

MEDICAL MUSE

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



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MEDICAL MUSE

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

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

Please include name and contact information.

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

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

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

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

– The Editorial Board

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Cover photograph, "Fences inside Labor Camp at Auschwitz," by Robert C. Schenck, Jr.



Dara Zafran

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.

Clouds Beneath Me

Clouds beneath me
Clouds passing by
Magic carpet
Scratches my knees

Both hands hold on

Clouds beneath me
Passing clouds by
Turquoise streak
An oxygen sigh

Clouds beneath me
Clouds passing by
Prayer rug beneath me
Cutting through the sky

Both hands pressed together

Clouds beneath me
Clouds passing my
Side window – pretty
Hair blowing as we fly

Clouds passing by
Clouds above me
Landing in Albuquerque
Ground beneath me

Both hands rest

No clouds passing by
Blue sky surrounds me
Dreams of clouds above me
Passing high in the sky.

– Jeanne Favret

Poverty

Poverty we must remove
Over a billion whose lot must improve
Need more food
Need more output
More energy we need
Pollution we need to heed
Coal we need
Nuclear we need
Alternative we need
There are problems
Coal is polluting
Nuclear is contaminating
Alternatives are limiting
Food we need
Progress we need
Fewer people
Fewer births
That is intimidating
No one is talking
No one is thinking
There is one solution
No one is accepting

– Aroop Mangalik



Sylvia Ramos Cruz



Sylvia Ramos Cruz

Antarctica

Blue-glacier washed obsidian stones

I almost sink in them
as katabatic
winds crush me
walking alone at Earth's end

Elephant seals slumber chin-strap penguins
promenade

Who minds wandering albatross and me?

– Sylvia Ramos Cruz



Dirt road with destroyed gas chambers in distance, figure 1-A.

The Dust of Auschwitz

By Robert C. Schenck, Jr.

Growing up in a rural area, I always enjoyed going to the big city of Denver. In the 1970's, the trip involved a long drive over two mountain passes and through several tight tunnels all on two lane highways. We would make the journey for somewhat silly things like used doors and bargain priced building materials not easily found in the smaller mountain towns. With little income, my father became a professional at squeezing out every dime from his monthly disability check as we created an empire of low rent rentals on the Western Slope of Colorado.

Denver was fascinating to me as a teenager from a small town. The city itself was much smaller than today, but certainly the largest at that time outside of Dallas or Chicago. The miles of traffic lights, cross walks, and buildings made our escape from country life refreshing. And it

was in this big city, and my father needing a place to stay for free, where I met his college friend Bert Goldsmith.

Bert and Dad became friends at the College of the Adirondacks in upstate New York in the late 1940's. They took classes together, cheated on tests when necessary, and both dreamed of running their own restaurant or country club. It wasn't discussed openly with strangers, but they were both orphans. Although my father had been adopted and Bert hadn't, "we were related just a little after birth," Bert always joked when I asked why he and Dad had become such close friends. "You see Bobby," Bert explained, "my parents had sent me to America to serve as an interpreter in the War. I spoke fluent German." He would always smile as he reminisced, "I even worked as a waiter at the German Pavilion at the World's Fair in 1939." Bert was



Berkenau fences, figure 1-B.

six years older than my father, was balding, wore tortoise shell glasses, and always chewed on a cigar that was never lit.

Unlike Bert, my father had no real family history. Dad had always wondered or lovingly justified why his mother had given him up at birth, “I bet she was young and felt she couldn’t provide for me,” and interestingly he sensed that it was out of love that she had given my father to the great state of New York, in 1926 Syracuse. As it would happen, a wonderful family adopted my father, and in addition to an older brother, they gave him a ready-made, detailed family tree. He was baptized Episcopalian and later learned that his older brother had been adopted at about the same time and they too, were amazingly close. My great grandfather was a wealthy Denver businessman who had sent his oldest son to Cornell in 1903 to become an engineer with the intention to return to the family mining business out West. My grandfather married a woman with a different plan and they stayed East where he ran a copper plant and where they adopted the two homeless baby boys.

My great grandfather had bought one of the early Brownie cameras and photographed the West that we still view today. Myriad images of railroads, forests, mines, cowboys, Native Americans and our many relatives in Colorado were compiled in ten oversized albums. My father, as an adopted boy, saw images of his adopted family, images that allowed him to move from his yearning to meet a faceless mother to become an heir of a western way of life. Dad was destined to move back to his ‘virtual’ home, Colorado, and was directed to attend the University of Denver after finishing junior college.

Towards the end of their second year at college in upstate New York, Dad told Bert, “Apply to the University of Denver and I will make sure you pass math” and they always laughed as Bert recalled, “I got more money to go to DU than your Dad!” College was easy as the young restaurateurs loved their classes, “I let Bert cheat off my accounting exams,” Dad remembered as his favorite subject was Bert’s most dreaded. But where my father could run

the books, Bert could run a dining room and always would comment on local Denver clubs, "their prime rib is perfect," to "that kitchen has not proved itself for the money, Bobby," Bert would advise as if I ran a restaurant, "you see, Bobby, you must have consistency in what you serve." They always commented on service or quality whenever we ate out, but as it were, we mostly ate in.

But it was the two orphans that made me truly understand, at a young age, the concept of the blue bumper sticker with the word **Cocorit+**. Bert was Jewish, and my father was Episcopalian, but his adoption certificate did not record his parents' religious beliefs. "We could have been any religion," my father always explained, adding, "or no religion for that matter." Dad was open to all walks and ways of life. His being an orphan made him look at the world a little differently which in turn affected me greatly. He knew that he could possibly be related to anyone, and it only made sense that he and Bert Goldsmith acted like brothers, both being orphans. Bert called my father "Robe" and Dad called Bert "Bertrick." The nicknames really didn't matter, but functioned to symbolize their sense of family. I benefited from this experience seeing two orphans realizing their need for universal acceptance. This allowed them to make sense of what had occurred in their worlds.

I cherished my trips to Denver and we usually stayed with Bert and his wife Goldie when my grandmother wasn't in town. Dinner at the Goldsmiths was always an event as the two orphans lived life as two long lost relatives meeting for their first time, each time. Dad would tease Bert about accounting, Bert would tease Dad about some former worker who stole, and Goldie and I would just sit and listen. After dinner, Bert would ask me, "Do you want to listen to German?" We would go to his small office and he would let me turn on his ham radio connected to a one hundred foot antennae attached to the side of their house. The green metal radio was adorned with gauges and lights making a gentle hum once ready for Bert to softly speak his introduction to the world, "Hello, my name is Bert Goldsmith, I am looking for my family, I was born in 1920. I had one sister." He would then repeat it in German. Taking his hand off the transmitter, leaning towards me he said, "you see Bobby, my parents sent me to the United States to be an interpreter in the war," with a sad look, he added, "and to save me from the Nazis." Pausing, Bert went on to say as if talking to a nephew, "Bobby, you see, my parents and sister were killed in the gas chambers at Auschwitz." I would sit in silence in his Denver home feeling the pain of Bert Goldsmith and could only volunteer an even sadder, "I am so sorry." My father's dear friend had been saved by his parents only to live a daily anguish of never knowing for certain what happened to his family,

what happened to his sister, a lot like the unknowns of my dad's birth mother. Bert would go on to say, "I am looking for someone, you see, Bobby, who may have seen them, may have talked to them, may have known them after I left." I will always remember these conversations, and his use of, "you see."

Bert Goldsmith never found his sister or his parents. I was amazed that despite his tragedy, despite his loss, Bert was never anything but gracious and positive. He smiled, laughed, told funny stories, and only rarely talked about his past. But he talked about it with me, and he asked for anyone's help over the static line of a ham radio in Denver at his home at 11th and Ivy. Bert died when I was in medical school and he was buried in Denver.

Forty years later my wife and I had a chance to travel to Warsaw. We had been invited to stay with an exchange student whom we had befriended a few years back in the States. We were invited to stay at the family home just west of the city. Our friend and her father wanted us to tour some of Poland and explained in slightly halting English, "We want to take you on a mini-tour and hope it is ok that we visit Krakow, and we know you want to visit Auschwitz." We were grateful for the chance to see Poland, but I don't remember ever asking to see the concentration camp. Oddly I felt relieved, not at peace, but grateful that I would be able to see the place I had heard spoken of years ago in my childhood.

We arrived in Osweizen (in German pronounced Auschwitz) and found our way to the museum, making the last tour given in English for the day. We had no idea what we were about to witness. The museum is split into two areas, and the first one we visited was Berkenau, the largest of the many camps associated with Auschwitz. We listened to our guide speak of the terror and extermination that resulted in the murder of 1.3 million people, a part of the Nazi genocide and holocaust of the Jewish people. The phrase murder was specifically used to underline the innocence of those who died in K.L.Auschwitz, with its initials KL (Konzentration Lager) identifying it as a concentration camp. We visited Poland in the spring and the one hundred and eighty acres comprising Berkenau was made of green grass quadrants lined by rusted but intact barbed wire and concrete fences dotted with remnants of chimneys and barracks. The camp was split in the middle by a central rail line and a single dirt road. When the Jews exited the many trains they were told they would be given the chance to shower and we walked the same dirt path that lead to their death in gas chambers fitted with fake shower heads. The Nazi's destroyed the twin complexes that housed these gas chambers and ovens at the end of the war. The horrific cremations often covered the camps with ashes, we were



Labor camp at a distance, figure 1-C.

told. Our guide's description of the Nazi terror was incongruous of the season, as we viewed acres of green grass and trees in full bloom. I did not see any birds. It was then I noticed that my shoes were becoming covered in dust.

Auschwitz had many camps but only Birkenau and the Labor Camp are usually visited. The two camps are separated and we crossed busy intersections and roads that have grown up between the two sites. The two sites are equally distressing to visit. The Labor Camp houses the famous gate used to terrorize those chosen to work to death rather than immediately die at Birkenau. "arbeit macht frei," translated as "work will make (or set) you free," is written above an iron gate which guards the entrance to the main museum. The sign was stolen a few years back, police recovered it from the thieves and the original rests in a locked museum and what we saw was a replica. Inside the gate are several storied, red brick prisons that now function as museums housing the evidence of what was found when the camp was liberated at the end of the war. Rooms of human hair, suit cases, men's, women's, and children's

shoes, combs and hair brushes are displayed in rooms entered through hallways displaying black and white photos of prisoners with their dates of birth, home, and dates of death at Auschwitz. The innocent hallway faces are stark in their appearance with absence of any emotion as blank stares of the condemned. Prisoners were taunted that the only escape from Auschwitz was through the oven chimneys.

When we thanked our guide, the sun was slowly setting as we walked back to our car. We were emotionally exhausted. We drove in silence to our hotel in Krakow and we changed to meet for dinner. My Clarks® shoes were covered in dust and I realized in embarrassment that they were covered with Auschwitz dust, dust of the terrorized, ashes of the murdered mixed with tears of the innocent. I carefully put the shoes in a bag, and then into my suitcase. I have stopped wearing them and they sit carefully protected on the top shelf in my closet. The dusty shoes continue to haunt me. Their presence calls me to Denver where I must spread what ashes remain, on Bert's grave. □



Under the gate at the labor camp, figure 1-D.



Fences inside the labor camp, figure 1-E.



Bert and Goldie Goldsmith, figure 2.



Shoes on the road to Denver, figure 3.



Bert and Goldie's house with radio antennae, figure 4.

The Dust of Auschwitz **Epilogue**

By Robert Schenck

I was nervous that I would not find Bert's grave and it would occasionally keep me awake at night after I returned from Poland (figures 1A-E). It seems silly, but the dusty shoes reminded me of what I needed to do, and seeing them made me more determined to create some sort of a closure to this story. Remarkably, I found Bert and Goldie's names, fairly easily, at Fort Logan National Cemetery by using a quick Google search.

Planning a trip home to Colorado to celebrate Dad's 87th birthday, I decided to go through Denver with the first stop at Bert and Goldie's gravesite. Things quickly fell into place. My son George decided to make the trip with me, and when I discussed the plan with my father, he mentioned Bert's home address. So my itinerary was simple: arrive at DIA, rent a car, first stop in East Denver to look for the house and hopefully the antennae, and then on to Fort Logan National Cemetery. The week before I made sure I had the shoes, made a few copies of the story, and called Fort Logan, leaving a message about my quest. The night before we left for Denver I listened to a voicemail, "this is Joan from Fort Logan National Cemetery, indeed your relatives Bert and Goldie Goldsmith (figure 2) are buried here in section six, gravesite 219."

George and I were up early for the flight to Denver, and I had decided to wear the shoes as I didn't want to forget or lose them in baggage and they easily passed through security (figure 3). We arrived in Denver and found Bert and Goldie's old house near Colfax and Monaco. As we pulled up, I recognized the ham radio antennae and house,

surrounded by a low-lying fence of daisies (figure 4). The antennae was much shorter than how my twelve year old brain remembered it. I introduced myself to an unrecognizable figure through the open kitchen window, and out popped Bert's stepdaughter, Bev. "Bobby, of course I remember you. You brought us these stones that line the yard!" She also reminded me that my father's name in her mind was "Mountain Man," and not "Bob." We sat in the backyard reminiscing, and Bev mentioned that her brother's investigations had found what Bert had suspected all along, that his family had been murdered. Auschwitz.

We toured the house, basement, and visited the map and board where Bert had communicated around



Bert's map room, figure 5.



Shoes at Fort Logan, figure 6-A.

the world looking for his family (figure 5). Goldie, Bev explained, had passed in 1999, before Bert passed away in 2002. Bert had died at the age of 81 on their wedding anniversary.

I had told Beverly about my visit to Auschwitz and I left a copy of “Dust” with her. Bev didn’t want us to leave as she enjoyed talking about her “Dad,” Bert. As we pulled away, Bev said, “tomorrow, be sure to tell Mountain Man ‘Happy Birthday’ for me.” “He and I have the same birthday!”

George and I found section six, gravesite 219, and there were Bert & Goldie’s names, carved, front and back into the marble head stone. I know for a fact dust made it to the gravesite. There was a burial occurring nearby and



Bert’s headstone with shoes, figure 6-B.

it was fitting to say hello, goodbye, and leave Bert with his family (figures 6A & B).

Bev called the next day and wished my Dad a happy birthday. She told me she had read the story and cried. She asked, “did you get the dust to Bert?” She was as excited as I had been at the gravesite when I told her, “yes, we left the dust.” □

Internship

Internship
One year done, two more
Oh my god

–Kevin Vlahovich, MD



Cristina Vallejo



Cristina Vallejo

JUST A THOUGHT

When the ethicist said: Patients should have autonomy
They did not mean the patient becomes the doctor.

When the ethicist said: Patients must have freedom of choice
They did not mean that they choose as in a cafeteria.

When the ethicist said: Patients must have proper information
They did not mean that the text book be given to them.

When the ethicist said: Patients must have a balanced opinion
They did not mean there would be no opinion.

What the ethicist said: The problem be explained to the patient,
the patient understand the situation and the doctor and patient
work as a team to make the best decision for the patient.

Inspired by Lincoln

I think that the authors of that notable instrument intended to include all men, but they did not mean to declare all men equal in all respects. They did not mean to say all men were equal in color, size, intellect, moral development or social capacity. They defined with tolerable distinctness in what they did consider all men created equal - equal in certain inalienable rights, among which are life, liberty, and the pursuit of happiness. This they said, and this they meant. They did not mean to assert the obvious untruth, that all were then actually enjoying that equality, or yet, that they were about to confer it immediately upon them. In fact, they had no power to confer such a boon. They meant simply to declare the right, so that the enforcement of it might follow as fact as circumstances should permit.

They meant to set up a standard maxim for free society which should be familiar to all: constantly looked to, constantly labored for, and even, though never perfectly attained, constantly approximated, and thereby constantly spreading and deepening its influence and augmenting the happiness and value of life to all people, of all colors, everywhere.

– Aroop Mangalik

From Mountains to Medical School

By Marion Cook

The boy huddled out of way of the early morning activity, his arms crossed over his knees which were drawn up to his chest. He looked awkward and uncomfortable, which wasn't in itself inexplicable. We were only a few days into a three week backpacking expedition, and we were well away from any trailheads or roads. I was leading a crew of teenaged boys through the mountains of Montana for a national outdoor education program. It was a completely novel experience for the mostly urban and suburban youth. Students were challenged by everything from traveling in a group to being out in all weather to eating oatmeal for breakfast. I was just beginning to decide that I wanted more medical training; at this point I was on my way towards becoming a doctor though I did not yet realize it. I had eagerly taken on the responsibility for our tiny first aid kit, and any reason we might have for using it. So I was the one who headed over to our sad camper as my co-instructor helped keep the other boys focused on breaking camp.

"Hey, what's up?"

"My stomach hurts. Real bad."

Abdominal pain is perhaps one of the more alarming complaints when you are deep in the woods. Even in a more resource rich environment than remote mountains, it can be hard to rule out a serious and urgent condition on something as vague as colicky pain, and less serious conditions can become major problems in the amount of time it would take to evacuate to a road. Unfortunately the look on my student's face told me that he was quite distressed as he curled his knees tighter into his chest and hid his face. Taking a good history would be important, perhaps my only real tool in the situation. I squatted down and started with my OPQRST queries, trying to locate and quantify the diffuse pain, pinning down the onset, and asking about associated symptoms. Most likely I'd need to ask some embarrassing questions. Watching my patient become more and more miserable, now fighting back tears, my own stomach sank. I dug in my pockets for a clean tissue to offer him. Our first aid kit held little enough to help ease his complaint of pain.

"What's wrong?" I felt pretty helpless asking what was surely a rhetorical question. But then he answered.

"I miss home."

And with that, the tears started. Humbled by thobvious, I finally sat down with him. I fell silent and offered my full attention, in silence this time. There was nothing more important for me to do in that moment but be a human being sitting with another human being, recognizing

the difficulty of enduring the unfamiliar before hiking many miles together with heavy loads.

In my work as an experiential educator, we were taught to make a distinction between hard and soft skills. Hard skills are technical: how to tie a figure eight knot, how to read a map, how to self arrest your slide down a snowy slope with an ice ax. Hard skills include the extensive use of risk management and good judgement, and take years to develop. On the other hand, soft skills are interpersonal and sometimes vague: assertive communication, anger management, teamwork, rapport-building. I was taught that you can't lead without rapport. The hard skills have a certain glamor and are satisfying to master. Acquiring the soft skills is a daunting and sometimes disappointing Sisyphean task. Good luck trying to travel in a group without them though.

It strikes me that it was six months into my chosen challenge of a medical education before I finally heard that familiar, resonant word: rapport. The foundation of our early medical and clinical training is all about the mechanism and the pathophysiology, sharpening hard skills. But I am reminded by that lesson out on trail to continue practicing the soft skills too. Sometimes I realize belatedly that I have missed an opportunity, but I find myself unable to ignore these unanswerable questions and unspoken fears. It is overwhelming and inspiring to work in the presence of so much humanity and to see the heavy loads we all carry. Turns out you can't heal without rapport, either. □



Sara Mota



Kevin Vlahovich

Evening Rounds

By John C. Russell, MD

I waited impatiently at the nursing station. Six months into my internship, and two days as the only house officer on the private service of the renowned Dr. B, I was going to finally accompany him on “Evening Rounds”.

The past two days I had been in the OR for 10 hours each day, assisting him on gallbladder surgeries (the old-fashioned ‘open’ kind), hernia repairs, thyroidectomies, colon surgeries, parathyroidectomies – an incredibly broad range of general surgical procedures. Funny that the Chief Residents didn’t “steal” these cases from the lowly intern, but knowing Dr. B’s reputation for chewing up and spitting out residents (and the fact that he really liked doing the surgeries himself, and not giving the cases to the residents), perhaps it was not so surprising after all.

I’d heard his reputation – a superb technical surgeon, but a demanding bear in the OR, with instruments and expletives flying, at times with an almost paralyzing attitude of self-criticism (as if he hadn’t done over 5000 cholecystectomies in a surgical career of more than 30 years). It was interesting, however, that there were several older OR nurses and scrub techs that demanded to work with him, and who seemed oblivious to the emotional torrents that could suddenly and unexpectedly sweep through his OR room.

He was the busiest surgeon BY FAR in the hospital, with more than 30 inpatients on his service at any time. It was rumored that he NEVER sent one of his patients home from the emergency room – if they were sick enough (or worried enough) to come to the emergency room, they were ALWAYS admitted to the hospital, regardless of the “medical indication” for the admission. Probably today most of these admissions wouldn’t pass muster with the Utilization Review folks, but in those days, the motivations of hospital administrators were perhaps different. Dr. B was the LAST physician anyone wanted to antagonize. Besides, it was easier for Dr. B (and his dedicated “intern”) to manage these patients as inpatients (and sort out their issues in the hospital) than to field innumerable phone calls from these patients, their caregivers, and other family members, as well as running an office that began its patient hours in the mid-afternoon each day and ran far into the evening.

Each morning at the scrub sink, Dr. B would ask me about each of his inpatients (knowing that I had started rounds that morning at 5:30 AM, so that I could at least see the sickest of his patients). He seemed to know everything that I did about the patients (key nurses on each surgical floor were reportedly his spies, calling him with reports if ANYTHING was amiss with his patients. He’d also call

the surgical floors himself, at all manner of day or night, to check up on patients he was worried about. However, when he asked me each morning about his patients, he seemed genuinely interested in what I had to say. Even at the OR table he would ask my opinion – “does the anastomosis look pink to you”? I subsequently learned that he was red-green color-blind (his wife laid out his clothes each evening for the next morning, so that they would be color-coordinated), but he had extraordinary powers of discrimination of shades of gray.

His patients did remarkably well, with a minimum of complications, even though some of his post-operative routines were long-outdated. He even admitted that, but asked my forbearance. These were the days before “evidence-based medicine” – he just had well over 30 years of personal experience to draw upon (and had seen EVERY possible bad outcome), and he knew that these old-fashioned routines worked in his hands. “I know some of these routines may seem strange, but I ask that you follow them while on my service – they’ve worked for me in the past, and I don’t see any reason to change them now.” He, of course, was right – they were strange, yet they somehow worked, and his patients did better than those of nearly every other surgeon in the hospital.

A man of humble and proud ethnic roots, Dr. B had been a legendary local high school athlete before leaving for college, medical school and residency training. He then came home to join a prominent (albeit patrician) surgeon, and to build his practice. He was a man of enormous physical strength and vigor. He brought regional fame to the hospital, and even published some papers that remain landmarks today (thanks to some former residents who felt that writing up his case experiences for publication were the best ways to thank him for his tutelage). When anyone on the surgical staff had a tough case, it was Dr. B they turned to for advice and counsel. In fact, Dr. B would often wander unannounced into other surgeon’s OR rooms, peering over their shoulders just to “see what they were doing”, and to offer both solicited and unsolicited advice. No one seemed to mind.

His whole life was Surgery, and his family had paid a frightful price, including the suicide of one daughter and the crumbling marriage of another daughter married to a rising young surgeon (and Dr. B’s junior partner). His wife was quiet and long-suffering, a homebody, but supremely confident in the undying loyalty and love of her husband.

These thoughts meandered through my head in no particular order while waiting for Dr. B. Normally he sent his interns home after they’d finished their afternoon work rounds, and he would wander over to the hospital after

office hours (and before finally going home for supper), to see his patients. Often he’d bring his favorite nurse on each of the surgical floors into each patient’s room with him on these rounds. Tonight, he was bringing me.

What I saw and heard I’ve never forgotten. At each bedside Dr. B would sit, hold the patient’s hand, and just talk and listen. These rounds went on for 2-3 hours, and probably happened each night. He was humble, compassionate and very human – no hurry or distractions, no hubris – just honesty and connection. The patients loved these talks and they loved him (as did his incredibly loyal nurses and techs throughout the hospital). When Dr. B took you as his patient, there was no one more important to him. Days were when he operated, but nights were when he healed his patients.

Years after finishing my training I heard that Dr. B succumbed to pancreatic cancer, one of his many surgical foes during a career of nearly 40 years. His former OR and floor nurses (many of whom had risen to major leadership roles in the hospital) took turns on their own time, without compensation, to provide him home care in the weeks before his death – their final “thank you” to Dr. B.

Dr. B was Atlas, holding the weight of the world on broad shoulders – the well-being of his patients. The burden, self-imposed, in the end destroyed his family and likely him as well. He was a dysfunctional role model – a gifted but flawed hero, to be sure. Yet he has always defined for me what is both great and terrible about surgery, and his “Evening Rounds” were, to me, his greatest gift. □



Dara Zafran

Child Dreams

In 1954 I am a fertilized egg waiting for a name...

Above the darkened sea tantruming on itself/wave and water...two gibraltared towers look down without eyes/their water logged doors are before me and their voices boom off of my tinted bones...

Two Marys shrouded in clay robes and freshly kissed on cracked drying lips cry out, "all men are false...they have betrayed their own souls, it is all they can do... we have lost every drop of our blood ...men love one of us and beat the other while god smiles."

Brahm gives justice and laughs..."ha there is no death; only dying every day."

On the shores beneath the sea, a thousand weeping Jesus's are circumcised, sanctified and crucified in "Judeo-Christian" burial grounds/all fresh water flows down to the humble ocean to cry.

Mohammed's crow flies over Jerusalem.

It is truth dressed in black/caravans scour the sands for love's ancestral bones.
They are never home.

In their names, we are all wandering, homeless, and chaotic like a nest of ants being stirred by a child's stick.

Rabbis close their eyes and tap their thumbs.

They carry talking sticks and they beat us until we breathe and recite as one, "my heart begins again... wildly"

An ambulance wails and carries silent Josephine away forever... children run after their mother

Their little fingers unwrap and crying sticks fall to the ground.

One day I am their physician/ancestors and all/their hypnotic shrink/Freud and Jung still feuding on the wall behind me/Jews and Germans playing Warsaw ghetto in an abandoned field carpeted with electric dandelions and ringed with sparkling wire barbed with fresh morning dew.

My medicine wants to be so silent that I hear their screams and dissent/they come to me with laughing sticks. My words wave at particles of truth while my voice conjures a mirage.

I have heard of another country/cascading whispers of placid terrain/landscapes withered with spice and magnetic landings/feet set to the mirrored grounds/ether ascending...

A thousand nights have survived my constant flame in the complete absence of time and space...both sides colliding inside columns of regret being burned alive.

– Bradley Samuel, PhD

On the Need to Forgive

Like when you want your old man
who neglected you as a kid
and shuns you now
to reject you when you show up at his death bed,
so that you can then kill him
a juicy minute before
he would have died anyway...

but waiting for that day,
when he as a heart surgeon keeps his pecker ticking
you grow old yourself till
all that stewing gives you a heart attack
from forgetting you already took it up with him
and byones are by and large gone

– Arun Anand Ahuja



Dara Zafran

First Annual Poetry & Medical Narrative Competition

In the spring of 2013, The University of New Mexico School of Medicine's Medical Muse and Reflective Writing program sponsored our first annual poetry and medical narrative competition for medical students in the USA and Canada. Winning entries received a cash prize, and publication in the fall issue of the Medical MUSE.

We were delighted at the quality and diversity of the submissions we received. We thank everyone who

submitted a poem or medical narrative and hope that you will consider submitting again to our future writing contests. See information in this issue about the Second Annual Poetry & Medical Narrative Competition for Medical Students.

Congratulations to our winners. We hope that you will enjoy reading their poetry and medical narratives as much as we did.

Poetry:

1st place: *Please oh please*, by Eric Chang, University of California, San Francisco

2nd place: *The Wedding*, by Valentina Bonev, University of California, Irvine

3rd place: *Rx: Love ER 82kg PO Qdaily*, by Blake Spitzer, Loma Linda University

Honorable mention: *A Dream within a Dream*, by Tiffany Chi, University of Rochester

Medical Narrative:

1st place: *Harbinger of Grief*, by Dawn Maxey, University of California, San Francisco

2nd place: *The Fiery Serpent*, by Michael Benefiel, Rush Medical College

3rd place: *The Crying Doctor*, by Kevin Dueck, Western University

Please oh please

For Marguerite

These are my thoughts. Be honest.

If we get to exist together in a different
plane, do you find that sad like I do? Here
I am growing older and more tolerant. But
sometimes I wish a whisper would come
into my ear and say, *I adore you, and that
is what you think you want out of today. Is
this all going in okay?*

I'm still probably going to decline, though
I'm shocked and almost flattered when our
paragraphs touch. Is that how you were
made? Some day we might be able
to turn each other into a sentence. I know
your ugly, too.

Breathe (but not *push*!) they said—you're
beloved here. I took you with me
to Wegman's today (despite you being
at the end of the earth) and we gorged
until coma. At least your absence is alive,
through a miracle drug. Why does it feel
I'm the only one on it?

This is the thing I hate about being
a fearful girl: even as little half babies
split at my hip, I believe in meeting you
in some other plane. It comes from
the guts. I think I'm not supposed to bring
bread there or the admission that your life
is dominated by the worship of another. But
we take someone beautiful, testing their capacity.

Capacity is an interesting word. Spanish has
a word, which if I could translate, would be
something like *I cannot believe you
exist*. Though I hate when language is abused
like that, we haven't mentioned it since
the waiting room. So—what is just outside the universe?
Come sip it with me, please oh please.
Jaw to jaw, and cheek to cheek.

– Eric Chang

The Wedding

It was unlike previous ones I attended,
The people, the place, the plot,
Were all new to me.
It was between a 26-year-old burgeoning lawyer,
And a 28-year-old dedicated computer engineer;
Both had their whole lives ahead of them,
But only one would live it out.
The bride wore white-
A hospital gown with oddly printed figures,
And a green knitted cap rested on her pale head,
Revealing a few wisps of California blond hair.
She lay comfortably in bed
Under a worn out beige hospital blanket
And a homemade multicolor quilt,
While the groom stood nearby,
Carefully holding her frail hand.
Nurses came on their day off for the ceremony.
They decorated the plain room with white ribbons,
Hung a “congratulations” sign over the head of the bed,
And strewn fake flowers on a make-shift alter
Hastily assembled at the foot of the bed.
The in-house chaplain conducted the short ceremony
And ended with “you may now kiss the bride,”
Which sent the nurses into a frenzy
And an outpouring of tears,
Not of joy, but of sadness,
Because they thought of the cancer,
Eroding at her breast
And spreading to her brain,
Which led to constant nausea,
Along with the chemotherapy,
So she couldn’t indulge
In the store bought chocolate cake and juice,
With the rest of the guests.
Despite all this,
Her weak smile couldn’t conceal
Her last chance at happiness,
Albeit for a short while.
The marriage lasted only two months,
But the wedding will last forever.

– Valentina Bonev

Rx: Love ER 82kg PO Qdaily

I am not a poet, and I am not writer,
but there is love in my blood, and in a very high titer.
That being said, I shall try to express
my love for you, with medicinal finesse.

Pyoverdin is green, pneumococcus sputum is rusty,
I promise to love you when you are old and crusty.
If you were a drug and I were sulfate,
I’d thank the hepatocyte that arranged our fate.
One soluble compound being made from two,
I don’t care that we’re excreted, at least I’m bound to you.
You have the most beautiful anterior uveas ever I have seen.
One glance and I’m a blushing child with Parvovirus B19.
There’s no Beta Blocker that could keep my heart from
racing for you,
you’ve re-shaped it, and much better than aldosterone
or angiotensin II.
Your figure is perfect, down to every last curve,
Paralyzing division 3 of my fifth cranial nerve.
Your gait is so smooth you appear to glide,
proving your cerebellum is well supplied.
I wish we could hug and snuggle and cuddle all night,
I’d wrap you like a schwann cell, and not an
oligodendrocyte.
There is only one girl for this guy to date,
Only one neuron for this cell to myelinate.
Please check your mail, for the prescription I am sending
82 kilograms of love, approved by my Attending.
Take it daily and in full compliance,
for my mechanism of action is a breakthrough in science.

ps- I weigh 82 kg

– Blake Spitzer

A Dream Within a Dream

A dream within a dream
At least, that's what it had seemed
Before disease touched her skin
Before blade touched her wrist
The best of family, the best of friends
They were content and close
Such happiness at six years old
Such innocence, such peace
The best year of her life it was
When all was good and well
So distant now, beyond the reach
Of what she can recall

She was the base that held her team
Her family and her friends
But the weight grew far too heavy
She tried her best to hold them steady
Then suddenly... she let go
And before long, this cheer gone wrong
Spiraled out of control
With them fell the guilt, the blame
Upon her shoulders they land
How to escape? She tried to think
And then took blade in hand

How long, how deep, how fast, how slow
She controls the ebb, the flow
With every line that marks her wrist
She tries to gain control
Of anger, suffering, and the doubt
Drops of life within, now without
Trickling to the floor
What burned bright inside her heart
Now burns red upon her skin
Trying to hide the hurt within
Until it hurts no more

But this is better, is it not?
To take their scars, their burns
So they won't suffer, they won't fall
All they have to do is call
She'll bear their burdens as her own
This base takes fault instead
She'll make them stop so she can start

To heal their wounds by opening hers
She understands, they know she cares
She'll catch them as they fall

But is this better? Maybe not
For what hurts her hurts them
It doesn't have to be this way
That's what she hears her loved ones say
Through tear-filled eyes she sees them cry
Knowing that she wants to die
They feel each cut, they care so much
Like she has cared for them
So who will take her cuts and burns?
Whose wrists will wear her chains?
Who will erase the deeds done past
And remove from her the blame?

This life in death and death in life
What does it really mean?
To disappear or make it clear
A battle must be waged
A war of souls, of sin, of love
Until one shall prevail
As the light cuts through the dark
Will she cut through the veil
That curtain, black, which shrouds her soul
And binds up truth untold
Will die a death to bring forth life
To revive what has grown cold

Like Atlas, who sets down the Earth
Her shoulders will unload
The world she fought so hard to keep
And rising back up from the deep
She'll return to loving souls
Those caring hands she shared with all
Take off the chains and let those fall
Recalling what she thought was lost
That dream within a dream
Impossible? Well, maybe so
But if you never try, you'll never know
Until one day you realize
How much your love is worth.

– Tiffany Chi

Harbinger of Grief

by Dawn Maxey

Mr. Jackson came to us after not having eaten for four days, so weak he could not even lift his head. Homeless and ravaged by HIV, he had nowhere left to turn but San Francisco General Hospital. The third year medical student on his team, I watched his diagnosis change with the days ~ first starvation, then pneumonia, then depression as he failed to get any better. His belly grew taut and when we pressed our stethoscopes to him, as if a tiny symphony composed only of timpanists were playing inside, the concert high pitched and worrisome. We sent for pictures of his abdomen and when the images appeared a few hours later, we spoke in hushed tones as we scrolled through the sea of dark blotches dancing in his stomach and liver. A fungus, we mused, or maybe lymphoma. The latter was the most likely and best of all, treatable.

"Mr. Jackson", we said with renewed hope, "We're going to take a piece of your stomach out to see what this is." He only nodded. The next day, the phone rang with the results. "Lymphoma," we said confidently, poised to put in the treatment orders.

"Actually," the voice on the other end said, "I'm afraid not." Mr. Jackson's stomach held a terrible cancer, an adenocarcinoma, that had spread everywhere and left him with weeks to live. It was the worst diagnosis that could have happened, and no one saw it coming.

"We have to tell him," the doctors said, and somehow, the eyes fell to me, the third year medical student who had helped care for him all these weeks. I would break the news, the attending watching carefully from the background.

"Randall," I said, kneeling on the floor next to my patient. His eyes half open, he mumbled hello. "Randall," I said again, "Remember when we took a piece from your stomach?" He nodded, looking at me expectantly. "I'm sorry to tell you this," I said, "but you have stomach cancer." And in the blink of an eye, in the instant I uttered that last terrible word, the light in his face went out.

"Will it hurt?" he asked finally, his eyes brimming with fear.

"No," I said. "Our job is to make the hurt go away."

Mr. Jackson was silent for a long, long time. Then he opened his eyes wider than I had ever seen them, and looked at me intensely.

"Tell me the truth," he said, each word punctuated by desperation. Locked in his stare, I saw years of hurt flash by: the sting of being rejected, lonely, and outcast. Of being

a poor, gay black man from the Deep South who had been dealt a stacked deck from the beginning, who had fought a losing battle against a virus that had pillaged his body, and who now had a cancer that could have been anyone's.

"This is the truth," I said quietly.

Mr. Jackson looked at me disbelievingly. "I'm angry. And I don't want to talk about this anymore." With that, he yanked his arm out from under my hand, closed his doors, and shuttered his blinds against the storm I had brought to his bedside.

In the hallway, I pushed away the hotness behind my eyes and the tightness in my throat. "It's so hard," I kept repeating, "It's so hard." I don't know which was hardest, the act of telling Mr. Jackson, or seeing him crumble, or the unfairness of it all, that this could have happened to anyone and that the only thing standing between me and my patients was a gossamer strand of sheer luck. My attending nodded and looked at me with a softness in her eyes.

"I've been doing this for twenty two years," she said slowly, "And it never gets better."

In a way, I'm glad. Why should this get any better, this heavy responsibility of bearing bad news and inheriting patients' grief? They say that medical students lose their empathy during the clinical years but in my very first rotation, I felt the rawness of being human. The feeling is a welcome reminder that people are astonishing creatures, and I hope never to become a physician immune to the pain of just-before-tears, to grief the color of ocean shadows and depths. For all of the conditions I have learned to mend, it is my own affliction, being wounded by the tragedies of patients, that I hope never heals. □

The Fiery Serpent: A Guinea Worm's Journey

by Michael Benefiel

Opening my eyes, all I see is a dark, blurriness. Once my eyes focus, a vast cavern opens before me, filled with an acidic liquid moving with a gentle, rolling wave. Around me, I see millions of identical worm-like creatures, heads seesawing in the liquid, bumping into each other, with glazed over eyes.

I swim past all of the bobbing heads to make it to the wall at the edge of the void. Ramming into it with my head, I shoot back as if I landed on a spring. After a closer inspection, the wall of the cavern is lined with soft and breathing ridges and valleys as if it is alive. It is too tough to pierce and it continuously secretes the same acid in which I find myself floating. What am I? Where am I? These and more questions toss through my head. I need answers but all I can do is sit and wait. I am going crazy, contained inside this tiny cavern with thousands of idle worms cramping around me.

Outside the cavern, I can hear two different pitches that reverberate around me. Shortly after hearing the sounds, the liquid around me begins to slosh and roll violently. My neighbors and I toss and tumble and drop as one until finally, all is calm.

Swimming over to the wall once again, I press my short, slender body against it. This time the wall gives, disappearing and disintegrating around my body. The whole cavern is dissolving. I feel my body being absorbed by the fleshy, living wall. Within seconds, I am through to the other side and find myself facing the most delicious obstacle I could imagine. Licking my razor sharp teeth, I devour a chunk of the muscular flesh. I cannot stop myself and feeling ravenous, begin tunneling through the warm, bloody layers. An invisible, instinctual force drags me towards more and more flesh. Down, down, down I eat and burrow. The entire time I am eating, my body elongates from fractions of a centimeter until I am almost a whole meter in length. This buffet continues for what seems like a year.

After some time of this continuous gluttony and no will or reason to stop, I find myself at the end of my tunnel. No more blood, no more flesh, only a tough, hardened wall. Feeling invincible, like nothing will stop me, I push at the wall hoping to find an even larger pile of mouthwatering meat on the other side. It gives, forming a small bubble

around my head. Pushing, pushing, pushing I finally break through the leathery barrier and am immediately blinded by an intense light.

I attempt to recoil immediately from the burning blaze directly above me. Using my lower muscles, I dive back into my hole and just as I nearly drop back into the pile of sustenance below, a pair of calloused digits pinches my head. My heavenly world ended in a matter of seconds. The two digits are like a vice grip on my head, pinching and squeezing harder by the second until I feel like my head will implode. Just as I see the black fuzziness enclosing my sunburned vision, I suddenly feel a woody rod being pressed against my neck. The digits begin winding my body around the stick. Slowly, inch by inch, I feel my body being tugged out of my warm, inviting life source.

As the intense light begins to fade and my vision clears, I find myself covered in a white, gauzy cloth. The rod around which my body is now wrapped and strapped prevents me from diving back into the oozy goodness with the rest of my body. Looking in one direction, I see five toes wiggling in the moonlight. In the other direction, a long appendage reaches up towards the body of a sleeping man. Exhaustion from the day's events overcome me as I drift to sleep.

Awaking to a jolt, I turn my head to see a face, pointing and grinning at my situation. With each step, vibrations erupt through my body as we stride towards a small hut with another man in a white coat and gloves waiting. The inevitable begins as the man in the coat begins rolling the rod, agonizingly winding the rest of my body, centimeter by centimeter, around the stick until I feel my body pulled free from my previous paradise. My world then fades around me. □

The Crying Doctor

by Kevin Dueck

At the end of my first year of medical school I spent a few days shadowing Dr. S in a small rural hospital. He was one of the younger doctors in the hospital, spending time in both a family medicine practice and in the emergency department. We had many similarities; both of us studied microbiology before entering medicine and recently started families. We bonded through these commonalities, leading to my being granted some independence in seeing patients and taking histories. Between patients he stood in the office, gently swaying back and forth, sharing with me his love of medicine.

During one short break, he proudly shared a few pictures of his infant daughter. He mentioned that he had

recently dropped his workload from 115 hours a week to 65, with further reductions planned. I was surprised that he had such a workload until recently and proceeded to ask what had led to the change.

"A colleague of mine, also working over 100 hours a week, came into work crying one morning," Dr. S stated. "When I asked him why he was crying, he said that that morning his 4 year old daughter had approached him and asked, 'Daddy, where do you live?'" I could see that just telling the story caused him to well up. He blinked away a few tears. I gave an understanding nod. Nothing more was said on it, and we went on to see the next patient. □



Kevin Vlahovich



© Jenny King, Dreamstime.com

Big Ma, Thrush Doctor

by Flannery Merideth

Big Ma, the family matriarch, had made quite a name for herself in the rural towns of Northern Alabama. She is my great-great-grandmother and other than a dentist on my father's side of the family, the closest relation I have with a background in healthcare. If you could call it that...

You see, I come from a long line of artists. Everyone in my family is an artist. If not by trade, then by hobby. Everything from painters to photographers, to poets, sculptors, singers, musicians, quilters, stained glassmakers. You name it, someone in my family has done it. Me? Uh-uh. I failed miserably at playing the trumpet. I have difficulty staying within the lines of coloring books and Paint-By-Numbers. So I went the science route instead and cling to stories of Big Ma.

Big Ma lived on a farm near Albertville, Alabama. It was hard times. Nobody had any money. How many of your meals consisted of cornbread was sort of a marker for how poor you were. Cornbread at dinner was one thing. Eating leftover cornbread for breakfast? Not good. If you got sick, you had to get resourceful. That's what Big Ma did.

It was summertime, early 1940's. Someone in the front yard called up to the house that visitors were approaching. Big Ma stepped out on to the porch, hands on her hips and surveyed the road. There was a horse-and-buggy in the distance. As the buggy neared the house, it became apparent that it was carrying a family with a crying infant. Big Ma came out to the drive to meet the newcomers. They

handed her their baby and she walked with the infant back behind her house and into the woods.

The baby had oral candidiasis, or thrush, which sounds like "thrash" when you say it with a proper northern Alabaman accent. Thrush is a painful fungal infection of the mouth. It causes a white plaque on the tongue and oropharynx that today we treat with Nystatin oral suspension via the "swish and spit" method. But Big Ma had no fancy pharmaceuticals to treat these children. She had the Alabaman woods. She would disappear with the infant for a few hours and when she returned, the baby was calm, soothed, and by family accounts, healed. How she did this is a total mystery. My grandmother believes it was a combination of woodland herbs and prayer. However it was done, thankful families would repay her in eggs or garden vegetables, whatever they could afford.

I loved this story as a child. It was right up there with tales of my father's bizarre hitchhiking experiences in Northern Europe. So imagine my joy when, during my pediatrics rotation, I was staring into the mouth of a 2-year-old and noticed several white patches. Candida! "Yes," I thought. "I can cure this!" And I did, with some antifungal swish-and-spit. The hospital was repaid for its services through an insurance company, rather than with chicken eggs, and I wrote a patient note to document the occurrence. There was no horse-and-buggy or woodland mystery, but still, I think Big Ma the Thrush Doctor would have been proud. □

History and Physical

by Nikifor Konstantinov

Characters:

Doctor—Dr. Dean (D) a man between 60-70 years old.

Medical Student—Michael Jensen (M) around 20-25 years old.

Patient—Paul Cohen (P) man in his 50s.

Brian- Roommate (B) of Michael around 20-25 years old.

Act I

Setting: Outpatient Clinic

At the rise of the curtain both D and M are talking in front of a door L stage. Stage is dimmer to the left of the door and brighter to the right of the door. P is sitting in profile on a chair, middle of stage and a rolling chair facing him that is empty. Also on the stage to the right of P is an exam table (ideally one that is commonly found in a doctor's office).

D is dressed very nicely, with shirt, tie and dress pants. M is also dressed similarly but wearing a white coat. P is wearing everyday clothes.

Curtain Rise:

(D is talking to M in normal tone to the left of the door, as if we are beginning the scene in the middle of the conversation)

D- Just get the history of the patient and begin the physical exam and I'll come in after I see the patient in room 4.

M- All right, sounds good.

(D goes backstage, M goes through door and goes to greet P. P half-way gets up when they shake hands)

M- Hello Mr. Cohen! My name is Michael and I'm a medical student and I'll talk to you today, go over your labs, and do a physical exam until Dr. Dean comes in. He'll go over your results as well.

P- *(P looking almost disappointed that the student would be the one examining him.)* Oh all right. Nice to meet you *(P coughs several times in his hand).*

M- Ok great. How is your day so far?

P- It's been fine, nothing too interesting.

M- Well ok. Can you tell me why are you here today?

P- Just in for a follow up. My cholesterol levels were high six months ago so I want to see if I've improved.

M- Oh sure we'll go over that a little later. Is there anything else?

P- Well no, not really *(hesitates for a second)*. Well except I've been short of breath for quite some time now, but it's nothing new. I've seen Dr. Dean in the past about it.

M- Oh really? Well can you tell me some more about it? That is, are you always short of breath?

P- Well sure. I've been getting more short of breath for about the past year now and yes it's pretty constant, but more so when I'm walking *(P coughs several times in his hand)*.

M- Oh so more on exertion you feel it?

P- Yes.

M- Do you have any chest pains?

P- No.

M- Are you coughing up anything?

P- No just a dry cough.

M- Do you have any leg pain?

P- No.

M- Have you had a history of any heart prob--*(P interrupts)*

P- Oh no it's not from my heart. They did all of those tests at the hospital. No, this is due to smoke inhalation--*(M interrupts)*.

M- Oh I see. Are you a smoker then?

P- Well yes.

M- How long have you smoked? And how many packs a day?

P- Sixty years and I smoke a pack a day now.

M- If you don't mind me asking, how old are you?

P- Fifty-five.

M- *(laughs)*- You've smoked that long then?

P- *(laughs)*- Well yes I smoked more than I do now.

M- Well have you thought about--*(P interrupts)*

P- Quitting? Why yes, and in fact I've cut down to a pack now from two packs.

M- Well that's great! Keep it up because we don't want you smoking. *(Pause)*. Sounds to me like a COPD exacerbation or maybe asthma from your smoking.

P- Well I started coughing only recently. I--

M- (*M interrupts, P looks annoyed*). Oh ok. Well I'll listen to your lungs later and maybe we can do a chest x-ray. Umm are you on any medications for this?

P- Yes I have an inhaler.

M- And does it make you feel better?

P- A little but not much.

M- Oh and have you been screened for lung cancer?

P- Not yet! (*laughs as he says this*)

M- Ok sir well if any more questions come to mind I'll ask you but do you have any other medical complaints?

P- No, no I feel fine.

M- (*Pause as if searching for a new question*) Umm, oh, by the way are you allergic to anything?

P- I'm allergic to opiates.

M- Opiates...ok. Well since we're on the topic have you used any illicit drugs?

P- No never.

M- Alcohol?

P- Occasionally, just a glass of red wine in the evening on some nights.

M- Are you married or do you live alone?

P- I live alone.

M- Do you know anything about your family history?

P- Well my dad had COPD. Died from it at 83. My mother was a heavy drinker. That's why I don't really drink too much. She died from cirrhosis when she was 71.

M- Sorry to hear. Any siblings, grandparents?

P- Have an older sister that lives in Kansas. She has hypertension but I think that's it and I don't know what my grandparents had.

M- All right sir well let me try to explain you labs. (*Looking through the lab data. Pause.*). Oh this all looks great. Your total cholesterol is now down to 198 from 255, your triglycerides are normal, your HDL went up to 49 from 45 and your LDL is now 93 from 131. Are you taking a statin?

P- That's great! Yes I'm taking Crestor.

M- It's a great drug. And remember the more your HDL increases the lower the risk for heart disease and a picture-perfect LDL would be below 70 but since you don't have any large risk factors below 100 is also fine. Also your kidney function looks good, liver enzymes are normal, glucose is 98 which is normal, and your serum electrolyte levels are

normal as well. Also, white blood cell count is good with normal subtype shift of neutrophils, lymphocytes, monocytes, eosinophils, and basophils, and you don't have anemia looking at your red blood cell count and hemoglobin (*Pause.*). Ok let me start the physical exam.

P- All right.

(*M shows P to the exam table. P sits down. M puts on stethoscope and listens to lungs. D comes in from door.*)

D- Oh hello Mr. Cohen. I see you've been acquainted with this aspiring young doctor!

(*M chuckles*)

P- Oh yes, he's done quite a fine job.

D- I'm sure! He's going to take me out of practice. My patients are going to want to start seeing him now.

(*M laughs*)

P- Quite so!

D- Well Mr. Jensen, what are your findings of this great man?

M- He seems to be doing quite well. He just came for a checkup of his lab workup and his labs are improving! He mentioned that he is getting more short of breath on exertion and a dry cough, but no chest pains.

D- Yes (*elongated*). So what could be causing his symptoms?

M- Well he has a long history of smoking. COPD maybe or CHF or maybe something to do with his hyperlipidemia?

(*P looks at D for a moment, shakes his head slightly as he looks down at the floor, looks up and smiles.*)

D- Well lets take a listen then ey?

(*M pulls D aside from patient*)

M- (*whispers*) Dr. Dean. I'm so sorry but I realized I have an appointment at the hospital at noon to follow an interventional radiologist. Do you mind if I leave after the physical exam?

D- Oh of course not! You should go. That will be interesting for you.

M- Thank you!

(*D and M return to patient. Both put on the stethoscope. As they place stethoscopes on patient's chest lights go dimmer to dark. Curtain drop.*)

End Scene

Act II

Setting: M's apartment.

Should take place two or three days later. Middle stage there is a couch. Couch is arranged so that when M sits he is in profile to the audience. M is facing television on top of a drawer or some sort of table. Stage is dark, but light should come from television set, illuminating M. M is half listening, reading a book with a night lamp closer to the audience. B is sitting on other end of couch watching television.

Curtain Rise:

Sound from television should be coming from a pre-recording. Sound that should be heard is talk from what seems to be a pleasant sounding middle-aged to elderly lady.

TV woman- "Welcome back to our special on "True American Heroes" on PBS. We'll get back to the program momentarily but first we'd like to show you the DVD of this special program you can get by donating only seventy-five dollars to our great channel. A small price for keeping public television running just for you. We'd like to take a moment to talk to one of America's truly great heroes, one that has risked his life by volunteering to go to Fukushima and who saved the lives of three Japanese men by entering one of the nuclear reactor buildings and getting them out. Father Cohen was also been given the Medal of Honor this year by President Obama because of his work in Afghanistan in saving the lives of many soldiers and giving aid to the wounded in battle with no regard for his own safety. President Obama has said of him, "an American soldier who didn't fire a gun, but who wielded the mightiest weapon of all...a love for his brothers so pure that he was willing to die so they might live." Truly an honor to have you on the show Mr. Cohen."

P- (also pre-recorded). "And it's great to be here!"

(The audio file distinctly registers P's cough. M recognizes voice and cough, and in disbelief puts down book and grabs himself on the head, and stands up staring at the television screen). "Remember to keep public television running, it's important that you donate, no matter how small the amount."

TV woman- "You've risked your life many times. Have you ever been injured before?"

P- "My injury came after Fukushima. I was in one of the buildings when another reactor exploded. I inhaled a lot of gas, which was probably radioactive. So far nothing serious has happened to me but I don't feel great. I'm more short of breath and I have a chronic cough. I'm being screened for cancer but none has been found yet."

(Indistinct rumbling from the television. Audience should now be focused on M).

M- (as if coming to his senses, looks at B). I don't believe this shit man! I saw this guy at the clinic this week. I didn't get any of his story! I just thought he had COPD from smoking! I didn't even know he was a priest man!

B- If you felt that you screwed up then donate two-hundred bucks to PBS (B says this nonchalantly and starts to laugh loudly).

M sits back down nervously. Pulls a out a carton of cigarettes from his right pocket. Takes one out. Lights it up. Starts smoking. B continues to laugh.

Lights out. Curtain drop.

End Scene

End



Laura Hall

Mr. Doe

by Jessica McGraw, *PIE Narrative Strand*

PIE is over and while I will be going back to UNM to start classes soon, the lessons learned during PIE have been abundant and will stay with me long after going back to Albuquerque. Like many of my classmates, I began PIE expecting to learn a lot. We were being sent out all over the state to spend six weeks at a clinic in rural New Mexico, and the experience would be far from the continuity clinic we had last semester. And over the course of six weeks, I have learned a lot, not only from my preceptor but also from the patients.

I first saw Mr. Doe a few weeks ago. He came in to the clinic with his wife for a follow-up visit related to the recent heart bypass he had had. He was in his early seventies, and sitting in the chair in the exam room one would never guess he had recently had a heart attack or that he had undergone a quadruple heart bypass a month prior. He looked healthier than most healthy individuals his age, and the only sign of his recent surgery was the large scar down the center of his chest and the scars on his legs from which the vein grafts had been taken. Other than the scars, Mr. Doe was in good health and had no complications from the recent surgery.

Mr. Doe came back to the clinic this week due to the presence of what he said were “lumps on his legs.” There were prominent masses near the medial portion of each leg that he said were pain free and which had developed over the course of the past week. Other than the new problem with his legs, he still appeared to be in perfect health. The recent heart trouble was a mere scar on his chest, and he and his wife were sitting in the exam room happier than they were during the last visit. They were ever thankful about how the surgery and Mr. Doe’s time in the hospital had gone and asked me about how my time at the clinic was going. I started asking questions about his concerns during the current clinic visit. His only worry was that he might have blood clots in his legs or that an infection might be starting.

After getting all of the basic information from the patient, I started the physical exam. Of note were two prominent masses, one on the medial aspect of each knee. They were approximately two inch by two inch, mobile, hard masses located under the scar marking the location of where the vein grafts had been. The scars did not appear infected, and other than the possibility of a blood clot I was

dumbfounded when it came to creating a differential diagnosis. After talking with Mr. Doe and his wife and spending some time trying to figure out the problem, Mr. Doe asked me “we need the doctor don’t we?” “Yes Mr. Doe, we need the doctor.”

Admitting that you do not know something can be humbling. We have just started on the road to becoming a practicing physician and there is so much to learn. And even though we are learning a lot and constantly increasing the knowledge we have, we know relatively little. As my preceptor told me, there is a difference between knowledge and skill. Knowledge is what comes from reading a text book and sitting in lecture, but skill is what comes with experience. While I had the knowledge of the clotting cascade and knew a decent amount about what is involved with blood clots, I did not have the skill to know with 100% confidence that Mr. Doe most likely had blood clots in his legs.

While I have learned a lot during PIE, one of the most important things my preceptor discussed with me was the difference between knowledge and skill. Even as we finish up the basic science blocks this year and build a foundation for our future as physicians, we are only gaining knowledge. It takes years of experience to gain the skill the goes with knowledge, that is, to gain the ability to apply the knowledge we are gaining. We will continue to increase the knowledge and skill we have and eventually we too will be physicians. However, of importance is being humble enough to know this difference and to know your limitations. As my preceptor says, even as a physician sometimes you have to admit “we need a doctor.” □



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Six Weeks in the Desert

by Katharine Caldwell, *PIE Narrative Strand*

I write this at the end of my PIE rotation, the last chapter of this little adventure, so it only seems fitting (if a little cliché—and I hope you’ll forgive me for that) I write about the beginnings and endings.

We start with beginnings.

That first drive up, I remember thinking that there was someone who once called America the land of endless sky. I don’t know who it was, but I’d like to think they had at least some thought of New Mexico and not only of the Midwest with its flat landscapes drawing down to the horizon. That sky goes straight out—endless horizontally, but this sky here is endless in another direction—up. Blue sky, like blue ocean, spanning miles deep.

You could get lost in it.

That first time, it wasn’t until I was halfway to Santa Fe I realized this was the first road trip I had ever made alone. There had been others—hundreds maybe to and from the land of horizontal sky made in the backseat of an old Toyota with my mom or dad trying to entertain my brother and me from the front seat, to LA in the passenger seat of an old firebird with my college boyfriend playing 80’s rock on the radio, but never on my own—iPod blasting and only my thoughts to fill up the miles.

I thought about how long the last year had been. All a haze of note cards and library tables; counted in cups of coffee or hours lain awake, the days would number greater than their sum. Counted in hours sat up laughing, sharing secrets, they would number too few.

There are constant reminders of time passing—invitations to weddings to remind me that I sleep alone at

night, or the voices of old friends on the phone telling me it’s been too many days...weeks...months since we caught up.

All these things are a reminder that the rest of the world is just running on a clock that’s different from my own. So many people racing toward their endings, while I so often feel I’m still climbing.

Tick-tock, tick-tock.

But I’m in no hurry.

No need for sprints to the finish line, no need for racecars. I’ve still a hundred more beginnings to get through before I even begin to draw close to the end of this story.

I’m just remembering to be alright with my endless vertical sky and six weeks in the desert. These thoughts are enough company for my first ever, lonesome sixty miles.

At that time, I didn’t know then how far those sixty miles would carry me, and all the things I would see during my six weeks. But now, standing at the end of it, I’m reminded of just how far not only those six weeks have carried me, but the last year over all.

On Wednesday, I spent some time tutoring the new first year students; answering questions, clarifying points of confusion, but mostly assuaging fears. (You see, their first test is on Monday.) The panic of that first med school exam is crystallized in my memory—the terror that your admittance has been a mistake. That someone will look at that first exam grade, call you in and say “You know, maybe medicine just isn’t the place for you”.

Of course, no one does.

It’s just the panic that makes you think such things.

Just the fact that this new world still seems so tenuous that it might melt through your fingers and vanish.

How strange to yet again be standing there, in the space of a tiny classroom, seeing a piece of their beginning. It made me think about how far away my own beginning is, and how many things have I learned since then.

One girl turned to me somewhere in the middle of diagramming long lists of arteries that snake labyrinthine courses around hip joints and knee joints to say, "God, you guys learned all this in one year?"

And somehow we did.

We learned lists of drugs and symptoms.

We memorized the pathways of nerves.

We placed our hands on skin over and over until we learned how to feel the border of a liver.

Now I see strangers at the store or on the street and see the pathology in their gait as superior gluteal nerve damage, identify the dark ring along the back of their neck as a sign of their insulin-resistant diabetes.

It's not that these things were not present in the world around me, but suddenly my eyes see them. It's like having learned to speak a language you heard every day but never understood.

I'm no longer terrified that someone will turn to me and tell me I don't belong here. Instead, I feel like there's nowhere else I could fit so perfectly.

We finish with endings.

Nothing begins that does not end, eventually all books run out of pages. And just as I ran out of pages for this rotation, a great many other books were closing.

I found out at the end of this week that S, our patient with adenocarcinoma, died at home.

The strangest part of all of it was the feeling that things had come perfectly full circle, here was the bookend. S was the first patient I ever saw, stepping into the exam room for my very first day on rotation and now she would be the last one I would think about at the end of it.

When I sat with Dr. F in her office and she told us what had happened, my thought on the matter were scattered, a jumble of pieces unable to be joined to a coherent whole.

But how I felt was best be summed up by Margaret Houlihan in an episode of *M*A*S*H*. After spending most of the episode trying to prevent one of their patients from dying on Christmas day, the man dies with only a few minutes left. Hawkeye reaches up and turns the clock forward past midnight as a small sign of defiance and Margaret says quietly:

"It never fails to astonish me. You're alive, you're dead. No drums, no flashing lights, no fanfare. You're just dead."

We got up, left the office, and went on: saw another patient, made another diagnosis, wrote another prescription.

The world didn't stop.

It feels like it should have.

But it didn't.

S. will be the first patient I ever treated who died.

I'm not sure I'll ever forget that.

Part of me feels like I should tell her husband; that his wife may forever be a part of my memory—I'm not sure it's my place. I'm not sure it would offer him any comfort.

Maybe it would.

Maybe it would just be more painful to think about the beginnings in my life amidst the endings in his own.

No flashing lights.

Here was the last page of her book turning past me, and even though I was standing at the end of this rotation, I'm still at the very beginning of this great adventure of medicine.

All the beginnings are jumbled up with the endings. They don't make nice lines, clear delineations. Instead babies are born in hospitals just steps away from the places where people die.

Maybe that's why there's no fanfare and the world keeps turning.

The last drive back I think about how many things have changed. I can't believe that I'm only a couple days away from starting my second year. It seems like just moments ago I was that first year standing in lab trying desperately to remember the names of every muscle in the lower leg. Just moments before that I was crossing the stage in a black robe at college graduation, and before that dancing at prom, and before that standing with my arms tucked through the straps of a Wishbone backpack coming out of my first day at kindergarten.

And even for all that closeness between the person I am now and the people I have been, I can hardly remember who I was before I had learned to so automatically percuss and auscultate, the girl who didn't know to read the signs written across skin as indicators of disease.

All the days stacked up behind me don't seem to number enough to explain all the things I've learned, all the things I've seen.

But somehow—they do.

I've come hundreds of miles since last year. Hundreds.

But everything in front of me seems like that endless vertical sky. Hundreds of miles is so small a distance when compared with that distance spanning forever. But I'm in no hurry.

No need for sprints to the finish line, no need
for racecars.

I'm just remembering to be alright with my endless
vertical sky and the uphill climb. These thoughts are
enough company for the hundreds more miles between here
and someone calling me doctor, between here and the even-
tual fanfare-less end. □

When will it end?

His body is small and weak.
He is not awake.
His eyes were last open days ago.
He feels cold.
His pulse is barely palpable.

It's difficult to hear his heart with my stethoscope.
His gasps for air are too loud.
His mouth is wide open.
It never closes.
He seems so small in that large hospital bed.

Hospice seems like such a nice and inviting word.
But how comforting is it, in a hospital?
When you wonder why a patient's death just will not come?

I feel so young next to this patient.
I feel like any moment of loneliness I've experienced...
Pales in comparison to this man's lonely death.

You want to believe he can hear your voice,
But at the same time, you hope he can't.

We are trained to save lives.
We are taught to never give up.
But in this case, we are trying to end the suffering.
When will the suffering end?

– Caitlin Armijo, *PIE Narrative Strand*

Land of Enchantment

Cerulean skies,
a vibrant, surreal and
breathtaking earthly heaven.

Deceptive wastelands -
to the temporal human eye
your beauty is a mystery.

Empty, dead and void,
your intricacies elusive
to the careless and unenlightened.

Echoes of the past,
unique, ancient heartbeat,
strong and deep, yet subtle.

The Master's palette,
His brushstrokes so ethereal
made you timeless and serene.

Arroyos, mesas, acequias,
and indigenous homelands
cover your landscape.

Pine, juniper, sage and cactus,
fragrant, exotic blooms,
enticing jewels of your domain.

Your history and memories
whisper to me
as your desert winds blow.

Winsome, shy, mysterious
like a mischievous child,
you enchanted me with your ways.

The path of my life
will take me away soon
but my heart will remember you,
Nueva Mexico.

– Elaine E. Manzanilla



Rosalyn Nguyen



Sara Mota



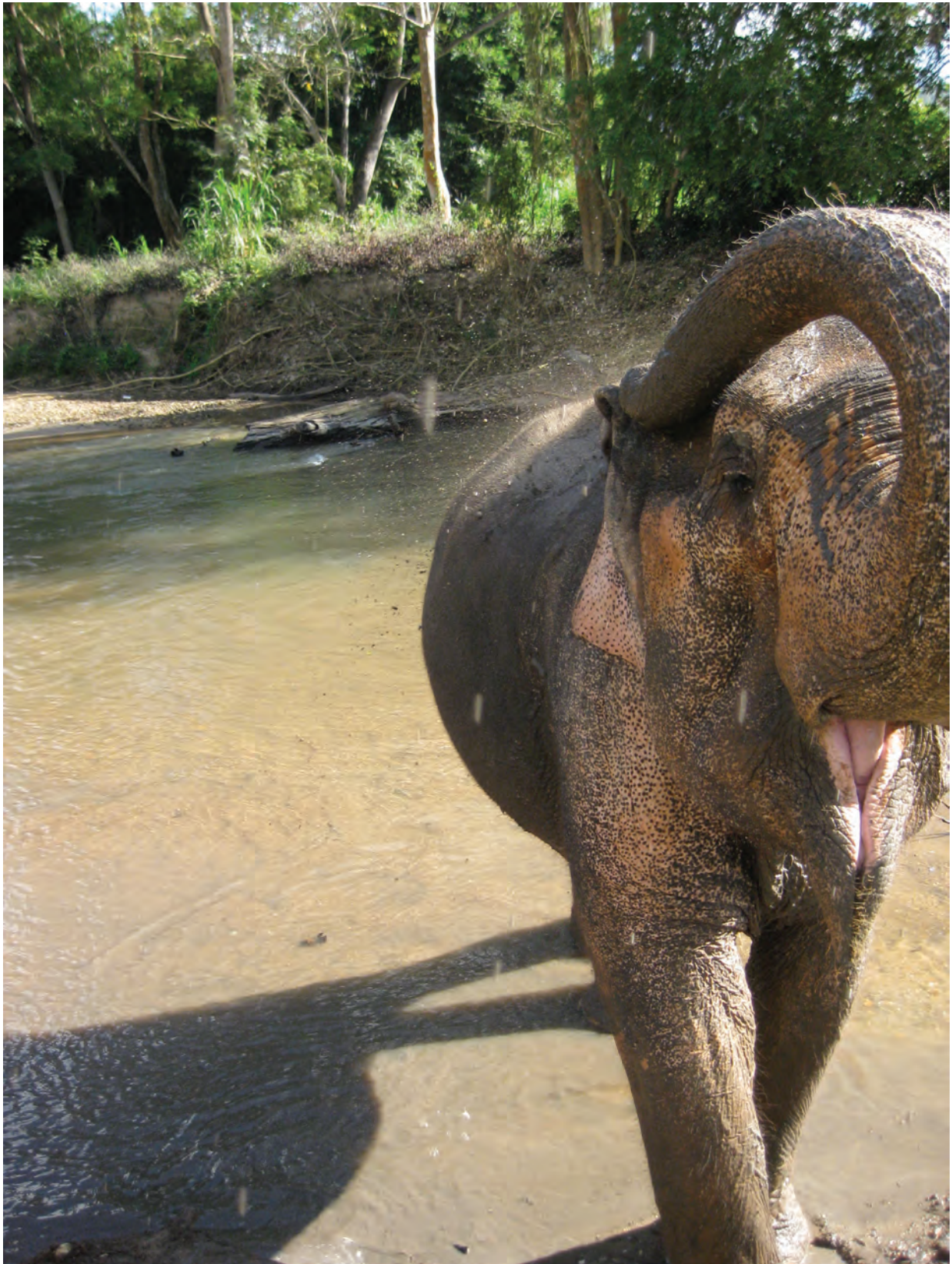
Sara Mota



Sara Mota



Rosalyn Nguyen



Dara Zafran



Kevin Vlahovich



Dara Zafran



Rosalyn Nguyen

Oh My Darling Carnitine!

best if sung aloud loudly

In some peril in her carrel,
Just a-studyin' for her boards,
Frets a student, always prudent,
Her body needs to burn its stores.

In her cells there lies an organelle,
Just a-waitin' for some cuisine,
There are some acids, long chain fatties
Needing entrance to this machine:

Oh my darling, oh my darling, oh my darling Carnitine!
You're in our diet, lots in carne, and so we call you
Carnitine.

We need help, we need a shuttle,
One that's not too libertine,
It's mitochondrial, it checks credentials,
Our very own dear Carnitine.

Oh my darling, oh my darling, oh my darling Carnitine!
Thou art often undervalued, dreadful sorry, Carnitine.

Fatty Acyl attached to CoA,
Looking for a way between,
Drops the CoA grabs to CAT I*,
Crosses with the Carnitine.

Oh my darling, oh my darling, oh my darling Carnitine!
Liver and kidneys also make you, out of lysine, Carnitine.

In the Matrix, lies more CoA,
Perhaps by now it's all routine,
With a CAT II*, grabs the CoA,
Fond farewells to Carnitine.

Oh my darling, oh my darling, oh my darling Carnitine!
We don't want to burn our muscle, how we love you,
Carnitine.

Carnitine, it's then recycled,
Our body knows how to be green.

It translocates the inner membrane,
A real team player: Carnitine.

Oh my darling, oh my darling, oh my darling Carnitine!
If you're lost we are in trouble, almost essential, Carnitine.

Beta carbon oxidation,
Needs our friend to intervene.
If she's missing you'll be pissing,
Urine brown in the latrine.

Low on ketones, low on glucose?
Supplements can intervene,
And our student in her carrel,
Will be helped by carnitine.

Oh my darling, oh my darling, oh my darling Carnitine!
Don't be lost and gone forever, or we'll be sorry, Carnitine.

– Ewen Harrison

** Carnitine acyltransferase (CAT) I, II, aka Carnitine
palmitoyltransferase (CPT) I, II*



Rosalyn Nguyen

Lesson Learned

by Viki McCoskey

We are all a summation of our life experiences, and who we are carries over into every aspect of our lives, including our professions, but I often feel, due to the duality of ourselves as both healthcare providers and patients, that no profession relies so heavily on experiences as ours. As a future healthcare provider, I constantly find myself tucking away mental dos and don'ts for my future patients, but the majority of these don'ts come from a classroom, they come from personal experience and none so much for me as this past month.

Early September I began having a strange burning sensation on my neck and my right side. Having dermatology, orthopedics, and 5 weeks of a 10 week block of anatomy under my belt, I felt confident I could figure it out. As the burning intensified, and the areas spread, I quickly lost confidence and attempted to make an appointment with my primary care PA. After a few days of phone tag, an appointment that was a week away, and a pain that at times made me wonder if my skin was going to just slough off, I made a same day appointment at SHAC on main campus. I had an appointment with Dr. Miller, who was not only thorough in her exam but the first doctor I had ever been to who I felt listened, understood, and was willing to do whatever it took to make sure I had the appropriate care, going so far as to give me her personal cell phone number in case I needed to go to the emergency room or was concerned about my symptoms progressing. I made quite a few mental do's after that appointment. Unfortunately, the next few weeks would be filled with more don'ts than do's.

Over the course of the following week I had blood work, an MRI of my spine, and an appointment with a neurologist who recommended I had more blood work, a lumbar puncture (LP), and an MRI of my brain to delve deeper into the findings from the MRI of my C-spine. On Friday Sept 20th, I went to Presbyterian downtown to have my LP done. I spoke with the tech as he went over what the procedure entailed with me and I got ready for the doctor. The interventional radiologist that came in was friendly and brief, putting my body in the position she preferred and quickly numbing the area and placing the needle. She left the room right after, instructing the tech to collect the appropriate amounts of CSF. Once the procedure was over, the tech told me to be sure I drank a lot of water because I may get a "bit of a headache". My husband was waiting for me with a bottle of gatorade and as we walked over to the lab for some additional blood work, I downed the bottle and thought: well that wasn't too bad.

About 20 minutes after the procedure, as we sat in the waiting area at Tricore lab, my head began to ache, the ache progressed into a throb, and the throb into a pressure that filled my whole head. I had never been good at drinking water on a daily basis and I thought I must have been dehydrated before the procedure and in desperate need for fluids. I held my head in my hands, wincing from the pain and waiting to be done at the lab so I could lay down.

That night my headache intensified and was accompanied by nausea. I took a 7.5mg Hydrocodone and drank 6-16oz bottles of water with no relief. I tried to eat dinner

and was sick. The next morning I took 800mg of Ibuprofen and laid in bed, unable to move without pain or nausea overtaking me. Dr. Leggott is my preceptor for Foundations of Clinical Practice, as well as my program director for the Physician Assistant program, and with my homework due for FCP in a few hours and me not being able to move, I text him and told him what was going on and my concern with not being able to submit my homework in time. Thankfully, he knew immediately what was going on, I had a spinal headache and needed a blood patch. I called Presbyterian Interventional Radiology (IR) to inform them what was going on, but there were no doctors there over the weekend and I was told if my physician would call they could page whichever doctor was on call. Dr. Leggott willingly called and we waited for at least an hour until he found out there is actually no doctors on call for IR, so Dr. Leggott called the emergency department (ED) for Pres downtown and was told there wasn't really anyone who could do a blood patch over the weekend, but they would "take care" of me. Unconvinced, Dr. Leggott called the ED at UNM and was told that they had an anesthesiologist who could do the blood patch if I came down, but they just had two traumas come in, so I would wait awhile.

I wasn't sure which option to choose, I really didn't want to have to move at all so I took a 10mg Vicodin and waited an hour first. I still had no relief from my headache and my nausea increased and I knew I needed some help and UNM seemed the best option. We went to the UNM ED about 7pm Saturday night and finally at 12am Sunday morning, after being told it would be hours longer and literally shaking from the pain in my head, my husband took me to the ED at Rust Medical Center. As soon as I checked in the front I was given 800mg of Ibuprofen and a Zofran. The pain didn't diminish, but my nausea subsided a bit and I laid between two chairs for about 10 minutes before I was taken back to a bed and an IV was started.

It was about 3 hours before the doctor came in, but I was laying down in a dark room for those three hours and my pain had lessened substantially, going from a 9/10 to a 6/10. The ED doctor agreed it was a spinal headache and told me there was nothing they could do in the ED except fluids and some medication and if I still had pain Monday I could call the Pain and Back Clinic and they could do the blood patch. I was given a "headache cocktail" which consisted of Benadryl, Decadron, Phenergan, and Toradol. Like all the other medication I tried, it did nothing to ease the pain. Next they gave me Haldol and Ativan and I was out like a light. I vaguely remember being led out of the ED by my husband and getting home sometime after 6am. What I remember the most is waking up around 1pm and wanting to cry because the pain was back.

I stayed in bed all Sunday and first thing Monday morning, I called the Pain and Back clinic and was told the nurses weren't in until 9am. My husband got our 1 year old son, who had spent the weekend with his grandparents, ready and we took him to daycare in preparation for my blood patch. I fought my nausea the whole truck ride and was elated when my cell phone rang with the 7 numbers displayed that were my ticket to relief. The nurse on the other end explained that since IR did the LP, that they were the ones that needed to "fix it", not Pain and Back. Fighting back tears of disappointment I called IR and asked for the doctor who had done the procedure and explained my situation. I was curtly told I would be called back and never was. I called back Pain and Back and was told that even if they would do it, they couldn't do that day, they were full.

I broke down. I had been trying to keep myself together, knowing that Monday it would all be over and now with no help to be found, I felt overwhelmed. My head had hurt continuously, like it was going to split open, for 3 full days. I had barely eaten because I got sick when I did, and the nausea was a constant companion in my misery. I called Dr. Leggott and he told me to go straight to UNM ED and he would make sure this was taken care of today. I cried harder.

My husband dropped me off at the entrance to the ED and I shuffled in, my head in my hands, fighting back tears that didn't seem to want to stop flowing, and squatted down in the line to check in, tucking my head between my knees. I saw the double doors that lead into the main areas of the hospital fly open and Dr. Leggott come in with a man I found out later was the executive director of the ED. I was whisked back into an office, given a mask, and told that a nurse would be in to triage me. I laid my head on the desk and let the tears continue to fall. When Dr. Leggott came in and saw that I was still sitting up, he went and got the charge nurse next. I heard someone question Dr. Leggott as to who he was, who I was, and whether he was my family or physician and I worried I would be sent back out to the waiting room. I found out later, Dr. Leggott also spoke to the attending. A nurse came in a few moments later to triage me and ask about the headache and my LP while giving me a different mask to put on. I tried to explain that I did not have a headache before the LP, that it was all because of the procedure, but the new mask stayed in place.

They found a bed and put me in the hallway until a room was open. I wasn't exactly sure how long it was, I was just thankful that I would be seen at some point and was being allowed to lay down while I waited. The mask was thick and a little stifling, especially with my nausea, but I tried not to think about it. At some point I was taken into a room, explained my symptoms to the nurse, given an IV

and patiently waited for the ED physician. He heard my story and decided to try to push fluids first and try some IV caffeine. The pharmacy didn't have IV caffeine so they made an oral concoction that was bitter and had me reaching for the pink basin. A few hours later when it was obvious that neither fluids, caffeine, or drugs were going to help, the ED doc brought in the resident anesthesiologist who heard my story and told me the decision was up to the attending, but he thought they would likely do the blood patch. He was back within 30 minutes with equipment and good news.

The blood patch was easy, other than I had to sit up for the procedure and the pressure in my head was excruciating. About 15 minutes after it was done I felt my nausea drift away and the pain lessen like a vice grip being loosened. I smiled and within 30 minutes I was walking around with just the slightest ache. By Thursday of that week I was able to function like normal.

I was encouraged to write this story by Dr. Leggott, and penned the majority of it lying in bed that week and wondered why would this be important to write down, and better yet, why would it be important to share? The answer

was easy. So I don't forget, and so that others remember to take time with their patients. I realize it's easy for me to reflect on these things. I don't have the years of experience and patient abuse to jade me, but that is precisely why remembering these things is so important, so that in 5 or 10, or 15 years, after seeing my umpteenth patient, or doing my umpteenth procedure, I can remember that this is routine for me, but not for my patient.

There are many long hours that await me, a large shortage that I will try to help fill, and an abundance of patients that I will see, and I need to remember to listen, that each story is unique though the symptoms may be constant, that side effects or complications need to be explained to each patient, though the procedure is routine to me so that my patient leaves feeling better physically and mentally, so that I take care of the person, not the disease. □

No One Looks Back

They looked like two families – six girls and parents. Teenage toiletries, hastily emptied water bottles, nervous thru the “make you naked” scanner, laughing. The kids, the grownups. Just families travelling together.

Past security, moms and girls shoulder their backpacks, head for the bathroom. Inside, they take turns using two stalls, cautiously mixing toiletries into water bottles. Placing them very carefully into a mother's backpack. Everyone laughs, relieved. Hands washed. Lip gloss refreshed.

Outside, a mother exchanges the backpack with a dad, “Honestly, honey! This is yours. You've got mine.” He takes it, smiles, “Imagine that. No worries. We're on time.”

Everyone kisses. Heads for separate gates. No one speaks.

No one looks back.

– Rebecca Mayo

A Place of Our Own

We gather in my living room in Riverdale
above the dark still waters of the Hudson
for dinner in a space devoid of men;
a space where we can sit relaxed
free of male clothing and attitudes donned
each time we go into OR, ICU, Emergency;
a space where we can let our guard down
re-arm for the battles of another day.

Spread around the spacious room
eating takeout food (my culinary talents
undeveloped, more lack of interest
than lack of time) the few who inhabit
this man's world are as different
from one another as we are from them.

We are the tough-as-nails woman, the one-who-cries-
the-fattest-tears-ever-seen woman, the flaky woman,
the much-too-soft woman, the maybe-too-old woman,
the pretty plump woman, and I, the one-who's-been-
through-the-whole-process-and-still-stands woman—
so I've heard us called.

Occasionally, my nine-year-old daughter wanders in
drawn by the jokes and laughter, clinical anecdotes,
sobering stories and, yes, ranting-and-ravings of women
who chose to take the knife against all odds.
To her, we're all just fine.

– Sylvia Ramos Cruz

Cutting Memories

*Because you are a woman,
you must be twice as good,
states Dark Prince on my first day.
That won't be hard, I say,
trembling in my paper booties.*

*Your predecessor had a pair of brass.
You have only one, Professor notes.
It will have to do, I muse,
thus morphed into hermaphrodite.*

*Tell him without the operation
he will die, Chief commands.
Señor, muere sin la operación.
No mention death might slip in
as cancer's sliced out.*

*I want the line. I want the central line,
pleads Cachectic Woman whose
veins and time ran out. I exit
with the team, shut door behind.*

*Always sit, if only for a minute. Patients
think you've spent an hour and thank you
for your time. Tiny gestures soothe the soul.*

Cardiac Surgeon's counsel I take to heart.
Sitting is such a gentle art.

– Sylvia Ramos Cruz



Courtesy of Paddy Whelan

Horse Traders

by Paddy Whelan

horse-trad•ing (hōrs trā dng) n.

Negotiation characterized by hard bargaining and shrewd exchange.

Moving from Texas to Colorado when I was nine offered me a new perspective on my Western world. Colorado offered a way of life that was very unique and in my mind was defined by its spectacular beauty and the people who have survived its climate. The unpredictably harsh mountain weather makes for surprises in any season, a mix of extremes that taught me flexibility for intentions to remain safe. And it was in these unpredictable elements where I learned much about being a ‘Westerner.’ I soon discovered another dangerous element unique to the West, the semi-human, savvily quick witted, and universally disliked horse-trader. The horse-trader was often disguised in many forms, and it was only after you had encountered one, that you learned, and from that point forward never forgot, the several identifying characteristics. Not all businessmen were horse-traders, but certainly all horse-traders had a knack for business. Unlike a comic

book vampire, the horse-trader unfortunately never grew fangs, but simply changed his nature as a creature of the business day. Your local grocer, teacher, or even friendly neighbor would give no warning such as “beware of dog,” or “I want to suck your blood,” as the possible risk of being bitten with your vitality removed, most commonly, through holes in your wallet. And it was this specific Western ‘trader’ often disguised as a ‘friendly native’ who taught me to grow up quickly, or go broke. This figure was probably the most influential in my ‘maturing’ as a young transplanted Texo-radoan.

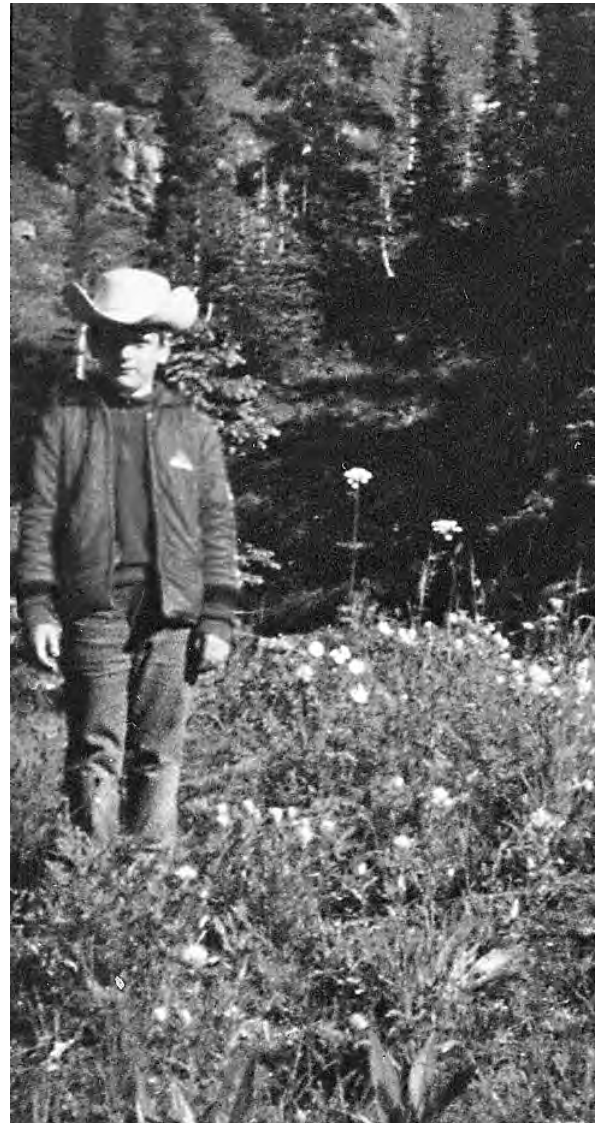
Being a horse-trader was not so much about being cheap as most everyone in my hometown was frugal and spent the majority of their day working with a mind for efficiency. Yet only the horse-traders focused their existence on finding not just a good deal but a great one, that of making a powerful trade. For most Westerners, the ends didn’t justify the means of stooping to the level of horse-trading. That is, most wouldn’t think of screwing someone over just to gain a few extra dollars.

It was in the early 1970's on the western slope of Colorado where I was schooled by some talented horse traders and it was during my adolescence when I first learned to recognize this wily character. My first 'teacher' was Rob Wurfkett, who ran a sporting goods store on a big river that was a favorite destination in the area for vacationing fishermen. I was only fourteen, and answered his storefront ad, "Worms Needed," where only in a rural area would such a sign be taken seriously. But intent on creating my own 'stake,' I started digging, counting, packing, and delivering worms to Rob, and was "paid" a penny a crawler. I have to use paid in quotations as Mr. Wurfkett may have been one of the more friendly folk in town, he didn't want to pay me until I was owed a sizable amount, or as he explained, "Make it simpler on my bookkeeper." In fact, his disguise as a friendly merchant with a team of mysterious workers, and not a crafty horse-trader was only later registered for future reference. The horse-trader was almost always initially pleasant, and would describe throughout the deal some never seen person. One useful clue in spotting a horse trader, is the off-hand pleasant description of a non-existent person, who, in the horse-trader's opinion, was entirely responsible for screwing you over.

As I learned it wasn't the small amount Mr. Wurfkett's ethereal bookkeeper was trying to avoid paying, but actually, any amount. Tactics became more creative, "Son, it is late, and as such, I need to close, otherwise I would welcome the opportunity to pay you what you are owed." Even as far as including his wife as an accomplice, "I would love to pay, but the week has been so busy that Mrs. Wurfkett made the bank deposit early, and the till is dry." I realized there had never been a robbery in our town, a bookkeeper, much less had I ever seen his wife. Initially blind to his ruse, I continued my weekly delivery of garden-variety worms, which he easily sold, even complimenting me, "Your worms are sellin'!", he announced, and then asked, "If you could dig more, I know I can sell'em." It was that request which gave me the courage to pin down this nimble horse-trader. Cornered with the threat of stopping his profitable worm flow, he tried to first pay me in "a thing." It was a scene of shadow boxing, Mr. Wurfkett pointing to items and I repeatedly responding, "no, thank you," or "I already have that," and the constant reminder, "I'm sorry, I only want cash" to the proffered rusty shotgun, partially deflated, but neatly-patched raft, or fishing set minus the worm, well under the one hundred and twenty dollars owed a fourteen year old. The memory of tedious digging made me even more determined. I threatened, "I won't deliver another worm until I am paid cash." When the handle of the paymaster check printer slammed down, Mr. Wurfkett realized

that the clever horse-trader was forced to pay me in something other than a crappy sporting good commodity, he blurted, "I guess ya always have to get'cher way!" Which brought me to another recognizable characteristic, the horse-trader will always appear angry when forced to do what was promised. My dad picked me up asking, "How did it go?" "I need to stop at the bank," I demanded, "And then I can tell you." Thank God, horse-traders rarely bounced checks.

And this discovery was the most important: cash was the one item the trader held onto the tightest. And forcing the issue of cash rather than any trade, regardless of its value, was the best way to smoke out a potential horse trader. Even speaking of the word "cash" made the trader jittery as if having too much coffee, or worse, terribly irritable. My most memorable and formidable trader was a relative of my favorite junior high English teacher, Ms. Spiehe. I have found that after years of being in the business of taking advantage of others, the horse-trader found it imperative



Courtesy of Paddy Whelan



Courtesy of Paddy Whelan

to have an unsuspecting go-between. Even worse, the horse-trader ran out of adults and a minor was often a good inexperienced mark. Now Ms. Spiehe was as unsuspecting as I was, and even though I was the English teacher's pet, she adored her fiancé more and unsuspectingly agreed to find her future-in-law a high school helper. "Yes ma'am, I am available," I answered her call one summer night enlisting me to work for her future in-law to haul water to smoke jumpers fighting a forest fire near my hometown. Even if she had known, Ms. Spiehe, like any loving relative, would not describe a family member as a horse-trader. Even though that would have been most helpful, unfortunately, "horse-trader" is truly a derogatory term, that a daughter or son would rarely speak proudly of their mom or dad, for that matter even an in-law. So when I agreed, I assumed that he was as nice, and friendly, and fair as my seventh grade English teacher and I was excited to make a few extra dollars. I promised to show up at his warehouse an hour down river.

Arriving 15 minutes early, and a thanks to Mr. Wurfkett's earlier lessons, this horse-trader was easily spotted within my first hour of work. I quickly made some adjustments to my usual easy-going manner. My first clue was his grumpiness when he barked, "You will work 'til I say we're done," quickly followed by the lovingly supportive words every fifteen year old wants to hear, "No slackin'!" Mr. Rou-

lison offered to pay me cash at amount double what was normally paid. He certainly was very quiet about how much he was being paid by the Bureau of Land Management.

We worked long days and he loved my ethic, but was a sour old man. I kept my hours in a notepad I had used to track my worm business, only to be asked, "What are you writing down?" "Just keepin' track of my hours," I answered, only to hear him grumble, "young people." But I realized this boss was a fully developed horse-trader, the likes of which would make Mr. Wurfkett blush. We hauled water and as the truck emptied I would watch all the smoke jumpers laying out during their break, amazed at the sight of tents, axes, and shiny silver helmets gathered in the meadow. I awoke from the amazing view with, "Hey (my name for the week), I am not paying you for slackin'."

But he must have liked something when he asked me to stay on after the last smoldering pine had been extinguished saying, "I have other jobs, if'n you're willin' to work," spitting on the ground as if in disgust. Taking out my spiral notebook I said, "I am happy to add to my hours, but only at the same rate." He grumbled, "yeah," and off I went to work in his warehouse attic, moving dust covered boxes and crates filled with equal parts dust and junk. I was fascinated by all his crap contained in the ceiling but even more so by the job itself. The specific directions of moving boxes of junk from point A to anything but a dumpster

made no sense. I simply rotated his expansive stock of junk in a hot warehouse attic that was hundreds of feet long. And the boxes were amazingly oversized large enough for a washing machine. I opened the first of many similar boxes to find hundreds and hundreds of bags of potato chips, each salted with a delicious layer of dust. Testing a chip with my dusty fingers, it bent rather than broke and tasted of dirt and salt in the form of paper-thin cardboard. I wondered out loud, "what poor bastard would ever eat these?"

I worked for Mr. Roulison through the end of the week and he wanted to settle up complimenting me on my tireless hard work. Covered in dirt and sweat, I listened and heard the horse-trader line, "I am a little short on cash," pausing for a second he then asked, "Would you accept a trade of those cases of chips in the attic?" "You can sell 'em in town". My stomach dropped. Even with my flat refusal, he wouldn't budge and I panicked that I would be swindled. Leaving his railroad siding empire, I was picked up by my father. I could barely speak on our way home. Later that night, I called my English teacher and relayed the salient points of my week. Her silence ended with only one statement, "I will call you right back."

I went by Mr. Roulison's warehouse the next day as instructed by his future daughter-in-law. Sitting at his Formica kitchen table I could barely make out his face the room was so dark. "There is your money," throwing the check in my direction. I picked it up and saw he had paid the amount I had given his soon to be daughter-in-law. I calmly walked outside only to realize I had started running, getting away from the old man and quickly to a bank.

As I grew older, I would simply avoid doing any business once I discovered I was negotiating with a person of the horse-trading persuasion. The specifics really didn't matter, just the same clues adding up to a deal where the outcome was one sided. I even would go so far as occasionally would spar with an innocent horse-trader, with the intention only to walk away from the deal. But that was just simply cruel, a bit wasteful of my time, and I simply started to avoid any such situation. But one entertaining show, one I couldn't resist, was watching a stalemate, when two hard headed horse-traders wanted the same thing or both had something the other wanted. It was these rare battles of wit, much like an unsophisticated chess match, but no less strategic, that I found fascinating. Taking hours, often days to complete with slow watchful moves and barely a word spoken, the embattled horse traders became irritable, at times unsure, and always selfish in trying to close the deal. It was an ideal setup for years of disagreement and no deal. One such battle occurred near my home.

My father was shrewd and seemed to always get any business advantage, but it was only in passing when I overheard someone refer to my dad as "a horse trader," where I was stunned, but after a few minutes, I realized it made some sense. He had always walked on deals that weren't made in heaven, "we don't want all the deals, just the best ones," was his excuse when he walked on negotiations or closed a deal. His dealings with me, I realized, were mostly parental, but there were those times when he couldn't control his inner spirit to win the deal. Years later I am thankful I rarely had anything of value.

But our next-door neighbor, Bessie, did. She owned a ranch. This wasn't just any ranch, but one that surrounded our house on three sides with a dirt road making up the fourth. For some crazy reason, the two horse-traders decided it was a good idea to have the land surveyed. I believe each one thought that something magical would occur where their land ownership would double. Unfortunately the fences were off by a good forty feet. The new property line as identified by the survey now ran through my mom's kitchen. Although we lost a few pots and pans, and our stove was cut in two on paper, my father now owned land on the opposite side of the road. The new lines were perfect punishment for two horse-traders. If my father gained the road, he could now close it and cut off Bessie from access to her ranch. Likewise to her advantage, Bessie realized that no one could live in half a house. So each offered cash, but unfortunately no amount of money could compare to destroying a home or creating a dead end. My father now claims the fences should stand as the property lines but firmly believes he has always owned land across the road. Bessie has told my father she will only work with me. My father feels she is mean spirited and turning the other neighbors against him. What is most entertaining is that this has gone on for years. Although they try to discuss a new offer every few months, the horse-traders have reached a stalemate. My childhood home still has all four walls and Bessie can still drive to her ranch.

When the time comes, it will take me little over an hour to settle. But they are horse-traders and horse-traders won't have anything to do with me, either. □



Sara Mota

Of Medication and Horses

by Susan C. Mirabal

Attention deficit hyperactivity disorder (ADHD) is a behemoth thoroughly misunderstood. Receiving a late diagnosis for me meant that I, once again, had to adapt like a chameleon to a new jungle. It was unsettling that some part of my brain was not functioning and that here I was at 28 years old, with a Master's degree, and now, a learning disability. Though I struggle with the side effects, for the first time in my life I have clarity and focus. My productivity is two steps forward without having to take one back.

ADHD, the inattentive type, comes with a squirrely monologue. My husband is talking and I am partially listening while worried about missing my favorite T.V. show, remembering that I have to send out an email for clarification and "oh yeah, where's that yogurt I bought last week I really liked?" What did I just miss? Was that important?

Now, when I study this tends to happen:

"Atropine... I've heard that drug before; I think it was in the Neuroscience block. I was tested on it, I remember choosing it as an answer choice but I can't recall what it is or does... Riiiiight, that was pre-medication, ok let's relearn that now."

The hospital has introduced me to ADHD, the hyperactive type. Speaking so fast that my methylphenidate-inundated brain can barely keep up, the Attending physician tells me a joke:

"Do you know what they call the last person in the class to graduate from Medical School?" - "Doctor!" Ah, ok, yes, I've heard this before. He told it to me yesterday.

Children are never punished for being active dreamers, for telling the same story over and over to everyone they see, or for showing their new teddy bears to strangers. Doctors on the other hand, are quickly judged

for thinking about their chores while listening to a patient's chief complain, for telling the same anecdote about their coffee-drinking event to every patient, and for showing pictures of their 15 month old babies to new mothers. They are seen as absent-minded or self-absorbed. Worse, they can be seen as inept. I am embarrassed to admit that this is how I first perceived the Attending physician.

Today, I ran after him saying "I think I heard a murmur on our last patient Dr. H. And she has a rash. She had strep throat 2 weeks. Could it be an IgA or a post-strep disorder? What is the work-up for that? Maybe urinalysis?"

To which he replied: "Susan, if you hear a gallop, it's more likely a horse."

We have been taught to treasure silences and to extrapolate feelings from body language. My body language says this:

I'm confused.

One: Is it that you've found a way to brilliantly manage your ADHD, without medication, enough to know when you're hearing gallops?

Or

Two: You've developed a sixth sense for diagnosing?

Given the choice, I'll take option One and bet my daily 30mg of methylphenidate that experience plus education and maybe a little bit of hyperactivity can help you distinguish horses from immune-mediated glomerulonephritis. □



Ladle

Almost like a musical note,
the bowl has a handle and an extension,
angles to consider.
An ideal shape where you put your thumb and fingers,
long in the handle, full in the bowl.
A metaphor for going deeper to obtain
nourishing water of life-giving continuance -
Continuance - Keep showing up - Keep moving -
Keep seeking - Keep walking -
Even if it is only to get the newspaper at the end the driveway
or to walk to the mailbox at the road-side edge of the property
or to slowly shuffle from the side of the bed to the bathroom and back.
Keep swallowing.

- Jeanne Favret



Sara Mota

Witnessing Futaba, Fukushima, Japan

Saffron ripples soft in the salted breeze
suffuses the landscape where monks tread lightly
on bared bones of homes and bamboo groves,
framed against towers capped by fractured rafters,
remains of concrete monsters who blew their tops.

Each turn unveils a meditation—
weather vanes pointing east and west;
necrophory ants removing dead mates from their nests;
school children hiding under silk umbrellas.
Seeds slide through hushed fingers as prayer beads,
fall mute on weary soil, mingle gently with the elements.

Radiant yellow sunflowers, purple amaranth cascades,
crimson cockscomb zigzag the rubble,
sway in summer squalls, shift horizons.
Roots reach deep and wide like hands open to welcome
strontium, cesium, iodine into their veins
in ritual purification.

No one is left to hear this colorful explosion,
see leafy susurrations, smell budding sweet remembrance.
No one gathers blossoms in celebration, gratitude or repentance.
Only the heavens find solace reflecting
the flowering of this place at peace.

– Sylvia Ramos Cruz

Small Town Love

by Parisa Mortaji, *PIE Narrative Strand*

You walk into a new place and take a deep breath thinking well, here goes nothing. A new town, a new environment, all new faces who seem to recognize each other as if everyone were one big family. And then there's that one intruder, who just so happens to be me, feeling as if I am invading their privacy, feeling as if everything about me makes me stand out from everybody else- clothes, demeanor, walking style, scent- as if I scream city girl from miles away. I realize I have been holding my breath and release it softly and mysteriously, transforming it into a welcoming smile. I enter Dr. Mrugendra Gandhi's office, ready to begin my first day of shadowing at the surgical clinic.

Tomorrow would be OR day, so the excitement was on hold for now. I approach the front desk and, to my surprise, am greeted by a friendly face and a handshake.

I introduce myself and am escorted to the physician's office. The staff shows unbelievable kindness to me from the start, and even more importantly, to each other. The interactions are friendly, informal, and humble, allowing comfort to all incoming visitors and patients. As the day progresses, the air in the clinic becomes heavy with simplicity and trust, tranquility yet awareness. Nobody is overwhelmed with anger, frustration, or that constant "shortage of time" that engulfs city residents. Nobody is yelling or spewing vulgarities. There is no establishment of hierarchy, no arrogance or pride. It was unlike any clinical interaction I had witnessed in Albuquerque. I came to realize that June 6, 2013 is the first day I discovered that clinical diversity exists not only in the physician, but also in the entire staff and the community. □

I'm Telling You What Happened

by Rebecca Mayo

The nurse left the hospital at 5 o'clock? Yes, yes. I already told you that. Yes, it was in front of the Hospital of Our Lady of Lourdes.

She came out, looked around and checked her watch. I noticed her because she wore the white Nun's habit. It's unusual.

Her age? About 50, I would say.

Yes, I'm sure it was 5 o'clock. Don't interrupt me.

There was an explosion. I covered my face. When I looked again she was lying on the ground. I ran to her. There was blood coming from underneath her habit.

Did I put on pressure? Of course not! I didn't touch her. She was a Nun. She motioned to me. She whispered, "Did it explode?" I didn't know what she meant. "The car, did it explode?" Yes, Sister, I told her. But you'll be OK. I lied, may God forgive me. "Right on schedule," she said. She reached for her Rosary. I put it in her hands. It was dripping with blood. "Right on schedule," she said again. I said, oh my God, Sister, did you know?

"When the hour of our death is here," she looked into my eyes, "we always know." Then she was dead. I said a prayer. I covered her face. Then I called you, the Police. That is all I know.

My occupation? What does it matter. You think maybe death sorts us out by what we do? One lives, one dies. No one understands.

Who do I think would kill a Nun? Do I think she killed herself? Be careful, my friend, not to accuse a Nun of a mortal sin.

What did she mean by right on time? At first I thought she meant the explosion. The time it went off. Then I heard the bells, the ones from the carillon. Perhaps she meant those. The music from the sky. But who knows. When did the dead last speak? □



Dara Zafran

Parallel Paths:

The surprising similarities between Occupational Therapy and Buddhism

by Rachel Goldman

I have never considered myself a religious person. Coming from a family of scientifically minded doctors and logic based teachers and philosophers, religion was never a part of my childhood. So when I started studying the teachings of the Buddha, calling myself a Buddhist felt both exotic and uncomfortable. I found wisdom in the Buddha's words, but I didn't want to label myself or put myself into an ideological box.

After several months of meditation and study, one of my teachers suggested I forget the word Buddhist. Instead, I should focus on the dharma (a word referring to the Buddha's teachings) rather than the religious structures that developed around it. I did not have to call myself "Buddhist", but rather I could refer to myself as a dharma practitioner.

When I graduate from the UNM Occupational Therapy Graduate Program, I will be considered a licensed occupational therapist. Despite my title, I want to follow the advice of my spiritual teacher and think of myself as a

practitioner. To me, to focus on practice is to focus on doing something rather than being something. Choosing to focus on practice honors the process of the work. It allows for exploration, mistake, and change. Practicing occupational therapy and practicing the dharma involve moment to moment commitments to sets of principles and values.

Fortunately for me, these sets of principles and values are uncannily similar. As I have made a deeper commitment to the Buddha's teachings, this similarity has become a foundation for my commitment to my career as an occupational therapist (OT). Nine months ago, when I first started meditating and seriously studying the dharma, my certainty about my career choice wavered. I was caring for my mother who had end stage lung cancer, and the Buddha's teachings helped me better understand and cope with the suffering that existed both around me and within me. I contemplated becoming a monk or a chaplain, or spending months in the wilderness meditating until life's answers came to me.

I decided to continue my OT studies. I had faith that my spiritual practice would bring me clarity, and that clarity is starting to emerge. What I didn't know then, and what I am just beginning to learn now, is that aspects of the dharma lie at the heart of Occupational Therapy. At this point in my life I am by no means an expert on Buddhism or on OT. I still consider myself very new to both. Perhaps in another ten years I will write this article again and have very different things to say. But I believe the eyes of a beginner sometimes see things missed or forgotten in later years.

As a beginner, I see three major similarities between Buddhism and OT: The cultivation of mindfulness, the importance of compassion, and the value of everyday experiences.

The cultivation of mindfulness

Dharma practitioners make a distinction between awareness and mindfulness. Awareness is the first step; it is the knowledge of what is happening. With this knowledge can arise judgment, desire, and aversion. If I am overcome with fatigue, my awareness allows me to notice the fatigue but in response I may wish to feel more energized. I may lament the things I cannot accomplish and beat myself up for not getting enough sleep at night.

Buddhism presents mindfulness as another option. When I am mindful, I notice both the fatigue and my response to the fatigue. I notice how fatigue feels in my body, what thoughts and feeling arise, what stories I tell and judgments I make. I notice that these experiences quickly change, that new thoughts and feelings constantly come and go. This practice of mindfulness allows me to clearly see what is going on within my mind and body, and how I interact with and react to the external environment.

Occupational therapists frequently practice mindfulness. Mindful observation and interaction allows us to respond to the specific needs and goals of our clients, as well as the momentary changes that occur during therapy sessions. Our effectiveness as therapists lies in our ability to be truly present and receptive when we work with our clients. In any given moment we need to be able to observe the details of a task our client is performing, remember strategies to teach that task, notice the reaction our client is having to the task, notice our reaction to the client's reaction, recall theories, principals and research that support the use of the task in therapy, keep in mind the client's over physical, psychological, and social situation, relate all of this to the client's expressed needs and goals, and correctly document everything according to the requirements of the setting. We also need to be aware of our own perceptions and attitudes and how they impact our relationship with

our clients. Essentially, mindfulness is a foundation for the practice of occupational therapy.

We also encourage mindfulness in our clients. We strive to transform the fear and frustration that may be associated with a tub transfer into a moment-to-moment mindful experience. We may ask a client to look at a grab bar before reaching for it, or notice when anxiety starts to arise. In a sense, we teach meditation within the context of occupation.

The importance of compassion

The Buddha taught that mindfulness must be paired with compassion. Compassion for ourselves and others pushes us to meditate even when our lives are busy, to refrain from harmful speech even when we are angry, or to practice mindfulness even when distraction seems easier. Compassion involves the recognition that suffering is universal, that it is not something special or avoidable but rather a natural consequence of the experience of living. Compassion also involves the belief that each of us has the potential to experience the cessation of suffering.

Many of us in OT were first drawn to the field because of our compassion for others. Through my experiences with OT, I have developed a new perspective of suffering. Occupational therapy acknowledges that suffering does not necessarily arise from physical pain or impairment. Often times in OT practice we find that suffering occurs due to environmental and social barriers rather than physical dysfunction. Thus, though I may not be able to understand what it is like to have cerebral palsy or to recover from a hip fracture, I can understand the frustration involved in facing barriers that prevent me from doing the things I need and want to do.

The understanding that we all struggle against barriers in our lives reduces sentimental and often damaging reactions to clients such as pity or sadness. Compassion also wards off numbness and cold detachment, allowing us to occupy a space between emotional reactivity and emotional withdraw. In this space we can see the value of response over reaction, of client engagement over client treatment.

The value of everyday experiences

I am a dancer, and what first drew me to dance was the excitement of the Nutcracker. I loved elaborate costumes and sets, the beautiful music and dance, and magic of Clara's story. For a long time, I danced because it took me out of my ordinary life. I could be part of a fantasy world, a world more exciting than my own.

As I grow older, I am striving to find the beauty and excitement inherent in everyday experiences. I have found that even the act of breathing, a key component of meditation, can elicit a sense of exhilaration and wonder. According to Stephen Batchelor, a dharma teacher and former monk, the dharma path “encompasses everything we do. It is an authentic way of being in the world.”

Studying occupational therapy has also helped me to embrace everyday experiences. I’ve come to realize that meaning lies within every moment of our lives, no matter how mundane. OTs focus on what is meaningful to our clients, and often times they are most concerned with the quality of their everyday lives. They want to be able to dress themselves, drive a car, go to work, attend school, cook, live on their own, write a letter, or read a book.

Though my mother experienced pain, fatigue, and edema due to her lung cancer, she struggled most with the changes to her daily activities. She wanted to be able to call

her friends, but didn’t because she had a paralyzed vocal cord and felt embarrassed about her voice. She wanted to drive to the grocery store, but couldn’t because of the medications she was taking. She was a fiercely independent woman, and continued with her normal routine until her last few weeks of life. For her, and for all of us, daily activities act as a foundation for identity and self-understanding.

Dharma and OT practitioners alike believe that subtle changes to a person’s day to day life can have a major impact on her overall quality of life. I have seen these changes occur in my own life through daily meditation and in the lives of others through occupational therapy. I no longer need exceptional experiences to see the exceptionality of life. This, above all, is the greatest gift either field could give me.

I look forward to the wisdom that lies ahead on my spiritual path and my career path. I’ll let you know in ten years what else I’ve discovered... □



Sara Mota



Courtesy of Maureen Mahoney-Barraclough

Arts-in-Medicine and Occupational Therapy Meet in South Africa

by Maureen Mahoney-Barraclough, MOTS

Introduction

Life as an Occupational Therapy graduate student at UNM can be full of surprises. On paper, the curriculum is thoughtfully organized with classes and assignments to meet multiple objectives over two years of academic work and six months of fieldwork experience. One might think, follow this well-designed path, graduate, take the national board exam, and progress to become a practicing Occupational Therapist—no big surprises. On the surface, that may be true, but there is so much more to the Occupational Therapy program that is part of the process. In fact, I discovered over the past fourteen or so months, that occupational therapy encourages, indeed, inspires creative thinking and some intentional wandering off the beaten path. So, when I requested in the spring of my first year of graduate school to be part of a Masters project that would be a new collaboration between Occupational Therapy and Arts-in-Medicine, I was not sure what to expect. In my personal opinion, though, if it involves art, it will be full of exciting surprises. My classmate, Angela Roberts, and I were assigned to this project with our advisors, Dr. Diane Parham, Occupational Therapy, and Dr. Patricia

Repar, Music and Internal Medicine. By the end of the first meeting with our two advisors, Angela and I were planning to spend a month at the University of Cape Town (UCT), South Africa taking a course in Arts-in-Medicine and doing some research for our Masters project. While this is not the only surprise adventure in my student career at UNM, it is one that demonstrated for me the value of Occupational Therapy and Arts-in-Medicine, and how these two disciplines are different, but overlap and support each other here and in international settings.

Since occupational therapy is a holistic discipline that helps clients throughout the lifespan in all areas of their lives, there may be as many variations in defining it, as there are occupational therapists. The definition that I often share reflects the one described on the American Occupational Therapy Association (AOTA) website (About Occupational Therapy, n.d.), that is, occupational therapists help people of all ages to engage in occupations that they identify as meaningful to them, but are not able to fully participate in due to limited performance as a result of aging, injury, disability, and/or environmental barriers. This paper describes how that definition came to life for me when I spent a month in South Africa taking a UNM Arts-

in-Medicine course housed at UCT School of Medicine and where I learned about occupational therapy in a very different cultural setting.

Arts-in-Medicine, also referred to as arts-in-health, according to Dr. Repar, the program Director at UNM, is about engaging people in their own healing process. The mission of Arts-in-Medicine at UNM as stated on the website is, "To enhance the healing process by facilitating creative encounters in local, regional, and international medical environments and communities while educating health care professionals and others on the integral role the arts play in wellness and health restoration" (Arts-in-Medicine at UNM, n.d.).

The mission of Arts-in-medicine overlaps with the client-centered approach of occupational therapy, in which the client sets goals for their own healing and the occupational therapist helps to facilitate that process through therapeutic and skilled interventions. One of the intervention approaches in occupational therapy is compatible with the above arts-in-health (arts-and-health) description, that is, to restore function in occupation for the person (American Occupational Therapy Association, 2002). In the case of arts-in-health, creative encounters are utilized to promote the healing process for the person experiencing health challenges or their caregiver. In Dr. Repar's words, a creative encounter is "joining an other...in openness, without judgment or expectation, intending for and allowing something new to be born" (Arts-in-Medicine at UNM, n.d.). The intention is that the shift in perspective through the creative encounter is restorative to the participants.

Healing is another important concept in arts-in-health that overlaps with occupational therapy. Arts-in-health is concerned with healing the person as a pathway to improving one's quality of life versus curing a disease. Occupational therapy also emphasizes improving the client's quality of life through increasing participation in occupation. These are a few of the concepts I took with me to Cape Town in the summer of 2013. They came to life in beautiful ways through the academic course and our community experiences.

Our Pathways in South Africa

Dr. Repar co-taught the Arts-in-Medicine course with Dr. Steven Reid of UCT School of Medicine. There were seven UNM students (five fine arts undergraduate and two occupational therapy graduate students) and seven UCT medical students together for four weeks. While, we studied at UCT or worked in the community every day, I will highlight a few of those experiences here that relate to



Courtesy of Maureen Mahoney-Barraclough

occupational therapy and arts-in-health in an international setting.

Upon arrival in Cape Town, we spent an afternoon at the District Six Museum that tells the story of apartheid, the enforced relocation and racial segregation era from 1948 to 1994 in South Africa. Even though apartheid ended in 1994, the painful wounds of that time are deeply rooted in the local culture. The socioeconomic divide is still evident in townships in and around Cape Town where residents live in homes of tin and cinderblock, many without running water or modern sanitation and with minimal electricity. The psychosocial and cultural aspects of that history have a profound influence on the approach and response to healing through Arts-in-Medicine and occupational therapy in South Africa.

Dr. Elelwani Ramugondo, Head of Division of Occupational Therapy at UCT shed more light on this issue in a presentation, "Creative Expression: Some Do, Some Don't", for Medical Humanities that we attended on August 8 in Cape Town. Her lecture reinforced the concepts about the complex interactions of creative expression, making of art, and healing of emotional pain. She explained that those who cannot express themselves may undergo 'ruptures' or disconnects in their lives and subsequently experience diminished health and emotional/physical pain. People in South Africa (and perhaps everywhere) are subject to a phenomenon called enforced civility by which their way of being is shaped by the public discourse and they are unable to express themselves. For example, Dr. Ramugondo posed the questions: What happens when a black man can't be angry? What happens when a white person cannot feel guilty or apologetic? She also suggested that art and play in occupational therapy could be used to promote the development of a person's occupational well-being.



Courtesy of Maureen Mahoney-Barracough

Angela and I observed something like this phenomenon during our fieldwork observations at the Valkenberg Hospital psychiatric facility in Cape Town. We met with the Director of Occupational Therapy at the facility who described the Occupational Therapy Arts Project for acute psychiatric residents and for forensic residents. Professional artists run the programs providing some instruction, but the participants are encouraged to use the art materials to express themselves. I talked with several of the residents in the men's forensic program. One of them shared how he hated being in the facility (95% of all the residents are committed to the facility involuntarily) and that it is painful to him. However, he said that he comes to the studio to paint in order to find relief from the pain. The artist who has run the program for eight years stated that he observed, although not as a professional, decreased level of anxiety over time in those who come to the studio regularly.

The primary focus of the Arts-in-Medicine course was to attend lectures, research the literature about arts-in-health, and to develop creative encounters to implement in hospice centers and a public hospital in Cape Town. A Medical Anthropologist, Dr. Susan Levine, gave my favorite lecture about the study of "illness narratives" and how they impact quality of healthcare. This sounded to me like a similar approach involving the use of narratives in occupational therapy. In Medical Anthropology, body mapping is one visual tool used to elicit illness narratives about pain that

might be difficult for a person to verbalize. So, we created some body mapping on ourselves!

Since we were in South Africa for Nelson Mandela's 95th birthday on July 18, we participated as a class in the traditional celebration for Mandela Day, the day one spends at least 67 minutes helping others. The 67 minutes represents the 67 years Mandela spent working to help others—27 years in prison for protesting apartheid. Newspapers reported that at least 90% of the South African youth said they would be volunteering on Mandela Day. First, our class visited and sang with elderly residents of nearby townships at St. Luke's Community Hospice Center. We then attended an inspiring presentation about creating a green facility at Lentegour Psychiatric Hospital by the director, Dr. John Parker. As part of his innovative plan to engage the community, we joined volunteers and residents of the hospital and planted lots of shrubs and succulents. Angela and I both felt the therapeutic value of the occupations of gardening and socializing.

Creative Encounters

Later in the course, we began our creative encounters in the community. During our day at a public hospital, we met with about 25 people who were recovering from cancer treatment and general surgery. They sat around tables filled with craft supplies such as pipe cleaners and tissue paper. We called this creative encounter "Flower Narratives", the purpose of which was to encourage story telling. Each participant chose different colored paper, folded it, and tied it together with a pipe cleaner. Then, as they unfolded the petals of their flower, we listened to their stories. They seemed to enjoy working with the materials and making the flowers. The language difference was a barrier for some of the storytelling, but several people shared their stories. Some of our students played music; laughter, singing, and dancing ensued!

Another day, we traveled outside Cape Town center to a hospice day care center for people with terminal illnesses, especially cancer. They traveled from their homes in the townships to the center and were provided with lunch and tea and spiritual guidance, as well as creative activities. After musical introductions via melodic narratives, we introduced the idea of making "treasure memory bags", which are bags for small things or notes that represent special memories for each person. We used paper bags, pipe cleaners, markers, and sequins to personalize the memory bags. The treasure bags were made with purpose, meaning, and pride. After everyone finished making their memory bags, we provided materials for making beaded bracelets for

themselves or as gifts for loved ones. For some, this bracelet was the first treasure to go in their bags. The men made multiple bracelets for their grandchildren. Several told me that the arts activities distracted them from the pain of their illness. This makes sense when one observed how focused they were on their craft. Their hands worked while they shared stories of family and life with us. In all of our community engaged creative encounters, I noticed that this South African community places a high value on the making of art. In addition, the hospice day care centers address the social experience of illness and how it affects healing. Isolation due to disease and socioeconomic conditions can lead to decreased participation in occupations and diminished sense of well-being. By coming to this supportive group setting, each person is able to socialize with others in their situation and engage in meaningful activities.

Occupational Therapy in Play

Our Arts-in-Medicine international travel also involved play of our own on the weekends. One such weekend, Angela and I traveled to the southernmost tip of Africa, Cape Agulhas, where the Indian and Atlantic Oceans meet. While walking along the beach, we noticed long, thick strands of seaweed washed up on the shore. Inevitably, our occupational therapy training infused our play and we brainstormed how we could adapt the local seaweed to use in therapy. Clearly, upper extremity ROM and strengthening exercises could be done with seaweed when Thera-Band is unavailable!

Conclusion

These experiences (and too many more to share in this essay) deepened my understanding of the cultural aspects so important to occupational therapy and arts-in-health. Consideration of cultural factors is just as important at home, but the international setting focused my attention even more so on the variety and depth of these influences. My experience was that international work made me more mindful of issues that I may not always see when I am in my comfort zone at home. Most importantly, my international work reinforced for me that respect for and knowledge of different sociocultural factors are important for building trust in the international community, as well as here in New Mexico.

My experience in South Africa also impressed upon me the interplay between medicine, health, and art. It was an inspiration to work with our UCT medical school class-

mates who are multitalented and engaged in music, poetry, and art occupations.

Throughout our academic and community work, the goals of Arts-in-Medicine and Occupational Therapy supported activities to help people heal and improve their quality of life in ways that are meaningful to them. While the outcomes for Arts-in-Medicine creative encounters may be more open and unpredictable than the well-defined expected outcomes (but open to adjustment) for occupational therapy treatment, the disciplines sometimes overlap in their use of art, music, and other creative occupations to increase one's sense of well-being. Just like my Occupational Therapy studies at home in New Mexico, this international experience was full of valuable and wonderful surprises for me. □

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Sara Mota



Kevin Vlahovich



Sara Mota



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Saturday Morning Coffee

by Nikifor Konstantinov, *PIE Narrative Strand*

Part I

Monday 9:07 am and my first day back at the clinic after the weekend. I see the first patient walk into the exam room. He was a tall and thin Caucasian male, probably in his fifties or sixties. As a medical student, I've been told that the physical examination begins even before the patient sits down to talk to you. Observe the walk, the posture, and any unique features that may help you in diagnosis. Nothing really struck me in particular, except that he was bald and had paper-thin white eyebrows.

Dr. Lawson was finishing up some paper work and I was ready to start. "I'll go see the patient," I told Dr. Lawson. "Ok, I'll be right in there," he replied.

As I walked up to room 4, I felt a stroke of confidence this time in my history and exam taking skills. I've been through this before and with the number of patients I've seen over the last few weeks, this one would be no more difficult. I knocked at the door and I waited for a moment to hear a welcoming call in. No sound was made and so I went in anyways.

The man was sitting cross-legged, reading a magazine of some sort. He lifted his gaze up for a moment to look at me and put his sight back down on his reading.

"Mr. Krumpke? I'm Nikifor, a medical student. Would it be alright if I began talking to you while the doctor finishes up some things?"

"Will I be seen by the doctor or just by you?" His face was quite stern when he asked this question and I was almost certain that he wouldn't want me to talk to him today. It's only happened once during my stay and that was because the patient had some kind of sexual dysfunction problem and was embarrassed to have to talk to anyone else but the doctor. Immediately I began to think whether he had a similar problem, like erectile dysfunction or some venereological disease.

"Oh no, the doctor will be in shortly. Do you mind if I talk to you for a bit and begin a physical exam?"

His face lightened up and gladly said "Of course."

"How are you doing today sir?" I asked.

"I'm ready to see the Lord!"

"I'm sorry, can you repeat?"

"I'm ready to see the Lord!" and his gaze shifted upward for a moment. "Are you ready?"

I did not know how to respond. In fact his question caught me off guard. He didn't seem depressed but I wanted to ask him whether he's had any suicidal ideations. Instead I asked him what does he mean and all he did was

repeat his question. I waited for another moment about to answer but he interrupted, as if sensing my confusion and asked, "Are you saved, son? Are you saved? I believe in Jesus and so I am saved! I believe in Jesus and so I am ready to see Him. Are you ready?"

My thoughts came back to me. I thought he was some kind of preacher. "I am Christian and I believe in God. Yes I think I am saved and I am ready to see the Lord but not yet."

"You believe in who?"

"I believe in God."

"Who? Anyone can just believe in Gods. Do you believe in Jesus? Jesus died for our sins and those who believe are saved! Those who do not are going to hell!"

"I do believe in Jesus and I do believe I'm saved. I'm not ready to go yet because I do believe that God has a purpose for us that we have to fulfill. Don't you think so?"

"The greatest purpose for us is to go see the good Lord!" the man exclaimed.

I am Christian Orthodox, but this man's questions and way of expression was quite surprising to me.

"Are you a preacher?" I asked hoping to change the subject.

"No, but I preach the gospel every day. Amen! And those of us who believe are going to Heaven and those that don't to Hell."

"Why do you believe that people who are not Christian are going to Hell? Doesn't God love everybody equally? Are there not good people who are not Christian? Do you think they are going to Hell?"

He gave a cool smile and said, "But the fearful, and unbelieving, and the abominable, and murderers, and whoremongers, and sorcerers, and idolaters, and all liars, shall have their part in the lake which burneth with fire and brimstone: which is the second death. Revelation 21:8. Jesus died for all of our sin. If you do not believe in Him, then you won't see the gates of Heaven. I know a lot of good people who are not Christian and they are not going to Heaven. Do you read the Bible?"

This was quite an interesting conversation that had been started, but I tried to bite my lip because I did not want to get into an argument with a patient. In that moment, it seemed like everything we had learned in our first year of medical school about patient encounters had become unimportant and useless.

"I should read the Bible more."

"That's what I thought." And this statement from him really angered me, not because he is wrong, but it seemed like he was lecturing me. I am a strong believer and I'm happy with my faith and beliefs. I wasn't going to argue

with him but I wanted to probe him with questions to find out more about his beliefs.

"Let me ask you this." I said. "Well what about people that lived before the time of Jesus? Would good people be cast into Hell as well?"

"Back then it was more about whether you had a good spirit and..." he kept on talking but I didn't hear the rest. I was focused on the first part of his reply. It didn't make much sense to me that he would think that people who had a different religion would go to Hell.

"Ok, well what about people living in seclusion, far away from civilization and not knowing anything about Christianity?"

Before he answered, Dr. Lawson came in and the conversation shifted. They started talking and Dr. Lawson turned to me after their conversation started to slow and said, "Well, what are your findings?"

"Oh, I haven't actually started the physical exam or getting the history. We were having a theological conversation," I smiled at Mr. Krumpke.

We began getting the history and doing the physical exam together but I couldn't recall any of the details, as my mind was somewhere else. I was thinking about our conversation. The patient seems to be a good man and it was an interesting conversation, even though I don't agree about everything he had said. At the end of the encounter Mr. Krumpke said, "God is good, Amen!" The doctor and I also exclaimed "Amen!" We shook hands firmly and looked each other in the eye and he vanished like the sprinkles of water dissipating from a bubble that has popped.

Part II

Thursday morning at the hospital, around 11:30. Today I'm with a different physician and I'm going over a patient with him, but a loud announcement from the loud speakers interrupted me near the end of my plan for the patient. "CODE BLUE! CODE BLUE! Patient in ED room 16!"

"Let's roll," Dr. Holden said. The hospital is only one floor and it takes about a 5-minute walk to get from the ICU (where we were at) to the ED. We began to run and we got there in two minutes.

I stepped closer to see the patient and at first I could only see a part of a baldhead. Making my way even closer and looking at this man, it was like a cold blade pierced through my heart. Mr. Krumpke looked as pale as the snow on the Matterhorn. Turns out that he was losing a massive amount of blood and had become devastatingly anemic. His hemoglobin was around 6! The only thing that

would save him was a blood transfusion. However, he had a very rare blood type. His blood type was Langereis, which is an apparently new blood type that has just been discovered recently. I had never even heard of it before.

"We need to transfuse him or he will not make it! Go look in the computer to see if anyone in the hospital has the same blood type!" Dr. Holden yelled at one of the nurses. I'm certain that most people there had no idea what this blood type was.

"There's a patient in life-transitions with the same blood type!" the nurse yelled.

"Who is it?" Dr. Holden asked.

"Mr. Abdul-Aleem" the nurse said.

What tremendous luck! In this small city to have two people with this same blood type is amazing. It is even more extraordinary that they were virtually in the same place. After that Dr. Holden and I left because they were going to transfuse him and everything was going to be all right. After I got back to the ICU, I went to the computer to read about Mr. Abdul Aleem. According to his social history, he is a devout Muslim and he has just completed the Hajj last year. He was in the hospital for suicidal ideations and depression and was admitted to the life-transitions, which is the psychiatric ward of the hospital. I went back

to the ED after two hours to check on the progress of Mr. Krumpke but he was now asleep, with Mr. Abdul Aleem on the bed next to his.

Part III

Saturday morning at 7:55, I'm getting my breakfast burrito at the hospital cafeteria. I noticed Mr. Krumpke sitting on a large table with fellow Evangelists discussing the Bible. I overheard him say "And those will be saved who believe in Jesus!" I smiled, passed the table and sat on a table across from them. He didn't notice me. I looked behind me to see who else was in the cafeteria and I saw Mr. Abdul-Aleem, sitting on a table for two, the other chair being empty. He wasn't doing anything. His eyes were closed, as if just contemplating.

I quickly finished my burrito. I got up and went to buy some coffee. I passed Mr. Abdul-Aleem's table and placed the coffee on his table. Half an eyelid opened. He smiled and closed his eye. I walked outside to the outpatient clinic. □



Rosalyn Nguyen



Sara Mota

The Spice of Las Vegas

By Parisa Mortaji, *PIE Narrative Strand*

The first week of my stay in Las Vegas was filled with unanticipated facts. Our community coordinator, Yolanda Cruz, informed us of Las Vegas, New Mexico's "specialties" when I made a simple comment. While walking along the plaza, I stated, "If I lived here I would walk everywhere, everything is so close!" Yolanda looked at me with a smile and asked me if I noticed anything about pedestrians in Las Vegas- they were almost nonexistent. This is primarily for two reasons. Firstly, stray dogs run loose and tend to chase after people. Although they have decreased in number due to complaints, the mindset has long since been established in the populace. Secondly, Las Vegas houses the largest Mental Health Institute in the state. Many mentally ill patients are sent here. Upon their release, many are left without a home or a family, and thus resort to roaming the oh so busy streets of Las Vegas. Thus, this mindset has also been established in the people- those that walk are mentally ill. Now of course the people don't believe that everyone walking around has mental disorders; however, this stereotype has come to take shape in Las Vegas society. These issues are enough of a problem that our coordinator told us to avoid walking alone, or at least be keen and alert to our surroundings.

At first, I was frightened, shocked, and somewhat pitiful toward the town and its people. I wondered what it is like living with a large population of mentally ill individuals, secretly glad that living here was only temporary for me. These thoughts didn't last long. They didn't even make it past the first week.

The first week of my stay, I pulled into Walgreen's to purchase a few quick goods. I was encountered by a homeless African American man who, based on my judgement through his body language, posture, and facial expressions, may have possessed mentally ill characteristics. He asked me whether or not I had spare change, in which case

I truthfully responded that I did not. As I turned around to walk away, I saw that everyone was repeating my action as he continued to ask others, or they did not even see him worthy enough to answer his question. I was hesitant, but I approached him once again and asked him why he wanted money. He told me he couldn't remember the last time he ate or drank anything. I offered to purchase him something, and he asked specifically for a sixteen ounce Dr. Pepper in a plastic bottle. I first entered the coke isle and observed the price difference between a 16 oz and 32 oz Dr. Pepper: twenty cents. I reached for the 32 oz, hesitant at first that this may upset him for some reason, but then quickly placing my judgements aside. I also grabbed a large bag of Doritos in case he wanted a small snack. Grabbing some of my own goods, I paid at the register and exited the store.

I searched the parking lot for him but he was nowhere to be seen. I took a quick look left and right and saw him standing to my right just by the automatic door, staring at the bags in my hand. I approached him, informing him of the purchases I had made, and he gladly accepted. I said goodbye with slight remorse and decided to sit in my vehicle and observe what he would do next. He had no other belongings, and so he crossed the street and found a nice shady area to sit down and enjoy long-needed calories.

As I drove home, I fell into pondering mode. Yes, Las Vegas are "used to" having these people around all the time. Of course this view does not apply to everyone, but it is most likely true for most city residents. The mentally ill populace is ordinary to them, whereas they were frightening to me at first. But maybe if people reached out to them, didn't ignore them or exile them, granted them more than the sidewalks on the street, something more valuable such as a friendly hello, they would find hope, hope that one day, they too will have the ability to integrate with society. □

The Star of West 86th Street

by Joe Francomano

Having once been a resident of the City of New York, I frequently find myself returning there, especially during the fall. There is nothing quite like being in Central Park on a perfect autumn afternoon. The air is crisp and slightly cool, and leaves are turning every possible shade between light gold and deep red. You can still hear the bustle of nearby Fifth Avenue and look up at its stately buildings from your own comfortable shady space. It can be the lawn, a park bench, or a large boulder. After a while you might venture a few blocks east over to the Carlyle or Surrey Hotels to indulge in people watching and whatever type of refreshment you desire.

Almost a year ago, there was one fall day in New York which wasn't quite so perfect. It was another event in the city's history which no one would have ever thought possible prior to it happening. It was Hurricane Sandy, and I happened to catch her from beginning to end.

News of storm like activity was announced over local news broadcasts as I stepped off a train at Penn Station, ending what was a wonderful side excursion to Newport, Rhode Island. The invigorating feeling of brisk sea air was still fresh in memory. I had one more night and day to spend in Manhattan, and I was contemplating how to spend it.

The next morning was gray and overcast and there was talk of hurricane like activity occurring in the Atlantic. But there was no way it could possibly reach the city. Maybe a windy rain storm at most. Determined to make the most out of the rest of my stay, I ventured north on the Metro for a quick nostalgic visit to a neighborhood I had lived in as a child. About halfway through the ride, a muffled voice made an announcement through the static of the train's intercom. Due to the approaching hurricane, trains will stop running in two hours. I couldn't quite believe it. I remained on board until my planned stop, which was always that train's last. The station was located in a historical part of the borough which featured rows of well preserved Dutch Colonial homes and was lined with old trees. There was also a small museum and visitor's center where I inquired if what I had heard was actually correct. It was there among employees and local residents that I finally realized that something was about to happen and I should catch the next train back to Manhattan. I stopped for quick bite at a Chinese restaurant across from the Metro station. While sitting there, I thought about how many times the place had changed names over the years, but the menu was still

the same. And about how Chinese food always tastes better when you're far from home.

What I saw from the train window on the ride back surely indicated that something was now happening. More distorted announcements over the intercom, some usually busy stations already vacant, lines of cars and people at gas stations and grocery stores. The sky was getting grayer by the minute and the wind became constant. I got off at my stop on the Upper West Side and made my way back to my small rented room. While walking those three short blocks I saw people lined up at every corner market stocking up on supplies, food, and water.

Once I got back to my third floor room, I checked that my windows were secure and switched on a small battery powered radio. I began listening to news reports from AM stations with old three letter call signs. Reports began coming in about the Jersey Shore being hit, Staten Island flooding, and then the Lower East Side. The announcers tried to remain calm as they spoke but you could hear the anxiety in their voices. I also listened to the wind. It became an eerie and continuous howl with its pitch and volume constantly changing. It rattled the window panes and I thought I could feel the building sway back and forth. I periodically looked out the window and saw lights going out in each direction. The sounds of the wind, radio, and the view of the darkening skyline put me into a sort of trance. Somehow this transitioned into sleep.

The next morning the wind was gone. I listened to never ending reports of damage and destruction and realized I was going to remain in the city for at least another week as the airports were shut down and flights cancelled. One thing I can say without hesitation is that the City of New York bounces back quickly. By mid-morning some buses and trains were once again running. There was a strange feeling over the city, however. There was little traffic even on the busiest of streets. Ancient trees in Central Park were pulled up by their roots and lying on the ground. A gray overcast sky covered the whole city. The front page of the Times showing a photo of citizens in rafts and canoes on a flooded East Houston street. I decided I was going to try to make the best of it.

With Broadway shows, museums, the opera and symphony, and all other attractions shut down, I found myself gravitating to grand old hotel lobbies in the midtown area, which was as far south as the buses could go. I vividly remember one afternoon sitting in a plush leather chair and

sipping coffee from a china cup. I had stashed a vintage paperback mystery novel in my sport coat pocket. It was a film noir era story that described the sun drenched streets of Los Angeles. I thought what a contrast that was compared to my present location and situation. I can't remember what I did and where I was every single day of that week. It was a mix of hotel lobbies, inexpensive Chinese meals, and chatting with people at the local bars, delis, and diners that had managed to stay open.

There was, however, one night, that I remember well. I was heading back to my Westside room and stopped at an open diner around the mid 80s blocks for something to eat. Upon entering I was greeted by a kind, elderly, Eastern European gentleman. I then hung my coat and hat on the rack that these diners tend to feature at their entrances. He mentioned that due to the situation not everything was available on the usually substantial menu but he would try to fix me something I would like. I told him that was fine and upon his suggestion I had a plate of Greek Chicken. After finishing my meal and wishing the man a good night, I made my way further west down a mid-eighties block. It was one of those quieter residential blocks which had large sized

apartments with big bay windows. As I was walking by one of these buildings which had electrical power, my eyes were drawn to a rather bold site that puzzled me for a brief moment. It was a chandelier burning brightly high up in one of the apartment windows. This was not just any chandelier. It was massive and looked as if it had come from a hotel or theater lobby from days past. It was elegant and graceful with dozens of electric candles and dangling crystals and many tiers. Every bulb was burning bright at full wattage. For a split second I wondered why someone would have that on with their blinds and curtains open at that hour. But then I realized exactly why they had it on, and by now so do you.

By the following weekend things in the city were back up to speed, although the work had just barely begun. Bars and restaurants were once again full with their usual convivial atmosphere. I didn't get a chance to walk down that particular street again but have thought about what I saw there many times. Here's to those who crafted, installed, and switched on that marvelous electrical apparatus. Even though you may not have known who you were doing it for, you couldn't have done it any better. □



Kevin Vlahovich

Through a Land of Extremes: A Reflection on my PIE Rotation in Zuni

Today I've reached the end of a journey.
Another will start, very soon, in a hurry.

A journey through a land of extremes,
A landscape of trees, mountains and streams,
A landscape of people, cultures, and dreams.

Isolated in location, yet warm in welcome,
The people of Zuni embrace all who come.
From med student to school teacher,
Resident doctor to church preacher.
They value the individual and the community,
Offering each an invaluable opportunity.

As I began my rotation,
It was with some hesitation.

I was homesick and nervous,
But not the type to make a fuss.
With a desire to learn, and a heart of service.

The many patients I saw and lessons I learned;
To remember them all sets my head a swirl.
So many questions and concepts, for clear answers
I yearned.
Little by little each doctor has taught me a clinical pearl.

Ten to twelve hours of sleep, a young child needs.
Otherwise a temper tantrum is what proceeds.

An assessment and plan is more than a diagnosis,
It's a synthesis of information, but should have a focus.
Practice and you'll find it's not so hard to write this.

Challenge yourself and don't be afraid,
You can do it; you've got it, for this is why you were made.
Seek out opportunities to learn and explore.
This will open for you an expanse of information galore.
As you read articles and books, your knowledge will grow.

For you will reap from what you sow.
Urgent care is all full, many patients are ailing.
The shuttle from Pine Hill just arrived; you know they're
all waiting.
Diabetics and anti-emetics,
Lacerations and rusty nail pricks,
Teen pregnancy and hypertension, did you mention you
wanted a quick fix?

End of life care,
Can be a night-mare.
Medicine and religion: do we separate?
Ask a Zuni patient and she may say, integrate.
What's important is that we asked,
For true desires and intentions are then unmasked.

Involve the family in each decision
Or you may create a division.

For in Zuni, family is paramount.
Four, five, six, seven, they are too numerous to count.
As a unit, any challenge or trouble they are sure to sur-
mount.

As a unit the community is stronger.
This is why their religion, language and culture have lasted
so much longer.
The older generation is valued; they teach the younger ones
what to do.
After visiting the Senior Center, I realized this was so true.
Building outdoor ovens with a group of ladies, each in
her seventies;
Strength and vigor they demonstrated, mixing clay and
hoisting stone with great ease.

This community puts up a fight,
They battle disease with all their might.

At DIPS, ZYEP and the Wellness Center,
Zumba, spin, run and soccer, it only makes you better.
Hoots and hollers—they like to yell.
Sweating only makes you stronger, I can tell.

Breathe in all the positive things in your life.
Exhale all the negative, exhale all the strife.

Eat right, so you can lose it.
You've got the Plate model, so use it.
A1C at 5.3: see I knew you could prove it.

Gaining in confidence each day.
Acquiring medical knowledge in every way.
Fellowship with friends at church,
Every Thursday, into God's word do we search.
Lasting friendships I have made.
To all my wonderful mentors, gratitude is rightly paid.

For as this journey comes to a close.
I'm glad it was a PIE rotation in Zuni that I chose.

I feel equipped with new-found knowledge.
For working with each of you was a privilege.

Into the winds of change do I soar.
Great things are sure to be in-store,
For Zuni has equipped me with medical knowledge,
cultural competency and more.

Although, I leave the day after tomorrow,
It will be with great sorrow.
Thank you again for being so kind.
Great friends such as you, I will not soon find.
I thought pediatrics was for me,
But now I wonder how life in family medicine might be!

– Page Pomo, *PIE Narrative Strand*

Days in the Coma Cocoon

Why don't you surrender at least
To what has saved your life

To the touch of your wife's hand
When you were too far gone
On the stretcher
To think you felt anything

To the mockingbird that chose
(Or was chosen)
To do its impressions
Right outside where
You gasped out what was gasped in
by Mr. Respirator
And you grunt that you heard nothing

To your grandkid—the neglected one
Who peeked at you that one time
By opening the door that gave you that blast
Of fresh air that got your eyes open
Which caused her thumb to be back in mouth
And you say later you saw nothing

To the reassuring smell of firewood
Which was really the side table burning
From the cigarette supposedly stubbed
By sleepwalk of hand and fingers
And you claim defiantly you smelled nothing

To the blood in your mouth, your own
When you reached out to hold your dog
Your family planted on your chest
And your dentures came loose
And you bit down in play on puppy's neck
But you're silent when they tell you
You've got to have tasted something

—Arun Anand Ahuja



Second Annual Poetry & Medical Narrative Competition

The University of New Mexico School of Medicine is delighted to announce its second annual poetry and medical narrative competition, open to medical students in the United States and Canada. The contest is sponsored by the Medical Muse and the Reflective Writing program at the University of New Mexico. Winning entries will be published in the UNM Medical Muse literary journal (<http://hsc.unm.edu/medmuse/>) and cash prizes will be awarded.

- There are two separate categories: Poetry, and Medical Narrative
- Entrants may enter only one category
- Topic should be related to medicine but is otherwise entrant's choice
- Entries will be judged by a panel of judges from the University of New Mexico, and the University of New Mexico School of Medicine
- Entries must be received no later than June 13, 2014.
- All entries should be submitted electronically in pdf or Word 2007 or 2010 format
- Each participating student may enter 2 poems or 1 medical narrative
- A separate cover page should be submitted including the student's name, current address and e-mail address, contact phone number and name of medical school and title(s) of the work
- All entries will undergo blind review, and should contain no identifying information other than the title of the poem or narrative, and a statement of which category the entrant is submitting (poetry or medical narrative)
- Each poem or medical narrative must be original and unpublished (except for college publications) and must not have won a contest at the time of submission
- Each submission is not to exceed 750 words
- Receipt of entries will not be acknowledged unless requested
- Entrants must be enrolled in programs leading to the M.D. degree
- All winning poems and medical narratives become the property of the University of New Mexico School of Medicine
- Winning poems and medical narratives will be announced by July 31, 2014.
- The top three poems will be awarded \$300, \$200, and \$100 respectively and poems will be published in the Medical Muse
- The top three medical narratives will be awarded \$300, \$200, and \$100 respectively and will be published in the Medical Muse

Please submit entries to: UNMMedWritingContest@salud.unm.edu.



Kevin Vlahovich

Port

for Kathy

There are many kinds of ports...

Re-ports

De-port

Heliports

Sunport

Port Angelus

Port Authority

Port Wine

Port for cancer drugs

Portulaca

Port Townsend

You are the port in the storm

Im-port

Ex-port

Port-Au-Prince

Porthole

Porter

You are the authority of your port.

– Jeanne Favret

