

Editors' Note

THE EIGHTH EDITION

It is with great enjoyment that we, Brittini McLam and Alexis Barker, bring to you the eighth annual edition of DMU's entirely *student-led* journal for the expression of medical arts, known simply as *Abaton*.

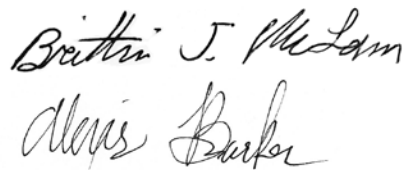
The Abaton was an ancient Greek structure: a sacred temple where the wounded and sick sought help from Asclepius, the Greek god of medicine. DMU's *Abaton* began as the vision of a DMU medical student, taking its name from that sacred space and desiring to create an expressive space for others in the healing field to share the humanity in their experiences. This year's journal attempts to reflect some of the journey - both internal and external - as we travel together as a human community of students, doctors, nurses and allied health personnel. We invite you to reflect as you read the stories, see the art, and taste the tears and joys of a moment in time captured by a fellow professional.

Since *Abaton* changed to a co-chief editorship supported by a broader editorial board two years ago, the challenge and process of defining and refining the journal have continued. Every editorial board member is also a DMU student, and each brought valuable input and insight to the table. Additionally, we are grateful for the enduring support of our adviser, Dr. Hoff, and our awesome team of publications ladies: Barbara Boose, Kendall Dillon and Julie Probst.

Lastly we thank you, our readers, and the authors and artists among you.

This will be Brittini's last edition as an editor of *Abaton*, an experience she has enjoyed immensely. Congratulations to next year's leadership team, continuing Chief Editor Alexis Barker and her new Co-Chief Matt Stuart.

Sincerely,

The image shows two handwritten signatures in black ink. The first signature is "Brittini J. McLam" and the second is "Alexis Barker". Both are written in a cursive, flowing style.

Brittini McLam and Alexis Barker

Would you like to continue to receive this publication?

At Des Moines University, we strive to be good stewards of our resources. In an effort to be both fiscally and environmentally responsible, we mail the printed version of *Abaton* only to those who sign up to receive it.

Abaton was initially mailed to all DMU alumni and friends, but with growing numbers and increased printing expenses, we need to manage its cost.

To receive the 2015 edition or read the journal online, visit **www.dmu.edu/abaton**.

ABATON

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Guidelines for submissions

The following types of submissions will be accepted:

1. Forms of literary expression (fiction and non-fiction) such as narrative, prose, poetry and essay. All literary submissions should be no more than 3,000 words. *Abaton* is not a publication that serves as an outlet for opinion or advocacy editorials and essays; such entries are discouraged.

It is important to recognize that health care providers have legal and ethical obligations to maintain the confidentiality of information relating to patient interactions. In order to comply with those obligations, a written authorization is necessary for any submission that relates to patient information. As a prerequisite for publication, the author should provide a HIPAA-compliant authorization for the use and disclosure from the medical entity where the patient was seen for the patient interaction.

Additionally, if a submission reasonably identifies an individual, a consent for publication, executed by that individual, must be provided as a prerequisite for publication.

Literary submissions should concern the subject of health care. Topics may include, but are not limited to, medicine, illness, healing, aging and pain. More broadly, writers should reflect on the human condition.

2. Artwork or photography. All artwork should be submitted in digital format (preferably JPEG). Images that are scanned should be at a resolution of 300 dpi at 100 percent or greater and no larger than 6 inches by 6 inches.

Any artwork or photography which reasonably identifies and individual should be accompanied by a consent for publication, executed by the individual pictured.

Art entries should seek to evoke emotion from the viewer. The subject matter should also examine the human condition.

Submission instructions

- Up to three unpublished works may be submitted by each artist/author per publication.
- Please send all submissions via e-mail to abaton@dmu.edu.
- Include the following with the submission e-mail: name of author and title of submission, a short biographical paragraph, mailing address and e-mail address.

Each submission will be reviewed by an editorial board. The submitter will be notified of acceptance for publication or for editorial suggestions. (NOTE: Not every submission will be published.)

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Front Cover

Mortui Vivos Docent

HYUN-HEE KIM

Hyun-Hee Kim is an illustrator and a fourth-year medical student. She mainly works in ink and watercolors and is inspired by nature, medicine and Victorian obsessions with both. She is currently working on 78 illustrations to create a tarot deck. She lives in Milwaukee with her cat, Skinner.

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The Hospital and the Humbug

Summer on the prairie is a time of heat and storms. The temperature builds, the air grows sticky and still, and the western sky thickens as towering clouds build into black-anviled thunderheads glimmering with lightning. The rain slashes in, curtains of gray sliding sideways, lightning strobes making thunder that rumbles down like judgment. It's nature's own light show that can rival any Fourth of July. Summer storms bring wind, hail, sometimes tornadoes and all manner of destruction, besides.

The summer of 1877 was a summer like that, a summer that featured hot, sultry and sticky-humid days with little relief even after sundown. Storms were plentiful that year. In late August, one of the most astonishing storms in living memory swept through central Iowa, leaving behind a railroad wreck, a thankful impresario and a better-funded Des Moines hospital. The punishing storm brought Phineas T. Barnum, the great “humbug” and showman, to the city of Des Moines to the benefit of its first hospital in a way no one could have predicted.

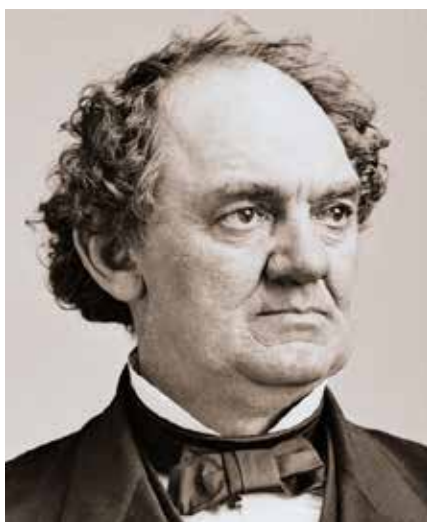
Rail travel had existed before the Civil War, but afterward railways knitted the continent into whole cloth. As in many comparable cities, Des Moines, Iowa, had no fewer than five railways providing daily service—some with numerous arrivals and departures. Rail travel was becoming common, and like the rest of nineteenth-century life it carried substantial risk. Metal rails and track beds were less sturdy; bridges and rights of way less well-built. Railcars, even passenger cars, were wooden. Hardly a week went by without derailments or someone falling under the wheels of a railcar and being killed outright or maimed for life. And like air crashes today, railroad accidents were always big news. Our story was one of the biggest news items of 1877: the Disaster at Little Four Mile Creek.

In the 1870s, Phineas Taylor Barnum was internationally famous. A master of manipulation, a twinkly-eyed conniving old fraud, Barnum had been hoodwinking the public and making them like it for decades. Over

almost fifty years, he had perpetrated dozens of lucrative hoaxes. Yet because he had given the public so much amusement in return for their money, he was regarded with tolerance, even affection. Today we think of Barnum as a cynic—a con man who bilked an ignorant and naïve public—and there may indeed be a kernel of truth in that image. For example, although there is no evidence that he said “a sucker is born every minute,” Barnum is known to have commented that “every crowd has a silver lining.” Even so, P.T. Barnum was quite popular in his own era, popular enough to be elected mayor of Bridgeport, Connecticut, his hometown, as well as two terms in the legislature. Barnum was as solid a citizen, perhaps, as anyone in his time.

More than a century later, Barnum’s positive public image has morphed into a besotted, trumpet-voiced, finagling old humbug vaguely resembling the movie actor (and real alcoholic) W.C. Fields. The real Barnum was considerably more complicated. He was widely considered a real sharpie, yet he himself was once swindled so badly that he lost everything, even his home. And despite being notoriously tight with a dollar, Barnum was a remarkably open-handed philanthropist, too, especially when it came to patriotic causes. The gleeful perpetrator of numerous frauds and hoaxes was a generous donor, a public servant and actually one of the most moral and upright citizens of that century. Far from being a rumpot, Barnum spent most of his life as a teetotaler, campaigning tirelessly against drunkenness.

Barnum’s “Greatest Show on Earth” travelled by rail; so did its advance party, in a Barnum-owned private car. So it was that on the night of August



P.T. Barnum

28, 1877, the Barnum car was part of a train en route to Des Moines from Chicago. On board were two full-time employees and about a dozen temporary workers known as “bill posters,” hired for varying periods of time to plaster destination cities with colorful posters of exotic animals and clowns announcing that the circus was coming to town. The circus was due in Des Moines on September 10.

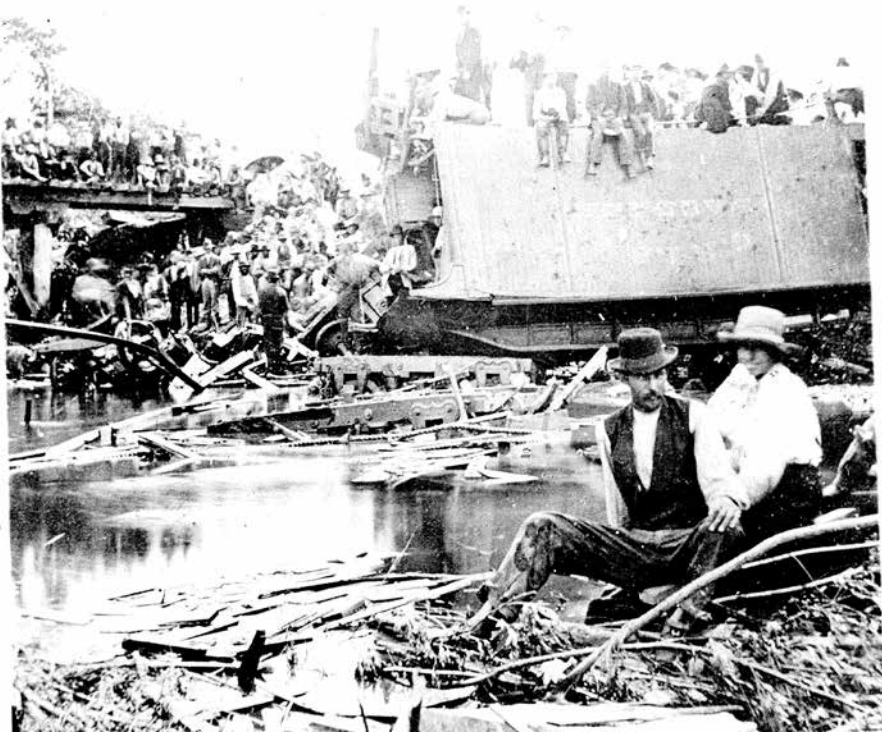
That night, while the travelers slept on the night train, one of the most violent thunderstorms ever recorded struck in central Iowa. The lightning alone was so terrible that a seven-year-old Des Moines lad named Patsy Grainey was struck and killed as he stood at the window of his mother’s house on Third Street. The downpour was so intense that the accumulated volume of water raged out of control into and along the Des Moines River. In those days the river was considerably wilder than today, and it soon became an unbelievable torrent. According to the *Iowa Leader* story published the following day, the storm caused enormous damage in Des Moines. The bridges on Second and Third that spanned the Des Moines River had both approaches washed completely away, leaving only the sidewalks, unsupported. On Sixth, an entire row of brick houses was inundated, and numerous basement shops along the river were destroyed as well. The damage wasn’t confined to the city either. The surrounding creeks and streams all filled to overflowing and became unbelievably rapid. East of the city, Little Four Mile Creek, as it was then known, was one of the placid streams that became dangerous.

A little after three a.m. on August 29, the westbound Chicago, Rock Island and Pacific night train was just west of Altoona, bound for Des Moines. Word of the violent thunderstorm had gotten around to stations along the line, and a few of the passengers were apprehensive. In Mitchellville, Iowa, a Colonel Lowrie, of Boone, boarded with some concern and even asked a fellow traveler named Bolt about the storm and safety. Mr. Bolt reassured him that a freight had just come over the road and that it was perfectly safe. But as events showed not so long afterward, that impression was tragically mistaken. The bridge over Little Four Mile Creek was new, only about four years old,



The Great Four Mile Creek Train Wreck – the shattered engine

but it was gone—washed completely away—leaving only steel rails spanning the flood. Passengers in the sleeper car, knowing they would disembark within the hour, had risen to dress. The other passengers were dozing or whiling away the ride in their seats. The engineer, Billy Rakestraw, in the cab of the locomotive, peered through driving rain at the curve of tracks leading to the bridge over Little Four Mile. The *Leader* reported that a passenger on



The result of the Great Train Wreck

the train (a former railroad man himself) said that the air brake was thrown on suddenly, twice, followed by a series of “shocks, very severe in character.” The train skidded, left the tracks and hurtled into the opposite bank, burying the engine in mud and collapsing the train like closing a telescope. The car just behind the engine was the Barnum car; it collided with the locomotive, its top flung dozens of yards farther. In a one-two punch, the Barnum car was further smashed to sticks by the following cars. Rakestraw, who was killed instantly, had tried desperately to stop, but was too late.

Thirteen of Barnum’s men had been in the wooden railcar. Seven of them died. In all, seventeen people were killed. Two of the dead were discovered

buried under the locomotive. The storm was still raging, lightning flashes illuminating a grisly scene of destruction. The engine was crumpled like a broken toy, the Barnum car a shambles as were several others. One car stopped in the creek, tilted forward at a forty-five degree angle, and promptly half-filled with water. Uninjured passengers broke out windows to escape, sliding down onto the sodden creek bank to safety. There was moaning, crying out, people floundering awkwardly in the water, people trapped in the debris. Two cars survived undamaged.

In those days, the area was sparsely populated between the last town, Altoona, and Des Moines, the train's destination, so it was some time before help could arrive. Word was carried back to Altoona, where two local doctors and several townsmen were roused. The party went out on a handcar through the rain and wind to assist. They found a scene of chaos and destruction, muddy and confused. It took several hours until more help could arrive from Des Moines to evacuate the injured and recover the dead. In the meantime the Altoona rescue party was able to assist all of the injured, working through the night and the storm. By morning they had managed to move the injured to safety in Altoona before help arrived from Des Moines. Although many were injured, a number of injuries were less serious; the more seriously hurt would have required bed rest and nursing for some time, but they would have been cared for at home if they lived in local communities. Others injured in the wreck were housed, with relatives, in two Des Moines hotels.

The remaining injured, employees of P.T. Barnum's Greatest Show On Earth, found themselves patients in Cottage Hospital. No record of the exact nature of their injuries exists, but they were certainly badly, if not mortally, hurt. According to the August 30 issue of the *Iowa Leader*, the six circus men (of the thirteen) who were "wounded" instead of killed remained in Cottage Hospital, where they were receiving wonderful care. Barnum's men, being strangers, had nowhere to go, of course, and no one else to care for them and so were hospitalized in Des Moines. It was the best the city could do, even if it wasn't all that much. By the next day a member of the Barnum company

arrived to see to the condition and disposition of its employees. No doubt the new company arrival was soon in touch with his impresario boss.

Surprisingly, Cottage Hospital was the first such facility in Des Moines, having been founded only a year before by Dr. George Hanawalt and a group



**George P. Hanawalt, M.D.,
founder of Cottage Hospital**

of local doctors. It was run by a Mrs. Tracy and a number of volunteer women. Unlike our own gleaming, technologic palaces, nineteenth century hospitals looked more like nursing homes. Often established in converted private dwellings, they had limited space, limited resources and few patients. Cottage Hospital was no exception. The newspaper reported that doctors took turns attending the sick at Cottage Hospital, and necessities were “generally supplied by donations from the citizens.” The majority of people the hospital served were

charity cases; those who could afford private care stayed home. Hospitals were also feared and therefore shunned by many. Accordingly, Cottage Hospital had not been crowded. In its year of existence it had served a bare total of forty patients.

Barnum sent a personal telegram to the Des Moines papers expressing his gratitude for the care and attention his men received in the city. He also seems to have shown kindnesses and generosity (the exact nature unspecified) to several of those involved in the care of his men. Since he was to be in Des Moines on September 10, when the circus came, the newspaper mused that it might be well to ask the great Barnum to give a lecture when in town “for the benefit of our city hospital...it would be a great treat and a source of income to the hospital.” The article went on to call Barnum a “magnificent lecturer”



Cottage Hospital

on temperance.

The train wreck caused a furor. Just as a plane crash today can raise concerns about public safety, so did the Little Four Mile Train Wreck. The story was printed in newspapers across the country and became even bigger news because two other fatal railroad crashes also happened within a day or two. Editorials demanding investigation quickly appeared. Articles absolving the railroad of responsibility were printed in reply. A coroner's jury convened to explore the cause of the wreck and absolved the railroad. Ministers thundered from the pulpit about God's will. Construction engineers testified. Striding through it all was P.T. Barnum, always eager for publicity. The *Leader's* suggestion of a lecture by the great showman was meat and drink to a man like him. In fact, Barnum might have sold his soul for just such an opportunity. A lecture cost him nothing but time and gave him and the show priceless free

publicity. He of course agreed with alacrity.

Within a day or two, advertisements appeared announcing that Barnum would speak at Moore's Opera House on the evils of drink. General admission was to be fifty cents, reserved seats seventy-five, and all proceeds would go to benefit Cottage Hospital. Tickets were sold at bookstores in the city. Interest ran high, and an entire program of choral singing and speeches was devised, with the great Barnum as the main attraction. At the appointed time, amid tumult and fanfare, he arrived to deliver a rousing speech to a packed house. The irrepressible showman wasn't all seriousness and morality but spiced his talk with "ridicule and satire" and brought "shouts of laughter" from his audience. In all, the event raised about \$300 for Cottage Hospital (a substantial sum in those days) and no doubt boosted the circus box-office receipts considerably, too.

Cottage Hospital lasted only until the 1890s, a few years after the founding of Mercy Hospital, located a few blocks north. The first city hospital "above School" had been on the tallest hill north of downtown. Today, the hill is gone, obliterated by a freeway. The injured employees of P.T. Barnum's Greatest Show on Earth recovered uneventfully and returned home safely; most were from Chicago. In 1881 Barnum's show merged with another circus, to become Barnum and Bailey's, the first three-ring circus extravaganza and the ancestor of today's Ringling Brothers' troupes. Barnum himself remained part of the show after the merger, relishing the attention, riding around the ring in a chariot to open each performance. The old humbug suffered a stroke during a performance in 1890 and died a few months later.

Gary Hoff, D.O., attended Oklahoma State University, where he majored in physiology and minored in English literature. He later attended the Oklahoma College of Osteopathic Medicine in Tulsa and completed his internal medicine and cardiology training in Chicago. He has published short stories, articles and editorials for many years. Dr. Hoff is also a professional artist whose subject matter ranges from landscape to portraiture. He is associate professor of behavioral medicine at Des Moines University and faculty adviser for the Abaton.

Getting Ready for Night Shift

Put away all distractions
books, husband, child
and pare down to essentials
sleep, sleep and
sleep

Time to reverse the body clock
spin forward
and backward
the moon and sun
I am about to enter the nocturnal world
step through the looking glass
and reverse myself
mid-stream

I will be hungry at midnight
glassy eyed at three
off work at seven
to bed at nine
up by four
ready to perform this feat
of Circadian Rhythm Dysfunction
yet again

Up three nights in a row
then I will go
into a sleep so deep
I pass through a whole day and night
to awake
ten years older and Gorgon-headed
turning my husband and daughter to stone
with one look

There is no easy way to do this
there is nothing but a toll this will take
We all have our reasons why
That sound good when spoken
look good on paper
but feel like hell
when the body skips like a broken record
sleep, sleep, sleep, sleep, sleep, sleep

Tasha Poslaniec is a registered nurse with 14 years of experience. She currently works in a labor and delivery unit that delivers nearly 400 babies a month. Tasha has been published in publications such as Hip Mama, The Wilderness House Literary Review and Poetic Medicine and had her poetry read at the Wise Words Festival in 2013. She lives in California with her charming husband, beautiful daughter and four busy cats.

Relativity

“Beware the furnace of time,” venerable physician whispered to youth.
Time was like—he mused to himself—
a molten core of 10,000 unfurled dreams,
Where days dissolve into years.

“What is life?” youth asked.
Life was—youth pondered to himself—
like an arctic summer.

Youth admired physician’s well-tended garden
decorated with multi-colored ribbons and laurel wreaths.
Venerable physician looked into youth’s ardent eyes,
And found a grain of sand.
Youth noticed physician’s eyes were ashen.

“My son,” physician responded,
“life is having a heart that burns like fire.”

Alberto Montero is a trained medical oncologist with a particular interest in the interactions between medicine and art and philosophy.

Scratch

All of my lesions are itching,
he said. He is in the hospital
because of failure to thrive.
That is his diagnosis: he is living in
shelters, because he assaulted
his sister Ramona.

But I'm not sure that I would
say that he's ever thrived. From
my review of the records,
His life is not about thriving.

Although. *"Is he one of those
long-term non-progressors?"*
The intern asked. Only physicians
could come up with a phrase like
that. Only in medicine could
failure to thrive, long-term non-
progressor mean something
tangible, anchored in statistics.

He is scratching, and asking me
To give him something for the itching.

Sometimes my lesions itch also.
Sometimes I need a break from my
sister.
Sometimes I drink too much.
Sometimes I try as hard as I can,
But I still can't thrive.

But he ended up in the
hospital, and I am his doctor.
He is itching and scratching,
I am watching.

Dr. Grace Farris graduated from Brown University in 2004 with a dual concentration in Spanish and Portuguese. She went on to graduate from Brown Medical School in 2008. She completed her internal medicine residency at Beth Israel Deaconess Medical Center. Dr. Farris now sees patients as a hospitalist at Beth Israel Deaconess Medical Center and is part of the Katherine Swan Ginsburg Humanism in Medicine Program associate faculty. Her interests include professionalism in medicine, medical humanities and end of life care.

The Head Fake

Michael was a patient in the burn center because of a relatively minor burn wound that was not causing major pain, debilitation or stress. He was healing well. I had gotten to know him and his family over the previous couple weeks working as an aide. It was the evening shift of a Saturday double. Michael was all smiles, being extremely patient, waiting calmly in his room on the medical floor of the unit. He was medically discharged from our standpoint but had to wait until morning for his wife and family to come drive him home.

Though we managed burns and wounds from nearly a hundred-mile radius, there was often a low volume of these patients. We would also take poisoning and overdose patients in the ICU. The five-room ICU was nearest the nurse's station and run by a classic battery of medical professionals. One such professional was the charge nurse. She had just hung up the phone with a look of entanglement that frequented the faces of our charge nurses. She told us the burn center would be admitting a male patient from the ER who intentionally consumed a large bottle of over-the-counter pain medication. He called the ambulance himself a short while after. He was just shy of his thirtieth birthday and was "agitated," she reported. The feeling in the room was a sense of deep concern.

When our overdose patient arrived, he was bucking, shouting and cursing in a grand procession that didn't end when he landed center stage in ICU room 203. I took one look as we were settling him in and knew he was in bad shape. His breathing was rapid, his skin wet with perspiration, his face genuinely fearful. He dealt with this fear using anger, making our jobs difficult and emotionally taxing. This was a sincere and desperate suicide attempt, not a cry for help. He was not healing well.

The clinical management of a poisoning/overdose patient seems simple; airway, breathing, circulation and decontamination, "A-B-C-D." But it's never an easy task. The signs and symptoms are variable from one patient

to the next. They are behaviorally erratic, mentally distressed and physically burdened. Their conditions can descend rapidly and without warning. The nurses began setting up for supportive cares, hanging IVs, readying respiratory equipment, preparing to administer activated charcoal all the while being kicked, punched, cursed and spit at. His condition continued to deteriorate. Before long the kicking and screaming disappeared along with his level of consciousness. This was followed by vomiting, suction and intubation. It seemed that this intentional overdose patient was going to succeed in his original plan.

My shift had ended and I clocked out with my fingers crossed, hoping things would settle for the team with a positive outcome for our new patient. But as I did I heard the fateful three-ring bell of the hospital intercom. The code read, "Code Blue, ICU, room 203." It repeated three times. This was our code for a stopped heart and signaled responders to activate. I stayed on the unit helping with other patients while a team fought against the overdose patient's failing heart. After a short time, while the team was still working on stabilizing him and the shift change had completed, the charge nurse sent me off.

On my way out, I saw Michael through the opened door, awake, lights off, a muted TV flickering in the background. He asked for an orange juice cup, though it was clear he wanted to chat for an orange juice cup's worth of time. I brought back two and sat with him. He asked about the commotion, reminded me he was excited to see his family and that he would have been discharged today had he been able to get a ride earlier. He said he didn't like being in the hospital. It made him feel lonely and stuck. He was happy to meet a few friendly faces on the way, though. It was an enjoyable moment, and we sat chatting casually for a few minutes longer as we finished drinking juice.

Michael smiled and then turned off the television, resting his head into his pillow, now ready for the next day. I told him I'd see him in the morning. I was happy to end this night on a positive note. As I left I noticed the flurry

of nurses and doctors still managing the Code Blue. Our overdose patient was fighting still.

I was scheduled to work early the next morning. The first task is to check all the patients' vital signs. I thought I'd start with ICU room 203 and see if our overdose patient made it through the night. I didn't expect to see him in the room. But, somehow he had been stabilized. He was still in rough shape considering his predicament the night before. I was grateful that he met the day with a decent outcome. I charted the vital signs and moved on without any hang-ups.

Eventually I made it to Michael's room. There I found him sleeping. I began my routine of gently waking him for a check. As many of the patients were before sunrise, Michael was not easily aroused. But this was Michael. He was usually waking gracefully, peering up at me through sleepy eyes with a warm smile. I tried harder to wake him, my hand on his shoulder. "Michael!" I announced louder and louder. An anxious feeling was swirling in my gut. My heart started thumping, and I felt the warmth of nervous energy spreading through my neck and chest. He made no more reaction than small shifts and soft moaning grumbles. His vital signs were all normal except for this affect. I immediately informed the other staff. His nurse confirmed these findings. This was followed by phone calls and different practitioners examining him. They moved him to the ICU. An official diagnosis hadn't been declared but people were talking about stroke. His family, already on their way to pick him up, was notified of Michael's status.

Strokes can occur in any person at any time and have a variety of neurological effects. Early prognosis is difficult to make as the damage can impact a variety of brain functions, some of which can improve, others of which are permanent. Strokes attack at random, like heart attacks, pulmonary emboli and aortic aneurysms. They strike without warning even in people with no predisposing factors. Michael's stroke was bad.

As the day progressed, Michael's condition continued to decline while the overdose patient continued to recover. Michael's family arrived before noon in

distress and disbelief. The medical staff updated them on the situation. In a short time the diagnosis of stroke was confirmed and shown to be unrecoverable. Michael was on life-support while the family surrounded him. Everyone was in tears; it was the opposite experience we expected that day. Meanwhile, the overdose patient was discharged from ICU and sent to our neighbors in mental health. They were both here one day and gone the next.

These were not cases of living versus dying. These were cases of living versus not living. The overdose patient fought life, constantly and head on. Although we cared for him in an acute situation, his etiology was chronic. Even though he was alive, some would argue whether or not he was living. Michael lived his life with joy and gratitude to the very end. He maximized the amount of time he spent wearing a smile. He soaked in every minute and experienced positivity on the way. This simple attitude maximized his life. We can never know when our times are up. But we have the present. And if we choose happiness right now, that is exactly what we will receive.

Matt Stuart is a second-year medical student at DMU. He enjoys learning how to cook ethnic foods and staying active. After medical school, Matt hopes to work in a fast-paced, unpredictable environment.

A Surgeon Prepares

With water, you wash away
Impurities. With oil of olive,
Myrrh and cinnamon and iodine,
You anoint your hands.
Adorned with the robes
Of a blue paper priesthood,
Justified
By ritual and ancestors of the mind,
You enter the tabernacle
With a scalpel, blessed by blood.

*Tabor Flickinger is a doctor and a writer who lives in Charlottesville, Virginia.
She writes a blog about medicine and literature at <http://teawithdrtabor.blogspot.com>.
Her work has been published in Pulse, Yale Journal for Humanities in Medicine,
Connections, Hospital Drive and River Poets Journal.*



Gateway to a Sacred Place

BRITTONI McLAM

Brittini McLam is a fourth-year medical student at Des Moines University. She is from the western U.S. mountains originally and enjoys all types of wilderness activities, including occasionally photographing some of the interesting things near her hometown in south central Idaho.

The Selzer Prize

BY GARY HOFF, D.O.

A number of years ago, *Abaton* initiated The Selzer Prize for literary writing about the field of medicine. The prize is awarded annually in honor of Richard Selzer, whose leading example as a physician, as a writer and as a human being has contributed much to contemporary medicine and to the burgeoning literature of the profession. The prize is given to the outstanding student submission—fiction, memoir, poetry, etc.—and consists of a cash award in addition to publication in these pages.

Although present for centuries, literary writing about medicine has become more common in the last 50 years. In the last decades of the twentieth century, many have explored the myriad aspects of illness, healing, service, and the human need for closeness and understanding of their plight. In that period, many looked to the example of Richard Selzer. Selzer's writing career began with ultra-early morning writing sessions followed by a day of surgical practice—an exhausting schedule that shows just how strong the compulsion to express oneself can be. Selzer's writing career began with the desire to be heard, to write what was true in his world. Eventually, as success followed, he wrote increasingly poetic and evocative pieces about the art and science of medicine. Dr. Selzer's wide experience with illness and suffering provided him with a clear vision of the world of healing. His tales about the practice of medicine and the deep, personal implications of illness to both the sufferer and the healer are human experiences transmuted into art. He provides a window into the hidden heart of medicine.

Inevitably, the overwhelming majority of practicing physicians are motivated by the desire to serve. Who has not heard the old cliché from a medical school applicant: “I want to help people”? Service is one of the most deeply-held human impulses. At its deepest, Richard Selzer's work serves the profession of healing as well as humanity as a whole. He not writes beautifully and emotionally; his embodiment of humanism has inspired many to a medical

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career. It may be the compassionate, deeply human voice that pervades his writing or it may be his unfailing kindness; regardless, over the years many have written him seeking advice; many have no doubt entered medicine because of his example, and the world is doubtless richer for their commitment. Furthermore, the example of a practicing physician who took time to write, and write artfully, gave and fellow physicians the confidence to write their own truths. Physicians who write are considerably more common today than when Selzer began.

In the tradition of Dr. Selzer, *Abaton* is proud to encourage and support the writing efforts of students of the healing art, wherever they may be. Works of a group of outstanding writers were considered this year, and the finalists are published in the pages that follow. Each piece has much to recommend it, but only one prize can be given, alas. This year the Selzer Prize is awarded to Christy Duan, a student at Albert Einstein College of Medicine in the Bronx, for the piece, “Where Will You Find Happiness Now?”

Gary Hoff, D.O., attended Oklahoma State University, where he majored in physiology and minored in English literature. He later attended the Oklahoma College of Osteopathic Medicine in Tulsa and completed his internal medicine and cardiology training in Chicago. He has published short stories, articles and editorials for many years. Dr. Hoff is also a professional artist whose subject matter ranges from landscape to portraiture. He is associate professor of behavioral medicine at Des Moines University and faculty adviser for the Abaton.

Where Will You Find Happiness Now?

Mid-November, and Christmas music is already blaring from speakers camouflaged in silver holiday tinsel. Frank Sinatra's croons reverberate throughout the barren expanse that is Somerset Mall at 8 a.m. "I'm dreaming of a white Christmas..." It's raining outside. I begin to laugh and try to explain the apparent irony to my grandmother, but my attempt gets lost in translation. My Chinese is poor. Her English, poorer. After twelve years in the United States, Pópo has accumulated a modest vocabulary, most of which she's forgotten. Today, she manages to get by with a few words: "hi" (hi), "yes" (yes), "bu-lan-di" (brandy), "mai-dang-lao" (McDonald's), and of course "no in-ga-lish" (no English). So when Christmas—or rather November—rolls around, meaningless Christmas music accompanies Pópo as she traverses the temperature-controlled environment of a suburban mall.

Pópo trails slowly behind my mother and me. At five feet, four inches, Pópo's 169 pounds don't sit well on her small frame. She shifts her weight from left to right foot. When her hands aren't clasped behind her back, she holds her arms beside her and moves them in a rigid swinging motion to maintain balance. Her movements are almost penguin-like.

We're far ahead of her when we enter the skywalk, a huge glass umbilical cord that overlooks a highway and functions to connect the north and south ends of the mall. Within minutes, Pópo is flying past us! She grins as she strolls on the moving walkway, a conveyor belt that pushes patrons toward their shopping destination. Eventually, she reaches the end and gingerly hobbles off. We pass her. She grows smaller and smaller. We round a corner and she's disappeared.

After an hour, I meet Pópo at a wooden bench. I sit with her for a while. Patting her arthritic knees, she says that it will probably rain more today. She looks off into the distance. Then she sighs, "Lǎo le méi yǒu yòng." When you're old, you're useless. I don't say anything. I just sit with her and watch the other senior citizens circle the mall.

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On the ride back home, Pópo chatters on as usual. She moves awkwardly, but speaks quickly. I can't keep up. Now she's providing a synopsis of what happened this week on her Chinese soap opera. Then she reminisces about Nanjing, her hometown. She turns toward me and tells me "the Communists were very bad." Suddenly, she presents the results of a study about eating breakfast. I'm lost. I ask her if she did the study when she was a doctor in Nanjing. She looks at me and says, "No, I saw it on TV." Instead of elaborating on her past, she chooses to reemphasize the importance of eating a hearty breakfast each morning.

By the time we arrive home, Pópo has moved on to complaining about her sleep. She can never sleep well in our home, but she always sleeps perfectly in her apartment. After a pause, she announces that she must always sleep with her head near the wall, on the left side of the bed. She doesn't mention that this is the side facing the television. She can't sleep unless she is bathed in the television's ghostly light, listening to voices murmuring to her in her native tongue. And I wonder, when she cannot sleep, what does she think about? Sometimes, I hear her softly singing a lullaby that she crooned to me years ago. When she lies awake in the dark, singing, I wonder if she thinks about ghosts. I wonder if she thinks about her past.

Shì shàng zhǐ yǒu māma hǎo.

In the whole world, only mother is best.

Yǒu mā de háizi xiàng gè bǎo.

A child with a mother is always treasured.

tóu jìn māma de huái bào

When you're in your mother's arms,

xìngfú xiǎng bù liǎo.

you are the happiest.

Shì shàng zhǐ yǒu māma hǎo.

In the whole world, only mother is best.

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Méi mā de háizi xiàng gēn cǎo.

A child without a mother is like a blade of grass.

Líkāi māma de huái bào

Separated from mother,

xìngfú nǎli zhǎo?

where will you find happiness now?

My grandmother understands what it's like to not have a mother. Pópo was born August 2, 1938, in China's rural Anhui province. August 2 also marked the day that she was permanently separated from her mother, who bled to death during labor because of inadequate medical care. It was an unnecessary death. In those years, unnecessary deaths were common.

The Chinese Civil War had been proceeding sporadically for ten years, until the Second Sino-Japanese War and World War II interrupted. Were it not for war, she would have been born in Nanjing and her mother would have probably survived. But to stay in Nanjing would have meant certain death. As Japanese troops approached the city, soldiers would compete in killing contests. Hundreds of thousands of Chinese civilians were slaughtered, raped or mutilated. Then the troops crossed the Qin Huai river and entered the city. The river ran red.

After the Second Sino-Japanese War and World War II ended, the Chinese Civil War resumed. By then, the family returned to their broken Nanjing. Pópo's father remarried against his mother's wishes. His second wife became the mother to four of his children and was an opium addict from a well-off but ill-reputed family. But she was never a mother to Pópo. She refused to acknowledge her existence. In her neglect, she betrayed Pópo. Like many men at that time, Pópo's father didn't concern himself with these family matters.

In time, my grandmother's country also betrayed her. Politically, Pópo was born into the wrong kind of family: a rich, landowning family with a

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prosperous rice business. During the Chinese Civil War, the Communist Party of China and the Kuomintang would rob or hold Pópo's father for ransom. The family's circumstances further deteriorated once the Communist Party of China won the war. As landowners and business owners, they were stripped of their money and property, marked as "capitalists" and placed at a political, economic and social disadvantage. After the government outlawed opium, Pópo's stepmother died of withdrawal. As Pópo tells me, "The only good thing the Communists did was to get rid of drugs and prostitution."

Betrayed by her parents and by her country, my grandmother found that happiness was not an easy thing to find. Nor was unhappiness an easy thing to evade. Pópo escaped her unhappiness in brief spurts through dreams of education, through novels and through music. At 17, she finished the national university entrance exam and qualified for a government-sponsored education in electrical engineering, a more lucrative profession. She was quarantined from college for a year after the exam because she contracted tuberculosis. During that year, she also contracted the idea of becoming a doctor. The concept of fighting disease and curing others—and herself—drove her. When Pópo wasn't escaping unhappiness through thoughts of education, she escaped through novels. Pópo read a lot that year. I imagine her authoring stories of her future alongside those novels in the way that 17-year-old girls do, feverish with a youthful idealism that would come to fail her. As she recovered her voice, she began to sing with her high school choir again.

My grandmother didn't sing much once the Cultural Revolution began in 1966. She had already graduated from college, married a lanky electrician who wore a permanent five o'clock shadow, had two daughters, and was practicing as a family doctor. The marriage was of convenience rather than love. Her husband provided support as she struggled in the troubling political climate. Although Pópo wanted to be a good mother, she had to be distant in order to protect her daughters. She couldn't explain the political circumstances that encouraged her daughters' peers to

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exclude them. They were too young and might harm the family by saying something they did not understand. She was a young, tired working mother who couldn't be the ideal mother she wanted to be. By then, she had lost her fervor for curing people as well. Patients were demanding. She had to listen to them complain all day. Many patients just needed rest and time to heal. Even so, they didn't listen to her and demanded unnecessary medication. Pópo had no choice but to comply. She tells me, "Never become a doctor." Pópo found no more comfort in idealism. All she wanted was to be left alone with her novels—not to dream of the future, but to escape reality. She wanted to escape from the root of her powerlessness, from politics. She had lost her voice.

As her idealism wasted away, national idealism swelled. During the Cultural Revolution, traditional songs were forcibly replaced with revolutionary ones that proclaimed: "Our dear leader Chairman Mao guides us forward! Our conditions are improving day by day! Long live Chairman Mao!" But conditions were declining. The economy had grinded to a halt. The educational system was a mess. Scholars were sent to rural labor camps for "re-education." Ancient artifacts were being destroyed. There wasn't enough food. In the midst of this sociopolitical upheaval, the Red Guard was born. They were a group of civilians and students organized by Chairman Mao, committed to promoting Communist ideals and eradicating the Four Olds: Old Customs, Old Culture, Old Habits, Old Ideas. They were also above the law. Looting, harassment, imprisonment, torture and execution became commonplace. Human rights were essentially nonexistent. It was an orderless time, but the disorder was hidden by political jargon. So when my grandmother heard Red Guard members parading with megaphones sing, "Our dear leader Chairman Mao guides us forward! Our conditions are improving day by day! Long live Chairman Mao," her heart would drop.

My mother has vibrant memories of the parades. In one performance, a man who lived upstairs in her grey cement housing complex was the star. He was the chief administrator of the hospital that Pópo worked in. The Red Guard was in charge of costuming and choreography. They smeared black

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paint on his face, crowned him with a dunce cap, and adorned him with a sign that read “CAPITALIST.” The Red Guard ushered him in a slow march throughout the city, which ended in a public beating. He couldn’t use his legs for months. After the parade, the administrator’s wife begged Pópo to help them, knowing that she would not betray them. Pópo has a soft heart. She couldn’t say “no” to the poor rural farmers she visited each day without charge. And she certainly couldn’t say “no” to these people who were in need. Each evening, Pópo would wait until no one was out and sneak upstairs to attend to the administrator’s wounds. She did so at great personal risk. If found out, she would have been the star in a parade.

Even though Pópo was never the star in a parade, she was detained at least three times for “political” reasons. One time almost broke her. In an irregularly published Red Guard newsletter, a Red Guard member wrote an article stating that chicken blood can make you stronger. According to the grade school-educated member, you never see sick chickens. They always eat from the dirty ground and never get sick. Thus, their blood must be healthier. This Red Guard-sanctioned “fact” spread until one day, an uneducated man walked into the hospital with a rooster. He demanded that the rooster’s blood be injected into his veins. Pópo tried to reason with him. She said, “I can’t do that. Even if you wanted me to inject you with human blood, I couldn’t. There has to be a match. If I can’t do a blood transfusion between all people, how could I inject you with rooster blood?” Her resistance wasn’t political. She was just a doctor trying to do her job. To him, she was a liar and an enemy of the Communist Party. It was public knowledge that Pópo came from a family of landowners. The Red Guard was telling the truth. Outraged, he went and reported her. She was detained on the grounds that she refused the Red Guard’s ideals. Another doctor, who ranked a fear of punishment over professional responsibility, injected rooster blood into a small vein in the man’s buttock. After four days, the man couldn’t walk. The site of injection was infected and black. He had to come into the hospital to have a small piece of his buttock surgically removed.

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Pópo came home after that. She refused to talk to anyone about what happened during those four days. My mother remembers seeing her father and Pópo speak quietly in another room. Pópo's voice cracked as she admitted, "I don't think I can go on living."

But she did. Soon afterward, the Cultural Revolution ended in 1976. The Red Guard was disbanded. The political climate became less hazardous. The economic and educational systems recovered. Life improved. In 1997, several years after the death of her husband, Pópo immigrated to the United States to join the rest of her family.

And today she is here, sitting next to me. Although her body is failing her, I think she is happier here, right now. Her diabetic shoes issued by Medicare, her apartment, her Chinese satellite TV – these simple things are enough. She pops seven pills, a constellation of shapes and colors, and takes a swig of tea. She cradles her face in her sausage-like fingers, her ring finger hovering just above the mole on her left cheek. She is beautiful.

Pópo looks at me for a long time. She tells me, "the Communists were very bad." She tells me about a kind woman who drove her back to her apartment when she was walking in the rain. "Wǒ shì gāo xìng de bù dé liǎo!" I was so happy! She tells me about an extremely intelligent young man in a village who overcame a disability and tremendous adversity to go to college. I ask her if he lived in her village, desperate to understand her past, desperate to understand this woman sitting in front of me whom I barely know. She looks at me quizzically and responds, "Bú shì. Wǒ kàn zài diàn shì shàng." No, I saw it on TV.

Christy Duan is a second-year medical student at Albert Einstein College of Medicine in the Bronx. In 2012, she graduated from the University of Michigan - Ann Arbor with a bachelor of science in statistics. Her journalistic work has appeared in the Detroit Free Press and KevinMD.com. You can read more at www.christyduan.com.

Decisions

my first born is never shy:
he gives me answers
I do not want to hear
we are friends and strangers all at once

my second son sits vigil at my bedside
his thoughts float above his head
like moistened clouds.
drops of worry,
splatter and puddle on the floor
words wade in their waters:
fear. pain. grief.
let me feel them all.

that boy over there,
is my third child.
sometimes I wonder,
what he will do when I'm gone.

my last one is quite the talker.
he is the medicine man,
and I am a patient
under his magic spell.

my doctor says the cancer is growing
but I am fine
until my legs lay limp in this hospital bed
and give way,
to a plethora of pain.

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PRITHA SUBRAMANYAM

then I remember:

I

have

cancer.

I've told my sons I want to live
give me cpr, give me a breathing tube
thirty chest compressions, two breaths
repeat, repeat, repeat.
but no one seems to agree.

one says,
let her be
two,
depends on three and four,
who know my wishes
but are familiar with destiny's door

children, children,
what are you saying
please respect my way
my dead-end is approaching,
this winding path meanders no more.

let me be who I am:
stubborn and bossy
sharp-tongued and fierce
until I am so pale and pathetic
that you won't recognize me;
my skin will dry

The Selzer Prize for Writing – 2014 Runner-Up

PRITHA SUBRAMANYAM

my insides will shrink
tiny cells will burst
and release yellow fires
liquid embers will pour
into crevices so deep

make your choice then,
band together as brothers
at a time when, in my last few breaths,
I cannot speak my mind

If a decision must be made, my sons will make
one they think is right for me.

When the truth of the matter is,
There was no decision to make at all

***This piece was inspired by Mrs. MR, an 88-year-old woman
reaching the end of her battle with cancer. She is the mother of four sons,
two of whom are physicians.***

Pritha Subramanyam was born and raised in New York. She studied biology at Yale and is currently a third-year medical student at New York University School of Medicine. Her encounters with patients on her clinical rotations have inspired her to write poetry. Her clinical interests include internal medicine and cardiology.

Syndrome of an Imposter – Spoken Word

They say medical school is like putting your head under a faucet. Like drinking from a fire hydrant. Like throwing yourself into a moving body of water. My preferred analogy is that medical school is like an interrogation. Strange people I've never met standing over me with buckets of water, as they pore over me, with endless inquiry. Always they are questioning.

Until I reveal the *answers*.

What is the resting membrane potential?

What is the differential?

Is the dose response logarithmic or exponential?

This feeling of drowning has me clawing at the air. It has me grasping at thin nothingness, pulling information out of the ether and *JAMA* articles. I'm scrambling for answers using my overflowing brain bank of medical buzz words.

Liver. Diabetes. QRS...

And at this point I'm just using as many syllables in my answers as possible.

Hereditary spherocytosis. Acute diverticulosis.

T-wave

P-wave

Vital volume

Tidal volumes...

...

Of information as it flows between my sulci and gyri.

The Selzer Prize for Writing – 2014 Runner-Up

ARYAN SARPARAST

But the jokes on them. In this interrogation, they've got the wrong suspect. Eyewitnesses claim to have evidence of my handsome face upstairs on the class photo. But I say that photo was clearly Photoshopped. My face too closely cropped. The pixels seem suspiciously taut...

I bring the anterior aspects of my wrists together and tell them to take me away, for I'm an *imposter*. Impersonating the role of a medical student.

A clerical error in paperwork led the admissions committee to find me a place. A misplaced decimal space,

In my GPA calculation,

And my disability as a horrible sufferer of colorblindness.

Which would explain why I am the *only* one who doesn't have

Any idea what I am

Looking at when I see

An H & E stain

Why else is it that I'm the only one guessing which way the stethoscope is supposed to go in my ears every other time?

And when the lecturer asks how many of us have heard of atrial natriuretic peptide, am I not the only one who freezes up like a deer on Lake Nona Boulevard.

I'm the only one who doesn't know I'm utilizing my C7 dermatome when I have road rage.

And I'm the only one who's throwing up gang signs to memorize the quadrangular space.

One day I'm going to get *found out*. That I've been faking my way through it all.

And one day I will be a doctor, and a patient will learn that I've been using pubescent mnemonics to memorize the adrenal cortex.

The Selzer Prize for Writing – 2014 Runner-Up

ARYAN SARPARAST

Wait.

Wait just a moment.

One day I will be a *doctor*?

Did *I* say that?

Yes.

I AM going to be a doctor, in fact.

This isn't a product of luck, circumstance, divinity, stupidity.

I surmise that before my eyes this disguise has nullified.

My self-depreciation so unjustified.

I remember my first day at clinical preceptorship. And I'm staring into the dark eyes of man who I've never met. And I ask him if I can take his blood pressure.

My hair was bit disheveled and dark shadow rested on my chin. I remembered I left the scruff on. I swore I heard Korotkoff sounds but I hadn't even put the cuff on.

Yet he smiled at me that day.

Even the small gesture, of touching his arm, it was important.

He was *patient* with me.

I guess that's where that term came from.

Patient.

I knew that was a genuine smile he gave me.

That was *no* impersonation.

The Selzer Prize for Writing – 2014 Runner-Up

ARYAN SARPARAST

I know the sympathetic innervations.
The ligand-catecholamine relations.
I'm grasping the concepts of my education.

I am *no* imposter.

I can feel that comforting weight of a white coat on my shoulders.
I can feel that responsibility. And the Hippocratic Oath reminds me
that I'm no hypocrite at all.

He told me: "Of course you can, thank you for helping me, doctor."
Yes, one day I will be. Sometimes it's so easy to forget whom exactly we're
doing this for.

They say medical school is like putting your head under a faucet. My
preferred analogy is that it's like an interrogation. But together with *patience*,
it's really not so bad.

Aryan Sarparast is a first-year medical student under the roof of the University of Central Florida College of Medicine. He has an ongoing passion for fiction from a young age. In high school, Aryan self-published in the Dirty Soap Literary Magazine and won second place in the Orange County Library System's Poetry Slam in 2007. He has several publications among the following University of Oregon papers: The Comic Press, The Daily Enema and The Oregon Voice. Aryan's writing is strictly fiction, with an emphasis on flash fiction, short story and poetry. His writing ranges from satire comedy to self-reflection. Currently, Aryan is on the executive board of the College of Medicine Arts and Medicine Committee, as co-editor for UCF's first medical literary and art magazine, The Script.

Dead on Arrival

I stood by his side, as the doctor ordered them to continue. I hid behind the tail of his streaming white coat; I wanted to clutch it like a child's blanket. A large nurse eclipsed the small frame of a boy that couldn't have been past twenty years old, not much older than myself at the time. A behemoth of a nurse slammed his hands into the boy's chest repeatedly. Over and over, his meaty hands would crack something new. His hands pushed in deeper now than before, and I swore I heard a sickly crunch. I still can't twist my shoes into a gravel trail without thinking of that sound. The force of each heave shook the bed frame, the vibration leaving the body of the boy and rattling in each and every single one of the ribs inside me. *I can't*—. The sound of my heartbeat a deep drum somewhere in my ears.

gphunk
gphUNK
gphunk

How I wish that drummer was still drumming in that boy's body. Like an infant, I held the logic that I could have enough heart for the both of us and push him through. Irrational hope and desire overwhelms the logical mind, and all that is real is the possibility of what *was*, just a moment ago, a breathing, beating body. In the pale shadow of death, I was a child.

When I was much smaller, I was afraid of the dark. My father loved to play games and would close me into the bathroom with the lights off. I cried and cried and cried as my tiny fingers ran along the walls like blind spiders, feeling for the switch. I banged and kicked the door too, and left marks on them. I pleaded my sweet father to let me out. I didn't know what demon lay in the sink, what Satan sat up in the tub. I would always find the switch in no more than a minute, but I kept my eyes closed. I didn't want to see if

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ARYAN SARPARAST

something scary was in the mirror. When I did open them eventually, always looking back at me was a snotty and red-eyed child.

gffkbhhhhhh

gffkbhhh

gffkbhhuuu

The disgusting choking sound of air forced out of the boy's throat made me queasy. Sweat ran along the nurse's face and dribbled onto the boy's bare chest as it bounced up and down. The room felt hot. Blood pooled around the back of my neck, and my eyes welled with fear. *I'm weak and I can't watch him d—*. The room was busy with animate bodies moving in every which way. But he and I were motionless. I sucked in my breath, and held it.

The busy bodies in the room died down. The silence made me uneasy. A physician cleared his throat, and the gesture cut deeply through the medical team at the bedside. The huge nurse looked up from the boy's lifeless body, the lines of his lips pursed stiffly, quivering. The nurse took his hands off the boy's milky white chest, and let his arms slide limply to his sides.

"Let's call it," the physician said.

A lump lodged itself in my throat and I couldn't breathe. I looked at the doctor and the patient. Back and forth, my eyes darted about the room in confusion.

I hurried to the bathroom. I turned off the lights. I cried and cried and cried. I turned on the lights. I kept my eyes closed. My chest was swelling in and out as I gasped for air, and I opened my eyes. When I looked at the mirror, looking back at me was a snotty and red-eyed child.

Slowly, Slowly

“**W**hat is the meaning of life?”

A perfectly reasonable question, albeit a strange one considering that I was in third grade, it was recess time, and I was having a philosophical conversation about death with a grasshopper I had just caught.

Ever since I could remember, I was fascinated by death. But my life was characterized more by loss than by death. When I was three, there were no funeral processions when I lost my biological father. He left my mother and me for another woman. He was absent, much like the child support checks that were supposed to arrive in the mail each month. My mother worked constantly to support us, and I spent most of my time in day care. As I waited for her to pick me up each day, I didn't have much else to do but think.

When my third-grade friends decided to shun me in the ordinary and inexplicably cruel way that pubescent girls do, I was devastated. I began to think more frequently about my losses. One afternoon, as I watched television and ate a bowl of mint chocolate chip ice cream, I realized just how isolated I was. I was more or less alone, staring at a box while sitting on top of a box inside of a larger box that housed me. I felt so empty, so unsure of why I was here. My actions felt meaningless. Life felt meaningless. In those moments, I realized that I would lose myself someday. Eventually, everyone and everything I knew would come to an end.

If anything, I was fascinated by death because it was comforting to seize onto loss, to turn it around and around in my hand like a stone, wearing it down until it resembled something small and smooth and polished. But over time, the way in which I held onto loss changed. Conversations with grasshoppers led to modern literature by dead writers and, years later, to Susan Weber. By then, I wasn't sure what my questions were. But I was sure that she would have the answers.

The Selzer Prize for Writing – 2014 Honorable Mention

CHRISTY DUAN

Susan came of age after World War II. She was no different from anyone else in her generation. Like any other American, Susan was seduced by the promises of car culture, the suburbs on the outskirts of cities that offered a frontier of lush, green lawns and family parking lots. After she married, she parked her family in a Midwest suburb. It proved to be a fine place to live and a fine place to raise her little boy and girl.

But her husband had died and her little boy and girl had grown up already. At age 86, Susan lived with Barbara, her 60-year-old “little girl,” in a townhouse apartment next to a strip mall. Here, her wide open frontier had become a cul-de-sac characterized more by black concrete parking lots than by the lush, green lawns of her past. Here, with the promise broken, Susan slowly lost herself, slipping into dependence and isolation. Here, I entered her life.

After spending some time navigating the bus routes, I approached the entrance of the suburb marked by a single red and blue striped flag that flopped from side to side in the pattering wind. In bold white lettering, the flag read: “Welcome.” I walked around the cul-de-sac for ten minutes, passing one strikingly similar townhouse after another. I finally found the apartment and rang the doorbell. Her daughter Barbara invited me inside, where Susan was sitting calmly on the couch. She was an old, pear-shaped woman with a white pouf of hair that haloed her head. She looked up at me and said, “Why, hello there.”

She didn’t look like she was dying.

The three months in which I would help Susan ease into death began with generic advice from a pre-medical adviser: “There are many clinical volunteer opportunities. You could always try the hospital and local clinics. I know hospices could use more volunteers, but it’s a tough experience.”

At 19, I knew there wasn’t much I could do to help, but I wanted to do whatever I could to serve these families. My other motives were more selfish

than that. I wanted to test myself by experiencing death up close. As a writer, I knew that I would find stories here. Perhaps I would discover how my own story fit into this larger narrative of life and death. Perhaps I would find some answers to that question I whispered to the grasshopper cupped between my hands that day on the playground.

My education began with a three-day training session. In addition to spiritual lessons in which I read a quaint story about a ship sailing off to sea as a nondenominational metaphor for death, I learned how to calibrate a hospital bed to the proper angle for spoon feeding (ninety degrees), fill out documentation forms and take pain readings.

But my real education began with my first visit with Susan and her family. Entering the apartment, I saw Edda, a more petite version of her older sister, sitting on a patterned armchair. Barbara sat next to her mother on the couch. Following their cues, I sat on the other side and greeted Susan with, “Hello, how are you? I’m Christy and I’m here to visit you today.”

“That’s true, that’s true,” Susan said, nodding in agreement.

“So, Christy, it’s nice to meet you. You’re a student?” Barbara asked.

“Yes. I go to the university.”

“Yeah, you know, that’s great,” Barbara said, bobbing her head up and down. She pointed to her husband, who had just arrived with the mail. “My husband Frank and I don’t have any kids, you know, but my brother has two girls who are around your age.”

“Where? Where is the president going?” Susan asked.

“No, no. He’s not going anywhere, Suse. He’s just going to get something in the kitchen,” Edda responded.

“The kitchen?”

“Yeah, you know. The kitchen, Susie, the kitchen.”

“I’m not sure what the hospice coordinators told you, but my mom has dementia,” Barbara explained. “Most of the time, she doesn’t know where she is or who she is. Frank is usually the president or the doctor. She thinks my

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Aunt Edda is her grandma or her mom. Yeah. My mom sometimes even calls me ‘mother,’” Barbara said, turning to Susan. “Isn’t that right, Mom?”

“That’s true, that’s true,” Susan said.

Barbara smiled weakly at me.

Over the next three months, I spent most of my time with Edda and Susan. On my first visit, I tried to take a pain reading. I asked Susan to point to a number on the sheet. On the pain reading sheet, illustrations of faces steadily transformed from smiles to frowns as the numbers increased. Susan didn’t understand what I wanted. She couldn’t express the chronic pain she experienced in this way. So I just took her hand in mine. She chuckled and looked at me, her blue eyes lighting up with a sudden, fierce clarity before clouding up again. It was electric. She patted my hand and said, “Thank you, honey.” I continued to hold her hand and caressed it the way my grandmother used to when I was a child.

And I realized that I barely touched my grandmother anymore. Most people don’t touch the elderly or the disabled or the sick or the dying, treating them not as sentient beings, but as if they do not exist. René Descartes argued, “I think, therefore I am,” that the ability to reason is the equivalent of being. I disagree. Although Susan’s ability to think and reason was severely impaired, I didn’t question her ability to feel or to just be. Jean-Jacques Rousseau was closer when he wrote, “I feel, therefore I am.”

But sometimes, feeling was too much to bear. When I arrived at 11 a.m. each Wednesday, Edda always greeted me at the door with watery, red-rimmed eyes and a crumpled tissue in hand.

“How are you?” I asked, concerned.

“Oh, me? I’m fine. I’m fine. Why don’t we sit down and watch some TV?”

On those Wednesdays, Edda, Susan and I would watch classic shows on the Retro Television Network. Television was a diversion, a way for life to go on as usual.

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“Before we moved here, Susie and I used to watch TV together sometimes. We loved to watch ‘Bewitched’ and ‘Bachelor Father,’ you know, those old shows. She doesn’t understand those shows now, so sometimes we watch the PBS kid shows. But they’re still nice,” Edda said, shrugging. “I like them.”

When I was in preschool, television was more than “nice.” There, in that box, was a world that I could love. I was particularly fond of “Barney and Friends,” a live action show where actors in anthropomorphic dinosaur costumes sang and danced. It was colorful and predictable and safe. In the words of Barney, it was “super dee duper!” In spite of the challenges—fears of going to see the dentist, losing a favorite baseball cap, cleaning up a messy classroom—Barney showed that, with enduring optimism, any problem could be solved. Anything, that is, except for death. Although “Barney and Friends” never addressed that topic, it always lingered in my mind. I had never seen a real, live dinosaur. The closest I came was through a natural history museum exhibit showcasing assembled dinosaur bones. “They must have died,” I thought. “One day, Barney will leave me, too.”

I think that for Edda, television was also more than just “nice.” It was a companion that would never leave her. She loved “Bewitched” and “Bachelor Father” because the messiness of real life was distilled into tidy situational comedies. Through the unifying power of television, we would suspend ourselves in time and pretend that everything was normal. As usual, Edda was just watching television with Susan. I was a guest visiting for the afternoon. Susan wasn’t dying and Edda wasn’t going to lose her older sister. Edda wasn’t going to develop dementia or die, and neither would anyone else. During those thirty-minute episodes, everything was and would be perfectly fine. But behind the illusion, there was a constant reminder of the inevitable.

“Edda?” I asked.

“Yeah?”

“I’m confused. Why does Kelly call her father ‘Uncle Bentley’? I thought he was her father, not her uncle.”

“Uncle Bentley is her uncle. After Kelly’s parents died in a car crash,

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Bentley took her in and raised her as his daughter. He's a bachelor, so he doesn't have any of his own kids. But he's like a father to Kelly, so they called the show 'Bachelor Father.'"

"Oh, that makes sense! By the way, why did the actor for Darrin in 'Be-witched' suddenly change?"

"He was sick," Edda said. "He passed away."

For a few minutes, we watched the credits roll in silence.

"Oh! Twelve already," Edda chirped. "I think it's time for lunch. Why don't we take Susie to the bathroom?"

Edda stood up and gently touched her sister's shoulder. "Suse, you want to go bathroom? Huh? Do you want to go shoo shoo?"

Nodding her head, Susan dreamily repeated, "Shoo shoo?"

Because Susan had such poor balance, we carefully held her arms and lifted her from the couch. Together, we shuffled to the bathroom. Edda helped Susan take off her pants and briefs, and told her to sit on the toilet. It was in the bathroom that I first saw Susan's bedsores. Large purple and yellow splotches covered her backside. Susan quickly tugged her T-shirt down in an act of modesty. After running the faucet for a few minutes to help Susan urinate, Edda wiped her. I helped change Susan into fresh briefs, pulled her pants up, and tucked in her shirt. Then, Susan and I washed our hands together in the sink. She shook my soapy hands with her soapy hands and said, "Thank you, honey. That's very nice of you."

As she looked into the mirror, I watched for any sense of panic. I wondered if she thought of herself as a four-year-old girl whose mother asked if she needed to go "shoo shoo." I wondered if she was surprised by the awkward lumbering motions her body made when shuffling to the bathroom, movements unlike those of a four-year-old girl. I wondered if she was startled by the sight of the old woman staring back at her, and the unspoken words: "You are not who you know yourself to be." Susan continued to examine herself for a few moments. Then, holding onto her arms, we shuffled to the kitchen table.

I had polite conversations with Edda as we watched Susan swallow her

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pills and slowly eat her serving of strawberry yoghurt and cookies. Sometimes, Edda and I would chat about the weather, the holidays, and how beautiful the leaves look in fall. Other times, we would talk about the most recent college football game, although we both had no interest in football. Mostly, we would talk about Susan, her love of cooking, her decoration collecting hobby and her preference for custard-style yogurt because of its consistency.

I remember railing against this kind of small talk when I was in fifth grade. “People ask, ‘How are you?’ but they don’t really care about you. They don’t want to know how you are,” I thought. “They just want you to respond briefly with a ‘fine’ or ‘good.’ What is the meaning in that?” Instead, I resolved to have deep conversations. When I chatted with friends, I would occasionally issue proclamations about death: “People always say that they like the leaves in fall. But the leaves are actually dying. In a way, we think that death is beautiful” or “Each day, we are dying. Life is a terminal illness.” Some people engage in small talk to create a casual—yet distant—relationship. I rejected small talk because I wanted to foster a deep and profound connection with others through the universal experience of loss. Instead, I cloaked loss and death in meaning so that I didn’t have to realize the potential meaninglessness of life. By talking about death, I didn’t have to face life.

After lunch, I washed the dishes and Susan helped me dry them. “We’re gonna put you to work, Suse, aren’t we?” Edda said. We silently watched as Susan shakily held up a mug and began to dry it with a kitchen towel. She dried it slowly and steadily, with a cool intensity that I had never seen from her. She looked so present. It was as if she was putting all her being into these simple and beautiful motions. It was as if her entire life naturally lead up to this. It was as if this, right now, was the most important moment in her life. I envied Susan. I envied the way she lived with such profound intensity.

Edda broke the silence. “What a good worker. You do a good job, don’t you, Susie?”

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Susan, eyebrows furrowed in concentration as she wiped her last plastic spoon, said, “Yes, yes I do.”

As winter approached, the trees shed their leaves and blanketed the ground in a crush of reds, yellows and browns. The days grew shorter and eventually, Susan couldn’t dry the dishes anymore. Mid-November, her condition worsened after she had an anxiety attack while preparing for her bath. Later that evening, she fell down when she was shuffling to the bathroom. When I visited, I saw that she had a small scratch on her cheek and a bruise on the bridge of her nose, right next to her eyebrow. I touched her forehead, gently kissed her bruise and held her hand as Edda and I watched television. Susan began to spend most of her days sleeping. When she did wake up, she barely ate.

A week later, an allergic reaction to her medication left Susan bedridden. When I entered her room, I saw her stretched out on a hospital bed provided by the hospice, the same bed that I learned how to position at a ninety-degree angle for spoon-feeding patients. Susan wasn’t very interested in food. That day, she was fixated on spelling words for school.

“H-A-P-P-Y,” Susan spelled. “H-A-P-P-Y. H-A-P-P-Y. When...When are we going to go to the school?” Susan asked.

“Later,” Edda said. “Later.”

During my visit, I helped Edda bring out her sister’s large collection of snowman decorations. The snowmen, perched on table tops and dressers and chairs, surrounded Susan. A small snowman statue sat next to a little two-inch-by-three-inch picture of Jesus taped to the bed set mirror. Susan looked around at all of the decorations and nodded, “That’s true, that’s true.” Sitting down next to her older sister, Edda picked up the little music box that Susan received during one of her eighty-six Christmases. Edda wound it up and opened the box. The song was an instrumental version of “Memory” from the musical, “Cats.”

“She always talks about seeing you, ‘the young girl,’ every week. I think

that you remind her of her two granddaughters who are your age,” Edda said. She wiped her eyes with the back of her hand. After a pause, she shrugged and continued, “They don’t want to come visit her, though. They say that they don’t want to see her like this. They want to remember her as she was. I think it would be good if they came, but what can you do?”

“I guess everyone reacts differently to death,” I offered. “It’s difficult. Susan is different from who she was before, but she’s still Susan. She’s still their grandmother.”

We sat in silence while “Memory” faded, and remained there until the nurse arrived to help us change Susan’s briefs. The nurse and I turned Susan onto her side. Mumbling in surprise, Susan gripped the rail.

“What was that, dear?” the nurse asked Susan.

“Oh, she’s been talking about school a lot today,” I explained.

“No,” Edda said. “She was speaking in German. She said, ‘Langsam, langsam.’ ‘Slowly, slowly.’”

When I visited a week later, Susan had declined quickly. She was unconscious. She didn’t have much control over her muscles. Her jaw was open and slack. A tube ran from her nostrils to a forest green oxygen tank at the foot of her bed. Susan’s breaths had become a series of gentle death rattles.

She looked like she was dying.

“Don’t be afraid,” Edda beckoned. “Come in.”

I wasn’t afraid. At the moment, I wasn’t sure if Edda was speaking to me or to a young woman who was supposed to be one of Susan’s granddaughters.

Barbara was already in the room, clutching a photo album. “My Mom had a stroke this past Sunday. Look,” Barbara said, holding up the album. “I have some photos here that I thought we could all go through.”

Together, we flipped through an abridged version of Susan’s life. Susan is a little four-year-old girl. Susan carries her little boy in her arms and stands next to her little girl as they pose in front of the family car parked in front of

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their suburban home. Susan walks Barbara down the wedding aisle. Susan hugs her granddaughter, who looks strikingly similar to the young Susan.

After we went through the photo album, Edda and Barbara left me alone with Susan. For the remainder of my visit, I sat next to her and held her hand. It was cold. Her fingers were flushed with a violet hue.

I thought about the first time I fell unconscious. As a high school scholarship recipient, I was moderating a technology panel discussion at the scholarship association's annual event. Before I fainted, I remember asking a stupid question: "So what are your views on the Internet?" Then everything turned into electric violet hum. "Wow. Is this what Kurt Vonnegut was talking about?" I thought. "Wait. Am I fainting?" Everything dissolved into black.

When I woke up, I felt wonderful until I realized that I had fainted during a panel discussion that I was moderating and someone had called an ambulance. The EMS responder said that I probably locked my knees and didn't have enough oxygen traveling to my brain. My mother picked me up and as she drove home, I began to cry out of embarrassment and longing.

"It felt so good not being conscious. I don't know if that's right, actually. It's only upon reflection, of being conscious right now, that I can compare my feelings," I said. "But it did. It felt beautiful. I wonder if death is like this. Only with death, you don't know if it feels this good. You can't regain consciousness and live, and, in doing so, compare the experience. I wonder if this is what it felt like before I was born. I miss it."

I didn't know what Susan felt that day, but I hope she felt that beautiful electric violet hum.

Before I left, Barbara and Edda came back into the room. "We just wanted to thank you for coming to help us during this time. I know my mom really liked having you over. And it was nice for Edda to have some company," Barbara said. "So thank you."

"I'm glad I helped a little. I know that this is a difficult time for both of you. I appreciated that you both let me into your lives and Susan's life," I said.

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We looked at each other for a moment, unsure of what to say. But there was nothing else to say. Despite sharing this intimate experience, we were still perfect strangers. When I left, I squeezed Susan's hand one last time. Her fingers were warm again from my heat.

That was the last time I saw her. A week later, hospice called to tell me the news. Susan had died.

Sometimes I still think about Susan Weber.

I think about her when I hold my grandmother's hand.

I think about her when I buy yoghurt.

I thought about her when I walked to class one gorgeous spring day.

There was a dead bird on the sidewalk in front of the chemistry building. She was an anonymous sparrow with patterned brown feathers. She looked small and soft and grey, flattened there on the pavement. Perhaps she contracted a disease and eventually succumbed, and, her body uncontrolled, tumbled from the sky. Her little bones were broken and she was caked in a few streaks of her own cherry black blood. I watched the sparrow each day. At first, people noticed her. They would gingerly step across her to avoid touching the carcass. Slowly, the carcass began to fall apart until it resembled a clod of dirt, with only a few stray feathers stubbornly sticking out. People didn't notice her anymore. They didn't notice that the clod of dirt with the feathers used to be a sparrow. They didn't walk around it anymore. Soon, there was no trace of the sparrow left.

Christy Duan is a second-year medical student at Albert Einstein College of Medicine in the Bronx. In 2012, she graduated from the University of Michigan - Ann Arbor with a bachelor of science in statistics. Her journalistic work has appeared in the Detroit Free Press and KevinMD.com. You can read more at www.christyduan.com.

A Confused Mind

Fractal feelings inviting disjointed thoughts

A spinning sensation:

I am three

feet

above the ground.

Strange voices whispering messages,

heard but not understood

I lie sturdy on this bed.

Sterile colors to be seen,

Medicinal odors pervade.

Mind wanders to semi

-awake,

Mind severs clarity of thought.

Burgeoning lack of consciousness

Akin to a bird as it searches for its first flight,

But it does not catch air.

The world has become dim,

Lean into the unknown.

A faint memory in a lost dream,

I saw her playing, safe, free.

Vacant eyes, vacant stare,

Letting go, breathing in.

Brain

what is personality?

if not for a

working

Brain.

i walk down the alley,

It says, I move

i produce music,

It says, I hear

i stare at a painting,

It says, I see

to think, to feel, to be,

Me.

Pamela Svorinic earned a bachelor of science degree with honors in neuroscience from Tulane University and currently works as a medical scribe in a neurosurgery clinic. In the past she also has worked with stroke patients and in neuropsychological testing. She is an aspiring physician.

The Pharaoh

He had long, thinning hair that hung up on the scruff of his beard, and a face that looked like mountains. He had crept in in the grey hour before dawn, hoping to avoid notice. He had driven through darkness, kept awake by a whistling draft and by his truck's weary shocks that bobbed and wheezed along the windy, western turnpike. He had taken the old Ford, which he no longer needed for hauling scrap or lumber, because he knew that he could trust it.

It was Saturday morning, and his private room was quiet. I dragged a heavy chair to the side of his bed, and sat down to hear his confession. How cancer had been working on him for months, at least. How last spring had come early, and the work of clearing brush, cleaning gutters and turning over garden beds had been steady. How he hadn't been able to keep up. How his body felt stiff, like it was still half asleep. How he'd relied more and more on the truck to do the heavy lifting.

By the time August arrived with her lazy, airless days to dry the fields and stain the leaves with blots of brown and pink, he had stopped looking for work. He holed up in his apartment, propping himself so he could stare out the window, and waited for the pain. Not a pain he could name, exactly. Nothing that would look him in the eye but some dull, backstabbing thing.

His money dwindled, followed by his appetite, and soon his faculties were in full mutiny. His fingers fumbled over button holes, legs burned when he got up to pee. His mind started tripping. One night, he was startled by an intruder, and spent a few panicked seconds stumbling in the dark, leaning into walls and overturning furniture until he saw his dogs sleeping soundly in their corner.

When he woke one November morning to the first heavy snowfall and, looking out the window, saw his yellow mask reflected in the pane, he knew

he had to come in. It took another week to shore up the property, to gather food for Dusty and Ginger and to muster strength for the journey so that, by the time we met, he was already gone.

The cause of death was written in yellow on his skin, in the spooned out appearance of his temples, in the wasted spaces between his fingers where fat and muscle would cling until the very end. His voice, even, was thin, and as he spoke, his legs slow danced against the mattress, seeking a comfortable position, twisting the sheet around him like a shroud.

In the beginning, the pain was no more than a tugging at his leg. Later, the same pain would sprout teeth, and dig in occasionally, and take his breath away. It would claw and scratch and grow and, finally, break loose, so that the pain would live no longer in his body, but entirely in his mind.

The Pharaoh had the fear of death on his face and death's reflection in his eyes, and I fell to my knees and reached for the Psalm:

My heart is sore pained within me
And the terrors of death are fallen upon me.
Fearfulness and trembling are come upon me,
And horror hath overwhelmed me.
Psalm 55: 4-5

And when I got up, I asked about a final wish, and he whispered, "To bury my dogs."

After that, I watched him fade into the sheets, doling out sleep in boluses of morphine, promising to lead him home eventually. On the last morning I visited his bedside, I found him resting, mummified. I took his skeleton hand and wished him well and said I'd see him again before he left, but I never went back to his room.

I saw the view alert one morning when combing through my unsigned charts and clicked twice on the notice and made it disappear. Instead, I will always think of him at home in the mountains, toiling with his last ounce

of strength to cut a seam in the earth as the sun is going down, laying his hounds at the foot of the grave and, finally, easing himself into the ground.

And I said Oh, that I had wings like a dove!

For then would I fly away, and be at rest.

Lo then, would I wander far off,

And remain in the wilderness.

Psalm 55: 6-7

Gaetan Sgro is a writer and a practicing physician. He is a clinical instructor of medicine at the University of Pittsburgh School of Medicine and the founder of Rounds for Reflection. His poems and short fiction have appeared in APIARY Magazine, The Healing Muse, Sassafras Literary Magazine, Brickplight and Hektoen International. He blogs at Wardstories.org.

Closed Door

I thought it was just a normal day
Shadowing in clinic
The attending gave me a quick synopsis
I walked into the room with a smile and a cheerful hello

I did not know

Oh...
I thought he knew
Before I walked into the room
But that look
The shock, the fear, the disbelief...

And the silence

How his face fell

The doctor was relaying the news
When I finally understood
He was just hearing it for the first time

I felt time stretch
It felt so slow
As the news settled
And made the air thick

My own smile melted
I got a chill—yes, I
When the news was not mine

No family or friend came with him that day
The day the news, oh the news
Was spoken

And how am I
Oh, how am I
Supposed to learn this way
Of presenting bad news?

To change a life
To change an outlook
To change a perspective
With only a few words
And the results of the tests
It cannot be unheard, unspoken

So quickly, so quickly it happened
Everything changed
Behind that closed door
At first separating the ones who knew
From the one who didn't
In the matter of minutes
And now, now I continue about my day
As if this devastation has no affect on me

Will this ever be easy?
Should it?
Should it ever be easy?
I hope not

As a student, as an observer, as an outsider

I am to learn

I am to... not forget?

We depart

And proceed toward the next ominous, closed door

I do not know what waits inside

There is no much more to learn

Is this the chasm that separates

Student from physician?

I follow behind, not knowing what will come

Behind the next closed door

Allison Lyle received her bachelor of science in biochemistry from Indiana University and a master of arts in bioethics and medical humanities from the University of Louisville. She is a second-year medical student at the University of Louisville. She intends to pursue pediatrics and has interests in neonatology, pediatric ethics and global health. When not studying or writing, she enjoys hiking and spending time with her husband and newborn daughter.

Rebirth

When one life is lost, a new one is born.

as I enter the room,
I hear those words
part from your lips.
your husband listens.
he's heard this before.

When one life is lost
you say,
there will be pain
there will be tears
for a life taken,
by a deadly creature who lives inside.

an embodied pillager,
who builds a village
only to burn it down.
who scorches ironed gates
only to bury this hamlet
into the ground.

bodily fires fade
vessels bleed
organs whimper.

All
Is silent.

Unless a new life is born,
how will you remember me my love?
a little baby to live through the years.
there will be joy
there will be laughter.

this is my dream,
I give to you.
Though fear does grip my throat,
and deprives me of
my heavenly breath,
maybe
just maybe,
I might hold
that cherub face to my heart.

until
my mind is drained,
and my wits gone sour.

Our doctors see the cycle.

Where nature
not medicine,
leads the way.

maybe she is right.

As I come upon her dreamy gaze
her musings have touched me
to my core.

When one life is lost, a new one is born.

Pritha Subramanyam was born and raised in New York. She studied biology at Yale and is currently a third-year medical student at New York University School of Medicine. Her encounters with patients on her clinical rotations have inspired her to write poetry. Her clinical interests include internal medicine and cardiology.

Coming Out of the Medical Closet

It's the kind of chill that is felt only in meat lockers or hospital stock rooms. I was in the latter, amidst plastic-wrapped tools that only rubber-gloved hands are certified to touch.

She was a couple inches adjacent to me searching for a nasal cannula. The distance between us was approximately the length that the wrist is distal to the elbow. Her brow was furrowed and I could see the night shift seeping into her eyes. Her breath warmed the room a bit, giving some vitality to the otherwise menacing display of gleaming tubes and metal surfaces.

I looked at her and hoped to transmit the most empathy I could muster at 3 a.m. I gave her a look of solidarity because no one else could ever understand what this feels like. I'm sure much heartache takes place within the walls of a medical closet. But I can attest that that is where courage is found again. We are nurses.

It took me a while to become comfortable just entering a patient's room. How could my feeble presence ever put someone at ease? I gulped in intimidation when seeing life-sustaining machines connected to every possible orifice and wires tangling my path to them like an obstacle course. I cringed when asking "How are you doing?" would result in a painful grunt or a labored "oh, fine."

As a novice, you find yourself at a loss for words around people who are sick or in pain. You feel helpless so you do the physiological tasks and scurry off. Then you progress and you stand a bit taller, wearing your stethoscope like a medallion around your neck. You garner some small-talk skills and warm up to simple starters like "Where's home for you?" or "Oh yeah, 'Family Feud' is a riot."

Then one day, you'll surprise yourself. You'll be sitting with your ventilated patient and the silence will be comforting. The whirl of their breathing apparatus will be soothing. You'll talk to him with ease like there's a cup of coffee between you.

As far as communication goes, the five senses become your greatest tools of operation. They will be sharpened under many cases, and the fine-tuned detective within you will emerge.

It's a wonder how a murmur isn't a low whisper exchanged in conversation, that the whites of your eyes could be yellow or blue or that there's nothing scarier than a lump that won't go away. You become a storyteller of the body. You appreciate its honesty; symptoms arising for a reason, most likely for some imbalance.

You become frustrated at those committing the typical health care sins, like smoking or eating fatty foods. And you'll also be frustrated at those that had nothing to do with their prognosis other than being born. Karma and fate will try to explain themselves, but let compassion crush them both.

Birth and death are daily companions: the transitions of both always accompanied by a held breath. You'll hold your breath waiting for that initial cry from a newborn, muscles relaxing because you know that's the first sign of life—a triumphant, vocal declaration of survival. And you'll hold your breath once more as your dying patient slips away under layers of morphine.

My mind would always drift to “firsts” and “lasts” during these occasions. When is the first time this baby will laugh? Whom did this dying man last say “I love you” to? You find yourself filling in the gaps of stories lost.

There are probably fewer places where humanity genuinely surfaces than in a hospital: mothers gripping children's hands tighter before life-changing appointments, husbands leaned over stretchers, stealing one last kiss before surgery. I can't think of a more wretched place to be than in waiting, your mind riddled with everything that could go wrong.

These people are static, inhabiting waiting room chairs heavily with pause. Humans shouldn't go through this alone. You remember your role, offering them a glass of water, and they look up at you with eyes prickled

with tears. They sigh longer than anyone else.

Their shoulders collapse and you instill in them the same courage you found for yourself in the medical closet.

Angelica Recierdo is a nursing student at Northeastern University. She straddles two worlds, one of sterile precision and one of creative construction. She has worked or studied in all of Boston's major hospitals, and her writing can be found in The Huntington News, Literary Orphans, The Intima: A Journal of Narrative Medicine and HalfwayDownTheStairs.

The Beating of the Silence

There are no Words ... There is
Music of one Orchestra that is Beating inside.
There are no Words! Out there is
Breathing the City, whose Streets are Circulating our Dreams.

How it happened?! Nobody knows it.
I found myself with the World in my Hands ...
“Be careful and gentle, that is the Heart!”
I find myself with my Hands over the World!

There is no Compromise! A young Man
Lost his life in a motor Accident.
They took his World and made his Silence
Beating in some other Space.

How it happens?! Do we know the Borders?!
I found myself wishing to Help ...
“Be honest and kind, that is the Man!”
I find myself Crying!

Jovana Pavicevic studied medicine in Belgrade, Serbia, for four years, then took the challenge and transferred to Bologna, Italy, to finish her studies and start a specialization in cardiac surgery. During her studies, she did a lot of voluntary work in the University Hospital Sant'Orsola-Malpighi, including in the heart transplant program. That inspired her poetry. Also engaged in research, she went to Zurich, Switzerland, with a wish to learn more about stem cells and their use in tackling heart disease. She works in Zurich as a clinical and research assistant with University Hospital.

Early Experiences in the United States of America

Coming to U.S.A., henceforth referred to as America, was my childhood dream. MY dream was pieced together from Hollywood movies, American journals and magazines and bits and pieces gathered from the sole American I met, the Christian missionary man in Motihari. Yes, the very same town in the Champaran district in the state of Bihar in North India where Eric Arthur Blair was born. He is known to the world as George Orwell, the creator of *Animal Farm*, *Nineteen Eighty-Four* and other masterpieces. It was a difficult dream to achieve because no one local had ever come to America. Every Indian who wanted to be someone important went to England; a few went to Germany, fewer to other parts of Europe, Japan or Soviet Russia. My dream was to get away from bureaucracy, influence-peddling and corruption in contemporary Indian society. I wanted to make my own destiny; I wanted to earn and learn. I wanted to be known on my own merits.

It took lot of hard work to secure admission to an American university, to get an Indian passport and to get a U.S. visa. On the day of my departure from Delhi, I had mixed feelings of exhilaration and an equal amount of fear of the unknown. It was a warm Delhi day on December 23, 1958, when I looked at the gleaming, shiny KLM airplane. I think it was Constellation-type equipment, produced by the Lockheed Company in California, four engines with propellers. The jet era in civilian flight was still a few months away. I was afraid; I was anxious and very sad to leave my home. Even before the engines started, I started to sob. Tears flooded my cheeks. The sobbing was uncontrollable. I was not sure if I would ever see this land again! The nice hostess came and sat next to me and held my hands. It was the first time I realized the power of human touch in a time of need!

Our aircraft started to roll on the tarmac, approached the active runway and took off. It was a most frightening experience for a village lad who had never seen an airplane this close before, let alone ride in one. Rapidly the aircraft rose above the skyline of Delhi, and my fear was replaced momen-

tarily by thrill of being airborne. In those days, there were many stops during the journey. The air hostesses happily passed out candies and cotton balls to plug the ears of those who needed it during takeoff and landing. They gave us enough vouchers to feed a whole village. These vouchers were exchanged in the stalls for food at each stop on the way. Our first stop was in Karachi, Pakistan. They took us by bus to some fancy hotel in the city for dinner. I was not sure about the food at the hotel because Muslims eat beef. In Karachi we had a delightful dinner and boarded the plane for Cairo. I did sleep on the way. At the Cairo airport, using the vouchers, I had breakfast, toast and tea and something wrapped in foil that almost made me vomit. It was cheese.

After stops at other places like Lebanon, Rome, Paris and Frankfurt, we arrived in Amsterdam on the evening of December 24, 1958. It was a cold, foggy night. I was supposed to fly to London the next morning, but we were sent by bus to the seaport, then by ship to cross the English Channel and by train to London, arriving there the next morning, Christmas Day of 1958. I was able to spend that Christmas with Dr. M.L. Mehta in London. He took me to several tourist places.

The time went fast. Dr. Mehta brought me back to Heathrow to take a flight back to Amsterdam, where I had to board the long flight for New York. The taxi ride from central London to Heathrow cost less than five sterling pounds; now it is closer to eighty pounds. The famous Piccadilly line had not come up to Heathrow yet; neither had the British Rail. The Heathrow terminal was just a little brick building. After checking in we were taken to the waiting aircraft on foot. I cried when I hugged Dr. Mehta and waved goodbye. We took off in a smaller aircraft for Amsterdam and on to New York on a larger aircraft for the overnight flight.

The flight on December 27, 1958, in to New York's Idlewild in New York, later renamed John F. Kennedy International Airport, is still fresh in my mind. We flew by the gorgeous lady, the Statue of Liberty, and the skyline of New York City. What a view! The mysterious snow-packed white ground; it all looked majestic, like a dream sequence in a black and white Hindi movie.

We had to walk from the aircraft to the main terminal. I had my thick file that held papers from the University of Minnesota, my medical reports from Calcutta, my chest x-ray, my train ticket from New York to Minneapolis, and a letter from American Express that I had \$500 coming soon. I observed carefully others and followed the crowd. Somewhere in this trip I had assumed the burden of my whole country of India. I did not want to do anything that would bring shame to my motherland! Each and every step I took, each word I spoke, was done very carefully. Above all, nothing was uttered that showed sympathy toward communists or socialists. All alone in a new, foreign territory where I knew no one, for the first time in my entire life, I felt unprotected, totally vulnerable and completely helpless. I felt like sitting in a corner and crying loudly, but that would have brought shame to my family and my nation, so it was not acceptable. The clearance through customs and immigration was pretty much the same as it is now. These federal employees are not known for their understanding nature, empathy, intelligence or compassion.

In those days the airlines had not perfected the art of losing luggage skillfully, so I picked up my blue plastic suitcase and headed toward the exit. In Frankfurt, Amsterdam and London I had seen escalators and elevators, seen my first television set, seen the door signs that said push or pull, but at this airport the door had no sign. Now I was beginning to doubt the intelligence of the American people—no sign on the door—so I sat on my suitcase and watched others come and go through the door. After a while the crowd thinned out. I looked around; no one was watching. I picked up my handbag and suitcase and dashed through the doors and, lo and behold, mother of all wonders, the doors opened and I was outside. I saved my honor and the honor of my nation once again and unknowingly was introduced to electric self-opening doors. But then suddenly I felt excruciating pain, my sinuses were exploding, I felt warm fluid running down my nose and I had a massive nose bleed: I had never experienced cold like this before; the wind chill must have been well below zero on December 27, 1958. I took the bus to the central station to catch the train. I had no idea about American currency, so I

just took out some money and let the driver pick the right amount. The kind bus driver told me where to get off. Though I could read the signs in English, I still asked the uniformed officers to make sure that I was on the right train to Minneapolis via Chicago. I was mesmerized by the amount of snow, the number of cars on the road and the height and number of tall buildings!

The train ride was comfortable. In contrast to the chaos of Indian trains and train stations, things were calm and orderly. The train followed the scenic banks of the Hudson River. The snow-covered fields, frozen river, occasional cattle, few stops and passing townships all were pretty. I was hungry but had no idea about American foods and did not know whom to ask about it, either. All the porters were African Americans, and I was afraid to talk to them. They spoke slightly differently! I drank water from the fountain and ate the sweets Dr. Mehta had sent with me from London. I did sleep and reached Chicago in the morning where I had to change railroad stations.

At that station, where I was to catch the train for Minneapolis, an Indian man came up to me. My being fresh off the boat must have been very obvious. After brief introductions he asked if I was hungry, so I told him that my last decent meal was on the flight. He took me to the nearest shop for breakfast. He was a vegetarian and did not eat eggs or other animal products, so he ordered Grapenuts and milk with sugar. It was my first encounter with that truly American breakfast, cereal and cold milk! This gentleman made sure that I got to the proper train. If I remember correctly, he was the senior scientist in the atomic energy sector in India who later died in an Air India crash in Switzerland.

In Milwaukee a couple of students from the Philippines joined me. They started talking and found out that I knew no one in the Twin Cities. They, too, were students at the university. They offered to take me to their landlady, who received us at the Milwaukee Railroad Depot in Minneapolis. After arriving at the house that night, the students cooked some rice that I had with some salt because they had beef, which I did not eat. The husband of the landlady could not remember or say my name so he started calling me

Nehru, which many Americans knew: It was the name of the prime minister of India.

The room where I had stayed was walking distance from Dinkytown, a little shopping area next to the Minneapolis campus of the University of Minnesota. Since it was Christmas vacation of 1958, there were no classes. I could not see the foreign student adviser till the campus reopened. I could not go walking for fear of getting lost or cold or, worse yet, both! I was lonely. I sat in my room and cried most of the time. I was having very serious doubts about my decision to come to America. I would have gone back to India but my money was with American Express, and I would not get it for another two weeks.

One afternoon, I had my friends draw a map and I braved it, exploring the neighborhood of Dinkytown. Lo and behold, wonder of all wonders, on the other side of the street walked a man who looked like an Indian. I ran across the street, without looking for traffic, to meet him.

He turned out to be not only from India but also from my home state. He lived above the only movie house in Dinkytown. The movie house is still there. Every time I visit the Twin Cities I visit this place of pilgrimage along with 2101 Knapp Street in St. Paul, where I moved to start my first (and last) quarter of studies as a graduate student in forestry. This friend, Mr. Mishra—later on Dr. (Rev.) Mishra—cooked a great meal of boiled rice and chicken curry and we talked and talked and talked. Much later, he walked me to my rooming house and it was the first night I did not cry all night long!

A few days later I walked to the office of the foreign student adviser. She was helpful. She informed me that I had been accepted to the professional degree program M.F., not M.S., in forestry. This, of course, did not make any sense to me at the time. The School of Forestry was on the St. Paul campus. She made a few calls and made arrangements for me to move to the agriculture campus in St. Paul. Mishra had given me his phone number and introduced me to other Indian students there. I was able to find a room on 2101 Knapp Street, a few blocks' walk from the campus. Five other Indian students

lived in the building. There was a common phone and a common kitchen. They taught me the use of the phone and the art of cooking.

Cooking was limited to a few vegetables, rice and chicken because none of us ate beef, due to religious reasons, and we all avoided pork. The spices available in local grocery stores were very limited, but we learned to survive. The rice varieties were limited to Mahatma brand or Uncle Ben, parboiled. We started to like baked goods but never did enjoy them. Necessity truly became the mother of invention for us in Indian cooking. Our taste buds died, the standards were lowered and memories of home-cooked good food faded, but we started to like our own cooking. There was no Indian restaurant in the Twin Cities at that time. We had to eat our own mistakes!

It was hard to grasp the concept of quarter hours; semesters were not yet at the University of Minnesota. In India you took classes for the whole academic year; at the end were examinations and you were done. Exams in India were the essay type, seven questions from which you had to choose five and answer. Multiple choices were impossible to tackle especially in the totally foreign subject of forestry.

More of an obstacle were the surroundings. The bitter cold was hard to tackle. I still had not purchased gloves because they cost so much! I had no warm boots! All Americans looked alike. They were tall, they were all pale to the degree of looking sickly in the middle of the Minnesota winter, they all spoke funny and—the mother lode of all my worries—none of them could pronounce my name properly. They, of course, never had had an Indian in the forestry department, so I became an object of curiosity and at times an object of pity. The students and faculty had to talk in slow gear for my benefit, which did not help me. I had no self confidence. Though I was a state champion debater in my home state, American English was new to me. Americans, once they saw me, decided that I was an idiot from Mars; therefore, they made up their minds that they would not understand me. It took me about two months before I could tell the difference between my adviser, the chairman and the dean—they all looked alike.

The subjects were totally alien to me. The students were all casually dressed; so were the faculty members. In India when the teacher walked in a classroom, all the students stood up and remained standing till the teacher told them to sit down. Once the lecture was concluded and the teacher was ready to depart, the students stood up and remained so till the teacher was gone. Female students came in after the teacher and left before the teacher left so that the boys could not bother them. There was pin-drop silence during the lectures. No one spoke unless spoken to first. Teachers were also always addressed as “Sir,” since there were no female teachers in those days.

The students were very informal here. They put their feet up on the chairs. They chewed gum in class. They ate and drank in class. They asked questions without raising their hands to seek permission. They just got up and went to use the toilets without asking permission. In India, if we were eating during recess, we always shared our food with our friends. Over here I was shocked that no one even asked to share food or drink! There were a few questions asked about my nationality, but they mostly concerned the “tribe” of my people or which reservation I grew up on.

In springtime, during Forestry Day celebrations, the forestry students went crazy celebrating DBH Day. That was DIAMETER BREAST HEIGHT, measuring the girth of a tree at the level of an adult’s breast, which they applied to all the female students in agriculture. This would have been grounds for suspension on any campus in India. Horror of all horrors to touch a female, and also on the breast area! Naturally, I did not take part in this activity. If you touched a girl in India, it was an open invitation for a mass thrashing.

In spite of all these odds against me, I did not flunk any course. I did not get any A’s; my grades were B’s and C’s, for which I was very happy. I was happier for the summer vacation. During the winter quarter I had a job as a busboy in the student union on the main campus. I also had a job peeling potatoes in the kitchen of the hospital on campus. Foreign students did not need a work permit from the immigration office in St. Paul to work on

campus, but one was needed to work off campus. I did get a work permit before summer vacation because I got a job as a busboy at Hotel Normandy in downtown Minneapolis, which stood in the shadows of the tallest structure in the city, the Foshay Tower. I was not old enough to get a job as a waiter, because alcoholic beverages were served by the waiters. I did do a great job as a busboy, and the servers shared their tips with me. Besides, free sandwiches and all the milk I could drink came as fringe benefits!

My first day at work as a busboy on the campus student union was a real emotional trauma. I had left a comfortable home behind where we had more than a dozen servants. We did not have to do anything except utter the command and service was provided. Doing dirty dishes was lowest next to cleaning toilets on the list of menial tasks in India. Busboy was the only job opening they had, though, and I was determined that I was not going to ask my father for financial help. I left India with determination that I was going to pave my own future with my hands, with my own blood and sweat. Picking up dirty dishes was better than washing cars in Minnesota winters, which I had witnessed for twenty minutes before giving up the idea. I had a mental tussle before I picked up the first dirty dish. I looked around very carefully in the dining hall to make sure there was no one who knew me, and I quickly picked up the dirty dish. Later on the idea of the dignity of labor came to my mind.

The main campus was in Hennepin County and the agriculture campus was in Ramsey County. There were inter-campus buses running on weekdays during class hours, and a student ID got you on for free. Sometime that winter one county went on daylight savings time and the other one did not, so we had some conflicts that was resolved in a hurry. One night I missed the last free bus so a female class friend kindly offered me a ride. I was scared. Was she coming on to me? Was she going to take advantage of me? As what the Indian press still refers to as “outraging the modesty,” was that in the making? Sadly enough for me, no such thing happened. It was just a plain old car ride in a cold Minnesota winter. During one of the school breaks we did get

to Fergus Falls and got to stay with the families there. The *Fergus Falls Daily Journal* was kind enough to print my picture on the front page on Saturday, February 21, 1959. The citizens of Fergus Falls invited foreign students to visit their lovely city and spend spring break with American families.

Every Friday night they showed movies in the student union building on the agriculture campus. The girl at the door wanted a quarter for entry. I gave her a dollar bill. Sensing my puzzled look (which was permanently imprinted on my face for the first few months in this country), she asked if I had two dimes and a nickel. I still held out my dollar bill. Out of total frustration, she got me some change. It was a shameful way to get introduced to our monetary system.

American lingo was hard to master as well. Someone asked me to go to Bob but I had no idea who Bob was. I did finally go to my friend to ask, "Robert, do you know who this Bob fellow is?" He of course thought that I was smoking a forbidden substance, but he then realized that I was new to this country and told me that was his nickname. It was strange when Richard became Dick, and my adviser at dinner at his house kept calling his wife "Mother." No one taught me that hitting the sack was not an expression of violence or a way of taking out your aggression! American hosts were bothered when they hosted Indians. The Indians, out of gratitude, blurted that they felt "homely," which is used interchangeably with "at home" in India. Most of us from India pronounced the letter "z" as ZED, which threw the Americans totally off! When my adviser had a baby named Timothy, I bought him a gift for a girl, because in India usually feminine names end with the sound "ee" and masculine names with the long "A" sound. "Dada" is "Grandfather" and "Dadi" is "Grandmother." It is worth watching the facial expressions of American friends when newly arrived Indian people at the dinner table ask for a bowl of soup, which sounds more like "bowel," the Indian pronunciation!

On the weekends we used to enjoy ourselves by inviting each other over. We cooked chicken curry and rice. One day I invited a few fellow students.

I walked to the grocery store and picked up the nicest-looking, largest and cheapest chicken. I cooked it with great love. At the dinner time we sat with rice on our plates and tried to cut the chicken. I bought the whole chicken because it was cheaper. We could not cut the chicken, so we had just had the gravy and rice. Later I found out about stewing chickens! The devil!

I saved money so that on Sundays I could go to downtown Minneapolis and the Forum cafeteria and, for a dollar and a quarter, eat fried chicken to my heart's content. Of course I could not understand the word downtown! Why there was no midtown or uptown Minneapolis if there was a downtown Minneapolis? I did get my Minnesota driver's license during spring. It was quite an achievement. After I passed the written test, the driving test was given at the state fairground. There were no seatbelts or side mirrors to worry about, but we had to give hand turn signals. The high-beam dimmer switch was on the floor, near the parking brake—just a little protrusion that one had to press on to activate the high/low beams.

Once I was told to go to the office and talk to the girls about some problem! It was puzzling! In India, girls became ladies once they stopped playing with boys and started to act like ladies. Incidentally, this was the time when the village families started to look for a suitable match for their daughters. Education was not a requirement. The girls were trained to be good in household chores, to be subservient to their husbands and to be obedient to the elders of their husband's family. It was to my utter amazement that girls in this country were mature ladies!

Many auto mechanics have shown puzzled looks when an Indian customer asks them to “put the stepney (spare tire) from the boot (trunk)” and to “look under the bonnet (hood of the car).”

Many nurses are still blushing when they remember young Indian doctors asking for nipples (pacifiers) to stop babies from crying, and many bookstore clerks are still laughing when they remember the students from India asking for rubbers (erasers). It does indeed take a long time to learn the local lingo!

Once an Indian friend became totally drunk and abusive because someone forced him to drink root beer! Another time an elderly Indian student thought he hit the jackpot when an attractive young lady at the drugstore smiled and asked him to come again. One evening another friend invited me to dinner and cooked Indian-style minced beef, which I refused to eat on religious grounds. He had seen me at the White Castle, where one could get stomach-filling hamburgers, five for one dollar! I tried telling him that after I carefully scanned the menu, that was the only item that had the word “ham”; the rest of the menu items could have beef included. Naturally it took me a long time to get rid of the guilty feeling.

Another friend was going back to India after receiving his doctorate in education. He loved beef so he bought half a cow, bought a refrigerator and shipped it full of beef. I would have loved to be in Bombay to see the scene at the customs office! Once, the same friend called the Bell telephone operator and demanded to know the number of the Indian student newly arrived in Lincoln, Nebraska. He knew the first name. The operator wanted to know the last name, so he walked over to my apartment. I told him the last name. He dialed the operator and blurted, “His name is Singh.” Of course the operator had no idea what he was talking about! He was so upset; we had to explain to him that unlike his hometown, which had one telephone operator who knew everyone and everything in town, there were hundreds of telephone operators in Lincoln. This was well before the touch-tone and direct-dial days!

Three of us students from India pooled one hundred dollars each and drove from Minneapolis to Miami, stopping at Madison, Milwaukee, Chicago, Urbana, Indianapolis, Muncie, Columbus, Atlanta and Kansas, driving through Iowa back to Minneapolis. Iowa did not have speed limits posted on the roads.

There was no interstate road system yet in this country. There were several places in the South where we were refused service because of our skin color. One nice lady did serve us food after we showed her our Indian passports and refused to accept money because we were guests in her country. She also

asked us if we knew how to make Bud “wiser.” The answer to the joke was sending him to college. Of course we had no idea! Coming from the land of sky-blue waters where the big bear jumps in to the lake, we knew that Minnesota produced Hamm’s beer but not Budweiser.

In Miami we could not find a place to stay. We slept in the car in a parking lot. There were beaches for white people and separate beaches for “colored,” and we were kicked out of both places! We were thirsty so we stepped in the lobby of the Fontainebleau Hotel in North Miami and were promptly thrown out by security because colored people were not allowed there.

I was ready to enroll for my next academic year in forestry at the University of Minnesota when I was called in to see the dean. It was late on a Friday afternoon, and the registration was to be on Monday. I was told that I had been dismissed because the authorities found out that I had no background in forestry. I was to be deported; immigration authorities had been notified. That was an earth-shattering bombshell. I was numb. I sat in a corner of the field in front of the forestry building and cried loudly.

An Indian friend was able to get me admission and an assistantship in botany at the University of Nebraska in Lincoln. It was a great deal. I did not have to pay any tuition, and my stipend was a tax-free one hundred dollars per month. I took a Greyhound bus and started a new chapter of my life. I finished my master’s degree there. I worked in several places—the Lincoln State Hospital for the Insane, in its children’s section, its criminally insane section and its TB building. There was only one resident in the TB building who also was a physician. I also met an attorney inmate who became blind because of untreated diabetes. A few years before I arrived in Lincoln, Charles Starkweather (1938-1959) and his girlfriend, Caril Fugate, had gone on a killing spree. Charles was put to death by electric chair not far from the state hospital where I worked. Caril was paroled recently and is living a reformed life somewhere. During that period I married a lovely girl from Grand Island, Nebraska. She is the mother of my two lovely, now-adult children. In those days Nebraska and Arizona had laws where a “colored” person could not

marry a white person, so we came to Council Bluffs, Iowa, to get married. It is notable that these laws stayed on the books till the mid-1960s. There was an Indian who had an Irish wife. They had a daughter. They came to the East Coast of America in 1770s. Their daughter was considered “colored” and was sold as a slave. There was Bhagat Singh Thind, who later on got his Ph.D. He was a World War I veteran of the U.S. Army. He became a United States citizen, which was revoked. Mr. William H. Taft, who was our president and later chief justice of U.S. Supreme Court, ruled in 1923 that though East Indians are Caucasians, they are colored, not white; therefore, they cannot be given citizenship in the United States of America (*United States v. Bhagat Singh Thind*, 261 U.S. 204, 1923).

I never gave up on going to medical school. Once I got a chance, I started to work in the clinical laboratory of St. Elizabeth Hospital on the south side of Lincoln. From there I got admitted to the University of Nebraska School of Medicine in Omaha, in a Ph.D. program in anatomy with research in oncology at Eppley Research Center that was funded by the department of obstetrics and gynecology, United States Public Health Service, predoctoral degree program. Accidentally I got introduced to the College of Osteopathic Medicine and Surgery at Sixth and Center in Des Moines, so I dropped the idea of earning a Ph.D. and instead came to Des Moines.

In those days it was mandatory to have one letter of recommendation from a D.O. Nebraska had one D.O. who, luckily for me, was in Omaha, just a few blocks from the medical center campus. He was a kind gentleman. Once he got my call he took me to lunch and told me how bright the future looked for D.O.s. How there were a dozen states where D.O.s could practice like any other doctor. He told me about the California merger of the M.D. and D.O. degrees. When the time came for me to pay my last installment to my family doctor, an M.D. in the Benson area, he took me to his office. He opened a secret compartment and took out a photo of a graduating class of Still College of Osteopathy in Des Moines, Iowa. He had to repeat medical school to get his M.D. degree, but people like Dr. Paul Reichstadt kept their

D.O. degrees. I had heard that during WW II many areas in Nebraska had only osteopathic physicians providing health care, but once the war ended and the M.D.s returned, that scene changed quickly. Now Nebraska has unlimited licensure laws for D.O.s.

My M.D. doctor friend was complimentary about the education he had received at the old Still College of Osteopathy in Des Moines. He did say that my education would be more than adequate and I should hold my head high, because the sky will be my limit and I will fly as high as my dreams will take me!

Dr. N.K. Pandeya is a distinguished alumnus of Des Moines University. Though he has retired from his career as a plastic surgeon, he continues to be involved with DMU as well as in health care in his native India.

Back Cover

Calavera

JASON HERMAN

While he has little formal training, Jason Herman has always enjoyed the visual arts. Drawing has always been one of his favorite pastimes and is currently an activity that he frequently enjoys with his three-year-old son.

