted that she was "intimidated" by math and hadn't really understood the mixing instructions. We taught the mom how to properly mix the formula and provided her with a feeding timeline and script. The baby came back the next two days for weight re-checks and she gained 4 ounces each day.

Lastly, I'm very interested in learning more about Dr. Han's approach to his practice and caring for his patients. From our discussions, I've learned that he's the only physician on staff at Presbyterian Hospital who still takes care of his admitted patients - as opposed to turning over care to a hospitalist. He believes that inpatient specialists are indicative of "McDonalds" medicine and physicians increasing propensity to take the easier road when presented with options. While I agree with Dr. Han on many of his thoughts on the problems with today's health care system, I do not agree with his thinking on the use of inpatient specialists. I believe that having a physician who has the capacity to monitor a patient in the hospital throughout the day is much better than a community visit who can only visit twice per day. And, the inpatient specialist approach does not prevent the community physician from visiting his/her patients in the hospital to provide support and stay updated on their status. □

Resistant to Pharmacology

The summer ended abruptly and school began again
Lawrence would have a brutal fall as a new second year
An inundation of diseases and eight hundred drugs
But he would not review at all until the test drew near

Two months later Lawrence realized he'd have to cram to pass
He hated all the names of drugs he had to memorize
Cephalosporins and methylthiotetrazole rings
He read about the side effects 'til he had blurry eyes

Lawrence somehow survived and became a clinical clerk
If what he'd learned was relevant, he finally now would know
It made him quite uneasy to come up with treatment plans
And be grilled about the triads of Cushing and Charcot

Lawrence resented the time he'd lost learning names of drugs
While taking call he'd use his iPad®, everyone knew that
Then the team admitted a woman looking deathly ill
They had to start cefotetan and doxycycline—STAT!

The resident's plan brought the fever and the white count down
But then she started bleeding with a bump in INR
The team was at a loss about her oozing venous line
Then Lawrence recalled from his text a reaction bizarre

"The cefotetan can interfere with vitamin K"
The woman recovered, the team gave Lawrence some high fives
And suddenly it dawned on him, the reason for his work
It was not to pass a test, but to save his patient's lives

- Sean Rivera



Jonathan Terry DO

Extinguished Lights

by Janet Page-Reeves

A car horn sounded a few blocks away and seemed to linger a moment in the humid night air. As if out of nowhere, a weather-beaten low rider rounded the corner with a screech and fishtailed out of sight down a dark side street, leaving behind a trail of exhaust. In the obscurity, the cloud of dust and smoke dissipated into an eerie haze, floating mistily upward in pooling cones of illumination which poured from the hooded silhouettes of street lights. There was no trace of a breeze and it was as if the lamps themselves were drawing a breath. The leaves were still and green, yet in the summer darkness, the trees seemed somehow blacker than the night. From doorways and porches, dripped the murmur of anonymous voices, intruding into the thick stillness. The persistent hum of

insects, the distant laughter of children, an occasional yell or whistle, all padded the emptiness. It was easy to feel alone.

The dry, flat sound of strappy sandals, clapping rhythmically on the pavement reverberated in her ears with a hypnotizing regularity as Cira made her way along the cracked, uneven sidewalk in the gathering darkness. She evaded the seduction of importuning promises exuding from empty doorways as she passed. Rows of dilapidated houses beckoned to her with an imploring silence. From a few lighted windows fell bits and phrases of people's lives—familiar, yet tentative, enigmatic. But Cira felt no desire to accept these intoxicating entreaties, to enter in upon these worlds. She had lived through each of these scenes innu-

merable times, if only in her mind's eye, and without a pause or a thought, she knew how each began and how each would end. It didn't really matter, she thought. It was always the same anyway. Day after day, night after night, week after week. There was no perceivable beginning. No end... only the continuous echo of her footsteps pounding along on the cement.

Life had always been just as it was under the glare of the street lights that night. Ahead in her apartment, the once-white, dirt-streaked walls yellowed and grew darker with each passing year. Yet, underneath they were the same bleak, barren walls that swallowed up the detritus of shattered dreams, only to breed nightmarish cockroaches and rats from forgotten corners. There always seemed to be a strong-smelling, sullen man with a glazed stare and more than a hint of stubble growth sitting in front of her television, morosely mesmerized by the incessant drone of afternoon game shows or reality TV. Belly protruding in a unhealthy mound over the straining edge of his belt, he would guzzle the warm dregs of a Miller Lite and squeeze the can with one hand until it crushed in upon itself with hollow, rasping groans. As the can clattered to the floor, he would emit a moist-sounding belch into the already sour-smelling air, where it mingled with the unrelenting, stale odor of cigarettes.

At night, there was always a man behind the closed door to her mother's room. It had always been so. When Cira was younger, she would try to escape the ugly significance of the dull sounds which made their way to her ears from behind the cheap, wooden barrier by turning up the sound on the television. She would watch in the dark while the staccato flickering light leapt into the room, dancing on the walls and in the shadowy corners of the apartment. Her eyes were abstract reflections of the movement on the screen. Those chameleon eyes, feigning blindness and death, shone with a brilliant blankness as a few noises from the street below managed to pierce the exaggerated, canned laughter pretending to fill the room.

Of course, the man who belched at Jeopardy and the man behind the door were not necessarily the same man. And the man who sat before the TV one day was not the same one who had been there a year before or even a few months earlier. But the faces changed so often that to Cira, it no longer mattered that one differed from the next. They were all the same to her. Her eyes, all too familiar with chameleon virtues, regarded the procession of men as one faceless man, with ever-mutable features. And within the undulating parade of faceless faces, Cira perceived the monumental monotony of their lives.

But her mother seemed to need these men. She basked in their fawning, if brief, attentions with a facade of

self-importance. Cira and her needs were never at issue. Her mother was like some aloof stranger with whom Cira just happened to share an apartment. The affection she so desperately wanted from her mother was ostentatiously lavished on her "fellows" in self-aggrandizing displays of ardor worthy of a silent film star. Cira was never the honored recipient. Motherly virtue had absented itself. But as Cira grew older, she began to understand her mother's reticence to forge genuine relationships. Acknowledging emotional connections, even to her daughter, would expose vulnerability, weaken the fortress of experience-hardened grit that kept the world at bay. In fact, Cira, herself, had now begun to cultivate these same attributes.

Cira clutched her purse as she rounded the corner. Suddenly, looming above her in silent tribute to the triumph of human ingenuity over the recalcitrance of nature, was an urban apartment complex. In a bath of shadow and light, a series of huge, monstrous structures now rose above the nineteenth century row houses she had passed on neighboring streets. The trees flanking the older houses came to an abrupt end at the foot of the behemoth. Blacktop, chain-link fence, cement and brick—the vegetation of an urban jungle—engulfed the remainders of once aesthetic, Victorian yards. From a distance, the textured red brick surface gave the illusion of a jewel-studded mosaic, sparkling in the harsh, yellow glare. The stark ugliness of the buildings was briefly transformed by the luminous quality of the night. But Cira was not to be fooled. Beneath the glittering disguise was the austere reality of her life there. As she drew nearer, the lying masquerade dissolved into an orgy of cigarette butts, graffiti and filth. Cira looked away. More real was the movement of her thin, tanned legs in opposition as her steps plodded onward toward the entrance.

At 13, Cira had already developed into one of those women who unwittingly elicit licentious, caressing stares. Possibly her seeming obliviousness to her own charms both enhanced the pleasure experienced by her would-be admirers and allowed them to feel the liberty to peruse freely. It had not taken long for her mother's devotees to make note. The reflection of death that her child's eyes had assumed those nights in front of the TV became a more permanent state as she came to know the rough, eager hands that pawed her. Heavy, rancid, beer-tainted breath would overwhelm her before the thick, coarse tongues that tasted of old cigarettes forced their way between her lips and moved on, leaving a cold, slimy trail that led down the side of her neck.

But Cira had pretended that none of it was real. She saw those men and experienced their gropes with the same chameleon eyes that had provided her refuge, forever, or so it seemed. Her mother's voice continued to have the

same demanding, unfeeling quality it always had possessed, yet Cira knew that awareness had been born. Although those clandestine, skulking encounters remained unutterable secrets, everything between them, every trivial interaction, had taken on exaggerated significance and generated heightened levels of tension. And still, the faceless, nameless men proceeded in their lives as if nothing had changed. Cira guessed that nothing had really. What did it matter whether it was a drunken, wrinkled, balding man, or a young, cocky street jerk? When they touched her, or when she knew that her mother apparently let them touch her, she hated them. They all melded into one great contemptible beast, and in her dreams, she cast them, mother and all, into a yawning abyss. None of them were any different. She cared about none of them, and her life dragged on through the labor of time.

As always, many of the windows that stared out from the height of the apartment complex were scarred by bullet holes and cracks that stretched into web-like patterns on the dusty panes. Cardboard had been used to patch some of the worst spots, behind which draped makeshift curtains—a thin veil separating the sadness outside from the despair within. A few displayed tidy conscientiousness, but even in those, the material was old and worn. Although the wind was a stranger in those months, most of the windows were left open to entice the torrid night air to enter—an invitation that the heavy humidity rarely ventured to accept.

Often, just before entering the empty stairwell that led up to their third floor apartment, Cira would stop and glance upward. The patchwork of windows alternated randomly from darkness, to the inevitable fluttering glow of TV images playing upon the walls and curtains, to illuminations of real life and its dramas. The janused interplay was one between escape into the oblivion of passive viewer, and the drudgery of continued conscious existence—mere chimera, all.

Cira was always filled with a bit of wonder to see a few stars managing to sparkle out of the black void above the ugly red brick, despite the blaze of city lights from below. They produced in her a calm that she little understood, but enjoyed experiencing. Of course, stars endure the sweep of history, and to Cira, they seemed immutable and constant. They were free from the oppressive tedium that she had always felt with the slow passage of time. If only she had known that some of those stars to which she looked for comfort had long since burnt out and died an unknown, solitary death in the vast loneliness of the universe, leaving only ghosts of light to travel over the years and the distances. Perhaps then she would have focused more on the potentialities in her own life to overcome limitations

and fatalities in the present—or perhaps she would only have been drawn further toward embracing nothingness, an end to her repetitious existence, toward the smoldering ash from the fire that was merely a snuffed-out star.

That night, the stars seemed to be calling out to her more urgently than usual. The silent shriek from the vast depths of the sky was, however, nothing more than an echo of something she felt welling-up within her. Inside her was a tiny new light which had unexpectedly implanted itself in the sinews and cavities of her being. The creature that she knew was hiding and growing there, deriving sustenance from her, giving her hope, draining from her the last vestiges of strength, was rapidly expanding to fill the soft folds of her woman's body. But she herself had yet to experience the lovely tranquility of childhood and its curiosities. Her life had been hard and after only thirteen years, she already felt spent and exhausted. As she walked along, she could hear the blood pounding in her ears—the same blood that was now coursing through her body, sharing and sustaining that other life.

She had known it was there for some time, but had only confirmed her suspicions that evening. A formal acknowledgement had, for some reason, made it seem more unreal, as if it were happening to someone else while she watched from a distance. When she left the clinic, she had moved along in a dream-like state, feeling more alone than ever. Yet, there was the strange, new knowledge deceptively undermining her solitude. Enticing and beguiling was the feeling of belonging to someone, of someone belonging to her. It made her heart leap, if only a little. She would be a mother. Someone would be her child. Life would no longer be just the same.

But almost as soon as this hope drew shape, it was overshadowed by the dark realization that this new life would be no different than her own had been. For her child, life would be the same monotonous sadness that she had always known. There was nothing to suggest that in having each other, they would be able to escape the apparent inevitability of life in the dank apartment complex. And with this understanding, came an even darker thought—she must not give birth to another life as miserable as her own. She decided almost as soon as she had been touched by those rays of hope, that she would have to extinguish the light that had unexpectedly begun to illuminate her soul, that had so unexpectedly offered a spark of unattainable happiness in the future.

And for this, even more than for the dirty, sweaty, humiliating and vapid encounters, even more than for the nights spent imagining what was going on behind the wooden door, even more than for the years of yearning for moth-

erly caresses, she hated them all. The faceless men, her mother with her perpetually emotionless voice~she wished nothing more than that they would simply cease to exist. She dreamed of being left completely and utterly alone to bask in the warmth of icy solitude. But wishing and dreaming were empty and meaningless endeavors that had long since betrayed her. She knew, beyond hope, that the others would still be there when she eventually reached the apartment.

A rush of warm air escaped through her nostrils in the form of an undefined sigh. She sighed for nothing; she sighed for it all. Turning away from the immensity of the universe above and returning to the finite tangibility awaiting her, Cira's footsteps entered into the glass and metal doorway of the apartment building. The sound of her sandals against the metal stairs resonated with a ring that was noticeably different from the sound produced on the sidewalk and on the cement hallways of the building. But as she climbed the three stories to the apartment, Cira failed to notice the interesting acoustical contrast. Her gait maintained the same controlled, yet languid pace, and the rhythm continued unabated.

As always, when Cira entered the room, she was greeted by the disorder and ugliness that surrounded her. Out of the corner of her eye, she was aware of the numerous black-bodied splotches that scurried for cover when she switched on the light. Tonight the enveloping humidity seemed more oppressive than usual, and there was a bitter stench about the place that made her crinkle her nose and turn her head in disgust, as if by not meeting it head-on, one could evade its unpleasant reception. Tossing her keys onto the table, pockmarked with cigarette burns, scratches, and sticky rings, Cira glanced from the closed door of her mother's room to the empty beer cans that littered the floor. In the semi-shadow offered by the overstuffed TV chair, a mangled can lay on its side. The remains had drained into a mirrored puddle that was slowly oozing and spreading over the dirty, cracked linoleum.

Setting her purse on the table with a dull thud, she thrust her hand inside and extracted an almost spent pack of Marlboro's. She had to rummage a bit through the contents until her fingers lit upon the green, plastic body of her lighter. The purse had been a gift from her aunt for Christmas two years earlier and she had gotten good use out of it. Its tawny faux leather resisted the visible signs of everyday use. Always practical, her aunt had chosen a purse with the capacity to carry a great deal. Tonight, a dark, heavy object had mysteriously found its way inside. But when Cira reached in to search for her lighter, she had only to push this aside.

Rather unconsciously, Cira lit up one of the three remaining cigarettes in the pack and savored a long, deep drag, exhaling slowly through her nose. For a moment she stared absently at the smoldering tip and thought of the stars outside in the night sky. Swinging one of the kitchen chairs around to face the closed wooden door, Cira sat decisively onto the brittle plastic seat from which tufts of dirty cotton had erupted from ragged cracks. Her feet remained firmly on either side of the chair as if to brace herself. With her free hand, she thrust the lighter back into her purse. Letting her arm rest on the table, her hand remained hidden by the opening of the faux fabric bag. With the other hand, she continued the sporadic, habitual motions of smoking. Yet, now her attention was fixed squarely on the door, waiting.

The summer heat was sweltering, soporific. It could have been midday, if it were not for the darkness, which penetrated into her thoughts as she waited. Tiny beads of sweat had begun to appear on her upper lip and a shiny path had formed down her left cheek, as tears of sweat made their way down her smooth, tanned forehead. Every few minutes, a small drop would roll down the path, either to fling itself onto the shoulder of her blouse, or to gather with its precursors below her ear and run off slowly to be absorbed by the already damp collar at her neck.

Smoke from her cigarette curled upward and dissolved into an amorphous presence that hung anxiously in the stuffy room. Unnoticed, tails of powdery, gray-white ash broke loose and fluttered silently to the floor. Cira took one last puff, momentarily intensifying the red glow at the tip, as if it were being infused with a jolt of electricity. Then, into the midst of an already overflowing pink plastic ashtray, Cira plunged the tiny red light and pounded it out among butts and singed ends of partially smoked joints: one less light to shine out from the night. As she sat and waited, moments drooled by, slowly and dark like molasses. Who can say whether minutes or hours passed? Cira endured the weight of the lugubrious passage of time, that always strives for the future but never achieves anything except the present. Who knew what the future would bring? She waited without anticipation and was conscious of living only for that future. In fact, she felt herself inexorably bound to the path destiny had carved for her. She was frightfully aware that the future was as much determined by the past as by the present.

Suddenly, a thin band of light appeared from the crack beneath the door and she heard the low, garbled voices that she had known would eventually hatch from the intrepid quiet abandon of the apartment. Cira clutched the cold, dark object laying heavily in wait in the viscera of her

bag. With a creak, the door opened and empty words and laughter spewed forth. Cira stiffened and her hand contracted imperceptibly, producing a barely audible click, whose meaning was lost in the muffled confines of faux material. The outer room was flooded by light from the recently opened door and silhouettes of two phantasmagoric figures emerged into her view. Slowly, as if drifting on a current of tepid air, Cira's hand withdrew from the purse. In the shadowy dampness, the faux phantoms were unable to adjust their eyes enough to discern the black metal shape Cira held firmly in front of her. In their pursuit of exit from the room, they expected to ignore her presence, as was their wont. As fortune would have it, however, this was not now to be the case.

There was an eternity in which no one seemed to move and nothing actually happened. For Cira, that was how life had always been and she felt nothing unusual or out of the ordinary as this instance hung in the balance. She lived in a state of perpetuity in which things were always unbearably constant, and nothing ever changed or broke in upon the density of time. It is difficult to say whether her breathing gave away some hint of anxiety. She respired only once, if that, before the eternity of the moment was played out. If she had been allowed to continue, it is possible to imagine that her breathing pattern would have quickened. But like the death of a star, her breathing went unnoticed. In the wake of the loud, sharp, metallic noise that shattered the melancholy silence, all else became secondary.

In the glare from the doorway, the male figure jerked and fell, slowly reeling with magical circular motions into a dead heap on the floor. The immediate silence that followed the loudness was grating. That silence, however, was instantly broken by the ear-piercing, exaggeratedly passionate and human voice of her mother, carrying into the night air like the waves from a child's boat on the surface of a pond. Over and over, it seemed, Cira saw her mother's fear stricken face contract into the grimace of a blood-curdling scream. Somehow that scream had the quality of seeming to be constantly beginning, although at the same time, it hung in the air as if it would never cease until its last echos were lost into the darkened corners of the room or of Cira's mind.

The pile on the floor was featureless beneath the splatter of blood that decorated what should have been a face. One of the faceless men. Warm, scarlet syrup dribbled out onto the linoleum in rivers which drained into the pool of warm beer by the TV. The mixture faded into a disgusting burnished orange that glistened in the light spilling out from her mother's room. In it, was reflected the dark

outline of her mother, who stood in the doorway by the heap on the floor, still screaming.

It is a dream, thought Cira, as the heavy metal object fell from her hand and clattered to the floor with much more force than those crushed, empty beer cans had ever produced. In the distance, a shrill siren sang out and on the opposite side of the door, she could hear banging and pounding and loud, distraught voices. But inside the apartment nothing seemed to change. Her mother was as if frozen into an infinite parody of a scream, and life continued for Cira in slow motion. It occurred to her, strangely, that it was much more controllable that way.

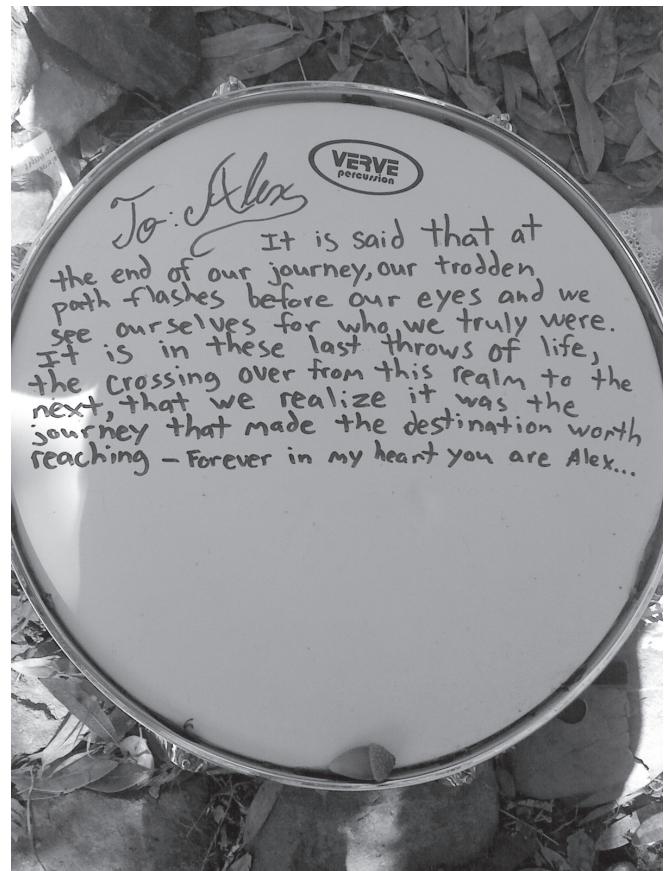
Cira's camouflage eyes were wide and empty. She sank back onto the dingy, cracked, tufty chair. She hugged her stomach and began to rock methodically back and forth, as if in a trance. She imagined that she could feel the warmth of the light that continued to burn inside her belly. She convinced herself of the sensation that she could feel it growing and wondered wistfully, if when they put out that little light, a rose-colored pool would bathe the white of the sheets and the shining, sterile metal instruments, like the expanding stain rapidly engulfing the space around the faceless figure.

As the excited pounding on the door and in her head increased, Cira felt the oppressive foreboding that had been pursuing her all evening, if not forever, disintegrate into the night. From the open window, oblivious stars twinkled in the sky like beautiful sequins. With reality squeezing in upon her, and with her breath now coming in short, shallow spasms, she focused her concentration upon the exquisite resplendence of the brightest star in the square opening of the window. Her eyes deceptively appeared to watch that star, giving her furtive inner self an opportunity to escape, entrenching itself deeper and deeper in the safe-holds of the mind. Her swaying continued. Then, in one split second, that point of light her eyes had been focused on outside in the sky unexpectedly disappeared. One minute it was there, sparkling. The next it was gone. Unknowingly, she had witnessed a moment from the past as it manifested its fatality in the present—the long-delayed realization of the death of a star. It had flickered and gone out as easily as a candle in the breeze. And it was then that she knew.

Time erupted. The door burst open. Her mother rushed forward, released from the transfixity of her scream, and Cira felt the whole of the world crumbling around her. Cira turned her face back toward the window and the false permanence of the remaining stars in the sky. Like a child blowing out birthday candles on a cake, she pursed her lips and blew with all of the strength she could muster, hoping to extinguish those lying, charading shimmers in the sum-

mer sky in a last, futile effort to exert a modicum of control over the omnipotent forces of the universe. But, even as she did so, she realized what the stars already knew—that the lights of her own future had died long ago and that her life was nothing but an empty shell, a residue of what might have been. She closed her eyes to shut out the irritating glare of reality, and still rocking, she clutched her head between her hands and began to hum with low, broken tones. Salty tears fell to the floor, but were too weak to flow to meet the sticky wetness that eddied by the heap that lay by the can on the floor by the TV.

Outside, everything continued as if before, but now somehow inherently different. The stars flickered, mockingly, tantalizingly. The streetlights beamed, and the indirect flutter of television screen images bobbed in the windows of the ugly red brick behemoth of a building. Overpowering the rest, however, were the revolving, flashing red and blue lights of the ambulance and of the police cars parked haphazardly on the street below, rhapsodically illuminating the underside of life in the apartment complex. But in the stagnant summer darkness, it was impossible to know which lights represented the living rays of hope and which were only fossilized remnant images of lights that had prematurely been extinguished. □



Kristina Sowar

Copyright © 2006. Political Affairs <www.politicalaffairs.net>



Details

first, there is the fact of possession.
some truisms, undeniable, do their
damage like lead mallets,
hard, heavy and flat.

despite the press, evil
is never sexy, no D cups
or six pack abs; the
dark is well below the skin.

blood is jelly fish;
adrift in salt water,
a red sea, the jellies
breathe what the lungs

send over miles
of pipe that burst and run
when the shrapnel
from the roadside

bomb comes.
the bomb improvised by piles
of electrical lines under
a white shell like nests of eels

these synaptic shocks
snake in the spaces
of microns, the moments
in millisecond's

but room enough.
and long enough.
he likes his demons
compact, hungry,

and quick.

- David Mullen



Paul Akmajian

Wolves

They do not know they are wolves
This is the label we have put on them
They simply exist
And they always will
Whether in mind or in body

With the mind of the wild
These majestic creatures with eyes so brilliant
Teeth an ivory white
Intelligent

The thrill of the hunt
Generations of the wilderness running through
their veins
Muscles rippling
Under the wolf's fur
Breath freezing white
The soft crunch of snow
The chase
Capturing the prey
Then the feast

With the fire of survival in their hearts wolves will
always try to survive

They are, free

- Bethany Godwin



Jonathan Terry, DO

“The Day the Shaman Died”

The day the Shaman died
the Earth
Shook
not just below my feet
but
cascades of falling rock
within my Heart.
Resounding.

I was scared to
Go
on the first journey
Consciousness like an earthquake
tangibly revolving
Drums pulling fire and breath
Pounding
Fire and breath overwhelmingly
around me.

Coyote running deeper
into the blackest, widest astral plan
after the fall through the
endless
open field.
Dad was there;
it had been four years.
Only
in that place did I know he was ok.
Here blends with the There.

So in this place of imploding
And tantamount purple Jupiter,
May you rest, Doctor.

And may your symphony of drums
forever
sound within us.

- Jonathan Terry, DO

Blind Not Stupid

anonymous, PIE Narrative Strand

I made it to clinic at 8:30 am. I opened the side door to the clinic. As usual, it creaked as much as possible. I looked into the hall to my left to check for charts on the wall file and to the right to check for my preceptor. I saw no charts and no sign of my preceptor.

I took a right toward my preceptor's office, but I stopped and decided that I should print out my write-up. I turned around and walked toward the computer at the end of the hall. Halfway down the hall, I heard footsteps behind me. I turned around and saw my preceptor pacing toward me. She looked up from her handheld computer and said, "Good morning."

"Good morning," I replied.

"The next patient that comes in is yours," said my preceptor,

"Okay," I said.

I proceeded to the computer at the end of the hallway. As I exited the hallway and entered the room with the computer, I could see to my left that a patient was seated while his blood pressure was taken by the CNA.

As I printed my write-up, I heard the CNA say, "Come this way, sir, and we'll put you in an exam room."

As he prepared to move, the patient remarked, "NOW, where did I put my stick?" The CNA replied, "It's in your lap."

The patient responded, "Right where I left it."

I then realized that the patient was blind. He was not the stereotypical blind person that I imagined with a pair of sunglasses, although he did have his blind cane, or stick, as he referred to it. I watched, curiously and almost rudely, as the CNA guided him down the hall to an exam room.

As the patient and CNA disappeared into the side hall, I realized that he was the next patient. My stomach stirred, chills ran down my back, and my palms dampened.

I took my write-up, walked down the hall and put it on my preceptor's desk. As I picked up the previous one, I cringed at the sight of the multiple comments on it.

"I'll get to that later," I thought. I then went down the hall and grabbed the chart of the blind man.

Unsure about seeing a blind patient, I asked my preceptor if it would be fine if I saw him.

"Sure. I think he'll be a good patient for you to see," she said.

I then walked toward the room that the patient was in. I thought to myself, "I've seen a few nearly deaf patients,

but no blind patients. How is this going to work? Should I look him straight in the eyes even if they're wandering all over the place? Should I have him sit on the exam table for the physical exam? Will he need help changing into a gown?"

I stood at the door for a few moments and heard rustling inside. I mustered my courage and knocked on the door. I walked in and the patient said, "Can you turn on the lights?" Nervous and almost dumbfounded by the situation, I did not realize that the patient was joking with me. Foolishly, I blandly said, "They're already on."

The patient replied, "You have a dry sense of humor. I was joking with you!"

I rebutted, "Oh, I have a sense of humor, just not like everybody else."

As I fumbled for my seat, I knew that I could at least try to joke around with the patient.

I asked the patient about what brought him in. He said, "As you can tell, I'm blind. I went dark about six years ago, and about four and a half years ago I became depressed. Some friends suggested that I smoke pot. I tried it, and it really helped with my depression."

The patient continued, "I went to court for possession of marijuana. The judge asked me if I knew about the medical marijuana program, so now I'm here to apply."

As he spoke, the patient held out a stack of papers that he removed from a manila envelope. I reached for it and I saw that it contained court papers and his application for the medical marijuana program.

The patient finished explaining and I asked him if he had any other concerns. He said, "No."

I then asked the patient what caused his blindness. He said, "A tumor choked off my optic nerves." He continued, "I went from being completely independent to being at home twenty-four...no...twenty three hours a day."

"Do you have any family nearby?" I asked. He said, "I have two sisters and a brother in Alamogordo."

"Can you depend on them to help you?" I asked. He said, "Not always. My sister brought me here and she takes me to the grocery store, but the others don't help me."

I then delved into the patient's past medical history.

The patient said, "I've had congestive heart failure and high blood pressure for years. It was 156/86 today," he said. I asked about surgeries. With a big smile on his face, he said, "Hemorrhoids! That was a pain in the ass!" We laughed together.

He continued, "My brain tumor, double hernia, Warthin's tumor, Kidney tumor and appendix."

Suddenly, he added, "I'm done dealing with all of this shit, with all of their shit; they're full of shit."

I interjected, "We're all full of our own ..."

The patient lit up and said, "Now you've got it. Thank you, Jonathan!" We laughed together.

I proceeded to ask the patient about his medications. He pulled out a bag with a zipper and I went through his medications. He told me, "I put different caps on them to tell them apart."

I finished with the patient's past medical history and asked him about his family history. "I'm adopted, so I don't know much," he said. "Okay," I said, "can you tell me what you do know?"

He said, "I know there is heart disease and cancer." "Anything else?" I asked. "No," said the patient.

I then asked the patient about his social history. "I've lived in Alamogordo for twenty-five years, and I was a contractor until I went dark," said the patient. He added, "I once wanted to be a surgeon, but with two kids and a mortgage I couldn't make it. My stepfather was a million dollar a year surgeon. He had it all: the yachts, the houses, but he died penniless."

"Where are you going to school?" he inquired. "UNM," I said. "Good," he said, "Are you looking at specializing?"

I replied, "I'm leaning toward Family Medicine."

He said, "That's good. There's definitely a need. My family doctor retired so now I'm here." With a new breath, the patient continued, "Before I got sick I didn't even know what the fuck a hospitalist was; they keep making more and more specialties." I grinned and nodded in agreement as I said, "Yeah."

I then asked him, "Where are your kids now?" The patient replied, "They live in Florida, but they don't talk to me." I asked, "Why is that?" "It's a deep problem," he said, "I'm not good with kids." Realizing his discomfort I did not ask more about his children, but he continued, "It took my son a year from my surgery to call me and he has not contacted me since then."

With resentment he said, "Since I went dark, I have no social life. I feel like a dirty piece of laundry that has been cast in a corner. Nobody gives me credit for anything, and it really pisses me off to have to depend on other people. I have realized that I'm not fucking macho man. I hate the way people treat me. I'm blind, not fucking stupid." I sat quietly as he finished his sentence and told him, "I think I understand why you feel like that."

I then looked straight into the patient's dilated pupils and changed the subject. When I asked about his diet, he said, "Anything I can blow up in the microwave... anything I can put between bread."

"Probably not good for your CHF and HTN," I thought.

At the end of the interview I asked, "What do you do for fun?" With a grin on his face, he said, "I turn on the radio and the 'TV.' I've heard it all. It's so boring."

I then guided the patient to the exam table and told him, "Here is the gown. You should put it on so that the opening is toward your back." I guided his hands to the gown and indicated where the sleeves were.

I told the patient I would be back in a few minutes and I left the room, slightly shaken but with a sense of accomplishment. □



Margaret Menache



Laura Hall

in sanctum

in the asylum someone
is always sacrificed.
stigmata bloom on the
forearms of young girls

like razor blessings.
ink runs red into final testaments
but nothing New and
St. John is silent on the matter.

the word virgin closes
your throat.
I'm still looking
for the atonement.

so much wailing
at these walls
but her tomb is
still sealed.

someone help me
roll away this stone,
maybe she has
not yet been

completely crucified.
even if the Cock has
crowed and the Man
denied her thrice.

- David Mullen

Red

I see you
Seething in corner shadows
Coming up for air to gaze
And see if I will meet you
In the black mysterious spaces
Where you slink gathering your thoughts

You touch me first with your eyes
Show me your battle scar, revealing
You had a lot on your mind...frustration, confusion
I'm in there somewhere you say, but give little more
And he had a face for assaulting
Apparently you did too, my striking autumn-skinned man
We could work out that tangle of emotions
In oh so many more gratifying ways
If you would come out of your den
Throw your head back to the moon...and howl with me

I send you a healing song
To diffuse your house of dark mist and cloud beauty
If only...if only...you could hear me sing to you, my love
My soul for ascending prayers in smoke and
Reflection in the echo of your eyes
Like when in pools of full moon light
Could not cool your fury
So you released it like furious drumming from
Your hands...no...your spirit
Your ceremonial exorcism of demons
And those hands that bring me so much bliss
I cannot perceive them as the arsenal you manifest

I lay in my haze, my cornfields of rain and earth
Sending you glowing waves of radiance and heat
I am free now...come, be with me... so you can bathe
In the scarlet of my sky, my skin
Where obscurity is bejeweled by the ornamental zodiac
And I can't tell where you begin and I end....

- Christina Hoff



Jonathan Terry, DO

Some Pearls of Wisdom

by Amanda Segura, PIE Narrative Strand

I thought I would share *some pearls of wisdom* that were passed down to me from varying patients.

1. To be a good doctor you have to listen to your patients (even if you think they are crazy).
2. If you know you are getting a shot bring someone else to abuse (because the doctor is the one with the needle and you don't want to kick him/her).
3. It is never too early to start using sunscreen (trust me when you get to be my age you will wish you had)
4. Take care of your teeth (because dentures SUCK).
5. Sudafed, it's not just for meth some use it for urinary incontinence.
6. Beware of old people not dogs.
7. Better like old people because with any luck you may become one.
8. At all costs AVOID GETTING OLD!!!! □



Anita Harshman



Anita Harshman



Anita Harshman

An Unraveling Mind

Who am I?
Who knows?
Not me, but I care. And undoubtedly I am.

This I, the me, the one inside the mind,
together we, the brain, the soul, the heart (muscle and
metaphor),
act expecting permanence.
Yet things of such complex beauty rarely are.

I've seen what happens when the sands of self slip out.
When a mind betrays its owner, leaving behind a shell,
and passion and confusion
seeping through
every single
fissure.

And thus
my mind strains,
knuckles white, on to bunches of proteins and ases and
isms,
just in case. The elegant piano player fingers of the
brain glimpse out to catch and mark, locate and tag
the cagey eel chameleon some call the soul, just in case.

My eyes look back to the memories of reality and
imagination,
recording and rewinding,
memorizing and imprinting,
just in case.

Just in case one day a piece doesn't click in right.
If this receptor falls off and that transmitter forgets its
place.

If the me you and I both know
is just a mix of certain chemicals
and if one day,
one gets loose.

Fragile in the body, that's inevitable.
Knees will creak. Vision may blur.
But fragile in the mind,
that's the life-affirming fear.
I don't want to be transitive and flexible.
At least not while my heart still beats
with regularity and rhythm
and occasionally with fury.

While my ears still hear
the subtle rumblings of faraway thunder
and the whispers of a lover.

And so I grip myself with focus and fervor.
Not letting
a grain of me, whatever that is, slip though
any hidden cracks and crevices.

Together, the me of myself,
every molecule and its partner,
every anxious fear
and distant dream,
pleasant memory,
and delicate faith,
and the unknowns
of fate and chance
and destiny,
we rise together
again and
again
and
again.

Together until we are not.

- Margaret Hayden



Robert Schenck, Jr

From Texas With Love

by Robert C. Schenck, Jr, MD

Starting a surgical practice after residency is an exciting and pretty darn challenging event. First you have to figure out where you want to practice, and second, you have to negotiate the business side of your new job. Although I successfully trained in Orthopaedic Surgery at a prestigious East Coast institution, I was a complete failure when it came to my efforts on finding a job and making any money. I had always thought I would practice in a small town in Colorado, similar to where I grew up in Carbondale, but my Jersey Girl wife of three years didn't like the cold. I knew I wanted to teach and work at an academic center, and after visiting one or two private practices, I heard about a promising job at the medical school in San Antonio. Being born in South Texas I knew my marriage would thrive in the Texas heat, so I quickly signed a contract to start as an instructor at the University of Texas, Health Science Center at San Antonio. A mouth full. My German God-father in New Braunfels, Texas had many great sayings but one of my favorites (other than "Ist Das Loeben Schoen" or "it's the good life") was, "good things take time", and so does a good Texan story. Here is mine.

I cut my teeth in orthopaedic surgery during that first decade at "the county" which was the teaching hospital for the school of medicine in San Antonio. South Texas is a friendly but rough area and injuries were big time at the university. Bexar County Hospital is a Level I trauma center, indicating the highest level of care and given only when a neurosurgeon, general surgeon, and orthopaedic surgeon are on-call and available 24/7. Furthermore the private practitioners in town refused to do complex trauma, and with that, the university had to develop physician firepower, as the biggest and baddest injuries were concentrated right at Floyd Curl and Medical Center Drive, my new address as a young surgeon. This university practice is where I grew to love the Texan patient. I was born in Texas, raised in Colorado, and never thought the Texas hill country would be a good place to practice. In residency I had always heard, "if mama ain't happy, no one is happy" and adage soon became my reality. My warm-blooded wife refused the cold of my Colorado dream job, so in the summer of 1990, we found

ourselves moving into a rental in the San Antonio suburbs in Shavano Park in the hottest part of the year. Mama was happy.

Texas Medicine is not to be fooled with. The standards are excellent, working as a private practitioner is very lucrative, and my arrival was a mere blip on the screen of the busy private orthopaedic surgeons in San Antonio. I came to town with a can do attitude but soon learned that most Texans didn't trust medical schools or medical school physicians; they wanted to be treated in a private practice. Much of my initial practice was spent trying to convince patients to be admitted to Bexar County, later named University Hospital. It was easy if they had broken three or more bones, as the patient wasn't going anywhere. But if it was an elective surgery, the patients rarely came knocking. After several months of futile effort, I applied for privileges at a small private hospital and the well-heeled patients soon began knocking on my door. The first was Lamar Braxton, or 'B. Lammie' as he liked being called just as his name had been read off the West Point roll call. Mr. Lammie had already been seen by a talented, private, but relatively harsh, orthopaedic surgeon, and soon, B Lammie found himself at the county hospital complimenting me on my bedside manner and asking if I would perform his knee replacement.

"Dr. Schenck, do you operate at St. Lukes?" B Lammie asked with hesitation but in the very polite, slowly drawn, Texan manner. A rush of relief came over his face when I said yes. This led to the introduction to my new Texan name, and was repeated throughout my ten years of practice in South Texas treating Texan patients. Schenck is pronounced 'skank' by my family but is impossible to pronounce with any drawl. The Texan drew out the "a" so it came off as Dr. Ska a-a-a ank, my new identity. And that is how B Lammie pronounced it as he explained his social influence in Alamo Heights. This suburb was home to old money residents called 09'ers because of the last two digits of their zip code. These folks rarely came to the County Hospital, unless severely injured or dead. "If I do well, Dr. Ska a-a-a ank, your practice will boom, my neighbors will become your patients." After some silence, he went on to say, "But if I don't do well, everyone will know about that, too."

I had been taught during medical school and residency to sit and cross my legs while listening to patients. But hearing his gentle reminder to do a perfect surgery, I sat a little further down on my stool, leaning forward to be more relaxed for my response. "Mr. Braxton," I said without that comforting Texan drawl, "I will have to graciously decline. I think it is best for you to go back to your previous doctor, he is famously talented, and will provide you a better chance at a good result. You see", I went on to explain,



Robert Schenck, Jr

"I have a family and I'm just starting my practice. I can't take that risk." I was met with an awkward silence, and I asked if there were any further questions. He sat somewhat stunned as I thanked him for coming to the University clinic, and I moved on to my next patient.

Even though I was a Texan by birth, I must admit I sounded more like an easterner. I thought my real problem about practicing medicine in Texas was that I didn't have a drawl. In my mind, this made me, at first sound, less trustworthy when compared to a born and bred Texan surgeon. Although I had been born in Texas, we moved to Colorado when I was ten and I was not going to fake a drawl to attempt to charm my patients. It only took one patient to show me, in Texas, it didn't matter how you talked but what you said.

Lamar Braxton was a smart man but his success was related to his charisma and his wife, Rosalie, as I would soon discover. I hadn't met Rosalie during B. Lammie's dead end clinic visit, but that same Friday, in the late afternoon, my nurse, Connie, popped her head in my office and said "a Mrs. Braxton is on the phone:" "Dr. Schenck, this is Rosalie Braxton, and I want to apologize for taking you away from your family:" After a short silence, she went on, "I would also like to apologize for my husband as he behaved poorly in your clinic today. I have him on speaker phone and he has something he would like to say to you." Now there are many accents and speech patterns in this lovely country of ours, but the South Texas drawl and the perfectly timed, albeit slowed speech, is a pure delight when conversing especially in this situation, listening to a poorly behaved Texan husband. "Dr. Ska a-a-a ank," B. Lammie echoed on speakerphone, "I am truly sorry for my rude behavior in clinic today. I completely agree with my wife that I was an

idiot. I am hoping that you will be my doctor, and I don't care if my leg falls off; I would be most grateful if you would reconsider doing my surgery." A bit surprised at what I was hearing, Mrs. Braxton further apologized, "We would never, ever, put your family at risk." Everyone talks about the tall Texan and his firm business sense, but I must admit, after this conversation, my awe goes to the Texan woman. B. Lammie's surgery was uneventful and he sent me several very nice and gracious patients as promised. Mrs. Braxton was most grateful and she offered their summer condo on Mustang Island for years thereafter.

My next Texan message of love started one weekend, while on call when a resident told me about an injured boy in the emergency room. The unfortunate six year old had gotten his foot caught in a twenty year old rope while boating, and the foot had been partially amputated at the ankle.* The foot, by report, was pale and amputation was being considered by the trauma team. I went into the Emergency Room where the resident's story and description of the youngster was sadly accurate. It made good sense to me to try and save the foot so during a four-hour surgery his tendons were repaired and a vein graft was transplanted to an artery making his foot nice and pink. This family, especially the father, Mr. Joerstoens, felt terribly about the injury as they had been on a boat together and were distraught that a vacation in Port Aransas would cause such a loss. When we told Mr. Joerstoens that his boy's foot was going to survive, he was extraordinarily grateful. His sense of respect and gratitude grew each time I saw them in clinic as the foot continued to heal. When I showed Mr. Joerstoens his son's x-rayed signs of healing, he put his arm around me and teared up. His son was running normally in six months, and there was little reminder of that tragic day, but Dad would not forget what we had done. I took a call, again, one afternoon, but this time it was Mr. Joerstoens. "Dr. Ska a-a-a ank, I hear you have a farm near Comfort. Does it have a proper Texas smoker?"

He drove in from Knippa one Saturday afternoon with his welding truck, carrying a pair of massive thirty two inch diameter steel pipes, precut and welded into a staggered configuration allowing the lower firebox to provide mesquite flavor to the longer smoker section. He had made the drive two weeks earlier, measuring our brick pit, and his cut pipe, flanges, and home fabricated chimney were pre-welded to fit on the original firepit. He needed to weld a couple remaining supports when he asked, "I know you can do surgery, but can you weld?" I proceeded to don the welding mask, to create, for my first time ever, an arc welding bead. "Keep your hand steady", he chuckled, patiently re-

starting the bead when my hands traveled too slowly and the fluxed electrode stuck to the metal. That afternoon the smoker was completed. We started a fire, and closed the lids, each of which bore a welded name. I smiled when I saw my name, Bob, in raised letters, was on the smoker door; my wife's name, "Tricia", was likewise written in weld on the lower position of the firebox. As if he read my mind and being the Texan gentleman, he turned to my wife and spoke ever so clearly, "Mrs. Ska a-a-a ank, if you two ever get divorced, just call me, and I will come grind his name off."

My last Texan message is one of the sweetest. During my years as a San Antonio surgeon, I met a gentle, retired AG instructor from Yoakum, Texas in clinic. G. G. Kidd was a gentleman with a kidney transplant and a torn shoulder tendon that kept him from feeding his cattle. His surgery got him back to bucking bales and like the Braxtons and Joerstoens, his gratitude did not stop with paying his bill. He had heard from my nurse that I had a thirty-acre farm in tiny Comfort, Texas and he also offered his help. When he advised that my place needed cattle, he kindly advised me to choose a Hereford Brahmer mix, "as the heat will eat up your Colorady Hereford". Later that spring, I met him in Gonzales at an auction and he hand picked six cow calf pairs which we hauled three hours up I-10 to put in our Comfort pasture. We then visited with a few ranchers about renting a bull and for a marginal fee, I found myself starting a herd. GG's sons were all successful A & M grads and after they left home, I think GG missed having a boy on the ranch in Yoakum. So, we loaned out our oldest son, Gus, age 10, to live for a week on a real live ranch and with a real live Texan rancher. Gus returned one week later, excited about his time and especially happy about getting to drive GG's pickup truck in the pasture, on a booster seat.

In 2000, my wife and I moved our family of seven to New Mexico after ten years in South Texas. We left for a great job in Albuquerque as the head team physician for a division I NCAA football team. Sadly, I left behind many good friends and loyal patients in South Texas and the Hill Country. That year, on the 4th of July, we flew along the front range from Denver to Albuquerque the night before my interview at the University of New Mexico. That evening flight was highlighted by two dozen different fireworks displays as we floated south for our visit.

Our move to New Mexico landed us in the suburbs. My wife began to miss her Comfort farming life almost immediately, so she joined a local Albuquerque 4-H club and began attending meetings with the kids, hoping to find an animal project. One evening she cornered me in the kitchen saying, "I want to raise sheep as a 4-H project with the

kids. I want to raise some ‘backyard’ lambs!” Having been raised in the rural west, I knew from first-hand experience what a hillbilly was and I thought to myself that I had finally brought the girl raised in the Princeton area to the hillbilly level, my level. Like any wife fearing Texan husband, I calculated that if I said no she would do it anyway. “I am not saying it is a bad idea, but maybe you should check with GG Kidd in Texas . . . and also the city of Albuquerque.” She called GG that night and we both got on the phone to say hello. “Backyard lambs? That is a great idea,” GG said, then added, “I can help.” The city of Albuquerque noted she only needed a quarter acre of land so she tore through our filing cabinet to find the house survey. She clearly ignored that over half of the lot was covered by house when she saw 0.26 acres written on the plat. The neighbors also gave their permission with one family stating, “You can raise gorillas if those kids of yours are involved.”

That summer GG and his wife stayed at our house in preparation for the Bernalillo County 4-H fair. He was proud of our makeshift pens and helped the kids shear and wash the backyard sheep for the show. Each day GG went to the fairgrounds with Trish and the kids in preparation for the show and the eventual auction. Standing in the relentless August sun of New Mexico and watching GG work with my children as if they were his grandkids, made me realize what Texas is all about: family and loyalty. I will always remember GG’s smile and easy going manner as he did more for my family and me than I had ever done for him in the operating room.

It was after our move to New Mexico when B. Lammie called me on a Saturday to say hello and send his thanks. I was standing on the Texas Tech sideline as the doctor for the UNM Lobos waiting to be preyed upon by Mike Leach’s unstoppable Red Raider offense. B. Lammie had

been having trouble with his other knee and months earlier I had sent him to a great orthopod in San Antonio, Lawrence Trick, who had moved his practice to the medical school that I once called home. B. Lammie’s second knee surgery went even better than my first, but this Texan couldn’t hesitate without using it as a joke, “Dr. Ska a-a-a ank,” B. Lammie proclaimed, “my Skaaank knee is better than my Trick knee.” I loved that call. Those are good patients, good people, my Texan B. Lammie and his gracious boss, Rose Braxton.

When we left Texas, we sold the farm in Comfort and lacking a crane to move the 1300-pound smoker, I left it with the new owner. Eleven years later, homesick in Albuquerque for my Mr. Joerstoën’s welded steel gift, I sent my wife on a mission while she was on a trip to Comfort to see friends. I asked her to speak to the owner and see if we could buy back the smoker. The interaction was very Texan. Trish toured the remodeled farmhouse and at the end of her visit, she asked about the smoker. “Why sure,” the owner responded, “Bob mentioned that someday he would come back for it.” Central Freight dropped off the crated smoker three weeks later, now a gift twice given, built with great respect by Mr. Joerstoën, and then sent back, pre-paid, because of a ten year old conversation with a Texan woman.

GG passed away a few years back, B. Lammie is getting older and his wife Rose recently dropped us a note and a picture from their 50th wedding anniversary. Gratefully we have not needed Mr. Joerstoën’s grinder as both our names still adorn the transplanted Texas smoker. □

* Simonich MP, Schenck RC Jr, et al.: Successful Revascularization of a Partially Avulsed Foot in a 6-year old Child. Texas Medicine 1996 July; 92(7):72-75.



Jonathan Terry, DO

June 25, 2011

Dear Dr. Pedrotty,

It's been another great week at Socorro General Hospital! My favorite experience this week has got to be the day that I assisted in surgery. I had the pleasure of shadowing Dr. Mueller, a podiatrist, in three surgeries. This was the first time that I have been allowed to scrub into an actual surgery; during the GV/Pulm/Renal block, I took a Sterile Techniques course that taught me the procedures for scrubbing in, but this was the first time I've been able to put those lessons to use.

Prior to starting medical school, I had no doubt in my mind that I wanted to be a surgeon. I had shadowed Dr. Alan Altman for three years, and fell in love with surgery. The notion of physically altering another's body so as to relieve pain and suffering, or to remove a cancerous mass with your own two hands excited me more than anything. I felt that surgery provided a sense of gratification much different than that found in any other field of medicine - it was an instantaneous sense of knowing that you, the surgeon, were the vector of change, the conduit of healing. In my mind, to be a surgeon is to be among a select few that have been given permission to trespass into sacred ground into one's body. Surgeons walk the razor-thin line between life and death, acting as stewards for their teetering patients, who are locked in a form of suspended animation. It was a raw, blood, messy kind of medicine that battled the Grim Reaper every day. I craved that kind of battle; the high risk, high acuity type of medicine that would thrust me into the terrifying immediacy of the moment. But as medical school progressed, I began to be exposed to a variety of medical fields. My time in the OR drastically decreased, and spent more and more time in the ER and inpatient clinics. The clarity with which I viewed my medical career path began to darken. Do I still want to be a surgeon?

In the onslaught of new medical fields to explore, surgery began to fall by the wayside. I began to entertain ideas of becoming an emergency medicine physician, or possibly even a cardiologist. It wasn't until this past week, when I had the distinct privilege of engaging in a ritual that most experienced surgeons take for granted, but one in which a burgeoning medical student savors scrubbing in. No longer would I be relegated to the sidelines of surgery. Instead, I would finally get to don the surgical uniform - the blue apron, face mask, and size 7 1/2 sterile gloves. I felt like Daniel "Rudy" Ruettiger finally getting his shot to play for Notre Dame.

The patient was a 16 year old female with a congenital extra fifth metatarsal that required surgery to remove the metatarsal head. The procedure only lasted 15 minutes, but when Dr. Mueller asked me if I would like to close her up, time stopped. I jumped at the opportunity and relished the couple of minutes it took to throw three sutures. My only regret was that the incision was small, and didn't require me to suture more. Dr. Mueller, satisfied with my work, has invited me to assist him again in more difficult cases. I eagerly look forward to my next rotation with great anticipation. I hope all is well in Albuquerque, and that you find these scorching temperatures a bit more bearable than the 100+ °F in Socorro!

Sincerely yours,

Lee Swiderek, *PIE Narrative Strand*

Dear Dr. Pedrotty,

I never thought the last week would be here, but alas, I find myself at the end of PIE relatively unscathed. I have had some time to reflect on my experiences and I look back on them fondly. I have learned quite a lot about medicine and about life in general, so I thought it fitting to make my last narrative strand about the top 15 lessons learned from my rural experience.

- 15.) “Mudbogging” is a term used to refer to driving massive pickup trucks through really deep mud with the purpose of seeing how far you can go. You don’t have to be a redneck to enjoy it.
- 14.) No matter where you go, find the local coffee shop. The Manzanares Street Coffee House is better than any Starbucks I’ve ever been to.
- 13.) After finishing lesson #14, find the local watering hole. Thankfully, the Socorro Springs Brewery was synonymous with Socorro, so I didn’t have to look far.
- 12.) Get to know the nursing staff; they are wonderful at bailing you out of a tight spot and can give you more information about how a patient is doing than what the lab results are telling you.
- 11.) Don’t go to a rodeo wearing flip flops; there’s lots of horse shit on the ground.
- 10.) Get to know your host family. They can be an invaluable resource and they will have amazing stories.
- 9.) Age is just a number. A couple of 90 year old women act and feel like they are 60 yo, and some 50 year old men act and feel like they’re 100 yo. Your “functional age” is what really matters.
- 8.) Being “On call” is not nearly as fun as I thought it would be. Being woken up at 4 am is not fun; it’s a pain.
- 7.) Take full advantage of the opportunities to do a wide range of medicine in a rural setting. You will never get the chance to scrub into surgeries, let alone assist with a major operation as a second year medical student at UNMH. At a big research institution, you’re the low man on the totem pole. In a rural hospital, you may be the only man on the totem pole.
- 6.) If you’re going to do surveys in a community full of cowboys, start by recruiting as many attractive women as possible to do the surveying; you will triple your sample size.
- 5.) It’s a good idea to show up an hour before your preceptor gets to the hospital so that you can review the patients’ charts for the day and talk with the night shift nurses. They’re a good source of additional information that your preceptor won’t know yet.
- 4.) If you want to be a good orthopedic surgeon, start with woodcraft. Proficiency with wood tools translates to proficiency with surgical tools.
- 3.) Keeping up with assignments is much easier than falling behind and then trying to catch up. Work early, work often.
- 2.) You will get exactly what you put into your PIE experience.
- 1.) If there is nothing else to do, go golfing.

Thank you Dr. Pedrotty for all your witty advice and commentary. I’ve really enjoyed writing to you these past eight weeks. I am very thankful to have had somebody that can provide both insight and levity to the rural experience. Hopefully when classes start again, I will be able to meet you in person. I hope all is well with you. As for me, I am off to San Diego and then Las Vegas for a bit of rest and relaxation before the GI block starts in two weeks. Thanks again for everything.

Sincerely yours,

Lee Swiderek, *PIE Narrative Strand*



Jonathan Terry, DO

Urbanities: Incongruence and Contemporary Life

by Janet Page-Reeves

Jill lived in a slightly shabby 19th century row house on a street lined with large trees and uneven sidewalks. After years of violent struggle between cement and root, the walkways were cracked and in places, lifted from their beds--much to the detriment of public sewer lines. But the shabbiness was not overwhelming. This was not a neighborhood in total disrepair. One look at the logos on the cars parked up and down the street, or at the primly tailored little gardens that dotted some of the house fronts, and you could tell. The neighborhood was gentrifying.

It was a process, however, whose pace and scope were noticeably haphazard. Because of the neighborhood's centralized location, everyone was certain that complete gentrification would eventually arrive. This was making the neighborhood increasingly attractive to investors and weekend warriors swarming at the smell of opportunity. But although the process was ongoing, it was far from complete. One house on the row might be transformed into something from the "after" segment on one of those

home makeover shows--especially if it was a house with some unique architectural attribute--while its adjoining neighbor staunchly resisted a shift, if not out of the Victorian era, at least out of decrepitude.

The incongruence that defined the neighborhood was perfectly reflected by the fancy restaurant on the corner and its rat problem. At the end of a line of mostly dilapidated row houses, was a Victorian "cupcake" of a house that had been re-Victorianized with competing shades of delicate and brazen pink, outlined with ornate white trim "piping". The Cupcake was home to an exclusively expensive restaurant with romantic candlelight, white table cloths, pink china and a nouvelle cuisine fare. The food was wrought into unlikely structures and inevitably drizzled with something exotic. Although barely anyone in the neighborhood could afford to eat there, everyone Jill knew agreed that replacing the boarded-up crack house that used to operate out of the corner building with an elegant bistro was a welcome change to the neighborhood.

But neither the Cupcake's posh external demeanor, nor its reputation, could escape the reality of its Victorian-era construction or its urban location. Paint wasn't the only pink on the property. Much to the dismay of residents, the presence of food and kitchen scraps was a magnet for rats. In the dumpster behind the Cupcake, rustling sounds and an occasional fleeting flick of something hairless and pink were "tell-tail" signs that not all of the Cupcake's dinner guests had reservations. Most of the neighbors were aware of the problem. Jill had recently found a very large dead specimen on her front walk. Although thoroughly disgusted, the next morning, to her relief, it was gone. Undoubtedly, it was carried off by some other neighborhood animal. Yet, inadvertently, she made an even more horrifying discovery: The Cupcake's "clientele" were doing more than just visiting yards. Now, rats in the outside garbage of a restaurant in an old, urban neighborhood were one thing— even understandable. Indoor rats were an entirely different issue altogether.... ...

It all began with the flies. It had been the dead of winter. The temperature outside was freezing and walking the blustery two blocks from the subway to Jill's place required inordinate bundling of exposed body parts. That was why Jill had been struck by the fact that there suddenly seemed to be so many flies around. In the summer, it wasn't uncommon to get flies, especially because Jill liked to leave the back door open to take maximum advantage of that brilliant 19th century architectural design for air flow that makes older homes tolerable without air conditioning. But in the winter, it seemed odd to have flies, and especially so because they were in quantity.

Actually, it had taken her a couple of days to become cognizant of the fact that there were so many flies, and to put that together in her mind with the paradoxical fact that it was winter. And even weirder, were the flies themselves. Summertime flies that zip around the house, from window to window, are irritatingly erratic and difficult to swat. These flies were a different sort. They were fat and bloated and slow. They didn't buzz about, but seemed to beach themselves on the window glass, where they stayed until they either dried up and fell back to the sill, or found some old crack through which to gain access to the wrong season and the consequent freedom to freeze to death.

The night that Jill finally became conscious of them, she had no trouble going from window to window, all through the house like the Angel of Fly Death, bringing

mortal retribution upon the oblivious beasts with a thwack from a rolled-up newspaper. Without any perceptible resistance, their bulbous bodies squished on the glass in a manner that was decidedly unpleasant. It hadn't taken Jill long after that night to associate the illogical appearance of the flies with a growing "bad odor" that she had been noticing in her dining room.

Jill's dining room was one of the "funkier" parts of her row house. It's inordinately high ceilings and steep windows gave the room an elegance that was soundly denied by the scraggy, cracked paint on the dry rotting window sills, by the second-hand look to Jill's age-worn wooden dining table, and by the perceptible slant to the raw wood floor. The entire house was noticeably askew. One could suppose that after so many years, the house was merely "settling" irregularly, but Jill was attracted to more colorful explanations. Once she had jokingly told a friend that she was convinced that it was built by a band of drunken, dyslexic sailors with a seemingly congenital inability to see straight, much less master the proper use of a level on land.

Whether by virtue of natural processes or maritime insobriety, the incline in the dining room floor was significant enough to make the table wobble distractingly if you tried to seat people at both ends at the same time. But Jill had loved the dining room from the minute she saw it. She thought it charming, despite its obvious flaws. The friends that had helped her move in had roundly agreed that it was a room with exceptional character ~ shabby chic, if you will. OK...so there was a rather large, ancient-looking trap door in the middle of the floor, but together they had decided that could easily be hidden by an old, but still beautiful oriental rug that Jill had inherited when her mother died.

The rug wasn't one of those tufty, knotted rugs with complex floral scrolling and peacockish-looking plumes that grace the polished floors of sumptuous homes decorated with immense stone fireplaces and solid-looking leather furniture. Jill's carpet was one of those woven, "tribal" rugs with amazingly intricate geometric patterns and whimsical animals. As a child, Jill had always been fascinated by those animals and she would spend inordinate amounts of time making up stories about them, pretending that they were real, or merely arguing with herself about which one was her favorite.

Jill's grandmother was not so impressed. She had always imagined the rug to have been hauled around on the backs of camels by Bedouin nomads and used in their yurts (or whatever it was that Bedouin nomads lived in), and as a result, in her mind, it was permanently dirty. Every time she came to visit, her grandmother made a point of complain-

ing about that “filthy” rug. But, although Jill doubted that the rug was ever actually used by nomads in the desert, the somewhat primitive, ethnic quality of the rug was exactly why her mother had loved it. Jill thought that her rug was much more beautiful than its more polished oriental cousins, but she also loved it because it reminded her of her mother.

Prior to the night Jill became flies’ bane, the odor in the dining room had been relatively subtle. Jill originally attributed it to the general mustiness of old houses. As the odor had become increasingly pungent, she began to realize it was coming more specifically from the dining room. Her first inclination was to wonder about the hygienic history of her rug, but she rejected that tack because it left her with a feeling of complicity in her grandmother’s jingoist vision of a global cleanliness hierarchy. It was only after the “night of the flies” that Jill found herself thinking more and more about the smell, and remembered the mysterious trap door completely disguised by what she liked to imagine had been the handiwork of the sheik’s favorite daughter.

Jill was amazed at the absurd lack of curiosity she and her friends had demonstrated on moving day. She supposed that their lack of inquisitiveness could easily be explained by a combination of end-of-moving-day-exhaustion and creepy misgivings about what might actually be under a shabby, old row house. But Jill was even more astonished at herself—how could she have forgotten about its existence all together? What was that door for anyway? Why was it there? Where did it lead? Regardless...it now seemed likely that the trap door beneath her treasured carpet was the source of the smell, and although she didn’t like to think about it...maybe the source of the flies as well.

Jill was not the muck-in-the-mud, adventurous type. She didn’t like spiders or bugs, or even the idea of crawl spaces and trap door-covered basements. She was not going to be the one to investigate. But Jill knew someone who would. She called her friend, Teresa. Jill and Teresa knew each other from college, and Teresa lived in an apartment nearby. Jill phoned and explained her suspicions about the flies and the odor. Perfectly in character, Teresa was totally into the idea of finding out exactly what lay under the rug and beneath the trap door. She loved a good mystery and she wasn’t squeamish about the sort of thing that makes many girls cringe. Before Jill had a chance to finish her morning coffee or change out of her pajamas, Teresa was on the porch, ringing the bell, flashlight in hand.

Together, the two of them moved aside the heavy, wooden dining table and drew back the rug. There it was: a rather large trap door, at least four feet long and three feet wide. What a bizarre place for a trap door, especially one of

that size! Giggling nervously, they gingerly lifted the door open and folded it back on its hinges. A plume of dust rose from the opening, but it was the smell that practically sent them reeling. Jill felt embarrassed that she had somehow neglected to inquire as to the nature of the trap door when she rented the place, but at the same time, she felt vindicated in her current suspicions. Teresa, ever brave and resourceful, didn’t hesitate before switching on her flashlight. Assertive, yet cautious, she descended the wooden ladder stairs that disappeared into the surprisingly deep basement. Gratefully, Jill positioned herself at the opening. “What’s down there? What do you see?”

“Wow,” came Teresa’s response. “Wow.” Jill could hear Teresa’s voice moving around down below. From where she stood, it looked like a dirt cellar, but it was too dark for her to see what was happening. A few minutes later, Teresa returned and climbed the ladder back up to the dining room. Shaking her head and brushing dust from her hands and from the knees of her jeans, Teresa said, “Well, it is both interesting and disgusting. You have a pretty cool dirt cellar. I don’t know what you would use it for. It’s rather rank down there. The disgusting part is that there are a couple of enormous dead rats.”

Horrified, Jill’s hands shot to her mouth and she almost choked, emitting that noise of sucking air that people make when they are shocked. “But wait,” warned Teresa, “it gets worse...” Jill looked questioning, her hands still covering her mouth. “The dead rats are covered with maggots.” EEEEEEEwwwwwww!!!!!! They both screamed, and danced around, as if trying to shake off the very idea. Laughing, grabbing each other’s hands and making disgusted, vomiting noises, they nearly fell headlong into the cellar. Quickly they had closed the trap door.

Mystery solved and many things still to accomplish, Teresa went home. With the immediacy of a 911 call, Jill phoned her landlord. She expected a reaction both horrified and apologetic. Instead, when she informed the property manager that she had giant, maggot-covered dead rats festering in the dirt cellar below her dining room, his response was not what she had anticipated. “Oh, it’s probably just the rat poison,” he said matter-of-factly. Somewhat taken aback, Jill replied, “Pardon me?” He continued, “Well, since that restaurant went in on the corner, all of the houses we manage on the block have been having rats in the basement.” Jill failed to respond. As if ignoring Jill’s stunned silence, he went on, “And you know, all of the houses there are connected through those 19th century dirt cellars where they used to deliver ice, so we put down some rat poison. I guess these suckers were just too big for the poison to get rid of them. Rat poison kind of causes the rat’s blood to dry

up and it basically desiccates the poor bastards from the inside out. But really, it's designed for mice...you know, they're a lot smaller. The problem with these rats is that they are so big that they don't actually dry up properly--too much mass for the air to get in there and dry up. Well...sometimes they develop a fly problem."

Lovely, thought Jill. Later, she was so glad that she had found the wherewithal to overcome her absolute incredulity at this information to retort irately and in a rather commanding voice, "A rat problem?...Well, if you are going to put down rat poison, then it seems to me that you should at least make sure that someone comes and hauls away the rotting carcasses...or are you thinking that I'm planning to make rat jerky?" In the end, the guy had been affable and agreed that they would send someone over to clean up the cellar. The smell dissipated, the flies disappeared and somewhat to her chagrin, Jill now knew what mysteries lay beneath the trap door in the dining room under the tribal rug... and what had caused a large rat to turn up dead in her front yard.

The landlord kept his word about carcass retrieval and neither the flies nor the smell returned, but after that, Jill never liked to go back down to the first floor at night after she had gone up to her room to go to bed. She also maintained a healthy skepticism about strolling around outside at night. Although discovering that her dirt cellar was festering with maggoty rat carrión had not been the best of news, she supposed that was just the nature of things in a house of that age in an urban neighborhood connected by dirt cellar tunnels to a restaurant with yummy food scraps to scavenge. In fact, it was the blend of funk and chic that gave the neighborhood its character. And Jill thrived on the contradiction inherent in this juxtaposition. □



Margaret Menache

The Warm Operating Room

I go and scrub in
Overdressed, gown, gloves, face-shield
Fog, clouded vision

Clerkship didactics

Friday afternoon
In the dark conference room
And I close my eyes

The Cadaver Lab

Open body bags
Strange, strong odors everywhere
They follow me home

- Haiku by Sean Rivera



Laura Hall

gloving (sterile technique)

I learned to glove up
in surgery.
preceded by a ritual
ablution

the hot water, the soap,
the steam, water, soap
more steam
cleaned

before the shedding
of blood, a sacrifice,
the anticipated
salvation

lest contamination
corruption
the footprints
of flies

deny this life
we walked into the OR
hands high as in
surrender

to altars unspoken
murmuring words
that were or were like
prayers

and now, barrier blest
gowns, gloves, blue mask
thin layers but heaven
from earth
separated

necessities of distance,
in sweet sterility,
the immaculate fields
yield your secrets
still untouched.

closure complete
and incantations spoken
free to enter unsterile spaces
but my doctors

still hesitate at doors
some sterile field
remains before
and they are yet
untouched

– David Mullen for Jerry Belitz, PhD



Morning Rounds

I wake and dress and scramble for the door
I bike with fury to arrive for rounds
Patients to quickly visit on the floor
My mind is slowed by all the many sounds

My notes and papers lying everywhere
The attending says that he wants to start
I saw more patients than I think is fair
I sweat and feel the pounding of my heart

As we walk many thoughts go through my head
It's time to speak and to present my plan
"If we do that the patient will be dead"
"Instead, we'll start him on some Ativan®"

At last I am finally able to eat
I do my work and then I go retreat

- Sean Rivera

On Call

"We're admitting a patient to the ward"
The chief approaches and I close my book
"Go see him now, you're looking rather bored"
Of course! I say I'll go and take a look!

The emergency room's a mile away
I have my stethoscope and history sheet
Supposedly he's had a TIA
He complains of dry throat and smelly feet.

I ask about the symptoms with concern
He volunteers more than I need to know
About the news, sports and his tax return
Two hours in I tell him I must go

I realize I have nothing to report
I tell the team my work has fallen short

- Sean Rivera

Like Life, as of yet, Untitled

Everybody wonders
About all the where's, the when's, the why's,
And especially, the why me's.
But don't you think - so many experiences reprises of
one another -
That things reoccur like once-thought-conquered
diseases?
That the seemingly preordained
Genetically encoded
And very very stupid things
Repeat and repeat and repeat and repeat?
I guess that I just never caught on that
“No.” is a complete sentence.

- By Rebecca Mayo, PhD, RN



Margaret Menache

Oh Grandfather

I stole glances of you so often
Knowing you were the man of my dreams
Thinking I would never find another quite like you
My savior, my sage, my love

One night awakened in the still darkness
Grandmother crying, come quickly
Lives changed forever in five minutes
You half-dead, dazed, reborn an infant into a man's body
Me, relegated to a grown woman child, longing for her light
Being remade - nursemaid, cheerleader, house physician

Your decency abandoned in haste
A void left in its place by a sanguineous mass
Transforming you into a trickster, hell bent
On tormenting yourself and others with disapproval
and disregard

And I am your red, brown and white successor
Confronting callous words and sallow lies
About how the multihued pieces of me do not fit together
In your pallid world, where you see yourself, white washed
and superior
Did you forget I was your baby, princess, and pride?

Oh grandfather
Can we not return to pipe dreams
To times when you loved me without condition
Where we mutually touched cerulean skies in silence
and dignity
And I was worthy of you, simply because I was here....

- Christina Hoff

Week 5

anonymous, PIE Narrative Strand

Today was a bite my tongue day. Since my regular doctor is on vacation, I am working with one of her colleagues this week. I interviewed the patient and thought I did a reasonable job of presenting her primary concern of abdominal pain and secondary concern of job related anxiety during an annual physical. I mentioned that she had family history of ovarian cancer.

The doctor made the assumption that her anxiety was caused by the family history and because the patient was approaching the age of her sister when she died. The poor patient had to endure a 20 minute lecture on how he does not treat anxiety and she has no reason to be anxious due to the history of ovarian cancer.

Then he lectured her for another 20 minutes on describing her pain as a 10/10. A patient should only use this designation when they have life threatening pain the equivalent of having a limb ripped off. His potential diagnosis of her pain is directly related to her rating of pain. If she can't get the rating right, then he can't get the diagnosis right. Her pain cannot possibly be of pelvic origin if it is 10/10. It must be a GI pain. If she really had 10/10 pain she would go to an ER. If she is concerned about having ovarian cancer like her sister, she should know that cancer is painless.

He then had the audacity to tell her that she needed to choose between having the pain addressed or hav-

ing her annual PAP, all while she was sitting in a gown and drape. I so wanted to apologize to the patient for his behavior.

Afterward, I also got a 20 minute lecture on describing pain as 10/10 and how this patient wasted his time. If a patient is really in 10/10 pain they would not be able to call out to a child about to be run over by a bus. I could not help but think about how many patients he could have seen during the hour he spent in needless, rude lectures. No wonder he was running 2 hours late. I so wanted to make a comment on how doctors with a 0/10 capacity for compassion can make it that much harder for patients to endure their pain. But I bit my tongue out of the need for professional behavior.

Monday's Albuquerque Journal had an article on how 1/3 of adults suffer chronic pain that is "too often unacknowledged and inadequately treated". "It is a moral duty of people in health care to address that issue." "Pain treatment is hampered by ... the negative attitudes of doctors... toward people in pain." I so wanted to make a tongue in cheek comment about the article, but instead I bit my tongue. When is it appropriate for a medical student to intervene in a mentoring physician's rudeness to a patient? □

Code Blue

An emergency doctor named heart
Was paged to the resuscitation cart
Though he didn't exist
He came to assist
As everyone else did their part

Hypochondriasis

A medical student named Rick
Was starting to feel kind of sick
He read through his text
Became rather perplexed
There were 200 causes to pick

- Limericks by Sean Rivera



Jonathan Terry, DO

Week 6

anonymous, PIE Narrative Strand

My preceptor requested that I do a Saturday evening shift in the ED just to see what it was like. I expected to see more trauma cases, but found that it was actually still a lot of the same stuff you see everyday in the ED. However, one patient made this a very memorable night.

Dr. Kester handed me a clip board saying, "here, this is a grandma with painless jaundice, why don't you go see her." 'Painless jaundice: I thought to myself, 'painless jaundice, that buzz word is so familiar.' I kept turning the term over and over in my head but couldn't remember what to associate it with. Before going to her bed I checked her vital signs, which were all within normal range. I drew open the curtain to bed 8 to find a thin old woman laying there with her daughter sitting at her side. (I'll call her Mrs. Begay for HIPPA sake ©). Right away I could see the yellow tinge to her skin and when introducing myself to both of them I looked into Mrs. Begay's eyes and saw the very apparent

scleral icterus. After introducing myself, I quickly realized that Mrs. Begay didn't speak English and her daughter began to translate for me.

Mrs. Begay didn't have any complaints. Her daughter just noticed that since Thursday her eyes and then her skin became yellow and she was worried so she brought her in. She has had a normal appetite, she has had nausea and vomited once since Thursday, but denies any diarrhea, abdominal pain or feeling any other constitutional symptoms. Mrs. Begay did complain of aching in the joints of her arms and legs, but said that this has been going on for years. Her PMH was significant for: hypothyroidism, hepatitis in the 1950's for which she was in and out of the hospital for two years, intermittent seizures that have been going on since the 1980's that are being managed with gabapentin, frequent UTI's, surgery on her thyroid and surgery to remove gallstones. Upon physical exam I noted: sclera icterus,

jaundice, non-tender cervical lymphadenopathy, and vague lower quadrant pain. Negative for right upper quadrant or epigastric pain and Murphy's sign was not present.

After I presented to Dr. Kester and he ordered all the blood and urine tests, I went to Harrison's to read up on Jaundice. Because of her appearance and the history of arthralgias, acute viral hepatitis was on my differential. Her history of gallstones also put obstruction on the differential.

"Shit" said Dr. Kester, the lab results had come back. "Her T-Bili is 23, she might have cancer in the head of pancreas." DING DING DING! BUZZ WORD! That's what I had been searching for since I heard him say 'painless jaundice.' My happiness with my word association quickly wore off after I realized that Mrs. Begay might have pancreatic cancer. Dr. Kester quickly called the lab because they hadn't done a direct and indirect bilirubin. I learned that indirect bilirubin is a measure that can reveal hepatic dysfunction, while direct bilirubin means obstruction. The direct and indirect bilirubin came back and her direct bilirubin was 15.4. I tried to be positive, thinking that she could have another gallstone, but this was pretty unlikely considering she didn't have any RUQ pain. Now, Dr. Kester was even more concerned. "Well, we're gonna have a to do a CT on her." We explained that we needed to do a CT to see if there was any obstruction, (not saying anything about the suspicion of cancer), had her sign the consent form, and followed all of that up with some tasty contrast. It was already 11:30 and she wasn't even going to get into CT until 2:00am so I spent a little more time with them before saying goodbye at midnight.

I was so worried about her and hated that we were suspicious of cancer but she had no idea. I think it was the right thing to leave out the whole idea of cancer until we got the CT back, because there was no sense in worrying the patient for the next 3 hours if it wasn't cancer. I just hated that Mrs. Begay was a relatively healthy 82-year-old woman. She can walk around with only the aid of a cane, just as fast as I can. She was talkative and smiled. When I left she smiled and said, in English, "Thank you for helping me." I said "you're welcome" but I really couldn't see how I had helped her at all. I didn't feel like I had done anything. In fact, all that I did was everything leading up to giving her and her daughter terrible news. I wasn't able to stay and see the CT results but I'm still very worried about Mrs. Begay and hope I can find out what happened with her when I go into the ED today. I'm still praying she doesn't have pancreatic cancer. □

16 stitches

Forehead laceration.

Lidocaine.

Stitch. Pull.

Blood falling like tears.

Stitch. Pull.

Drip. Drip. Drip.

Stitch. Pull.

Cheek. Chin. Floor.

Stitch. Pull.

Grandpa.

Stitch. Pull.

"I walked into a door."

Stitch. Pull.

Blood on shoes.

Stitch. Pull.

Father.

Stitch. Pull.

"I fell and hit my head on a table."

Stitch. Pull.

Husband.

Stitch. Pull.

"My wife did this to me."

Stitch. Pull.

"My wife hit me."

Stitch. Pull.

"Again."

Stitch. Pull.

Tears falling like rain.

Stitch. Pull.

Drip. Drip. Drip.

Stitch. Pull.

Cheek. Chin. Floor.

Stitch. Pull.

Snip. Snip. Snip.

- anonymous, *PIE Narrative Strand*

Portraits, History and Memory

by Robert H. Glew, PhD

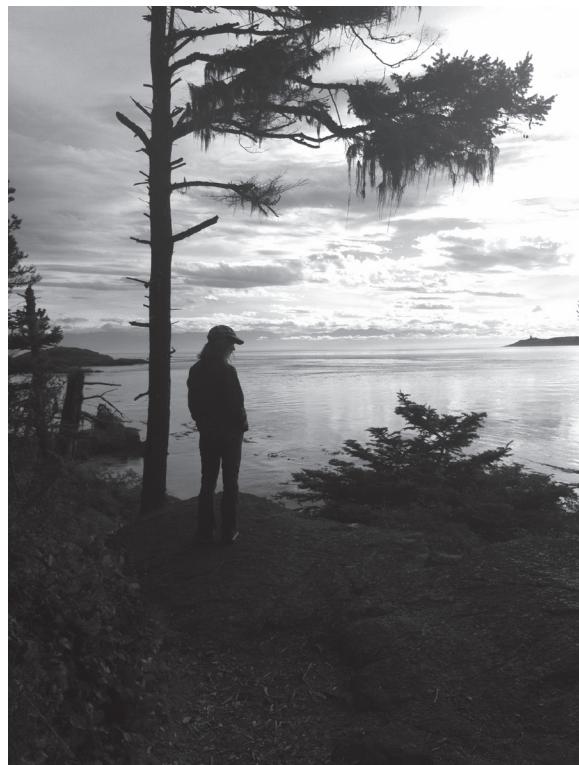
I was a freshly minted PhD embarking on the first of a three-year fellowship in Baltimore at one of the oldest and most revered medical schools in America. At the behest of an old-time biochemist, I found myself seated in a 250-seat auditorium listening to the weekly Grand Rounds lecture in medicine. The speaker was a Nobel Laureate; the topic addressed the question of the diagnostic and therapeutic roles of the embryonic science of molecular biology.

As enthralled as I was by the speaker and the content of his lecture, I was moved emotionally to the point of goose bumps by the numerous oil portraits that adorned the walls of the auditorium. The pictures included long-deceased deans of the medical school and physicians, surgeons and scientists who had founded the institution or made major contributions to the education of medical students and residents, discovered new knowledge about human biological processes, or devised new medical or surgical ways to treat various diseases. In the years that followed I made it a point to arrive early at Grand Rounds lectures so that I could study the portraits, record the names that went with the faces, and later on read about these people to learn what they had contributed to the Johns Hopkins School of Medicine. Their stories inspired me then and still do more than four decades after I first saw their portraits.

With one exception, of the four medical schools where I have been a faculty member, all share the common practice of honoring many of their exceptional faculty, upon retirement or soon after they are deceased, with an oil portrait that is displayed conspicuously in one of the hallways or lecture halls of the institution. The UNM School of Medicine is the exception. One could peregrinate the place for hours and still end up hard-pressed to find more than a few oil portraits of the founders of the state's only medical school, or the people who are responsible for the innovations in medical education that are praised and copied in many countries. In my mind, the occasional photograph, lithograph or cartoon-like caricature you might encounter in the UNM Health Sciences Center would be a poor substitute for an oil portrait. Absent such oil portraits that would serve the institution for centuries, we risk falling into a kind of collective amnesia. Without the portraits of the great ones, the esteemed who are responsible for the good reputation we enjoy today, with the passage of just one generation, instead of an enduring remembrance, the name vanishes, they become the forgotten, the eternally absent.

Why should we give serious thought to capturing portraits of our illustrious predecessors? In the least, it is a way to cultivate and nurture maintaining a sense of the historical continuity of the medical school. Portraits are also a way to pay tribute to those portrayed. The men and women whose images are captured in oil serve as the foundations of the past upon which we, the living, build the future of the institution. There is value in reminding future generations of faculty and students of the origins of the School of Medicine.

It is not too late for faculty, administrators and students – past and current – to redress our inattention with regard to the issue of portraits. We can be encouraged by the portrait of Dr. Sterling Edwards that hangs in the Conference Room in the Department of Surgery and begin the task of identifying and capturing in oil-on-canvas the faces of the founders, administrators, educators, doctors and scientists who are responsible for the marvelous Health Sciences Center that contributes so much to the education and well-being of all of us, including those who comprise the wider community of New Mexico. □



Jonathan Terry, DO

I'm Not Perfect

Time of Death, 02:00, no pulse or breath
Call OMI, tell them the story, report this 17-year-old's death.
A large cranial hemorrhage, nothing new to my eyes
Why couldn't I save him in surgery! I have trained 7 years for this fight.

A large cranial tumor, at the base of the anterior fossa
Five centimeters in size, a slow growing giant invading the casa.
Hard as a rock, need the Leksell and the drills
This tumor was tough, a true battle of wills.

She was left hemiparetic, intubated and in a coma
She developed venous infarcts, a horrible unexpected dilemma.
We discussed this case, we reviewed the literature
Need to learn from this case, must grow and mature.

A lovely young lady visits our clinic for headaches
She has a large tumor, undoubtedly the cause of her complaints.
Surgery went well, this tumor was nice and soft,
Applauded myself, felt like I was in a Loft.

CT scan the next morning shows a hemorrhage in the tumor cavity!
What?, How?, Why? No way!
That's not fair, that's not how I planned it
She is supposed to be smiling, reading the papers, not at risk of dying!

Neurosurgery is a tough field, there are no guarantees
For exploring the brain and spinal cord with our eyes is almost treachery.
There is a reason a hard skull and a spine were made
We are called to invade these structures, intended to keep us away.

As I progress forward, Day after Day
I learn many lessons, I influence people's lives in such strong ways.
And to me, Perhaps, the most important lesson of it all
Is that I'm not Perfect, nobody is, but we must strive to answer The Call.

- Paul Kaloostian

Journey to Oaxaca: A Student's Perspective on a UNM Traditional Mexican Medicine Course

by Rebecca Turciano

If you would have told me four years ago that I would end up being an occupational therapist, I would have laughed in your face. If you would have told me four years ago that I would participate in a course centered on traditional Mexican medicine, I would have stopped breathing. I am your average twenty-four year-old American youth. I get busy, I get tired, and I get sick. Sometimes it goes away with enough chicken noodle soup, and sometimes I have to I go to my physician for an antibiotic. That's all I have ever known. Up until now, I never thought twice about exploring other healthy options.

I first heard about the Introduction to Mexican Traditional Medicine course, taught by Dr. Terry Crowe, professor in the department of Pediatrics and Dr. Cheo Torres, Vice President of Student Affairs, upon entrance into the University of New Mexico Occupational Therapy Graduate Program. The description of the course caught my attention immediately: two weeks in Oaxaca, Mexico with other students, professionals and active community members studying curanderismo and other forms of natural healing practices. Activities included time in the mountains, on the beach and two nights in the jungle. I embarked on the trip with an open mind; I wasn't exactly sure what would come of it, but I was willing to entertain alternative options when it came to taking care of myself and my loved ones. What I ended up walking away with, was far more than I initially imagined.

Curanderismo is defined by Dorland's Medical Dictionary for Health Consumers as a "traditional Mexican-American healing system combining various theoretical elements into a holistic approach to illness and believing that disease may have not only natural but also spiritual causes." Curranderismo a big word with simple roots. It is one of a handful of treatments that provides a holistic approach, incorporating spirituality, Mother Nature, mysticism and a healthy dose of faith. In curanderismo, it is believed that we look to the four elements -Earth, Wind, Water, and Fire - to balance our spirits and heal our ailments. It is the healer's job

to get our elements back in harmony with one another through different methods they have perfected. Curanderismo was not concocted in a laboratory: it consists of Mother Nature and a wise individual who knows how to interpret her. Most healers specialize in an area of expertise. Some choose to be parteras (midwives) serving their

community as the birthing experts for many who do not have access to doctors or hospitals. Others have deep roots in the healing power of plants and vegetation. They are experts in regional foliage and use specific plants to cure ailments ranging from a sore throat to an unhappy baby. Others, such as a limpiador, cleanse the soul through spiritual ritual using an egg or other entity. A Huesser heals broken bones through the use of massage and natural casting methods. Every healer has a special talent and method they develop to make their own, and some perform a multitude of services and treatments. For ten days, these experts

took us in and explained how they have taken care of their communities without what we consider to be "modern medicine."

The first five days would start with language class. We spent three hours in Spanish immersion classes with some of the most patient and competent teachers in Oaxaca. I quickly learned that my language skills were not as polished as I had previously thought. Class helped to breakdown the language barrier so that we were able to directly communicate with the healers, no matter our proficiency. The afternoons were spent in seminars studying different aspects of natural healing practices. For example, we would go to the Mercado to purchase fresh herbs, participate in a limpia (an ancient cleansing ritual), take a field-trip to the home of a curandera, or take a class from a partera. Every day provided a new opportunity to learn about a different facet of curanderismo from the masters themselves.



Rebecca Turciano



Rebecca Turciano

Have you ever-smelled fresh eucalyptus simmering on a stovetop? I have. As the leaves crunched with every turn of the wooden spoon, a new waft of scent reminded me of the Vicks vapor rub my grandmother used to put on me as a child. We all took turns hollowing the agave leaves and putting the fresh product on our newly sunburned skin. It provided more relief than whatever 100 pesos could buy me down at the local farmacia. I had the pleasure of hand picking individual bougainvillea flowers that would later be added to our homemade cough syrup (which later came in handy when my roommate started to complain of a scratchy throat).

All of these things I did within a few hours using plants and other natural ingredients. These natural remedies have been serving communities for thousands of years. At a fraction of the cost, free of synthetics and preservatives, not only am I more likely to recommend these products to those with limited resources, I am also more likely to use them myself.

Do I know all of the herbal remedies after two weeks of study? Absolutely not. But what I do have is a greater curiosity surrounding alternative treatments. As Dr. Terry K. Crowe once said, "You may not have the answers, but at least you have the questions." I am looking forward to a life-long pursuit of knowledge surrounding both different traditional and modern approaches to health care.

Now if you'll excuse me, I need to go make some agave shampoo for my younger brother. That boy could really use a shower! □

This week

anonymous, *PIE Narrative Strand*

This week, a little old Navajo lady walked into the urgent care clinic on crutches with a leg splint. After a couple weeks I was already accustomed to seeing people requesting narcotic pain medications for almost anything, and being promptly rejected. I have been in the room several times when my preceptor had to turn down someone seeking these drugs because of the propensity of drug seekers to use urgent care and emergency rooms to supply their narcotic needs. I have even done a learning issue on common strategies drug seekers use to get a doctor to give them a prescription. Needless to say I expected this little old lady to be on, and request more Lortab, or some other narcotic. As it turned out, she didn't but it wasn't because she wasn't in pain. She was at the Bar D, a local chuckwagon and folk concert event, a couple nights before and she fell down some stairs, breaking her patella. She was taken to the emergency room in Durango and was given a prescription of Lortab and a splint. We asked her how the Lortab is working for her, she explained to us "OOOH it's too strong. I'm not takin' it." We asked what she is taking and she said ibuprofen. "How much?" we asked. She answered "Just one." "every 4 hours?" "no, every day." We were very surprised. Afterwards, my preceptor and I compared patients we had seen this week. It was either a great example of how different people perceive pain differently, or how different people deal with problems and difficulties differently. I am convinced that if everyone was as tough as this little old lady, our job as healthcare providers would be much simpler. □



Kristina Sowar



Paul Akmajian

First Day Out

anonymous, *PIE Narrative Strand*

The lack of wireless internet is a slight inconvenience in this town. One of the first useful tidbits of information related to addressing this barrier to communication was provided by one of my new roomies, Lee. Lee is a fourth year physical therapy student from Maine. "You can go to McDonald's, they have free wireless, the bad thing is that they only have one outlet", he told me as I began my lay of-the-land line of questioning. "KFC has internet as well, with more than one plug", he continued. Well, such were my options for wireless internet access. After a short drive around town I realized that all the franchise fast food joints had efficiently seeded Shiprock, apparently by population the single largest tribal community in the contiguous United States, for sure the biggest chapter in the Navajo Nation. McMoco's, Booger King, KFC, Taco Hell, Pizza Smut. Shameless, I thought. Even the McDonald's Playplace is adorned with picturesque stucco Hogans inviting all the children to come play in a plastic paradise that is safe from rez dogs and goatheads. As I checked my email and drank the iced McCoffee (sugar-free) that I felt was my

way of compensating for the hours of internet time I would utilize, I noticed a middle-aged gentleman helping himself to a tray of multiple McGriddle sandwiches. As you might know from the documentary 'Supersize Me', the McGriddle is introduced as perhaps the most lethal single food item on MceeDee's menu. I shuddered to think what might happen next. As he laid waste to each McGriddle one by one, I tolerated the sluggish internet connection. He triumphed as I was still trying to send my fifth email.

What impressed me the most was a conversation I was shameless enough to overhear post McGriddle debauch. He was speaking to a loved one or friend, someone that had called him to check up on him, to ask how he was doing. "The doctors say they need to take out 5 or 6 of my teeth", he said into his cell phone, "I told them to go straight to hell, what do think, that I'm crazy?!", "They say if don't do it they will keep me from getting my replacement kidney", "I told them that they can keep the kidney, I don't need it, I'll keep doing my treatment, my dialysis, they must think I'm crazy!", he continued defiantly, "I rather enjoy my time before I die, they're damn fools if they think they are going to take my teeth".

Wow. I was a little floored. First day out and about in Shiprock.

My questions: Who provides dental care on Navajo Nation? How accessible are dental clinics to tribal people? To children? How does that compare to how accessible McDonald's and all this garbage is to the folks that live up here?? How health literate is the population? Who provides the education? How is it provided? Most are questions that I intend to answer soon. There are more questions, with less clear cut answers. How will they overcome, how can these franchises continue to operate knowing that their product is harmful, especially to high-risk populations, how can I help? □

Mother and Child

anonymous, PIE Narrative Strand

This past week I had a completely new experience. The appointment started out with the mom showing up late for both her and her son's appointment. I was surprised that my preceptor agreed to see them together. I would think that children's appointments could be handled together, considering the similarities of patient concerns. My preceptor later explained this was neither the norm nor an ideal situation, but was done to prevent them from having to reschedule. The pair had both had mental issues, as the mother had been diagnosed with depression and the son had been recommended for Autism testing. The mother did not want the child to be tested. The mother informed us that the Albuquerque Public school system recommended she get testing for her son; however' she refused as she did not want her son to be labeled with a mental health problem. My preceptor attempted to explain the benefits of the testing, but the mother still didn't want to have her son tested.

The mother presented with problems with sleeping and anxiety. She explained that the current litigation problems had brought about the same symptoms she had experienced a few years ago. The mother also explained that the litigation resulted from a fight her son had with a group of other children. She stated the children had been picking on her son and he finally retaliated. One of the children's arms was broken and she was now being sued. The mother wanted medication to help her cope with the stress and anxiety caused by the situation.

This was new for me due to complexity of issues with the child and mother. It was alarming that the main issue I thought to be important was not for the mother. The mother didn't want her son to be tested, but wanted a note for a pet. The son found a dog, but the housing projects didn't allow pets. The mother felt that the dog helped her son's behavior. My preceptor explained this wasn't something he would feel comfortable doing and recommended she request this from a psychologist. This situation reminded me that patients have a right to decide what is best for them, and my role is to try to assist them within those boundaries. So, although I felt she should seek care from a mental health specialist to help with her son's problems and she thought a pet would be best, ultimately it was her decision. □



Laura Hall

I Felt It There

I felt it there, knowing it was bad

Perhaps it would just go away... positive thoughts, herbs
and prayers.

After all, it was not a good time.

Months went by, pleading with God to no avail,
It persisted and even grew, a husband and family who still
didn't know.

Perhaps I should get an answer, a doctor...
but no.

Bills on the table, we already cannot afford
A husband, recently unemployed, with guilt and burden
I will not cause a divide, my faith says God will provide.
Summer to Fall, Winter and Spring once again
A blessing of work, I will finally go in.

Feeling short of breath, probably anxious and unrelated
Reluctantly, I expose my secret

The shock, visible in their eyes....

Tension in the room...

"I'm so sorry ma'am, breast cancer", they say, "In brain,
bone and lungs"

Less than six months to live

Tears... I ask about bills, "no insurance I explain..."

They seemed surprised and say "Financial aid will likely
cover"

No bills today or ever

My tragedy, now revealed

- Maria C. Montoya



Jonathan Terry, DO

