

MEDICAL MUSE

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



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MEDICAL MUSE

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

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

Please include name and contact information.

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

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

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

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

– The Editorial Board

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Dara Zafran



Sonja Lynm



Jonathan Terry

Reconciliation

Weathered eyes share humor,
then recollection,
then humbly retreat to calloused hands
neatly folded.

Pensive spirit
in reminiscence
recalls vigor the vessel
once afforded.

Dull ache,
his constant companion
reminds the price paid
for peace accorded.

Indications noted,
risks quoted,
understanding reached
and plan recorded.

Wandering mind while set to the task,
wondering, doubting, regretting, resolving.
Depleted prescriptions returned to full
and by day of the week all sensibly sorted.

Spontaneous memory embraces him,
warming his heart as only she could do.
The silent inscription upon his soul
reads, "Not yet, but one day I'll be rewarded."

– Carl Bryce

Dream People

Somewhere between feathered creases
dream people climb in and out
of gyri, peeking taciturn eyes below
noncommittal smiles, only
all of them manifestos of
the waking
doppelgangers.

Credence to these faces,
follow,
follow me towards
a path unknown. Reality happens,
stops, shifts, collapsing into
trusting corners.

and you think you don't know them.

Sometimes waking sleep is
the heaviest and the hardest, never
do we wake from these dreams
that choose us, fate after all
no more
of a lie than free
will.

But

even if waking were possible,
would the dream be
any
different?

– Jonathan Terry

The Singer

She came to clinic, she sang us a song
Her hands were weaker, could not hold even a prong.
The pictures were done, with results so convincing
Her neural structures were pinched, her cord was wincing.

The melody played on, the tone became darker
She sang us a song of excitement and anger.
“Will I lose my voice, will I lose my hunger
Singing is my life, my heart, and my lover?”

“Maam there is a risk of hurting that nerve,
The nerve to the voicebox, recurrent, will swerve.
You need a fusion to relax your spinal cord
We will be meticulous, cut the disc with a sharp sword.”

The time has come and passed, the patient opens her eyes
Her first words are interesting, sang like a lullaby.
Her voice is melodious, she thanks us with a song
The Singer still sings her beloved music so strong.

– Paul Kaloostian



Jonathan Terry



Jonathan Terry



Sonja Lynn

Let Us Hope

We can protect ourselves from very little since the world began at Alpha and will not stop until Omega careening as though out-of-control yet leaving nothing to chance always following Newton's Laws of Physics admixed at times of necessity with physicality. Along the way molecules coalesce give rise to mud blood worms rocks and thoughts that ride the brain rails to connect the whole. It is said that we are dust and to dust we shall return and that is true for matter can neither be created nor destroyed it just changes forms like water ice and vapor plus or minus heat. But it is hard to see how we get from dust to dust seeing as most humans in this culture are intent on being interred in steel sarcophagi from which not even the thinnest drop of liquefying death can escape to replenish the elemental cabinet of all that is.

As for me, I want to claw my way back into the womb of the Universe right away like an old car going to a chop shop where all its parts are pulled apart sent here and there to Budapest Beagle Bay Monterey to breathe new life into machines and new utility. I want to feel my body disaggregate nails transmute to sand hair cascade as water down *las Cataratas del Iguazú* intellect wake-up as fragrant coriander fingers form the feathers of a phoenix eyes open black in a crib in Hanga Roa breast beat rhythm in the heart of a manatee grey cells tickle pigeons' feet along electric wires brittle bones turn into steel. All my atoms—electrons neutrons protons quarks—singing dancing and jumping jumping for joy. *¡Libre! ¡Libre!* Free to start anew. Let us hope.

– Sylvia Ramos Cruz



Jonathan Terry

The Words

By Gonzalo Bearman MD, MPH, FACP

It was 2011 and I was the infectious diseases consultant at a large university hospital in Virginia. The clinic schedule was busy and the number of patients was keeping me preoccupied, forcing me to stay focused and on track. My next patient, Simon, was scheduled for a routine follow-up visit. Simon had recently been diagnosed with HIV/AIDS. I'd met him when he'd come into the hospital for antiretroviral therapy to treat the multiple complications of his HIV disease.

As Simon made his way down the clinic hallway, I saw that his lean figure appeared more vigorous. He greeted me with an eager nod, briefly making eye contact, and stepped into the examination room.

"Good to see you again," I said. Scanning his face, I noted with approval that he had more color than when I'd last seen him. He looked like he'd gained a little weight, too. All seemed according to plan.

After the interview and exam, we reviewed his laboratory results.

"Wow, the latest blood tests are remarkable!" I exclaimed, then continued, "Your T-cell count is much improved, far better than what I expected!" A sense of optimism and achievement swept through me.

Simon stared at the ground.

"I guess that's good news," he said slowly, his voice subdued.

"Absolutely good news!" I countered. "I'll see you in four weeks."

A faint smile appeared on his face as we parted ways. I moved on to the next patient with a sense of self satisfaction.

During our next visit, Simon seemed uneasy. Seated on the examination table, in a hospital gown, he avoided eye contact, his previously talkative demeanor was muted and his expression was flat. Feeling confident still from our last encounter, I began the physical examination. After shining my light in his pupils, "Simon" I said, "please open your mouth nice and wide". He paused, as if hesitant to proceed with the examination.

"You know, Dr. B, I've wanted to talk to you about something that you said last time," he said slowly. "I'm not sure what you meant by it, but I've been thinking about it for weeks. When I lie in bed, the words echo in my mind. I was going to call, but you're so busy....I just can't seem to get over your comment."

Feeling bewildered and off guard by the comment, I sat down on the stool alongside the examination table to listen, while wondering inwardly, Didn't we start off right? Isn't his condition improving? What could be the issue?

"Better than expected' you said when we discussed my lab results. I can't get over that. Is there something that you're keeping from me?"

"I'm not exactly sure what you mean," I said.
"Please tell me more."

"'Better than expected' suggests that you didn't have much hope for me ~ that I'm a lost cause, and that the treatment won't really save my life. That's had a tremendous impact on me. At times, I feel that all of this ~ the medicines, the doctor visits and the labs~is simply futile. I feel defeated."

As Simon's words began to sink in during the silence that followed his comment, the fear in his eyes was unmistakable and I finally grasped it. Every patient is a person with a unique internal narrative about his/her health and perception of illness. Part of the physician's role is to astutely read, comprehend and take part in the patient's 'story' so as to better appreciate that individual's personal experience of illness and to employ healing as an art and not merely a science.

Like a scalpel, words can bestow tremendous benefits or inflict great harm. Once words have been spoken, patients digest them, interpret them, internalize them and use them to give multiple and sometimes even contradictory meanings to personal events and states of being.

I recalled that over the initial encounter, Simon spoke at length about recent life experiences including the illness, the loss of employment, financial pressures, ongoing problems with heavy drinking, and a strained relationship with a life partner. I had failed to discern Simon's narrative, a life of shattered dreams, conflict and deep personal disappointment. In doing so, I missed the opportunity to comprehend and partake in the meaning of his illness ~ in particular his concerns, pessimism and lingering fears about the future. His physical experience of disease was tightly intertwined with deep psychological wounds, wrongly simplified by me in favor of more tangible and convenient elements such as the clinical response to treatment. I realized that I had failed to take Simon's inner narrative into account; I'd missed the chance to enter and be moved by his subjective world. My role as a healer had been bounded by an imbalance of science over art.

"Simon," I said with a new sense of purpose, sensing the urgent need to reconnect and to mend our splintered doctor-patient relationship, "Let's start over again from the beginning. How do you feel? ...I am listening." □



Christina Vallejo

On the Go

Is it the morphine,
Or are you dying.

Between each breath,
I count.
Sometimes to ten.
Sometimes higher.

And with each,
Your eyes open wider.
Head lifts slightly
Off the pillow.

We head east,
Across the river.

The box floods
In the yellow light
Of sunset.

A poor man's Charon,
In a ferry made Diesel,
I shuttle a lone soul
Across the Rio Grande.

- Noah Cooperstein

"007"

"Bond."
"James Bond."
Looks up at me,
torso worming
against blood-
grotesquely
-stained sheets

Four points
wrists and ankles tied
TUGGING pasty
morphine skin
all the corners tighter
expanding amorphous,
mercury centers.

Nearby Stands The Law,
Orderly, starched uniforms
short-sleeves, forearms
impeccably flexed at
45-degrees, it's easy
to stand tall with

Both
feet on the ground.

- Jonathan Terry



Kevin Vlahovich

Crossing Borders

We crowd the tiny examination room—
the patient, her husband and I.
She folds into the chair by the wall.
He stands uneasy by the door.

She from Guadalajara, he from Texas
have crossed *fronteras* of marriage
and children many times *sin* interpreters.
Now they're here for me to say in Spanish
what another surgeon told them in English
sobre el cáncer in her breast, the need for
una operación, quimioterapia, radiación.

Their thoughts resound in the silence
like trees falling in a far-off forest.

Then, he says, "I understood every word the doctor said.
It's just, I couldn't drop the heavy sentence on her."
She says in a different tongue, "I know my husband will tell me all that's said.
It's just, he doesn't know medical terms and what if he misses something?"

She asks, *¿Doctora, perderé mi pelo bello?*
He wonders if he will lose his wife.

I sit enveloped in the language of their fears,
caught on a barbed wire of translation.

– Sylvia Ramos Cruz



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Billy Graham and the Ice Cream Man

By Robert Schenck

During my first year of medical school I had a chance to attend one of Billy Graham's revivals. It was during the summer in Baltimore, and it took place at the vacated Memorial Stadium where the Orioles had played baseball that spring. Religion and baseball are funny bedfellows, and that proved to be no different with the evangelist speaking at a sporting venue. I was no stranger to religion as I had grown up in a very liberal Episcopalian family. We enjoyed our eucharist and wine on Sunday, and like good Anglicans we continued to focus on the spirits during the remaining six days of the week, but only after five pm. I had never been to a religious rally and even such, our church services were very subdued. As to baseball, I had always enjoyed playing sports but had been terrible with a mitt, and like many spectators, could only dream of being good at America's pastime. It stemmed from my first year in little league when I had been hit by a line drive. After my black eye healed, I feared and dropped any pop fly hit in my direction, effectively ending any possible career in baseball, so I never played much of the sport. Little did I know how much baseball and the revival, two American staples, would force me to grow up.

I had recently moved to Baltimore to start medical school at Johns Hopkins but soon learned that the East Coast was entirely different from the mountains of Colorado. In the first place, Colorado, at that time, did not have a major league team, so having little experience as a baseball fan and an even worse experience as a ball player, it was surprising that I found myself working at Oriole's Memorial Stadium as a vendor for baseball games in the spring of '81. I sold peanuts, soda, hot dogs, and cracker jacks while wearing a striped smock and a skirled paper, carnival-like, concessions hat. Oddly, my desire to work concessions started after watching baseball's glorified 'beermen' as a spectator. At the age of 22, the idea of answering to the call "hey, beer man," at that time, was slightly more appealing to me than the thought of being called 'doctor'.

This new experience of baseball vending was as fascinating as studying gross anatomy. Working concessions was a welcomed break from the intensity of medical school. Baseball fans are entertaining customers, and to my surprise, they are more than willing to spend money on overpriced items. And the storefront was spectacular: baseball is played on sunny days and is almost always cancelled for

rain. I found watching the game as a vendor was as interesting as when I came to the stadium as a ticket-purchasing spectator. During the downtime in baseball, which was quite often, I ran up and down the stadium steps, talked to customers, and made sales. It was easy to stop during any critical moment and watch the game, just like a fan.

I soon learned the hierarchy of sales positions at the stadium. No self-respecting 'beerman' would ever again be caught selling peanuts, soda, or God forbid, hot dogs, as all were forced to do. These lowly products were dissed as making little money for the vendor, or the stadium, and were a hassle to carry up and down stadium steps. A fan would buy only one hot dog or one bag of peanuts, but once in the mood for a beer, the spectator wouldn't stop buying until last call or the seventh inning stretch. But the process of getting to sell beer was difficult, with rare openings for a position occurring only through attrition. If a beerman didn't show up for work, he lost his spot and the next name in line moved effervescently up the list. I showed up on time for each game, ran and sold, and watched my name slowly begin to rise toward the top of the oversized chalkboard.

The entire sales force was under the command of a stern ex-marine, who wore a large, golden, semper fi signet ring on his left hand. His forearms were intimidating and tattooed with the letters USMC. Colonel, as he liked to be called, was crisply dressed, never smiled, and he always seemed to be scrutinizing his troops. The colonel was harsh, but fair in his harshness, as he had no favorites at work, and he loved to call his vendors by mister or miss. "The Colonel," as we referred to him amongst ourselves, was never in a joking mood and only knew my name when he could see my tag. And when a vendor's name was called, it was never good. Doing well in sales at the stadium was only rewarded with a paycheck as the Colonel was there solely to point out mistakes, and these errors were handled differently in the stadium than on the field. The vendor's error didn't become part of some statistic. In the stands, the Colonel fired the vendor on the spot, telling him to leave the stadium. You didn't mess with the ex-marine.

The interactions with my military boss were limited early on as my climb to the top had stalled at the level of peanut selling peon. The list of vendors' sales positions appeared in order of importance on an oversized chalkboard, and the Colonel read the names sequentially to his audience of vendors two hours prior to the first pitch. If you missed your call, you were passed over, your name was erased from the board, and you lost your position. But the beermen routinely showed up despite my prayers for the contrary.

In that terrifying voice, the Colonel spoke to me one night after I stopped to load up my empty basket after another successful run selling peanuts. I realized I was to be fired shortly. "Mister," not seeing my name tag, "I have heard you are studying on the job," and then pausing, searching for my name tag to know who to fire, his neck veins stood out like exclamation points, "studying on the job is strictly forbidden!"

What I couldn't tell him was that studying on the job was easily mixed with selling. I would discreetly spend five minutes memorizing anatomic facts, and then make my run up and down the stadium steps reciting anatomy and physiology while selling peanuts. So I hesitatingly replied, hoping to reassure my boss, "Colonel, my studying doesn't interfere with my sales, and it gives me something to think about while running around the stadium." There was no negotiating this point as the Colonel quickly responded without a similar hesitation, "I don't care, you will be fired if I see you studying while at the stadium, working for me," and adding, smirking, "of course, if you buy a ticket, you can study at the stadium whenever you want." I was stunned as I usually was able to talk my way out of a problem. I stopped and weighed my words carefully, as if talking to a high school principal, "I now understand the rules and won't study in the stadium." It was silly, and it was one of the many old-timer rules I knew should simply be ignored. I planned on eventually being fired as I continued to study. I would still prepare for exams on the warm spring nights realizing that vending was fun, but being a student at Memorial Stadium was risky.

I watched and waited patiently selling peanuts, while desperately hoping for a position in beer sales to open. But I was grateful for peanuts. The humiliation of working through soda sales to peanuts almost made me stop my beer quest as the sticky spillage from soda cups was absorbed by every inch of my clothing, and the summer bees chased me home from the stadium. Hot dogs were absolutely humiliating, requiring the vendor to carry a mini-oven, ketchup and mustard only to be asked for napkins, onions, and relish. I experienced a living hell chasing the position of beer man by selling soda, then hot dogs, and finally, peanuts. By late May I was positioned half way up the chalkboard when I was approached a second time by the Colonel, but this time his veins weren't popping. Pulling me into his office with walls that were covered with flags, framed medals and ARA sales awards, he actually warmed up to me, "Mister Rob, you are reliable and hard working, but I doubt a beer position will open up this season." Pausing, he added, "I can offer you something almost as good."

My heart sank as he explained that during the next home stand I would be moved to the newly built Good Humor ice cream stand on the upper deck. "You will have your own team of vendors!" he effused. Before I could answer, the Colonel simply made the decision for me as I was pushed back out with my basket of peanuts and two words, "Starting tomorrow." Despite my feeling of loss for any hope of beer sales, I was grateful that I wasn't being fired, as my boss probably suspected that I was still sneaking around Memorial Stadium studying while selling peanuts. "Ice cream?" I spoke outloud, heading back to the stands.

Despite my fears of humiliation, ice cream changed my Major League Beer Dream overnight. I inherited a business within the stadium and earned a percentage from all ice cream sales, including those made by 'my' sales force. Studying at the Good Humor stand was even easier as I kept my notes out of sight and I had a view of anyone approaching. And stadium studying paid off as I finished my first year in medical school with good grades. Working summer evenings at a ball game with an entire week off when the Orioles were on the road, allowed me a perfect, relaxing schedule. After my busy year, I decided to stay in Baltimore for the summer. However, two difficulties presented themselves: summers in Baltimore are hot, and ice cream tends to melt. With the meltage, there came spoilage, and the antiquated freezer system available in Memorial Stadium only worsened the problem. I received my first weekend call when a freezer circuit blew, and I was summoned to the stadium as orange sherbet leaked toward the Orioles home locker room. Cleaning up the melting mess bruised my already jaded image of the lowly ice cream man, and the Colonel felt that the extra work was just part of my commissions.

But I survived the heat, the occasional messes, compressors were re-repaired, but it was baseball itself that got in the way of my young business. It was the 1980's, and baseball players didn't want to play America's game, at least at 1970's prices. Major league baseball went on strike on Friday, June 12th, 1981 and baseball fans wouldn't come to the stadium just to eat high priced ice cream. One hot Monday morning I turned in my brown vendors' apron, striped nylon smock, and picked up my last paycheck.

The ability to pay for a summer break now inconveniently changed, and I realized I probably would need to move back home. While packing to leave for the West, I received a call from food services HQ, aka, the Colonel. My mission: to sell ice cream for an upcoming religious revival with an appearance by Billy Graham at the stadium. I innocently assumed that an effort would be made to open food and beer sales for a revival, so I accepted my assignment as my work ethic wouldn't let me say no. Arriving at the stadium an hour before the start of the revival, my heart sank

as I realized that ice cream was the only concession that would ever be offered at such an event. And this was a bad omen. I soon learned that a religious revival is not exactly the time when people buy peanuts, beer and worse yet, overpriced ice cream. Although concessions were looking like a ghost town, I had never seen a revival, much less Billy Graham, so I proceeded to open the ice cream stand for business with an open mind to a new experience.

The night was hot, humid, and remarkably loud. My "Good Humor" stand was on the upper deck and had no visibility of the field or the stage, but I could hear Reverend Graham's messages clearly: "The searching eyes of God will miss nothing," followed by "Sin leaves its mark," and "The very heart of sin is selfishness," and His words made some sense. Not being able to see Billy Graham, but hearing him clearly in a booming amplified voice, I felt as if God Himself were speaking. Dr. Graham's voice pounded the walls of Memorial stadium and my head as well. The heat, the voice, and my isolation made me reflect on who I was, who I should be, and what changes I should make.

I had little time for reflection as the customers poured in, and they were different from any I had seen during Oriole's baseball games. One by one, children came for ice cream; they came without their parents, and they came poor. These children approached the stand remarkably hopeful, despite their dirty faces. Many appeared hungry and desperate, but they all had one thing in common: they wanted ice cream. I was there to sell them ice cream, but the problem was a financial one. These children had nickels, pennies, dimes, but none had anything near the dollar fifty that was needed to purchase an ice cream treat. Yet they didn't stop coming. As I turned away child after child, Billy Graham's voice resonated, "What is going to master your life?" "God has a plan for you." "Let God control your life." And "Get up and come, God is waiting for you." It was at that point of clarity when the smallest form of a child came up to me with a nickel in his outstretched hand. It was then that Billy's message took over, and I put my hand in the freezer, gave the child an ice cream and took his nickel. And thereafter, I gave each child an ice cream with whatever was presented as payment.

Then something surprising happened. Billy Graham continued speaking, but I drew my own large crowd. Children began to stream in, lining up to the Good Humor stand for this amazingly well priced miracle. No one was turned away until all the ice cream was gone. As the revivalist asked the audience to come down for conversion, the children left their seats for this Eucharist of bargain-priced ice cream. The freezers emptied before the end of the revival, and I gave the children all the ice cream I could find. Exhausted from the onslaught of customers, I locked up the

empty freezers, took off my apron for another final time, and left for my apartment. While I was walking home along Greenmount Avenue, thinking of the night and being bothered by my conscience, I could still hear the words of Dr. Graham echoing in the distance, "Give up what you can, and take what you can't lose." Seeing the crowds, Billy Graham's night was a success, and major league baseball eventually started playing later that season, but on that summer night, all that mattered to me was that the children ate ice cream.

I wanted to leave for home immediately, but I needed to check back with the Colonel. Surprisingly, no questions were asked. The freezers had broken several times before that summer, and there was no reason for management to doubt that this had occurred again, as I explained that the remaining inventory of ice cream had melted, as if by an act of God. □



Robert Schenck from his Baltimore days.

On Short Trips

On short trips
Like flights to Mars
Spent half aware
Of all those cars

And all those cars

And cops of course
With cuffs and flags
And flags that flash
For cards and cash...

On short trips
Like flights to Mars
Spent half aware
In all those bars

Spent half aware
In all those towns
Of all those stars
Of all those trips
Like flights to Mars

– Noah Cooperstein



Jonathan Terry

No One Ever Told Me

Magnifying my callously addictive urge just to be...
No one ever told me that I would be blind to see

Disdainfully I drank with only euphoria left to gain...
No one ever told me that I would brutally feel the rapture of my pain

Longing to hang on to my ambitious dreams, though brief...
No one ever told me that I would be consumed by anguishing grief

Ruthlessly destructive I chose myself to please...
No one ever told me that I was socially judged by my disease

Consequently, my disease's adverse progression was sure...
No one ever told me that my lack of control meant I had no cure

Damn this disease for robbing my soul...
No one ever told me I couldn't control its physical toll

Heartlessly, I abandoned my loved ones its true....
No one ever told me that my first drink would lead to my death too.

– Josephine Vincioni

*Written to raise an awareness of the disease of alcoholism and dedicated to
all those that suffer from its hold....*

Circles

One would think that
after so many
swings around
it

The pushes and pulls
of the centripetal
and inescapable
forces

Would begin to feel
less violent, perhaps
less emetic
inside

Yet each twist, each
turn seems faster
in these
circles

With the sharpest
corners.

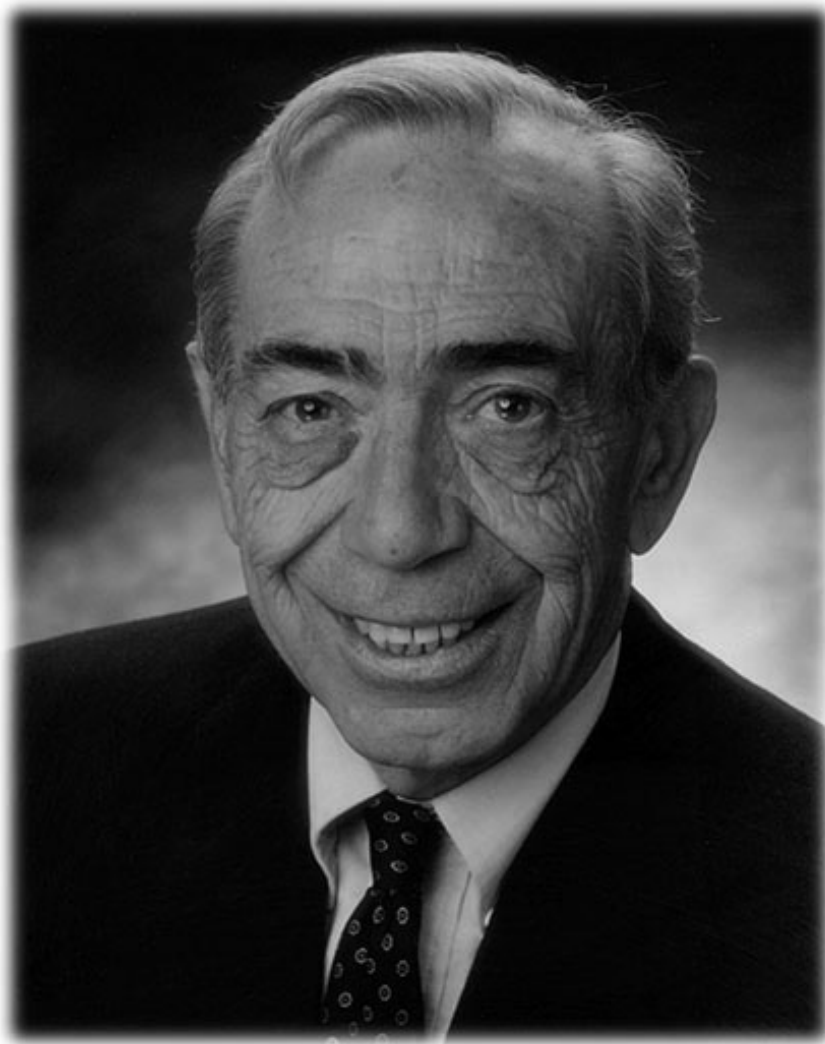
– Jonathan Terry



Hollie Constant



Hollie Constant



Leonard M. Napolitano (1930-2013). Photo courtesy of UNM HSC Archives.

“Feeling Okay”

by Greg Franchini, M.D.

Dr. Leonard Napolitano died last month. I didn't know he was ill, but when we last met, I knew he wasn't well. In fact, he seemed “not well” to the extent that the thought of letting him know how much I appreciated him came to mind. I let it go, and I now regret that decision. We weren't really close, but we had a comfortable relationship that would have allowed such an expression to take place without being too awkward. We've also had a pretty interesting history together which wasn't always so comfortable.

Over 40 years ago I was one of 48 beginning medical students who anxiously sat in the large, windowless lecture hall, and listened as Dr. Napolitano oriented us through those first crucial hours of our medical school experience. Though not large in stature, he took total complete control of the room, speaking with a clipped, authoritative manner that immediately called to mind Humphrey Bogart in one of his tough-guy roles. He was strictly no-nonsense, convey-

ing the idea that everything he said was important, and not to be forgotten. I remember that he made me feel good to be in medical school, and maybe more importantly, made me feel that I belonged there, too.

In some ways that first year flew by, yet in others it seemed to barely limp along. As the end of the year eventually arrived, our anatomy final exam provided my most defining moment with Dr. Napolitano. Our exam was organized into two parts. We were to complete the written component of the exam in the lecture hall and then move on to the laboratory where the practical exam, involving human specimens, awaited.

I finished the written exam, tossed it down on the professor's desk and bolted out of the room through a set of double doors, headed for the lab. My excitement was so great that I threw open the doors as I burst through. Unfortunately, Dr. Napolitano was, at that instant, entering the lecture hall. I'm sure he had planned this to be the mo-

ment where he would calmly enter the room, fondly look over our class, and bestow on us his blessings and good wishes for having successfully completed our first year. This, no doubt, would have produced an enthusiastic round of applause.

He never made it into the room. As I blasted through the double doors, I sent them swinging forcefully in his direction, scoring a direct hit to his filled-to-the-brim coffee mug, sending its contents flying. I still remember watching the stream of coffee as it left his mug, heading for his green patterned tie and white shirt as if in slow motion. I was horrified! Not only had I soaked our beloved professor, but I also kept him from receiving his well-deserved thanks from our class.

As I frantically voiced my apology, he stopped, assessed the damage, and wiped his face with his forearm. He then offered an exasperated smile as he slowly shook his head and said, "It's okay. Go finish your exam." It wasn't okay, but I had no choice but to hurry off to complete the exam. Later that day I again approached him to apologize, and he responded with, "Let's just chalk it up as a 'memorable event' from which we've both, hopefully, learned something."

Years later when I returned to the medical school as a faculty member, I was invited to then Dean Napolitano's office to welcome me "home." He cordially greeted me as we exchanged the usual pleasantries before getting down to more substantial conversation. The "coffee incident" weighed heavily on my mind, and I hoped that he would have forgotten that it had ever happened. This possibility quickly faded as his assistant brought in two steaming cups of coffee. Before she could set them down, he whispered to me almost unnoticeably, "Am I safe?" Then, without skipping a beat, he teasingly said to his assistant, "Dr. Franchini and I have shared coffee on previous memorable occasions." The twinkle in his eye and his wry smile let me know that I could finally quit anguishing about the "coffee incident."

My interactions with Dr. Napolitano continued amiably as I became increasingly involved in medical student education. As faculty, we were given a great deal of freedom and encouragement to utilize innovative approaches in our teaching blocks. For me, this included inviting healers of different cultures, orientations and backgrounds to present their methods and practices to our students. New Mexico, so diverse and culturally rich, offered numerous possibilities, and, over the years, we invited a host of medicine men/women, curanderos/curanderas, herbalists and other alternative practitioners to meet with our medical students. Dr. Napolitano became interested in what we were doing and suggested that we publish an account of our

experiences. As a polite response, I invited him to attend an upcoming session, never thinking that he would take me up on the offer.

During our next teaching block, the scheduled medicine man became ill which required him to cancel his presentation on short notice. I feverishly searched for a comparable replacement but came up short. Just as I was about to cancel the session, a fellow faculty member approached me with a suggestion. She knew a "naturopath" in Santa Fe who would be a "perfect" replacement. With my back against the wall, I agreed, and "Dr. Bob" was invited to meet with our students.

As soon as I laid eyes on Dr. Bob, I had immediate misgivings. His tall, slender body was accentuated by an all-black western outfit, complete with a flat-topped cowboy hat, belt and boots, all gaudily embellished with silver trim. Dr. Bob was past middle-age, but chose to dye his hair and moustache a stark black hue. (Those of you old enough to remember the television show, "Have Gun, Will Travel" would have a good idea of what I'm describing).

Dr. Bob began his presentation, and it was obvious from the start that he had a bone to pick with conventional medicine. Unfortunately, his negative attitude targeted the

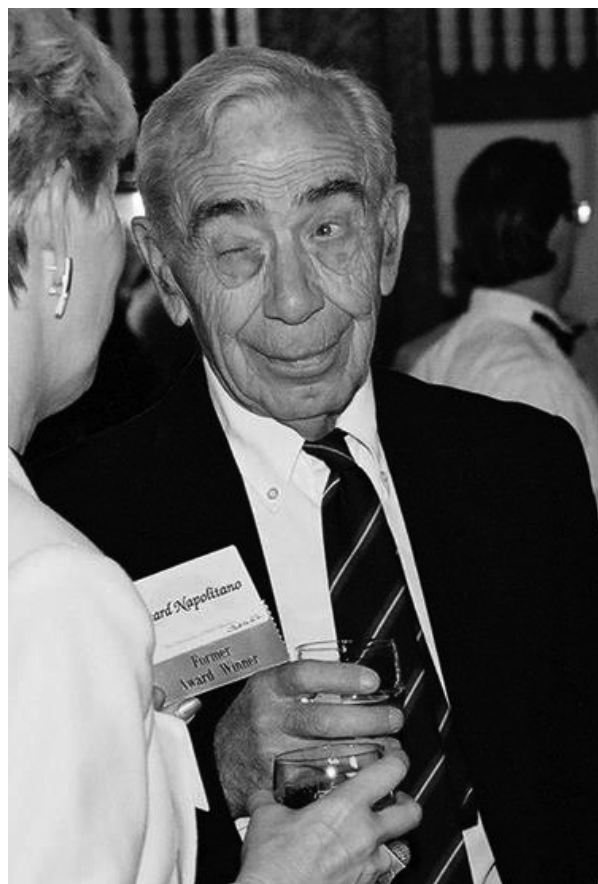


Photo courtesy of UNM HSC Archives.



Photo courtesy of UNM HSC Archives.

medical students. My uneasiness increased, and I wondered if I should intervene as Dr. Bob seemed to be revving up his performance. He cried out, “You all are almost doctors now (somehow forgetting they were only in their first year). The fun and games are over. You’re gonna be responsible for real people. Okay, tell me, what’s the most important thing a person can do for his health?”

During the interminable pause that followed, I glanced up and noticed, to my horror, that Dean Napolitano had entered the lecture hall and was standing in the back of the room, listening intently with arms crossed, head cocked and brow furrowed as he peered inquisitively over his glasses.

Having received no response, an obviously exasperated Dr. Bob finally shouted his eagerly anticipated revelation to his audience. “The most important thing a person can do to for his health is to take a great big ole’ shit first thing every morning!” He then went on to give a seemingly endless explanation of the health benefits of regular bowel movements and the achievement of such.

During this ordeal, I became increasingly worried that the Dean might take this guy down (and me with him!). I finally mustered the courage to look to the back of the room, and to my surprise and great relief, he was gone! Meanwhile, the students, to their credit, realized that our lecturer was clearly “off base,” so they remained politely quiet as he eventually finished his talk. Once Dr. Bob was safely out of the room, the place erupted, and a very spirited and lively discussion on alternative health care ensued.

When I later met with the Dean, all he said was, “Interesting talk.” I explained to him the cancellation that had led to Dr. Bob’s appearance and how things eventually

turned out okay with the students. He seemed amused, and observed, “It’s a good idea to discuss and clarify what these guest lecturers present to the students. Learning medicine is complicated enough.” That was it. He could have said any number of things (many of which I had already run through my head), but he simply chose to frame the experience in a positive light. His wry sense of humor once again conveyed the message that things were “okay” between us. More importantly, he let me know that despite yet another embarrassing incident, I was “okay” too.

As I think of Dr. Napolitano, the sense of things being “okay” remains most prominent. There was something about him, some indefinable quality that communicated no matter what had happened or what might happen, things would be “okay.” Or maybe another way to look at it is that things were “okay” to begin with and whatever transpired was simply a phase that led back to things being “okay” again. With that in mind, I don’t think Dr. Napolitano would have been too concerned about me expressing my appreciation after all. Things were “okay” the way they were. □

Skin

The turgid vessels
stretch taut
membranes

itching with a
pulse of
some

heart, vital, no
maybe even
coercive

demanding, yearning
with undeniable
grief

in this foresakened
bag of
skin.

– Jonathan Terry



Dara Zafra



Hollie Constant



Sonja Lynn

Parasite

The thing about doors,
 most doors,
 is they can be walked
Through in either direction,
 once opened,
 just as one

 can tolerate a world
of demons for the sake of
 an angel,

much the way the noose
 in January knows
 how round she fits:
 a heart staked

the virus you injected
 was a ghost,
 revolving

In a sleepless dream,
 where I had to
 flee back in
 shrieking midnight

into my own house
 my own body
my bloodless place.

To take back these old
 parts of me,
 most empty parts
 of me.

The thing about vampires,
 most vampires,
 they say, is
 that one must be

 invited in.

So from my house,
 my graveyard
I mostly run, conceding
 how I took the bite,
 willingly

 and
 how I wasted the
best of me, most of me
all of me, all of this hell

 on you.

and from this deed,
 most of this lease,
 most of these lies
and your wasting disease
 no longer mine

 Please take it all.

allow me passage,
one last door, for

 all I want now
is to be evicted.

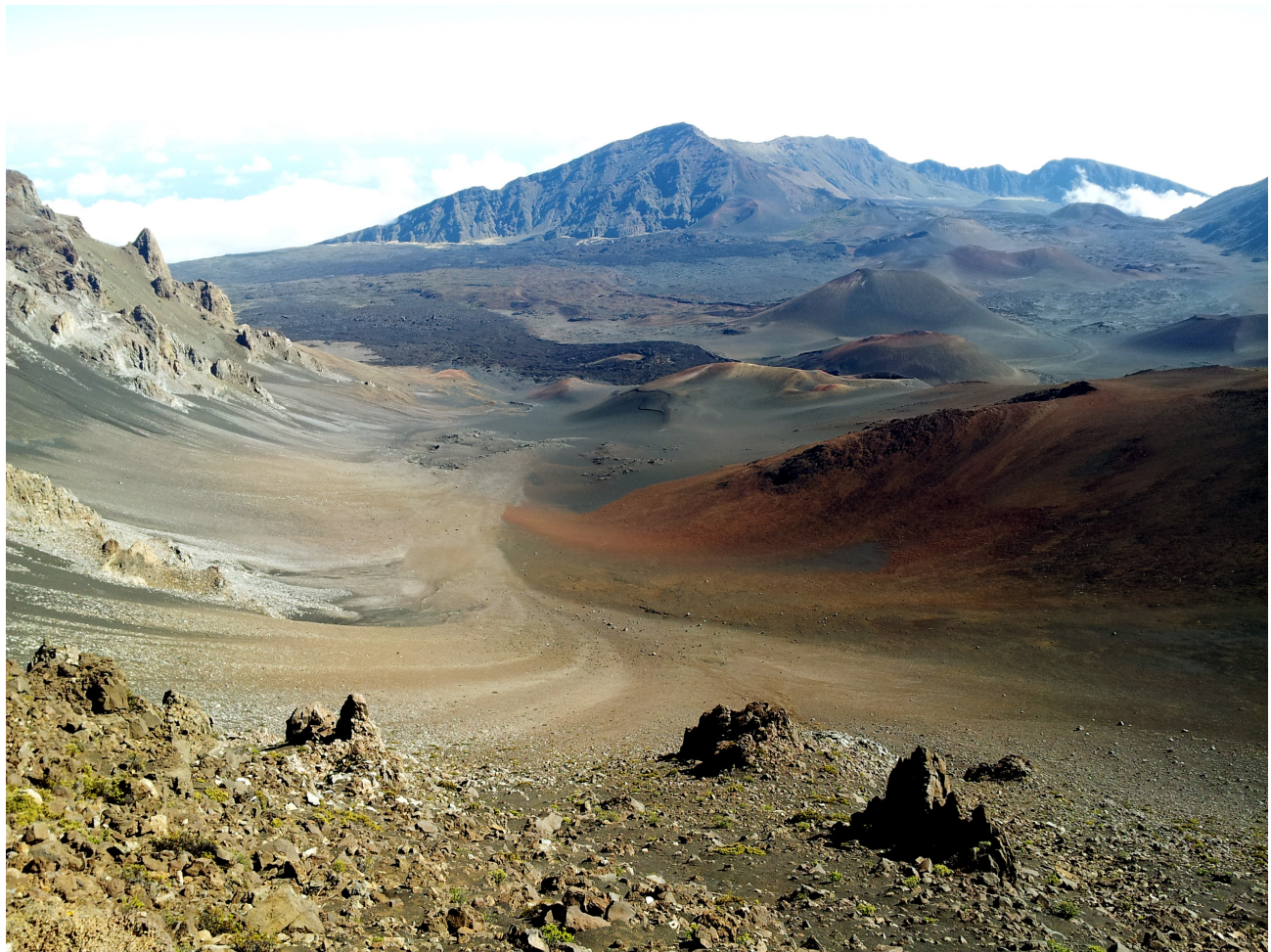
 – Jonathan Terry



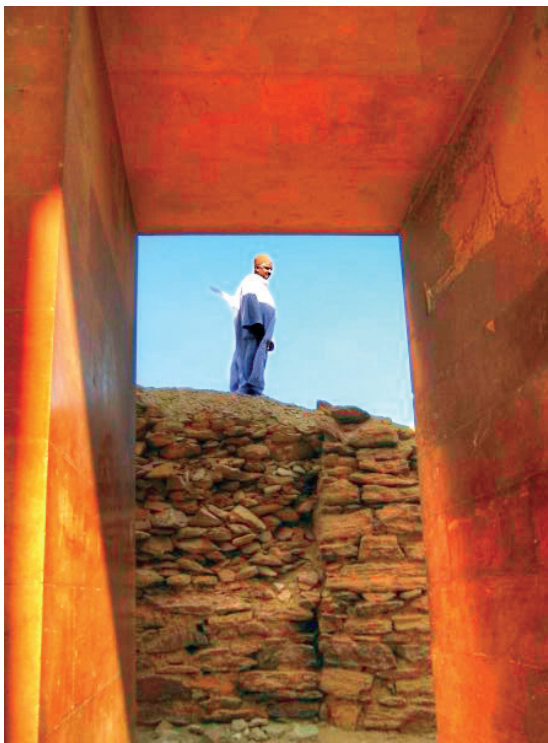
Maureen Mahoney Barraclough



Maureen Mahoney Barraclough



Sally Bowler-Hill



Rosalyn Nguyen



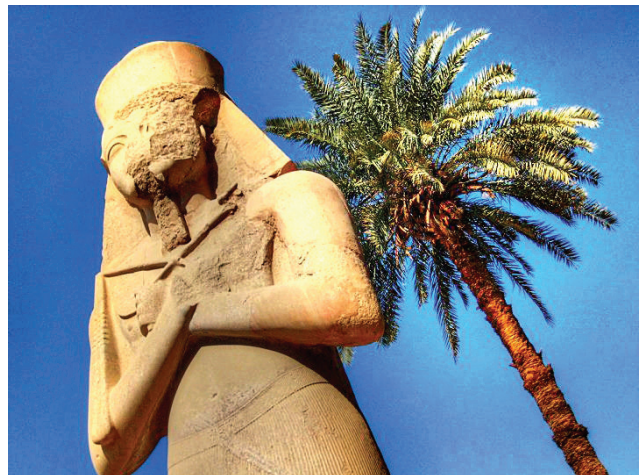
Dara Zafran



Jonathan Terry



Kevin Vlahovich



Rosalyn Nguyen



Jonathan Terry



Sonja Lynn



Christina Vallejo



Sonja Lynn

ISEEYOU

I squeezed in close
between the ventilator and his bed rail
the guard and the bars
'I'm Dr Camarata, sir. I am here to talk to you
about your illness'
he munched the endotracheal tube
brown eyes rimmed with gray
aimed at my mouth
too weary to blink
your hand is doughy and cold
I don't know you and I must say
you are dying and you can't even gasp
are you screaming
your pancreas is on fire and you doused it
with beer
did you know that was jet fuel
would it have mattered
your lungs are giving up
honeycombed from smoke
what you did was for your reasons
that I won't know
like the source of a siren in the night
what do you want
something beyond why and what if
I will watch you die
and I can't fix it
and I'm sorry

– Chris Camarata

Trephination

Alone in the elegant salon,
serenely posed, enthroned,
the cubist man looks in—
a study in gray.

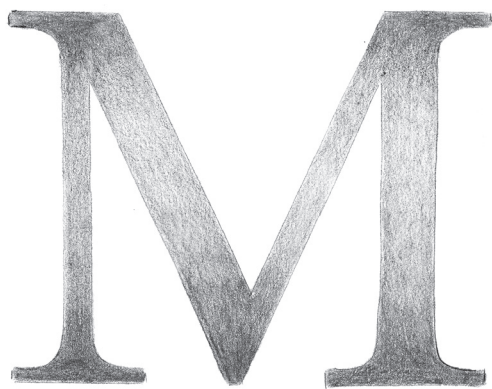
Were it not for his fractured face
and the bile in his unseeing eye
he would be, from silken top
to well-shod toes, archetype
of the gentle man at ease.

Even in Neolithic times
shamanic surgeons knew
emotions reside inside the head.
They punctured human skulls, let
evil humors out to cure the gloom
of sapping melancholia.

I wonder if Juan Gris,
affected by his subject's
air of quiet desperation,
performed a gentler trephination
that split apart his hat.

– Sylvia Ramos Cruz

*Inspired by Man in Café, painting
by Juan Gris, 1912*



Learning

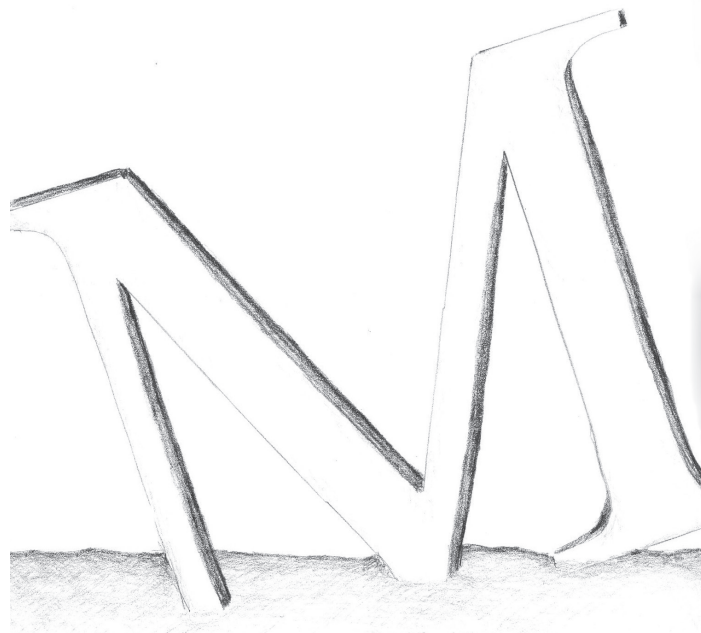
by Margaret Menache

In the drawing class I am taking this semester, we have been assigned to complete a set of ten drawings on a piece of paper 5" by 5" on an approximately weekly basis. The first week of class we selected a letter of the alphabet. Some weeks we are given prompts (each image must have three of your letters, each image must use shading) and other weeks we are turned loose. The only consistent requirement is that each drawing must use the letter we chose at the beginning of the class and no other letters.

Learning planning

When you begin, it really sounds trivial. Perhaps, as you read this, you're thinking, "Well, I could do that." Perhaps you're even tempted to pull out a sheet of paper, not to do it properly, of course, but just to show that it's really not a big deal.

But what happens, week after week, ten more drawings. Ten more drawings, ten more drawings. There comes



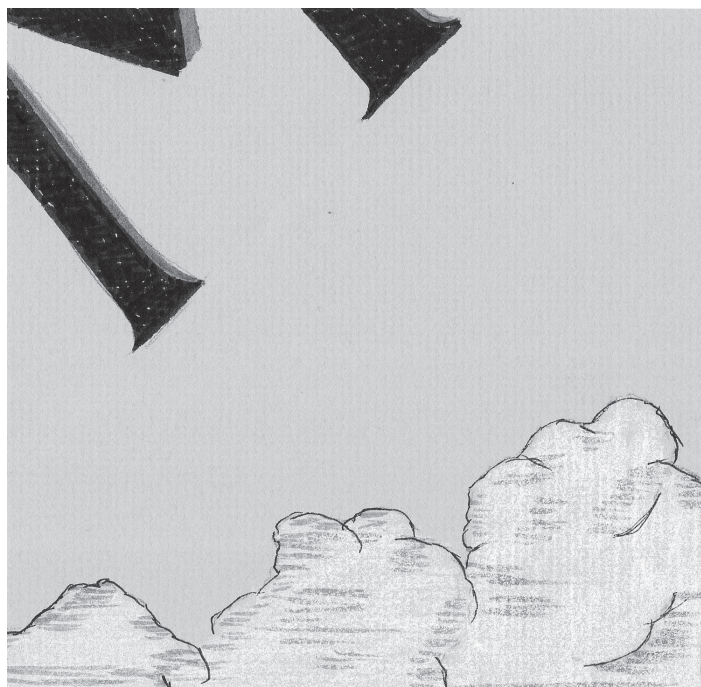
a point, surprisingly soon, when you've pretty well run through your repertoire of easily accessible symbols. Now, it becomes work. No more dashing off a letter in a minute or so.

Like any work, as I go beyond the superficial, thinking creatively, having interesting and different ideas, isn't spontaneous. I begin to see clearly the importance of planning to set aside enough time to think, to have ideas.

Learning patience

Patience, I think, is scary. We live fast these days. Will you really have the patience, the time to read this article? What's my bottom line? Can I package it in a sound byte, is it tweetable? "Writing is easy," according to journalist Gene Fowler, "All you do is sit staring at a blank sheet of paper until drops of blood form on your forehead." But what if they don't form? What if the work is still s**t?

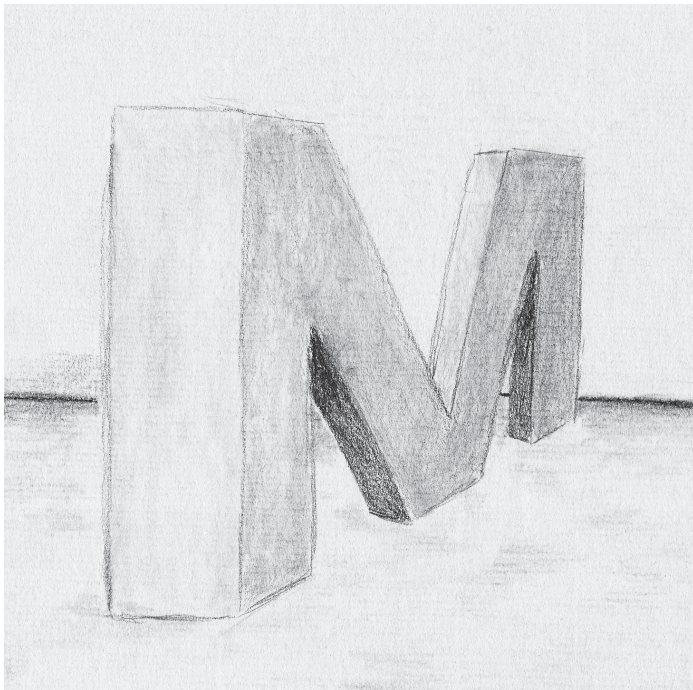
And, in the midst of that anxiety, the tip of the iceberg, I must sit still, patient.



Learning to see boundaries

In order to make the drawing, there are problems to be solved. The boundaries must be defined. Yes, I have been given two physical constraints - the size of the paper and the restriction to a single letter. But the real boundaries are limitless. Where will I place this letter on the sheet? How will I distinguish the letter from whatever else fills the space?

As I doodle, thinking about possible designs for this assignment, I think that I am continually restrained by real and imagined boundaries. And I am continually thinking how to work most effectively within the constraints of my work and my life, how to frame... whatever needs framing.

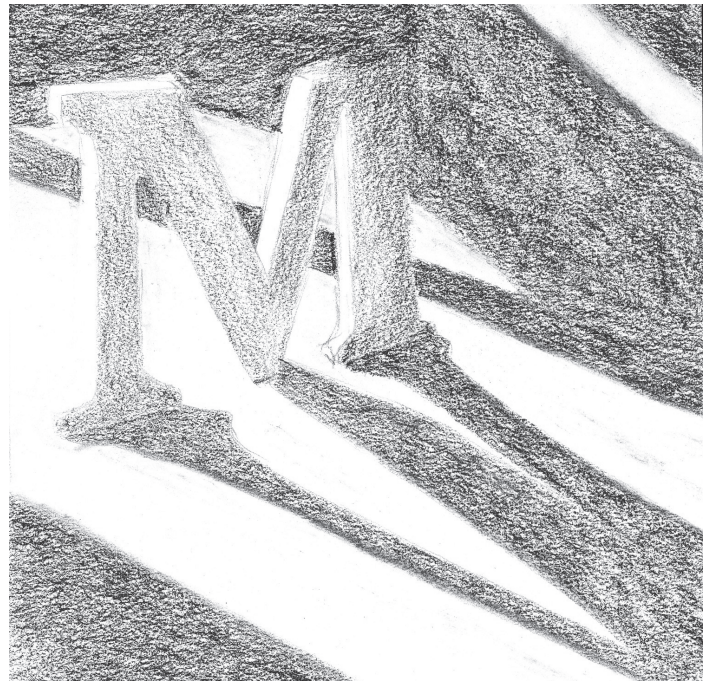


Learning to see in context

How does what I am doing fit in with what else I'm doing in this frame on the paper? What is the story of my image? Is there a narrative context? Is it a visual context?

John Donne said: "No man is an island, entire of itself..." concluding "Therefore, send not to know for whom the bell tolls, it tolls for thee."

I look at a sheet of paper and think of the bigger context.



Learning to see in perspective

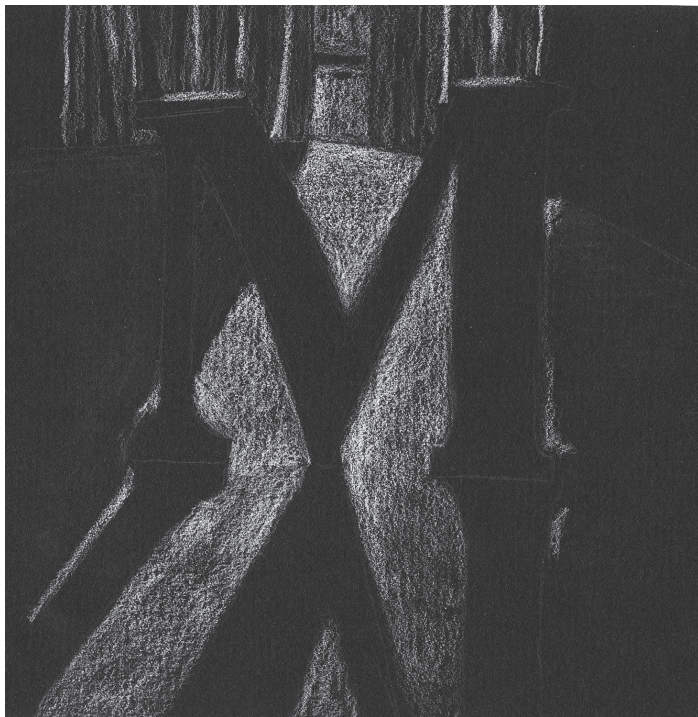
It's funny. When I'm stuck with some problem, I have no trouble with the idea of somehow getting away to get a different perspective. As though simply wandering off is enough to change how I see a situation. And, it certainly does help.

But when I look at the problem of perspective in drawing, it's not so easy. Instead of walking away, I must look very, very closely. Drawing in perspective is sometimes said to be about lying to tell the truth. Being able to distinguish quite clearly between the real and the model. Understanding that the model can never be the truth, only provide a tool that might help to understand the truth.

Learning to see shades of grey

One result of living so fast is that we want the bottom line. Yes or no. Right or wrong. And, we want it fast. And we want to be certain.

Shading a graphite drawing takes forever. And yet it is the time spent teasing out the delicately different shades of grey that give the richness to the drawing.



Learning to see what is not yet there

One builds, I believe, a skill set, applicable to drawing but needed in one way or another for work, for relationships, for life. It is said that the skills of drawing allow us to access our nonverbal brain more easily. Creativity is the result of an integrated brain, that can have new, different, stupid, exciting, and embarrassing ideas and transform those flights of fancy into the practical methods, techniques, products that change our world, improve public health, make health care more accessible, and I hope make us willing to take time to take delight in the unfolding of life around us. □

– Drawings by Margaret Menache

N of One

A few minutes before she entered the room
One quick swallow and it's inside.

Such clarity, new lenses steady the mind
The conversation seemed all too right

words uninterrupted.
Hearing every sound but more essentially

putting them together in the right
places.

Thought connects to thought.
Mind wanders and comes back

without asking.
That empty space in the fissure, so full, slowly,

and then surely.
The world wasn't such a noisy place.

– Jonathan Terry

The Hand

The feel of silk, so smooth, so soft
The feel of a hot stove, move fast, real hot!
The power of Touch, never thought so highly
The importance once overlooked, now so very mighty.

One month is all I was given
To master this part of the body.
To work with the masters, eighty years together
Is a privilege in the least, will not let it fester.

Nerves are like cars, they need room to move forward
Driving down a tunnel, a sudden block, a large Ford.
You cannot move, you cannot see
There is no way to go through, not even with a fee.

A small incision in the wrist is all that is needed
To free this nerve and remove the impedence.
Dissect through the tissues, sharply but with caution
Identify that thick hypertrophied membrane, the cause of
this problem.

What do I see, a blade coming in
Straight down through the membrane, so thick, straight in
The nerve is now seen, the cars are passing fast
A Blade next to the nerve, a flicker into the past.

Patient recovers, the nerve median intact
Well worth the 20 minutes, well done and compact.
The Hand is so fragile, the surgeries so great
The Hand is very unique, sometimes a test of fate.

– Paul Kaloostian

of an auctioneer. The ends of certain words were abruptly dropped and he quickly embellished his expressions with hand movements twirling back and forth and up and down. His wife, a pleasantly plump lady, and her grandson accompanied him, but spoke minimally. They had brought along a gift for the doctor's daughter, who they had remembered recently celebrated a birthday. El Cubano Loco had begun each sentence with "Doctora" despite me telling him I was merely a student, and he completed each sentence with a facial expression to match his recent statement. He went on about how his wife wanted to dance and how his worsening back pain had prevented him from accomplishing such a task. He told me how Albuquerque has been his home since the moment he stepped off the plane from Cuba in the 70s, and how his wife has been back to visit but he refuses. I was happy to share my home with this family, but saddened that his wife had to sacrifice the comforts that only Cuba could offer. As he sauntered on about his home country, I couldn't help but let my imagination wander. I suppose I've seen too many movies, because I was inappropriately being stereotypical, as I let my mind create a history for this man I had met only once. In my story, I imagined him escaping a criminal life as a head honcho never to return to Cuba for fear of relapse or worse- retaliation.

My other Cubano favorito, which I remember with fondness because he complimented my Spanish accent, was a middle-aged man with a bad case of the sweet-tooth. He had two of the worst diagnoses as far as diet are concerned, and this nearly brought the man to his knees begging for a break or better yet a cure, none of which I could offer. He had gout preventing him from consuming meats and alcoholic beverages and he had Diabetes, which we know limits ingestion of all the simple pleasures in life. He had told me there was nothing left in the world that he could eat, and a sense of sorrow beamed through his facial expressions, a look I had never seen associated to something as relatively miniscule as food and I love food. He then lost connection to reality and his Cuban Spanish, as quick as a gushing fountain, began to list off the types of oranges from Cuba, the sweet, the bitter, and the in between. I didn't realize mouth-watering could be so contagious. I let him enumerate his fruits like Bubba when he listed of the different types of shrimp to Forrest Gump. When I asked him what he eats in an average day, he surprised me by telling me his daily breakfast consisted of drinking a can of condensed milk. The thought was so sweet I nearly got a tummy ache just listening to it. I left that interaction feeling hungry and somewhat defeated that this man's pleasures in life were stolen from him and recognized the sacrifices we must pay for health.

*Textbooks tell me to treat Diabetes with low sugar diets.
Life tells me that the simple pleasures keep you happy,
and without happiness life is not pleasurable.
Lesson- I will meet my patients in the middle.*

CHAPTER 2: The Power of Prayer, The Power of Tears

My beautiful grammita passed away during my family medicine rotation, so when my 85 year old patient broke down into tears because she missed her grandkids so much, I couldn't help but let the tears stream down my face. She was your typical grandma; she kept all her annual appointments and had been coming to the same doctor for years. She went to church on Sundays and sometimes Wednesdays, and she knitted little matching hats and dresses for every little girl she knew even if only remotely. She prayed for her children daily and even lit a candle and said a few rosaries when times got tough. But when I reminded her she had to schedule an appointment with the cardiologist for her annual visit to follow-up on her heart condition- her strong and happy-go-lucky mentality melted into a story that quickly lodged old memories into the front of my mind. By this time my supervising doctor had joined me, and unbeknownst to me she had also recently lost her grandmother. She began to tell me of the recent divorce of her son and how her ex-daughter-in-law had taken the kids. She had went from seeing them daily to sparingly, and she was consumed with heartbreak. I was reminded of the tormenting few years when I first moved away from the brick house that sat cozily next to my grandparents' home, in which I could easily trot down the sidewalk for a quick visit, some cookies from the endless supply in the cookie jar and peas from the garden. My grandma would inevitably be making dish towels or rolling tortillas with ease. The three of us sat there in tears, and together we reminisced of the past, we held tighter to the memories and we put medicine aside for a much needed moment of tears. It was a reminder that healing comes in all shapes and sizes. Healing is not only distributed in a pill form, but also with the release of tears and the invaluable moments of conversation. I am thankful for the endless nights of prayer that many wise women in my family have devoted their time to. Rest in peace Leonor Gurule.

Textbooks list the stages of grief and use words to describe the indescribable process.

Life has taught me that grieving can begin in a clinic room with strangers and that medical care gets in the way of times for grandmothers to pray.

Lesson- Grieve and encourage grief, it may take years but you'll be happy you did.

CHAPTER 3: Addiction vs. Coping: Only One Will Win

The clinic has many sub-clinics, if you will, within it and one is devoted to the care of pregnant women who also happen to be addicted to drugs, often prescription pills. It's associated with a home where these women live and grow together. They often become inseparable friends throughout this time and face their challenges as a team. While working in this clinic one Friday morning, I was surprised by the women I saw. I must admit, embarrassingly so, that I had some preconceptions on how that day would unfold and I was pleasantly wrong. The first young lady that I saw was a beautiful and bubbly woman, who was due any day. She had a list of questions to be answered and a good fifteen minutes worth of pregnant yoga shenanigans to divulge. We chatted away and quickly bonded, despite being previously advised to not be offended if the patient didn't open up, because these women tend to be attached to their doctors. She readily told me how she was really busy making plans for her baby, who would be taken by her sister after delivery because she was leaving to prison for robbery and illegal possession of a weapon. She wore sorrow and embarrassment on her face, but the gravity of her circumstances didn't penetrate the bubbly girl that she was. I recognized in her eyes that she knew she was paying the consequences for her actions, and she learned a lesson far greater than any. She also shared her troubles regarding the program, as she was torn between the rehabilitation opportunities and spend time with her visiting son, who had come from California. The program denied her request to leave for a bit to stay with him and he couldn't stay in the house, so she was tossing the idea around of leaving but fear kept her from once again entering a life where she could easily access the poison that had put her in this situation. Somehow all my problems seemed so benign. The final woman that I had a privilege working with was pregnant with her first child, something that caused her to ooze with excitement. I also immediately sensed some mania-like characteristics upon entering the room; She was quite the talker and chatted away about any and every thing. She caught me up on drama in the house and I couldn't help but imagine her life was like an episode in Jersey Shore. Her update ended with a story of one of the other girl's in the house and her brave attempts to prevent relapse. The other girl was also pregnant and lost the baby shortly after it was born. All the women in the program attended the funeral and at the end, this young patient thought it best to follow the grieving mother and sadly her suspicions were true. My patient had followed

the girl out behind the church only to stumble upon a drug deal. The mother who had just lost her day old baby was returning to her old coping mechanisms, which sadly is not coping at all. Drugs are a method of blunting emotion and removing oneself from reality only to ignore the unwanted truth. It was a solution far from ideal, but a solution so natural to her. My young patient sobbed and I silently sat there remembering the lives I've seen destroyed by drugs. I felt defeated once again by the power I would never cease, the power to cure addiction, a power I have always desired to wield, but one that is non-existing.

Textbooks offer an array of anti-abuse medications, and attempts to perform motivational interviewing.

Life has taught me otherwise, addiction is pervasive and follows no rules. As an outsider looking in you will be helpless and you will be angry, but somewhere behind that mask of drug-addicted bewilderment is a person who depends on you.

Lesson: The power to yield change will never be as simple as the book teaches. Try anyway.

CHAPTER 4: Cleaning Just Got Messy

The old cleaning lady who spends the majority of her life on her knees and feet cleaning up after people had a face warped with deep crevices haphazardly strewn about. She appeared much older than her stated age, but she had the energy of young woman. She was bold and eagerly shared her torments of being a cleaning lady for hotels along Central. She had told me about the various dead bodies she had seen and the eerily unique positions she had found these once living people. She was jaded to the subject and I knew that my own career would be one filled with death, but one augmented by the technologies of medicine. My eyes were opened to realities that our patient's face, the darkness that fills their lives. I had hundreds of hours of lecture and not once was I prepared to counsel a woman who saw the things this lady saw. Ill prepared? Possibly, but surely the medical school curriculum committee could not have anticipated such a scenario.

Textbooks are invaluable sources of knowledge.

Lives have infinite opportunities for exploration, leading to infinite opportunities for distinct outcomes. I could teach you for centuries and you would still be untrained for the challenges of your patients.

Lesson- Learn every day, because you will never know enough.

All in all I met mothers and fathers, their children, the grandparents, the lone rangers and the lost. I had a grown man cry like a child when I tried to discuss with him the importance of keeping his Diabetes under control, and

his wife aggravated the situation by forcefully reminding him that she could not raise the entire family on her own if something were to happen to him. He told me he felt like he had cancer and it was the first time I realized the seriousness of a Diabetes diagnosis for a family in near poverty. I counseled a young woman who had just lost her best friend and warned her that that void would never be filled, but that our loved ones leave with the hope that we will not die with them. I shared tears with her when I told her of my very own losses. In the end, my textbook is filled with the lessons of life. It is malleable. It has to be. And it comes with a giant sized eraser and sticky notes. There's room for impromptu additions and the pages are durable enough to endure sketches that have been erased and redone. My patient's don't read the textbook, so of course they won't follow it. So my textbook allows for mistakes and creativity alike. It is a textbook of reason and not one of rule, it is a textbook of suggestions and not one of guidelines, and finally it is a textbook with lessons to learn for lives already lived. □



Christina Vallejo

As Henderson Waits

Slicing wispy clouds
we
escalate so much
the only way to
keep from stalling
is to submit to
gravity's hypnotic trance

it's a weightless place
where suffering is both felt
and strangely too
heavy to feel

parachutes can't slow
the blinding ways
the ethereal engine
pulls
the corporeal

strange
how this tinny
anchor
two seats with matching
patches
at the mercy
of the wind
is all that keeps
us from falling,
together
into whatever's next

like the gravity
of truth to
someone incapable of
believing it

When the propeller
fails, sure the airplane
wants to glide
and no pilot

has ever seen
what might happen
once he knows
gravity
is just another
lie

– Jonathan Terry

Two Choices: A Long Meditation with Stars

A pungent reek
the chemo room smells like thick
horse sweat.
An arctic chair
sits in the corner,
blue Naugahyde
cradles the body of a man,
man cradled by wife for fifty years.
The television drones.
IV drips drops drips litany of hope.
I linger in the hall,
watch him with tender eyes;
eyes like hers I'm sure.
Would I have my love in the chair
poison swelling veins
life ebbing away as
the cauliflower garden blossoms
in the warm dark –
or would I never know him,
never touch
not need the scent of his warm bed
feel his palms on my cheeks
never hear his midnight whimper.
Which pain will I embrace? My hand
touches the cream plaster wall,
feel for ridge and valley,
wonder why I ask.
For this man in the chair
I would give everything, all time,
my slight and faithless love.
What would I not give, for you.

– Penny Camarata

Breaking Bad and the Interview Trail

One surety this past residency interview trail was the comical, universal statement, “All I know of New Mexico is the show *Breaking Bad*.” It may be shocking to some, but not all our state is a laboratory of basic science misuse. I love the unique blend of Native American art and music, old-world Spain, and Latino culture. And all this mixed in with a quirky collection of westward-seeking immigrants who love the barren desert and grandeur of the open sky. It is a world where traffic jams are rare, collegiality and humility are valued, and where ‘red or green’ is a matter of serious contemplation.

It’s not quite the backwoods place people assume it to be. “Where is New Mexico? Is it just desert? They haven’t passed that passport requirement right?” Perhaps only a visit to our state will change their assumptions. It is part of the US and, as a selling point, we also have a UFO museum.

– Megan Brown



Rosalyn Nguyen



Kevin Vlahovich

God

God

I say there is no god
She says god is everything
God is everywhere
God has no form

Aroop*

God is me
God will strike my enemy
God is for me
He is mine.

In the name of god I can kill
In the name of god I can control
Control, kill, sway

There is no god
There is nature
 Evolution
 Big Bang
Christ was a rebel
 a reformer
Christ was son of god
Shiva is a power
Shiva a god who destroys
 destroys evil
God destroys homosexuals
Homosexuals believe in god
Whose god
Which god
We need to belong
 believe
 connect
God connects me to you
God-men divide, exploit
God-men tell stories
Stories become real
God makes enemies of us
God makes enemies of friends
Believers believe in god
Non-believers do not believe
Believers will be believers
Non-believers will be non-believers

Music

Beautiful music
Music from devotees
Music from servants of god
Servants of the church
Music dedicated to god
Beauty in words
Beauty in glory
Bhajan
Cantata
Kawali
Praise be to god

Music

Beautiful music
Music for marches
Music for funerals
Music for inspiration

Funerals of soldiers
Soldiers killed by war
War for god
Christian warriors against Islam
Catholic warriors attack Protestants
Muslims kill Hindus
God listens to beautiful music
God inspires beautiful music
Beautiful music inspires
Beautiful music inspires warriors

We enjoy music
We must enjoy music
Be inspired
Be thrilled
Forget wars
Forget god
Enjoy music

– Aroop Mangalik

* “Aroop” in Hindi means one without form (A-without, Roop-form)



Sonja Lynn



Paul Akmajian

Antisocial

“Loyalty” can bend,
not unlike a window
both bulletproof
and shattered,
stained glass
pushing colors into
unforgiving ground.

How easily the
skull can crack,
but never along
the logical sutures.
No pain, no gain,
the gain is in the show.

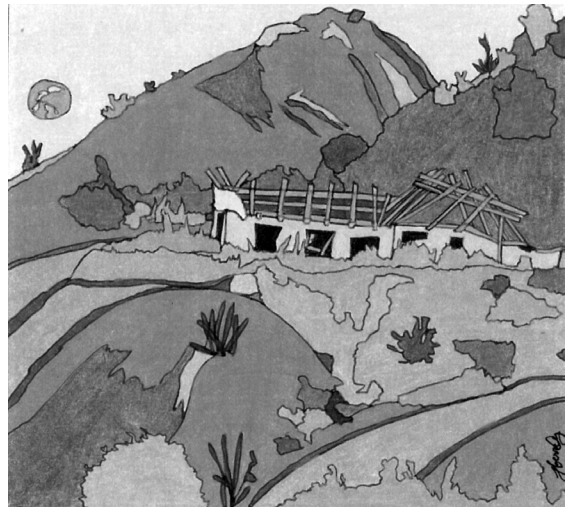
No, this is a path
where any piece
of fallen glass, a shank,
insistently dull when
sharp, stubbornly
opaque in rare
moments of
translucence.

Schrödinger’s victim,
where the only hidden key
is the one in
you keep in the
most inaccessible
front pocket.

– Jonathan Terry



Jennifer Ferriday



Jennifer Ferriday



Jennifer Ferriday



Josephine Vincioni

My Journal Entry After a Visit to the Periodontist

by Jeanne M. Favret

I've just come home from the dentist – the periodontist. He just put in 2 implant posts on the upper right side of my mouth, where teeth #3 and #4 used to be.

The procedure was just the beginning of the implants, but an ending to a long, hard decision I had to make this year. I still feel angry and hurt that I've had to do this for my gums and teeth. There is so much sorrow in the loss of my teeth. They were pulled months ago.

The procedure itself took about 1 ½ hours, and it was completed in the time we anticipated. He numbed me with 4 shots of novocaine, waited 3 minutes, and we discussed the tapping into the sinus for the back tooth. It means he could put an 8 or 10 mm. long post in the socket instead of a 6 mm. post. He took 3 x-rays to see how near he was to the sinus. He drilled up into the gum with a very narrow drill to get the length, then added more bone (glue) in the socket, then widened each hole with progressively larger drill bits. He pounded the post of one (the further back tooth, #3) over and over again. He said, "I know this is nerve wracking." I just tried to hold still. He washed the holes with saline to see if any would come out my nose. Thank God he didn't perforate the sinus. That was my biggest worry; the complications of that sounded dreadful. He then screwed in the posts – it reminded me of hanging a gate on our side fence. The periodontist screwed a cap or a cover plate on them; they look like manhole covers, and he settled on #2 covers for both teeth. He then sutured the gums around the post. Suture tickled as it lay across my face. He began to apply the dressing, but didn't like the middle suture, so he took that one out and put in a new suture. Just after the drilling, the novocaine was wearing off, so he put in 3 more shots. Then he applied a dressing which felt like a bulky wad of chewing gum all around the teeth and both sides of the gum. Rather like silly putty in my mouth.

At the end he gave me instructions on how to care for the mouth. Soft food for a week and no acid foods like tomatoes because they can dissolve the sutures faster. He gave me 3 Advil tablets (600 mg) and 1 amoxicillin tablet with a prescription for more. So I went to the pharmacy and got the prescription filled.

Now, I am sitting here on the couch with so many thoughts. I feel like I shouldn't move for fear they will displace. Other thoughts are like a list aching to be written down just as my check aches.

- So much fear and worry – a friend had given me a tiny worry doll which I kept in my left pocket throughout the procedure.
- So much relief that part of the procedure is over.
- So much weeping sorrow that it had to be done in the first place.
- Wondering how it will all work in the end.
- Feeling even more fear about part 2 – the abutments and part 3 – the crowns; hating the gunky material they use to put in the mouth to make the mold for the crowns. I feel like I will choke or suffocate with that stuff in my mouth. I fear not being able to breathe through my mouth. That will be 3 or 4 months from now and another big expenditure.

The 2 implants were \$3800 or \$1900 each. Insurance paid \$1500, so I brought a check for \$2300. The abutments will be \$400 each and the crowns will be \$1500 each or another \$3800 before all the work is complete.

The periodontist had to use some physical strength today. I had to use lots of emotional strength. As I left his office, he said, "You survived." □

play therapy

Rainbows of colored clay
seem to harden
even before the storm
starts

or
maybe the clouds
fell out of the sky
when my mom
gave me away

Each week I wave
to the spider through
the big big window
at the end of the hall,
as she packs her web

She doesn't know where she's going,

and

Six fingers old
will never reach
what can't be seen
on the highest shelf

– Jonathan Terry

Obamacare Haiku

The debate is done
uninsured citizens won—
The law of the land

– Sylvia Ramos Cruz

on climbing

It's the gravity of
an unplanned
fall, slack
in this rope
my safety, the
slip through
a harness,
only knots

tight enough
for holds that
have never
been
any
-where
outside
of
me.

The way the
chalk
lands in
the liquid
crease, hand
grasping
poignant
sclera, powder
desiccates
formless
infant tears
I never want you to see.

– Jonathan Terry

Two People Who Lived in Two Cultures: Father and Son in India and the United States

by Aroop Mangalik

My father was born at the beginning of the twentieth century in a house with no electricity or running water. After studying at local schools, he entered Medical College at the age of twenty. He was taught by professors who were from the British Indian Army Medical Corps and they spent a few years of their career in India.

To give a few examples, this was the era before antibacterial drugs that were developed in the 1930s. It was before antibiotics which were developed in the 1940s. It was certainly before antituberculous drugs which were developed in the 1950s.

It was, however, the period in which microbiology and immunology was a major thrust of research. Major observations and understanding of microorganisms (bacteria and viruses) occurred in the first two decades of the 20th century. The study of the body's response to invasion by microorganisms also occurred in that period. It was a period that today may be brushed off as "phenomenology" and may be denigrated. But it was the understanding of differences between different bacteria that set the stage for the use of antibacterial agents and antibiotics appropriately and effectively.

Given the limited tools available to them, the scientists of that period made important discoveries with far reaching consequences.

My father studied in this period and went onto teach in the same Medical College. The college named King George's Medical College is now a hundred years old. He now lived in a city with running water and electricity. The major roads were paved, there were movie theaters with British and Hollywood movies and a few restaurants. In that period Rh Blood factors were discovered, autoimmune diseases were understood and antibiotics were brought into use. (Sadly, not early enough to help my mother who died of sepsis in 1941.)

With India's independence, an increasing number of American and Soviet scientists, physicians and administrators, came to India. They were trying to establish an outlet for their goods, equipment and ideas into India.

The Americans had more success and we became aligned, medically speaking, to the United States. The Rockefeller foundation had a major role in this transformation. Father was Dean of the Medical College at that time and the Rockefellers sent him on a "fact finding" tour of the U.S. He traveled first class, staying in famous hotels and met

top people in medicine. He helped the Rockefellers find a foothold in India which has led to major collaborations between the medical establishments of the two countries.

The man who grew up in a house with electricity ended his career collaborating with facilitating the efforts of one of the largest philanthropic organizations of that period.

I entered Medical College in 1953, four years after India gained independence from the British. Our system of education in the Medical College and in general, at that time, did not change much from the British days. Except for the introduction of a separate track for some students who were taught some of the ideas and concepts of Ayurvedic Medicine - the Indian system of medicine which claims to have originated thousands of years ago. This alternate track did not last long mainly because of the inherent limitations of that system and its contradictions with regard to observable and provable scientific knowledge. Of course, such contradictions continue as evidenced by belief in creationism rather than evolution.

We worked hard, studied hard, learned our anatomy, pathology and the other subjects. As students and doctors in India, then and even now, we were privileged. We were the top of the economic ladder and we had power. We had servants and helpers, we had spartan but comfortable housing when a majority of Indians did not.

Interpersonal relationships in India, even amongst the educated and privileged, in those days was different from the India of today and the Western world then and now. We had 30 female students in our class of 150. This was because Indian women and their husbands did not want male physicians. Almost the entire faculty in Obstetrics and Gynecology was female and most female medical students chose that field.

The women students generally stayed together and sat in classrooms together. Two to three couples formed in each class at the end of five years. Social interaction was limited and if a boy and girl started seeing each other, it was a big deal. Most marriages were arranged by the parents. The degree of contact between the couple before they got married varied from seeing a photograph to a short meeting between the two. My five cousins had the boys chosen for them but they did have the opportunity to meet their prospective husbands and saying "no" was an option. Even today, many educated families have arranged marriages.

But interaction between boys and girls, amongst some families, is much more common and acceptable than it was in my days.

Just being a physician gave us an edge. There were so few physicians in India that itself gave us power, prestige and a good income. We treated patients from that position of power and patients had no choice but to accept. (I describe some of these examples in my piece "We Actually Did These Things" in the last issue of the Medical Muse - Fall 2012 Vol. 17 No. 2.) After completing my training in India and the U.S., I returned to Delhi and for about 9 years, I was on the faculty of the All India Institute of Medical Sciences. These were exciting times. More and more of the latest in knowledge and technology from the U.S. was becoming available in India. Indian scientists were getting recognition in Europe and America. Scientific knowledge was expanding in general and India was a part of it. I remember discussions about diagnoses and mechanisms of different diseases and difficult patients.

Then two things changed. I found myself in conflict with my colleagues and especially my bosses. Conflict mainly about priorities regarding use of limited resources available to the Medical Institute. I could not become a party to money grabbing nor to self promotion. I also started becoming more aware of the needs of the country as a whole. I (naively) thought that resources for tertiary care medicine and other "advanced" areas should be used for the benefit of poor people. All this led to frustration on my part and that caused problems at work and in the family.

I got an opportunity to migrate to the U.S. and did so at the age of forty. My solution to my frustration was escape. A decision I feel was a good one for me and my son. Adjustment to living permanently in a country halfway around the world was "interesting" - as they say.

Medically and professionally and personally there were a variety of challenges. My medical training, my knowledge and familiarity with pathology, technology and treatments of disease was not a problem since we followed the same system and techniques that were used in the U.S. and the University of Colorado where I first moved to. The problem was adjusting to being a small fish in a big pond when for years I had been a big fish in a small pond. I found my niche and was able to function. But the idea of leaving my home country on a permanent basis was difficult initially. I managed and worked my way to the day to day life in a different culture. I did not, however, change my citizenship for 20 years after immigrating to the U.S. I also learned, and accepted, that frustration, politics at work were similar to those in India. Again, I found my niche and was accepted in the new environment that I was in. I learned a

lot about myself. After about seven years, I moved to the University of New Mexico and found that to be a congenial environment.

I remain a person in two cultures. I find at one level I fit into the environment of both India and the U.S. Yet, I find myself not fitting fully into either culture. The bottom line is that I am able to function professionally and socially in the U.S. and am comfortable when I visit India to be with my family and friends. Friends I have known for sixty to seventy years. Yes, I remain a man of two cultures and it has worked for me. □



Jonathan Terry



Kevin Vlahovich

Shadows

Dandruff wasn't the reason
for the empty blue bottles
in the back seat,
nor was

The toilet needing
the disinfectant in such supply.
The gasping breaths
were

Somewhere far darker and suffocating,
down torturous pipes, hidden
in sulfur airways that
are

Forever out of reach,
approaching brimstone
shadows.

- Jonathan Terry

