A Catcher’s Knees
2008 Award Winner

So damn tired. Hate nursing homes. Up all night. Truly "the circle of life." Two births, one death (unfortunately the death better received by the family than one of the births). So hard to stay awake now in my twenty-ninth hour on duty. Driving downtown reminds me that this town is dead. I remember an old English teacher discussing metaphor and foreshadowing. It's funny that I actively recognize it on my drive to the nursing home. Sad to say, but luckily only two of my four patients can verbally communicate, which means this shouldn't take too long. The other two: one pleasant, enjoyable; the other usually pleasant, but completely demented and has no memory of my previous six visits. She won't remember this one either. God-awful knees, too. In the past two years I have injected these knees more than once and appreciate the opportunity to sharpen this skill. If I can navigate this bony cystic maze, a young healthy knee will be easy. I hope it helps her. It seems to. Amazing how, when I'm sleep-deprived, things often seem more clear, straight. I notice stores that I've never seen on this road. I'm struck by the location of the nursing home. Across the street is the county library. Knowledge staring down dementia. Too often, in my world, dementia wins.

There is never a parking space near the door. It's a hundred-yard walk, fourteen degrees. At least I'm a little more awake. The nursing-home aura envelops me. Standard-issue carpet. Standard-issue smell. Standard-issue unhappy receptionist. Standard-issue slowest elevator in the world. Contrast here, though a child-care center is in this building. Kids are bundled up, playing in the courtyard visible from the glass elevator. Pretty cool. I always laugh when I see the balls on top of the lower roof. They say, "Shoot for the stars." If you do that here, you may never get your ball back.

I arrive on the third floor, amazed at the walkway. It's fenced in, overlooking a beautiful reception hall on the first floor of this building. I don't think they let the residents here during a reception or party. The demented, screaming elderly might put a damper on celebrations.

First two, done. They're still breathing. No obvious change. Blank stares, closed mouths, one complacent, one combative. Jessie is next. Great stories. I love to talk to her. She's one of the younger patients here. MS sucks.

Finally, Gladys. She won't remember a damn thing we talk about, and I am so tired. I walk into her room. Her bed is on the left. I usually stay on the right side of her bed to examine her with my back to the door of her bathroom. I'm so tired. I notice the chair on the other side of her bed. I don't think I've ever walked around to that side. I'm going to walk today, because I'm not sure I can stand up anymore.

Thump. The chair embraces me. "How are you today, Gladys?"

"It's good to have a visitor. Do I know you?"

"Yes, Gladys. I see you every month. If you remember, I gave you a shot in your knee last month."

"That sounds like it might hurt. But my knees hurt all the time anyway, so I guess it doesn't matter....Do I know you?"

"Yes, Gladys. I see you every month. My name is Dr. Sutton."

I close my eyes for a moment. When I open them I see something that I've never noticed before. Her bathroom door is standing open. On the inside are taped news stories of a life that I have not been able to explore. Her medical history was gleaned from the charts. Her memory didn't yield much information when I had asked before. One picture captures my attention immediately. It is a yellow newspaper clipping, a photo and article, covering the entire paper above the fold. I see long hair, skirts and baseball cleats. I recall A League of Their Own and remember how much I enjoyed that movie. Gladys probably won't remember, but I'll ask her anyway.

"Gladys, tell me about that picture over there."

I have never seen a human face change so abruptly and completely. It happens now. A pleasant, lost, frail woman suddenly exudes strength, focus, and clarity that, pardon the phrase, comes entirely out of left field.

"That picture was taken in 1944. I was a catcher for our local team. You may not realize this, but women played baseball in those days. We were good, too. The men had gone to war. Baseball was too important to give up, so we played. I wasn't the best on the team, but I worked hard. Nobody wanted to catch during those brutal days in the heat. I would don my gear and lead my team. I could call a game like nobody's business. We had three pitchers. Two of them could barely play catch, but one had stuff you couldn't imagine. She was a lefty, had a curve ball that rivaled Sandy Koufax and a changeup that made you look like a fool. I haven't thought of those days often, but when I do, it lifts my spirits. One summer I hit three-oh-six and threw out six baserunners. I also dislocated my shoulder in one of the worst collisions at home plate you've ever seen."

Geena Davis she wasn't. She was a little over five feet tall and weighed no more than 105 pounds, twenty of which seemed to be in each misshapen knee. Her arms had lost the muscularity that had made her a force to be reckoned with behind the plate. As quick as it came, the mental clarity was gone as well. I was astounded by the details she recalled and reminded that we don't really understand the workings of the human brain.

She turned away from the wall and looked at me. "Do I know you?"

She died six months later. Although I asked frequently, I was never again able to stimulate the correct sequence of neuronal firings that connected me to those memories. There were brief periods of lucidity in our conversations, nuggets of recall discussing various aspects of her life such as her previous employment and her relationship with her

husband (dead now twenty years). They were mere glimpses into the lady that I had been fortunate enough to travel back with that day. I am saddened that I might have missed that had I not been so damned tired. I injected her knees that day and one more time after that, but I took a little more care. After all, she had earned every bony crook, spur, and cyst in those knees. These knees had been to war, had been an integral part of the definition of this woman. They were a testament to her drive, voice, and focus. They were her badges of honor.

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Ceremony
First Place Prose 2007

Mr. B. is breathing hard. Ten days of bronchitis, twenty years of uranium dust. I listen for only seconds to his lungs' tight whistle. He needs a treatment now….

But there is no nurse in sight, so I'm dashing down the hallway, Can someone please page the respiratory tech?, when here comes his wife, Mrs B, and a stout man beside her whose purple grey tee-shirt puckers and swells at the belly. He wears an old baseball cap and looks no more holy than you or I after half a night on call. But already I can guess.

Doctor, she asks me, though in fact she is telling me, We'd like to have a ceremony.

I catch my own breath, eye the heavy man to her left. You mean now?

There is a patience implacable and disarming in the Navajo. Patience to sit for hours in my crowded waiting room, or to smile at my white man's impertinence. I am bellagona, they understand, so cannot be blamed for my rudeness.

Well yes, she smiles, if that is OK. Here is my cousin, the medicine man.

I check him out without trying to. If a great mystery is hidden here, it is hidden deep inside blue jeans and cowboy boots, deep behind dust-brown eyes that fail to meet my own.

Mr. B., I remember, is breathing hard. His sentences short as this. He needs a treatment now.

But that is not what I say. There is a question between us, and inside me as well. Five minutes delay will not harm my patient. And here is the medicine man, after all.

Ya'a'te'eh, ch'cheh, I greet him. Ya'a'te'eh, ch'ash, he responds. In my first three months on the Reservation, I have learned only the essentials of their inscrutable language: Hello and goodbye. Any pain? Can you take a deep breath?

So we are off to Mr. B.'s hospital room. I avert my gaze and ask with some embarrassment whether I might attend the proceedings. There is a tone of deference we adopt almost instinctively in the presence of priests, even when we doubt their Authority. Even when they are vested in tee-shirt and cowboy boots.

This is fine with him, my watching. He is always happy to work with the doctor. His own sister, he says, is a nurse in this very hospital. This information he

offers me like a secret handshake. We enter the room together, and my hands fold in front of me in helpless and unwitting piety.

Mr. B. is breathing hard.

Ya'a'te'eh, ch'cheh. Ya'a'te'eh, ch'ash. They greet each other like grandfather and grandson, though probably they are identical in age.

There is small talk between them: too much of it in my medical opinion. His breathing, his breathing, I wish to holler out loud. Already I regret my decision.

They converse in Navajo, completely beyond my grasp, but occasional English phrases bring the meaning home to me. Tight. Throat. Doctors. Uranium mine. (He worked one for years, at our government's bidding, unaware of the Cold War his labor supported, unaware of his body's own sacrifice.) And he points,
Mr. B, to the base of his throat, where subjectively his ill sensations reside.

Now a sudden hush descends upon the room. Casually, and without ceremony (or without my own sense of ceremony), the medicine man removes from his pouch four unlikely objects, arranges them neatly upon the bedside table: a short wooden tube, maybe five inches long; an irregular crystal, the size of my fist; an eagle's feather; and a small satchel of corn pollen, sacred ingredient in Navajo ceremonies. Alongside this collection, and strangest of all, he sets a standard white styrofoam cup.

Further words from the medicine man, in a cadence now notably changed. I believe he is praying. From the table he takes the large crystal, lifts it to his own eye, and through it scans Mr. B slowly, from head to toe.

I blink twice in surprise.

My patient has closed his eyes comfortably, relaxed into the stiff hospital pillow. With his body and spirit refracted through seemingly common stone, Mr. B. acts as if… as if he feels himself scanned. It appears to be a pleasant experience.

More words, more gestures. Then corn pollen is removed from its satchel, placed here and there throughout the room, and on my patient's forehead and chest and throat. He is still breathing hard, I note with some anxiety, though Mr. B. seems less bothered by it than I.

The medicine man takes up his white feather, and waves it almost casually in the six cardinal directions. East and west, north and south, but also upward (into heaven, I imagine) and downward (whence came the ancestors, according to Navajo tradition).

There is something compelling in this, I acknowledge to myself. The room is intangibly altered. But his breathing.... How much longer can I wait? I rehearse in my

mind some polite interruption. Thank you very much, I will tell them, But now he needs his respiratory treatment.

One last prayer and then I'll insist. But there is increased intensity in the medicine man's voice. He brings the small wooden tube to his lips, blows into and through it a tuneful whistle. Blows east, west, north, south, up and down, until the room is full of this strangely familiar sound. It is almost the wheezing music of Mr. B.'s bronchi themselves.

This too is impressive, I think, imagining we have reached a dramatic conclusion, when suddenly there is more. Now he brings the wooden tube to my patient's throat, to his throat, stops his blowing, and instead begins to suck.

Schlrrrlspkkkkkscsprlk...

I am holding my breath.

...sssppklrschlp.

He pulls himself upright, the medicine man, mouth seemingly full of Mr. B.'s sickness. There is a pause, a further pause, and then he leans over the styrofoam cup and he spits.

Mucopurulent green and gobbed with blood, it is spit in its slow cupward descent like I have never seen, tenacious and foul and filling half the white styrofoam, brownyellowredyellowgreen.

Where am I? What is going on?

He shows these inarguable results to his patient (his patient?), who appears thoroughly satisfied. A final prayer, and then handshakes and smiles all around. Mr. B., my chronic bronchitic, is smiling as well.

When all this is over I listen closely with my stethoscope. He is still wheezing tunefully, echoing in the chamber of his chest the reedy whistle which previously filled the room. But the airflow is clearly improved, I am sure of it, and he is no longer struggling, no longer in distress.

I listen further, and feel quite suddenly the roomful of eyes upon me, and Navajo smiles which communicate nothing but reflect everything, anything, that I project upon them. What do these people think of me, intruding upon their ceremony and their health and their very world, my white bellagona face flushed to red with irrelevance? They are tolerant, the Navajo, but is theirs the tolerance of open-mindedness or of indulgence, as an annoying child is tolerated because there seems no way to propagate the race without him? I listen further, and the company waits politely for my pronouncement.

So I fill my own lungs with sufficient baritone to imbue the next words with significance. Mr. B., I bellow falsely, May I order you a treatment now, for your breathing?

He seems puzzled that I have asked his permission. Whatever you say, he smiles benignly. You're the doctor.

My own breath catches in surprise, and I wait for the room to fill with laughter. But it does not. If there is irony in his words, or in the grin which parts his wheeze-pursed lips, I cannot read it. Neither Mr. B. nor his healer has any aversion to my medicine, but they have created together the right spiritual environment for that medicine to produce its effect. How else might mere vapor and pills acquire their power?

As we wait for the respiratory tech to arrive, I contemplate that cupful of magic phlegm. A showman's trick, I would like to conclude, but what do I mean really by "trick?" Any more a trick than my own white coat, worn less for its extra pocket space than for the image of authority it perpetuates? Any more than this stethoscope around my neck, which occasionally uncovers a murmur, but which more often extends not my ears but my fingers in a form of symbolic and ritualized touch?

For indeed, as I lay my stethoscope one more time against Mr. B.'s chest, there is a palpable easing of intercostal muscles in response to the contact itself. I realize quite suddenly that this has occurred many times, with many patients, though until now I had never noticed.

The respiratory treatment begins. I listen as mistified medicine fills his waiting lungs, as the hard music of whistling airways slowly softens. I listen a long long while.

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The Island
Second Place Prose 2007

Sitting on the subway on a summer evening, heading downtown from a long day of seeing patients in the Bronx, immersed in the careless proximity of my fellow travelers. I look around and am struck by the random precision with which this entire group of more than 100 people will share a subway car from one stop to the next, all with our own unique histories and life paths, brought together for this instant, and then will never be together again. I also find my mind wandering over the steady stream of patients I had just seen that day in our health center, one after another, each with their own histories and faces, with whom I had shared a succession of moments, both unique and routine.

Heavy summer heat enters the car at each stop, yellow light fading in the west as the elevated train makes its way down Jerome Avenue toward the black hole of a tunnel that brings the train underground. Just before we slip into the darkness we pass Yankee Stadium, where for a half-second if you look carefully you can glimpse the ultra-bright green of the outfield through a narrow slit in the outfield façade, holding the perennial promise of this field of dreams.

People jostle up against each other, pushed unavoidably by the rocking and pitching of the train, a little closer than is comfortable, a fragrant mix of smells, sounds, and images. It feels good to be surrounded by such a vibrant, anonymous mix of strangers, and I start daydreaming about the lives and stories of the people all around me, representing a wide array of shapes, sizes, and colors. Little girl to my left, about 8, I think, makes me remember my own daughters at her age, hair tightly pulled back in two pony tails with Little Mermaid hair bands, pink-striped sneakers with a cartoon character painted on them that I don't recognize. (I remember for a moment what it was like to have young children, wondering how much has changed in kids'consumer culture in the 10 years since my younger daughter was that age.) Wearing blue jeans, with a shiny, brightly colored Dora the Explorer plastic backpack, the little girl pulls at her mother's shirt, fussing and whining quietly, not prompting more than a cursory response from her mother who is preoccupied talking on her cell phone. "I don't care what they tell me, if I have a sick day and I am going to lose it then I'm going to use it, give me a break! That bitch, I'll show her who she is messing with, I'm not going to put up with her business, I need that job, even though the pay sucks. Ain't no one else bringing in any money right now," she snorts as an aside.

She looks tired, in her late 20's, I guess, with heavy mascara, lipstick, and dyed reddish hair, a couple of heavy gold chains around her neck. "I'm too tired to keep doing this," she sighs to her friend, "I just want to go home and chill," then gives her daughter a small bag of potato chips, telling her that if she doesn't keep quiet and stop whining she won't get a soda when they get off the train. The little girl quiets down immediately, eating the chips solemnly, one by one. She swings her legs back and forth on the plastic subway seat, her mother absently reaching over to keep her from kicking too far out in front of her to avoid hitting one of the standing passengers in front of us.

"Why don't you come over later, bring a six-pack, I'll need it!" the mother laughs, then goes into an animated aside with her friend about another friend of theirs who had just hooked up with a guy from the neighborhood, who they both agreed was really hot. The little girl has almost finished her chips, looking up intermittently at her mother, as if to make sure she is doing an adequately quiet job with the chips to still get the soda, but the mother doesn't seem to notice.

I sit observing the interaction between the girl and her mother, as I might in an exam room, making a series of quick and stereotypic judgements about what is lacking in this dyadic bond, about what type of role model the mother is, how narcissistic and self-absorbed she must be, how the little girl may be suffering as a result, and so on. Then the mother says, still talking to her friend on the cell phone, "Well, it's about 5:30 now, by the time we get to the Island it'll be 6:30 if we don't have to wait for the next train, then they make you go through intake and processing, and then you gotta wait in the visiting area for them to come out. Probably won't get to see him till after 7, then we can stay an hour, and by the time we get home it'll probably be about 10, so why don't you come by after that? I could use a visit."

I stop and consider how what I have just heard immediately transforms the stereotypes I had so easily conjured. The little girl and her mother were going to see their father-husband at Rikers Island, the municipal jail for New York City, located on a small island just off La Guardia Airport, which has more than 100,000 inmate admissions per year. Taking the subway to see daddy in jail, just as another subway ride downtown might take this young family to the Disney Store or Central Park. What has this meant for the little girl? How has it already challenged the mother's coping skills and resources? Will the father be able to get a job when he gets out, or is this the beginning of what often becomes a downward spiraling pathway that will further marginalize him, jeopardize the stability of the family, and alter the life path of the little girl? I suddenly want to shield her from the harshness of this reality, as I picture her Little Mermaid hair bands juxtaposed against the thick gray bars and barbed wire of the prison. I ask myself, rhetorically, why this little girl has to be exposed to the grim mechanics of a sprawling, urban jail in the far reaches of the city, why this is the reality that she andher mother must navigate on this languid summer evening. And then the doors open at 42nd Street, the young woman grabs the little girl's hand, and they hurry off the train. Other people get up and leave, new ones enter, the mix changes, and the train continues downtown, with 100 new stories, stereotypes, and realities. I miss my own girls, and wish I could hold them both right now.

The train rumbles through the dark tunnel, lights flashing through shadows, everyone swaying together, and I suddenly feel open, aware of all the stories, images, and history that lie just beneath the surface. I also think back again over all the patients I have seen this day, about how both they and I come to our brief encounters with our own stories, experience, and secrets. We may sometimes connect briefly, or perhaps miss each other's meaning, or sometimes, when a certain question, phrase, or gesture opens a door, we may have a glimpse into a whole new room that is suddenly open to light and

understanding. Random, yet precise, a series of interactions, of fleeting moments that occasionally verge on timelessness.

In my mind, I silently wish the little girl and her mother safe passage as they move through the different worlds that they must traverse, and hope, perhaps unrealistically, that they will soon be reunited at home with their husband-father who remains, for now, on the Island. But then I realize it is too early to envision such a happy ending for this work in progress; that part still needs to be written. I get up to leave the train at 14th Street, and am greeted by a phalanx of people waiting on the platform, ready to take their places on the train. The wave of summer heat hits me, sweet and dense and hanging heavily in the station. The train's doors close as I make my way up the stairs against the flow of people coming down, and I watch as it picks up speed and rattles down the platform through the tunnel and beyond.

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Forced Participation
Third Place Prose 2007

"Don't put those there," a stern voice instructed from behind me, as I fumbled to unload the contents of my hands.

Five minutes earlier, at request of my resident, I had gathered the necessary tubes, nedles, and alcohol wipes used to draw blood. The medical team had just admitted a new patient—a direct transfer from an outside hospital—and because the phlebotomist had already left for the evening, we had to draw the patient's blood ourselves. Correction—I needed to draw the patient's blood myself. Once I had set down the equipment in a location acceptable to the commanding voice, I turned around to see exactly who had delivered the instructions. In the corner of the room, sitting in a chair leaned back against a wall, I discovered a uniformed police officer, casually flipping through a People magazine. He had a rather large gun strapped to his plump waist. His presence caught me off-guard.

"You can't put needles or sharp things down near the prisoner," he said, not once looking up from his magazine.

I did a double take, looking back toward the patient. At first glance, he looked no different than anyone else lying in a hospital bed—until I traced the length of his arm with my eyes, realizing that a gleaming steel handcuff bound his wrist to the hospital bed. Upon further examination, I noticed that his other arm also bore a shackle, as did one of his legs; he was virtually immobile, although, judging by the sight of his pale, sickly face, I really couldn't believe that he would have run off anyway. He looked like he felt horrible. Despite (or, perhaps, because of) the presence of the guard and the handcuffs, I felt supremely uneasy. Wondering what the man had done to land himself in prison, I imagined him as a drug dealer or a burglar or—worse yet—a murderer. Then, taking it one step further, I worked myself into a panic thinking about trying to draw blood— something I was already horrible at—from a hardened criminal. I'd seen Silence of the Lambs; if I didn't perform perfectly, I imagined that he'd find some way to hunt me and my family down: *This is payback for the sloppy, painful job your son did while drawing my blood!*

With my poor track record of drawing blood, I instantly felt doomed. My short but illustrious blood drawing career consisted of two awful, scarring experiences. The first time I had drawn blood, I had practiced on one of my very unlucky classmates. Although I had miraculously punctured the correct vein, I had fumbled while trying to connect the small tube to the needle, inadvertently moving the needle and allowing a giant bruise to form under his skin. When I finally realized what I had done, he already had a gigantic, purple contusion spreading across his forearm; it looked incredibly painful. After beginning my internal medicine rotation, I had held out for as long as possible before attempting to draw blood again. Oh, I have lecture now or I think the nurse was planning on drawing the blood, I would lie to my residents, avoiding the task at all costs. Although it worked for the most part during those first few weeks in the clinics, I knew that I could not escape it for long. At the end of one particularly exhausting day, I had the second of my two encounters, this time with a middle-aged woman who—with just my luck—was already deathly afraid of the medical system.

Outside the woman's room, one of my residents had instructed me to insert the needle with a quick, firm motion—the quicker, the less pain, the better. I took the advice very seriously and about two minutes later, the resident came running into the room in response to the deafening scream of my patient. Apparently I had used too quick of a movement; the needle had literally bounced off the woman's skin, instead spearing her forearm about an inch off of my intended mark. She shrieked in pain, while I quickly removed the evidence. For a solid two weeks, I was the running joke of the residents; every time I walked into the residents' room, someone would make a dart-throwing motion with their hands, bursting into laughter.

Not surprisingly, I'd been reluctant to try again. Tonight, however, no one else had wanted to deal with the prisoner, so the duty of drawing the labs had been handed down the totem pole to the lowest ranking member of the team; I had no choice and neither did the prisoner. My stomach churned with a queasy feeling, knowing that both the prisoner and I were about to have an experience that each of us would have preferred never to have had.

Following the guard's stern instructions, I dropped the needles into the safety of one of the pockets on my short white coat, and then I silently went to work at the patient's bedside. Taking more time than I needed to unwrap and arrange the equipment, I used the extra moments to calm my nerves and steady my shaking hands. For my own safety—and that of my family—I knew that this had to go flawlessly. No missing the veins, no bruises, no pain.

"You're nervous," the prisoner astutely observed, breaking the silence. My trembling hands had betrayed me.

"Are you just afraid of me?" he questioned me, chuckling. "Or should I be more worried that you don't know what you're doing?"

"I think both," I blurted out, unable to censor my thoughts in my current state of terror. The man laughed some more.

"You gotta relax, man," he continued, "I promise I'm not going to hurt you."

For some reason, his voice comforted me; I trusted him.

"Tell you what, I'll make you a deal," he offered. "I'll teach you how to draw blood in return for a Snickers candy bar." It seemed like a fair trade to me.

"I've had too many damn blood draws in my life for my sickle cell," he continued, adding credibility to his case. "I could do it myself—with my eyes closed."

"It's a deal," I replied. In truth, I would have been willing to bring the man a fivecourse meal; it would have been a small price to avoid any future retribution for the pain I would undoubtedly cause him. Having calmed down a bit, I finished arranging the supplies, and the man began his lesson.

"There, the big vein," he directed me. "Yeah, that one."

I tapped the vein and it swelled in response, then I moved to pick up the needle.

"No, no—slow down," he corrected me, "You have to hold the vein in place or you'll lose it."

Pinning his bulging vein beneath several of my fingers, I readied the needle.

"Good," he continued. "Now, with steady pressure, push the needle into the vein."

I sunk the needle into his arm. He winced and I noticed that, with both of his hands, he had grasped the hospital blanket beneath them; his knuckles were white. Immediately, I pulled the needle out, defeated.

"I'll go get my resident," I mumbled, resigned.

"No. You're going to learn this," he ordered. "You have to hold the needle at more of an angle, or—like you just did—it's going to go right through the vein and into my arm."

Already, a small pocket of blood had begun to collect under the man's skin. Reluctantly, I opened another needle, wiped his forearm off with an alcohol swab, and then prepared for my next attempt.

"Aim the needle more shallow this time."

Still shaking, I placed the needle next to his skin.

"Slow and steady pressure."

I pushed.

"Stop," he instructed, "there, good."

Attaching a small tube to the needle, we then watched as the man's maroon blood squirted against the bottom of the vial, swirling, gathering, and miraculously filling the tube. I let out an audible sigh of relief and the man—my new teacher—smiled.

"I'll put in a good word for you," he praised me. "You've got the touch now."

The following morning, after making a quick stop at the vending machine, I went back to the man's room with his Snickers bar in my hand. After greeting both him and the police officer, I checked with the guard to see if it was okay to give the man his candy bar. The guard eyed me up and down and then made a "Sure, why not?" expression with his face. I lay the candy bar across my teacher's tray table.

"Thanks, man," he said.

"No, thank you," I countered, continuing to thank him profusely and feeling a bit upset with myself that I had initially stereotyped the man as a dangerous, cold-blooded convict. Who knows, maybe he was dangerous, maybe he wasn't; even so, he'd treated me with nothing but respect the entire time; it angered me that I hadn't treated him with an equal respect right at the outset. After all, he'd been the first person patient enough to help me get over my fear of drawing blood—an unlikely teacher, but a kind, generous, and skilled one, nevertheless.

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Smoke
First Place Prose 20006

Stem cells smell like rotten eggs. I learned this standing by my brother's bed, in a clean green room overlooking a sea of housing projects. Our parents were there too, and Grandma Molly, with a tuft of white hair poking up above the back band of her surgical mask. The oncologist, a thin, quiet man in a dark suit, brought the infusion bag, packed in a picnic cooler. It looked like a regular IV bag, with the same square bar code sticker.

"I feel like we should all hold hands and pray, or something," Eli said. Nobody moved, though; we just watched the straw-colored fluid drip through the machine, as the chemical odor filtered into our masks.

In high school, I hid behind my silence and my tortoiseshell glasses. Eli, though, was dangerously popular, and inspired a distracting anxiety in our parents which overpowered our dinner-table conversations like an incessant car alarm. They worried that Eli was cutting class, driving drunk, smoking pot, dropping acid, or knocking up the downstairs neighbors' daughter. It never occurred to anybody, Eli included, to worry that the gnawing ache in his knee was anything more than growing pains.

After the biopsy confirmed bone cancer, a CT scan showed lung metastases. A social worker came to our family meeting, armed with a box of tissues, but nobody cried; we were sure Eli would come out on the winning side of "20% chance of long-term survival". We didn't understand, then, that Eli's odds were really all or nothing, his sentence as predetermined as it was unknowable.

During Eli's first admission, his wild, curly hair added several inches to his height, and he endlessly tormented the staff. He sneaked his girlfriend into his room, and the night nurse found them in flagrante delicto. When he was immunosuppressed, in the isolation room, he hacked his way out of the hospital-approved computer network and tried to sell his cardiorespiratory monitor on eBay.

However, when his cancer recurred, Eli reformed, faithfully extending his arm for blood draws, and taking pills at four in the morning without complaint. Except for the smoking, he was a model of compliance. He had taken up cigarettes while bored at home after his stem-cell transplant, and refused to quit.

"I *like* smoking. It tastes good, it's relaxing, and why shouldn't I smoke- I'll get cancer?"

"Do you have to make this even harder on us?" my mother pleaded. "Ora, you talk to him."

I halfheartedly lectured Eli on the evils of Big Tobacco, but bossing my little brother was as futile as ever.

"All right, then, whatever you say," he chirped, grinning.

A young resident came into the room, white coat swishing behind her. "How are you feeling, Eli?"

"My pain's okay. Can I have a cigarette?"

The doctor's smile never wavered. "Now, we've discussed this before. Smoking is against the rules in the hospital, and I can't let you go outside without an escort."

"So, where's my escort?" Eli raised his eyebrows.

"Right now no one is available, but if you'd like to discuss this more later, that would be fine," she replied, irreproachably kind and professional.

Eli grunted something unintelligible, and the resident pushed a few buttons on the morphine machine, smiled goodbye, and swished out.

"Ora, I want to smoke a goddamn cigarette!" I looked at the pile of rejected substitutes on his bedside table: Nicorette gum, nicotine patches, a cellophane bag of sourballs.

"Eli, do you really need a cigarette? The doctors will flip out if you leave, and you can't smoke in here."

"Oh, screw the doctors! They're so compassionate they could kill you. I though if you got cancer at sixteen you got whatever you want, and I want to feel like a normal person for one afternoon!"

I reminded myself to breathe. That resident was irritating, it was true. "Eli, okay. I'll sneak out with you, if that's what you want."

Eli dressed, pulling his sweatshirt hood over his sad scalp, while I ineptly turned off the IV machines. When the floor secretary took her break, we slipped into the hall.

The children's hospital elevators were decorated in an outer-space theme, with a shifting, planetlike lamp on the ceiling.

"Tenth floor. Please watch your step!" the elevator announced pleasantly.

"From here, we take the stairs," Eli said, opening a metal door marked "Emergency Only". Our feet sent echoes clanging down the stairwell as we slowly

ascended five more flights. Panting, Eli shoved open the steel fire exit, and we burst into an early-summer sky, blue enough to swim in.

The roof was a bare asphalt expanse surrounded by a low rail. A few aerials and steam vents protruded, protected by mesh cages.

The sun was warm on our backs. Eli spread his arms, palms upwards, closing his eyes and tilting his head back to catch the light on his face.

We walked to the far end of the roof and stood by the ledge.

"Look that way," Eli pointed, "there's the zoo. The elephant pen is over there, but they never come close enough to see."

Near the zoo, a sparkling glass dome capped a green hill. "Hey- there's the Botanical Garden!" I exclaimed. "Remember the rainforest room, and all the cacti?"

Eli nodded. He sat down on the ledge and leaned against a low pillar, placing one foot precariously up on the rail. "It's so clear today. I wish I had binoculars." When I stood by the edge and looked down, my stomach lurched. Eli, though, was perfectly at ease. He pulled a cigarette out of the pack of Marlboros in the back pocket of his jeans, spinning it between his first two fingers. With his other hand, he deftly flicked open a metallic blue Zippo. As he put the lighter back in his pocket, I spotted the engraved letters: EJS.

"Where'd you get a personalized lighter?" I asked

"Oh, I got the radiology tech to pick it up for me," he replied. "I have friends in high places."

Eli exhaled a thick gray stream. "It's too windy for rings," he said. "Too bad I can't smoke inside."

"All right, give me one of those," I said. Eli stared at me. "Since when do you smoke?"

"First one," I smiled.

Eli took out another cigarette, and lit it for me.

"Here-" he instructed, "Inhale- but not so deep!" He laughed as I bent over, coughing.

I didn't like the taste, but I persevered. A bit of glowing ash fell onto my shoe as I tapped the cigarette with my index finger.

The sun had dipped below the tops of the high-rises, but the roof was still saturated with warm late-afternoon light. I lit another cigarette myself, then settled onto the ledge and watched the ashes swirl away on the breeze.

The windows turned bright in the nearby buildings. In one of the rooms, a man dressed in white looked up from a microscope.

"We should probably go," I said.

"Hold on, Ora," Eli said as I moved toward the fire door. "You take this." He tossed the lighter and I caught it in my right hand. As Eli pushed the door open, I ran my finger over the engraved initials, the metal cold and heavy in my palm.

The stairwell was hot, and the painted brick walls smelled of latex and soap. Six floors below, the ward awaited us, with its enveloping hum of hopes and anxieties. I blinked under the fluorescent lights, the night's freshness still palpable on my cheeks as I started down the stairs.

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The Perpetual Lesson
Second Place Prose 2006

Saturdays rarely fulfill the pledge of rest people promise themselves every Monday as a reward for surviving another workweek. One weekend in June 1981 started off as an exception. It was late afternoon. My husband and I had just enjoyed a day of swimming and water skiing. We sat on the front porch, which overlooks the lake, so we could enjoy a few more precious moments of relaxation. I allowed my senses to be entertained while savoring the "good tired" feeling that prevailed. It was in contrast to the "not so good tired" feeling one experiences as a family physician. The shimmer of the late afternoon sunlight dancing on the water appeared in concert with the crescendo-decrescendo movement of waves created by passing motor craft. The steady drone of boat engines was hypnotic and only interrupted by the squeals of children tubing or the occasional bark of a neighborhood dog. It was a luxury to be immersed in the moment, oblivious to the world beyond the range of my senses. The warm breeze I felt against my face brought smells of suntan lotion and the hint of lilacs and roses.
We left the idyllic setting of the porch to start preparing dinner. The police scanner perched onthe kitchen counter began to squawk. A distorted voice said that a boating accident had just taken place across the lake from where we were. My husband, a physician, suggested we go to the scene to help. I was two weeks away from completing a family medicine residency and moonlighted three to four shifts a month in the emergency room. I was confident that we could handle whatever awaited us.

As we arrived at the scene of the accident and exited the car, my senses, which a few minutes earlier had been soothed, were now being assaulted. I scanned the area quickly, trying to process what my eyes saw but my brain could not grasp. A motorboat was loosely tied to a dock at the water's edge. Two men in their late thirties were sitting motionless on the ground that gently sloped from the road to the lake's shore. Sitting nearby, sobbing softly, was a girl about twelve years old wearing a blue-striped bathing suit. She appeared uninjured. Two boys about ten years old were laying on the ground closer to the dock. They were not moving. My husband headed toward them with an out of town emergency room physician visiting the lake on vacation. I walked toward the moored boat. In the middle of the boat, on the floor, I saw the body of a young woman with a bloody stump where her right arm should have been. A man gently placed a piece of tarp over her. The dancing waves of earlier now appeared cruel, showing no respect for the woman on board, as they relentlessly jostled the boat. Overwhelmed by the sight, I turned away.

Soon after, I became aware of more people gathering including divers with scuba equipment. The sounds of horns blaring and people yelling filled the air. Wailing sirens signaled that ambulances were approaching. Engine sounds from motor boats that earlier were calming now intruded on this tragic scene. Smells of motor oil, sweat and seaweed filled the air. My senses, which had delighted me earlier, now tortured me.

As the scuba divers prepared their tanks to enter the water, I asked for details about the accident. They said the motorboat tied to the dock had eight people aboard, two families, each with a father, mother, daughter and son. It was traveling across the lake when another motorboat was seen moving with excessive speed at a right angle toward it. The speeding boat hydroplaned and crossed in the air over the middle of the first boat. The blades of the motor had struck at least four of the passengers who had been sitting in the middle of the boat, the mothers and sons. The fathers had been sitting in the front of the boat and the daughters in the back. Seven of the passengers had been accounted for and they were diving for the eighth, one of the mothers.

Panic seized me as I tried to figure out what I could do, what I should do. I was having difficulty thinking clearly and tried to reverse the mental paralysis the emotions of futility, anger, disbelief and sadness created. Feeling both helpless and the pressure to do something productive, I realized that all the medical training and experience I had did not prepare for me for this.

I struggled to find something to do that would help, anything that would make me think, not feel. Then, a woman in her sixties approached me and said one of the girls on the boat had been taken across the street to her yard. She asked if I could come over and take a look at her. Crossing the road, I noticed a girl stretched out on the front lawn. Her eyes were open and staring at the sky. She wore a green tank top and navy blue shorts. As I approached, she turned to look at me but maintained an expressionless face. Her eyes seemed to say what she must have been feeling. I knelt on the ground beside her and asked her name.

"Katie," she replied.
"What a pretty name – how old are you?" I asked.
"Thirteen."
"Do you hurt anywhere?"
"No."

She remained quiet as I examined her. I asked if I could lift her shirt to check her belly and she nodded yes. Underneath I found a fresh horizontal laceration about 8 inches long across the middle of her abdomen. It was a few millimeters deep and not bleeding. She did not indicate that she knew it was there and neither did I. After gently replacing her shirt, I just held her hand quietly until the ambulance had arrived. No further conversation took place but in the silence I could feel her fear and confusion.

After she was moved to an ambulance, I went to help my husband and the ER physician who were caring for the boys. Both boys were in critical condition. The prognosis was poor. The boy with apparent head trauma was to be sent via helicopter 30 miles to a hospital with neurological services. The other was to be transported via ambulance to a hospital 10 miles away. My husband chose to go with the first boy and I went with the other. As I rode in the back of the ambulance to the hospital, I forced myself to focus on the clinical status of the boy in an effort to avoid thinking about the circumstances that brought us together. I accompanied the litter through the short

corridor to the emergency room, knowing that he would never walk out of the hospital. A few hours later, the late night news reported that both boys had died and the body of the second mother had been recovered.

The front page of the newspaper the next day gave a detailed account of the accident. The families had come to the lake for ice cream and a boat ride to celebrate a victory earlier in the day of the boys' baseball team. Four people dead and two families shattered.

Almost twenty-five years have passed since that Saturday in June. It is said that experience is the greatest teacher. The lessons I learned could never be taught in a classroom or a clinical setting. I saw how strangers banded together to help. I developed a new respect for paramedic and ambulance crews as I saw the challenges they deal with regularly. I learned that sometimes just holding a hand is the best thing you can do for both yourself and the patient. My awareness of how fragile and transient life can be was increased. I saw that even though I had experience, my limitations as a human being were the most restrictive. I discovered that the emotional impact of a critical situation could impede efforts. I realized that I have to actively compartmentalize my emotions in order to be effective and then deal with those emotions after the crisis has passed.

Life consists of events that serve as defining moments. Despite the passage of time, I continue to learn from this experience that took place when I was young and early in my career. This is because it is the point where one is in their personal and professional life when an event occurs that determines its impact not the actual event itself. This is perhaps the most important lesson that I am still trying to understand.

Maureen Litchman, MD, Wyoming Valley Family Practice Residency, Kingston, PA

Isaac
Third Place Prose 2006

End of life is always hard, particularly so when it ends at its beginning—with stillbirth and fetal death. When I was a family practice resident I was deeply disturbed when doctors' well-meaning but paternalistic actions deprived the grieving mothers of their own needs in order to make the clinicians themselves more comfortable.

I remember two cases in particular—one young mother, close to term, who had been in a car accident and cried with disbelief as she lay in the delivery room, sonographic evidence confirming no fetal heart beat. Without asking her, she was given IV medication "to calm her down", and she proceeded with the labor and delivery in a state of somnolence. I remember feeling outrage—she had every right to cry, she had lost a child, for goodness sake!! Who were we to rob her of her grieving??

Another case involved a teen, who, for the second pregnancy in a row, was going into premature labor at a mere 19 weeks. Being the resident on call, I examined her first and still recall the awful, sickening sensation of a bulging amniotic sac and feeling tiny feet within, kicking wildly as if they could somehow climb back into the dark, warm safety which was releasing them. Both the neonatologist and the OB attending refused to come in, saying that there was nothing they could do, and that I should be able "to handle it" myself. I, the second year resident did "handle it" as best I could, hopefully with empathy and kindness, though my heart grieved when the young boy a-borning, unable with tiny lungs to even cry, merely voided once, and died in my arms. The teen mother held him in a state of disbelief, uncertain what to do, how to feel, and not out of the woods, yet—oh, no, for the placenta, as often happens, had refused to relinquish its place. Again the OB attending refused to come in—"just sedate her and we'll take her to the OR in the morning." I hoped that practices would change and allow for a more dignified and sympathetic handling of future such situations. Little did I know at the time that twelve years later I would have first-hand patient experience.

It was with great anticipation that I went to my routine sonogram at week 19 of my fourth pregnancy, wondering if we were expecting an Isaac or a Madeline. I was immediately aware of a problem—the placental blood flow seemed only one way, and the technician's face lost its smile. I, of course, went into "mother mode", not MD, and looked with joyful wonder at the little head, perfect little spine—(the folic acid worked), and eagerly anticipated seeing more, when she suddenly stopped, saying, "It's routine to get the doctor to check on the sonograms. I'll get her. It will only be a minute." As a "minute" turned into 25 and then 30, with brief interruptions by the tech to ask, "when did you see your doctor last?", "what office?", my unease grew, but I held my belly protectively and still, yes, STILL, felt movement within.

The radiologist arrived and gently began to move the sonographic wand. Again, the little head, the spine, the chest, which I now could see was inexplicably silent, no movement. She said nothing, but looked at me for a moment. Before she could speak, I helped her out—"There's no blood flow, no heart tones, are there?" "No, there isn't," she

said quietly, "I'm so sorry." I was still in disbelief, still certain that I felt the little life moving inside me, there must be some mistake, but I got dressed and prepared to make some necessary calls. I had hospital coverage to arrange and resident teaching duties to delegate, not to mention breaking the news to my husband.

When Dr Brown, (all names are changed), who was on duty for my OB group, called me later, he was respectful and kind. He stated that the best option was for a D and C and E, which would most likely be scheduled for Thursday, (today was Tuesday), as that was the next time the group had early OR hours. Dr. Johnson, who would be the attending physician that day, was actually at another facility at this very moment doing the same sad procedure. Dr Brown further explained that "the products of conception" could be removed at 7:30 in the morning. I'd recover from anesthesia, and most likely be home by noon, ready to eat something if I wished. (Food was the last thought on my mind). He also wanted me to know that Dr Johnson offered another option. "It sounds like torture, but you deserve to know that you can come in and we could induce labor. We would do it in the delivery suite, but we would put you in a far corner for privacy. You'll have to endure all the usual pain of labor. But don't worry—they'll make sure you have medication for pain and some sedation." I was definitely not sure I wanted "sedation", and asked if an epidural was possible. No, that was generally not done in these situations. Without a moment's hesitation, I opted for the "torture" of labor.

We arrived at an LDRP room exactly at 7 a.m. on Thursday, after two valuable days of emotional working through the anger and guilt. I was out of the way but could still faintly hear the "wumpa, wumpa, wumpa" of a fetal monitor down the hall. Rather than being distressed, I was comforted to know that somewhere new life continued when my own did not. I had a speech rehearsed—"I know it's silly, but I can swear I still feel movement. Please have him check again before we begin." The nurse assented. "And please—they won't dope me up, will they? I want a clear head." No, she said, they would not give me anything I didn't want. Dr. Johnson wanted this to be as natural as possible.

The prostaglandin suppository was many times the dose used to induce a term labor. He warned me that it would be miserable and had lots of side effects—fever, nausea, headache, diarrhea. Anything I needed for comfort I could have, don't be afraid to ask, as it was not going to change the outcome any. He was very sympathetic and respectful of my choice to forgo drugs as much as possible, but he also warned that I might need doses every four hours if things didn't progress. "You never know," he said. "Sometimes these little ones appear quickly, sometimes it takes a while." "Little one", he had said—not "products of conception," not "tissue", but "little one"—my little one. I was grateful.

I did, indeed, suffer every promised side effect, all without the haze of medication during the next several hours of labor and delivery. Afterwards they brought me Isaac, wrapped up in a receiving blanket just like any other newborn. The clinician in me saw the distortion of his occiput, the soft and curved limbs, the erosion of some of

the more delicate features from being in the fouled amniotic fluid so long. The mother in me, however, merely wept to think that he might have had distress and pain. I was glad that I had given him my own pain, the only gift I could present him. I gazed on the little broken body, but saw only that he was beautiful. He had broad little shoulders, narrow little hips, and ten perfect fingers and toes. I gently touched him all over—he was so cool and soft and fragile. His spine was indeed perfect, as were his two tiny ears. I touched his lips and noted his brilliant, blue eyes. How handsome he would have grown—probably a blonde and gentle giant like his father. Softly I sang him his first and only lullaby—"Hush, little Isaac, don't say a word, mama's gonna buy you a mocking bird..." When the song was over I said my last goodbye, and allowed the nurses to take him.

The following morning I left the hospital with a lovely box of mementos that I will cherish forever—Isaac's smudgy little footprints, nameband and photograph. I left, too, with a deeper understanding for patients. My clinical and precepting encounters for follow-up miscarriages now encompass more than just the medical facts and exam. We speak the baby's name, if known. We acknowledge that their unborn life still has meaning to others. We may even share a hug or a tear. And never, even for early miscarriages, do we use the term "products of conception".

As physicians, we need to embrace, not shun, our life experiences, thereby taking better care of our patients as well as ourselves. Empathy is a strength, not a weakness. After all, the doctor/patient relationship is first and foremost a relationship between two human beings

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Health
First Place Prose 2005

Falling ill typically involves for the patient a disruption in that unique continuity of knowing and understanding that ordinarily characterizes health and well-being.
¨George Engel, MD

At one time, I had occasion to make a lot of house calls, and seeing these people was a weekly highlight for me, not only because it got me outside, away from the fluorescent lights and scything clock hands of the office, but because house calls also allowed me to study people under the gun, to see how they were handling their extreme losses, to rehearse for a role that most of us will eventually have to play.

One of the people on my home visit list was Esther. She was in her 70's, a large woman who continued to flaunt Big Platinum Hair long after the bouffant style had languished, and who wore glasses with blue frames whose upper corners were points armed with four small diamonds. These glasses were rarely seen on Esther's nose, though, as she preferred to hang them from a gold chain around her neck.

She was big in a grand style, growing up in an era when such females were called "large boned." She had wide shoulders and long arms, and her hair pushed her height to nearly six feet. Her face was worthy of all this, large and oval with a prominent nose, wide lips always coated with fire-engine lipstick, and huge eyes made to look even larger with many carefully placed layers of Mascara. At one time, she must have been heavy, but by the time I knew her, her magnificent frame supported only the loose flesh that her metastatic ovarian cancer allowed her.

Esther always received me sitting on a gold sofa in her bright living room with French Provincial furniture placed artfully in front of gold-flocked wallpaper. The sofa held a dark green pillow beautifully embroidered with the words, "The Golden Years Suck." She lived in the penth o u s e o f a 2 0-story apartment building, cared for by a live-in housekeeper and attended by a fleet of nurses that she treated with constant disdain. She owned a powder-blue Cadillac of the large-fin persuasion that, since she could no longer walk, she never drove. Esther had the garage attendant drive the car around every day so that she could look at it from her 20th floor perch. I never saw it less than perfectly washed and waxed.

Here, obviously, was a woman used to having things her way, someone for whom wealth had allowed her to do pretty much as she pleased. These circumstances had, in Esther, produced a wit as expansive as her eye-make-up, a love of laughter, and story-telling produced in the best Borscht Belt style. When she was rolling, one was bathed in the glow, laughing and laughing. Even when she was hurting especially badly, she maintained at least a bemused reserve, her eyes taking it all in.

Somewhat guiltily, I always saved my visit to Esther for last of the afternoon the way one might save the tastiest bit of a meal. The guilt I felt in getting more from Esther than I

was giving her led one day, as we were laughing at something or other, to say in my best Seinfeld delivery, “Esther, we can’t be sitting here laughing like this, don’t you know you’re dying of cancer here?”

She turned to look at me. “Cancer Schmancer.” she said, “At least I’ve got my health.”

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The Pronouncement
Second Place Prose 2005

Gladys Stephenson had been one of the few people lucky enough to die in peace in a hospital and protocol demanded that a physician be dispatched immediately to verify her death. As the lowest person on the medical totem pole, just two months into my internship, that was me.

I dragged myself out of bed and stumbled up to her room. I thought I was in the wrong place when I found a woman lying in bed watching television. I apologized for disturbing her, but when she didn't respond, I looked at her more closely. The spinning colors of the Wheel of Fortune bounced off of her waxen face without as much as a blink in response.

I turned the television off and reflexively drew the curtain. The neon light from the hospital entrance sign refracted through the rain-streaked window to throw contrasting shadows across the room. Oxygen still hissed through the canula in Gladys' nose and when I closed the valve on the regulator, she seemed to shrink in the sudden silence. I twisted the loops of tubing away from her ears and hung them over the bedrail.

I placed my stethoscope on Gladys' chest and verified the absence of heart tones and breath sounds. I then pulled a wisp of cotton from a swab and ran it across her eyes to confirm that she would not blink.

A scar marched across the shallow indentations of Gladys' ribs where her right breast had been. Another climbed from her waist toward her umbilicus, marking the site of a vertical Caesarean section, a technique that had fallen out of favor long before I had ever scrubbed in for a case. The thick ridges of tissue –testaments to the gains and losses of her life – felt unreal, like a reproduction of a battleground from a long forgotten war.

I felt very anxious in the chilled isolation that attended Gladys' death. My only previous call night encounters with dying patients had been during codes – raucous wakes thrown in honor of those unable to escape life without notice.

As heart monitors traced the final erratic fibrillations of their lives, we pounded their chests; forced breath into their lungs; injected exotic medications into their core veins and launched hundreds of volts of electricity through their hearts, all with an implicit desperation that absolved us of any doubt or culpability. Codes distilled medicine into its purest, most concentrated form and we thrived on their kinetic rush of clarity.

But like any cultural response to death, codes often benefited the living more than the dead. By doing everything possible, no matter the cost or likelihood of success, we affirmed our patients' significance, and by extension, our own.

When I was summoned to pronounce Gladys, I was pulled from that cultural framework for the first time. With no chorus of monitors and medications to herald her passing, I

was left alone to face the reflection of my own significance in the mirror of her desiccated body. It felt like an awful reproach, like Gladys was mocking me for not being able to do anything. Or for being so arrogant as to think I could.

As I picked up her left hand, I felt an indentation around the base of her fourth finger where her wedding ring had honed it over the years. The cruel intimacy of what I was doing suddenly caught my breath; holding Gladys' hand like her husband once did seemed a terrible invasion of her privacy. I pinched the cold nail bed and she did not respond to the pain. I quickly pulled the sheet over her and rushed back out into the greater light of the hallway and the comfortable hum of the living.

The code mentality is so ingrained in our approach to health care that it's embedded in the language. We "fight battles" against disease, our radiology is invasive and our cardiology is interventional. Patients and physicians alike feel anxious if we're not scanning, prescribing or operating. In a society where everything seems possible, there is no greater sin than doing nothing.

Unfortunately, much of our troubles are resistant to the awesome power of our medical technology. When it fails to make us feel any better, or even tell us why we felt bad in the first place, all we can do is wait nervously for the next miracle cure.

At first, pronouncing Gladys felt like another manifestation of internship's ritualized hazing: being woken up in the middle of the night to fill out paperwork on a patient for whom there was absolutely nothing left to do. But reading the story of her life in the Braille of her scars and bones taught me an invaluable lesson, one that I struggle to remember every day: simply acknowledging a life is infinitely harder than doing everything possible to save it, but just as worthy of the effort.

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Inhibited
Third Place Prose 2005

I could tell he was uncomfortable. He was squirming in the chair as I introduced myself. I told him, matter-of-factly, that I was a third-year medical student, and that the doctor had asked me to come in and find out what was bothering him. There were a million questions in his eyes when he shook my hand.

"Uh, am I going to see the real doctor too?" he asked uncertainly. He placed just the slightest emphasis on the word "real."

Of course, I reassured him. I would go out and get Dr. K as soon as I finished asking him some questions. Most patients relaxed visibly when I told them this. For some reason, it didn't seem to make him feel better.

I started off strong. "So, Mr. X…what can we do for you today?"

He seemed to glance quickly to either side, even though we were alone in the room. "Well, I've had a, uh…" He hesitated.

I was getting a bad feeling. There weren't many medical complaints that could make grown men pause. "Yes?"

"I guess it's like a…" He hesitated again. "Like a pimple." Another pause. "On my penis."

Oh. Now I knew why he was squirming. It was bad enough that I wasn't a real doctor. It was even worse that I was young and female. "I see. And how long have you had this…pimple on your…penis?"

"About a week."

"I see." I made a note in the chart. "Can you tell me more about it?"Judging from his facial expression, that was the last thing he wanted to do. "Uh, well, it's a little painful sometimes."

"When is the pain worst?"

He was really squirming now. "Uh, well…I've noticed it most when I'm having sex. With my wife," he added, rather quickly.

I concentrated very hard on the place when my pen met the paper. "Okay. And is there any discharge or drainage from the pimple on your…penis?" I caught myself hesitating ever so slightly before the last word.

"No."

"And have you had a fever, or any rash?"

"No fever. No rash."
"Burning on urination?"
"No."
"Okay…and have you ever had a problem like this before?"
"Um, I remember having something similar about twenty years ago. In college."
"And what happened then?"
He shrugged. "It went away."
"Did you see a doctor at that time?"
"No, I didn't need to. It went away by itself."
"Okay. Do you smoke, drink, use any substances?"
"Um, in college. Marijuana."
"Any injection drugs?"
"Oh, no. Never."
"Okay. And you're married."
"Yes."
"For how long?"
"Uh, the past thirteen years."
"And is it a monogamous relationship?" I always hated asking this question. First, it was hard
for me to get my mouth around the word "monogamous." Second…well, it was pretty selfexplanatory.
He blinked. "As far as I know, yes."
"Is your wife having any genital problems that you know of?"
"No. I think she would have mentioned them if she had."
"Okay." I couldn't avoid my next question any longer. "Have you ever had reason to suspect you have an STD?"
"No…but I've never been tested."
"And have you had many sexual partners?"
He shifted his weight almost imperceptibly in the chair. "Well, not since I got married, but before that, many."
"Meaning…" When he didn't respond to this prompt, I started throwing out numbers. "Two?
Five? More than five?"
"Uh, more than that. Maybe fifty? Sixty?"
I asked him to clarify: 1-6 or 6-0?
6-0, he replied.
Condom use? I asked.
Inconsistently before he'd married, and rarely since then. More for contraception than for STD protection.
"Okay," I said. "So let me summarize. You've had a slightly painful pimple on your penis for about a week which is giving you problems with intercourse. You had a similar episode twenty years ago, but it went away on its own. Correct?"
His face had turned a bright neon pink, but he nodded valiantly.
"Are you okay?" I asked. I hoped he wasn't having an aneurysm
He nodded again. "I'm sorry. This is just really embarrassing for me."

I said, "That's perfectly understandable. Everything you say to me here will remain confidential, unless it becomes necessary to share it with other members of the healthcare team, or unless you give us specific permission to let others see your medical record." My voice was cool and clinical. I felt better as soon as I said the words. They were big enough to hide behind. He nodded with glazed-over eyes. I wasn't sure he'd understood what I'd just said. In fact, I wasn't sure I understood it myself. Confused, I stood up.

"I'll be right back," I said, and escaped.

Dr. K. was standing in the hallway completing a note on another patient's chart. She was a five-foot-two Korean dynamo who ate kim-chi every day with lunch. She also had a witchy temper. I stood by and mentally prepared a 30-second bullet presentation, aware that my neck muscles had tightened and my shoulders had risen to the level of my ears.

Dr. K. finished the note with a stabbing flourish and closed the chart by slapping its front cover. It fell shut. She glanced at me. "Well?"

I was ready. "37-year-old male with a pimple on his penis. Been there for a week. No fevers, chills, dysuria, or penile discharge. Had one previous episode twenty years ago which resolved spontaneously. Married for 13 years, monogamous, wife has no genitourinary complaints. Sporadic condom use. Never been tested for STDs."

I paused for breath, proud beyond words. It was a perfect summary of the patient's problem. Focused, concise, and above all, fast.

Dr. K. said, "What does his penis look like?"

Huh?

"What does his penis look like?" she repeated.

Only then did I realize I'd spoken out loud. I fumbled for words. "I…thought we could look at it together. You know, so he'd only have to…show us once."

Dr. K. seemed to buy this. She rapped her knuckles smartly on the door and didn't wait for a response before marching in. I followed her. She introduced herself briskly. Mr. X rose to his feet and shook her hand.

"Heard you have something on your penis," she said.

He turned pink to the very tips of his ears. "Uh…yes."

With no further preamble, she said, "Let's see it."

His face still a fiery shade of pink, Mr. X pulled his pants down. Dr. K. spent a few moments examining him.

"Is this the spot you're concerned about?"

"Yes."

"Hair follicle." She looked at me. "You see it?"

Oh yes. I did.

"I think that's what it is," she told him. "Just an infected hair shaft. Harmless. You had it exactly right. It's a pimple on your penis."

He looked relieved and embarrassed at the same time.

"You can pull your pants back up," she told him.
I've never seen a pair of pants rise so quickly in my life.
"Is there anything I should do for it?" he asked.

Dr. K. shook her head. "Warm washcloths. If it gets swollen or red, we might give you some antibiotics. But I think we can hold off for now."

"Okay. Thanks, Doctor." He looked at me and his face reddened again. "Thank you, too." Ordinarily, I'd say to patients, "No problem," or "You're welcome," or give them a smile. This time none of those things seemed appropriate, so I just followed Dr. K. out of the room as quickly as possible.

Christine Chen MD, Hunterdon Medical Practice, Family Practice Resident, Flemington, New Jersey

Cancun
First Place Prose 2004

Mrs. Cunha is a hospice patient. That is all I need to know about her. In a hurry, I pulled her chart down off the rack and read the first sentence in the triage nurse's Catholic-school handwriting ("84 y.o. hospice pt with mental status changes") and stopped. There was more, but it didn't matter. Hospice patients don't come to the ER, so I can get her out of here quickly and clear the bed.

She is parked on the last gurney by the door, a frail little lady with steel-wool hair and a face as fragile and translucent as bone china. The hollows under her cheekbones create bluish shadows and her clavicles leap out at me in stark relief. It has been a while since Mrs. Cunha ate anything solid, I am sure. A finely crocheted blanket is spread carefully over her knees. The brilliant white of the hospital sheet peeks through each lacy loop.

There is a man with her who at first I take to be her husband but then, recalculating ages, I realize must be her son. He holds a sturdy pottery mug that says "Cancun" down the side, the liquid in it long since gone cold, but he is clearly unwilling to put it down, even to shake my hand. He sees me coming now and moves out beyond the bed to intercept me, so he can talk privately to me without his mother hearing. His hands, even holding the mug, are shaking. "Doctor," he greets me, not needing to know my name. "My mother's very confused. Something happened today. You've got to help her. She thinks I'm going to kill her."

"Okay," I say in my most soothing voice. "Let's go sit down somewhere for a second and talk. Mrs. Cunha?" I reach around him to pat her ankle. "We'll be right back."

She looks me dead in the eye. "I want to go back home, you know," she says. "I'm not staying here."

"I wouldn't want you to," I agree; the idea is that hospice patients generally want to die at home, and therefore don't usually come to the hospital when they get worse. At least she hasn't changed her mind.

There is nowhere to sit, so Mrs. Cunha's son and I stand in the corner of the hallway and he tells his story in an urgent whisper. Next to us in the hall is a woman who's probably been beaten up by her boyfriend, blood seeping into a towel pressed to the side of her battered face. She is calmly trying to disengage her earring from her free ear with her other hand, but her eye is swollen nearly shut so she has to do it all blind. Mrs. Cunha's son's eyes keep straying to her with a mixture of pity and disbelief, but he neither addresses her nor suggests that we move away.

Here is the story : Mrs. Cunha has had metastatic breast cancer for three years. She and her son share a sunny apartment on the second floor of an old house in Fairlawn, and she spends her days on the couch watching game shows and drinking tea. This, apparently, is what is in the mug he holds. She has always been lucid and never complains of pain. This morning, when her son went to get her out of bed, she was crying. "My head hurts so much," she told him. "That man banged it last night."

Later, enthroned on the couch, she looked up to where he was chopping vegetables on the cutting board for her homemade chicken soup and said, "Why don't you use that knife on me?"

I imagine the scene, frozen : the son poised to decapitate some celery, slowly raising his head to look across the room; the mother tucked in under her afghan and lap robe. “What?” he says he asked her.

“Why don’t you just kill me now,” she said. “With the knife. It’s quicker.”

He looks at me imploringly, this man who has gone from being a computer salesman to a stay-at-home caretaker, who has learned to make chicken soup, lift his mother into her chair, witness her daily diminishing in front of his eyes – weighing less with each hoist, sleeping less with each week, and now today, for the first time, allowing herself to crack. He went into the bedroom to get his car keys so he could bring her here, he says, and this is what he saw : an old man who is not strong enough. I can’t do this, he says to me, quietly, so she won’t hear. His fingers grip the mug so tightly I am afraid it will break. Can’t you make it so she’ll be like she was? So she won’t be confused?

I look at him for a long moment, wishing I could. “You know I can’t,” I tell him. “I’m sorry.”

He nods quickly, like he’s sorry he even asked.

“Let’s go see her,” I say.

Mrs. Cunha sits regally upright, her fingertips bluish, her skeleton prominent under her skin. It won’t be long, I think, but I don’t tell her son this. After talking with him, I am not sure he would find any comfort in the prediction.

“Everything hurts me,” she says distractedly. “I’m sorry to complain, but I just don’t feel good. I just want to go home and fall asleep and not wake up.”

Her son, across the gurney, is staring silently at her, the hospital’s fluorescent light reflected in a glimmering tear snaking down his cheek. He takes her left hand, and I take her right, and she looks back and forth in a calculating way, trying to determine which of us can grant her wish.

Joanne Wilkinson MD, Narragansett, Rhode Island

What do you want from our village?
Second Place Prose Tie 2004

Rough hands scraped the nylon wall next to my head. I awoke to a soft voice loudly whisper, "Doctor! Doctor! Mi nina esta infermo! Por favor, doctor!!!" I roused from my sleeping bag and unzipped the tent door. A full moon illuminated a woman holding a child. The woman wore a tattered dress, layered with sweaters and shawls. Her arms supported a brightly colored, handmade papoose, in which lay a sick girl. My headlamp cast across the child's face, revealing weathered, sun-damaged cheeks and a runny nose. The child stared blankly at the sky. Occasionally a raspy cough shook her body and showed strain across her face. She was not crying.

The few medications we had were in our expedition's first aid kit. The kit was mostly pain medications and first aid supplies, but we did have some old antibiotics. However these were in tablet form and adult strength. As I fidgeted in the dark with the tablets and a Swiss Army knife, the child had a coughing fit. It lasted a few minutes. By the time the toxic-appearing girl caught her breath, her lips, though sun-scorched and dry, were clearly blue.

We spent the morning drinking fresh coffee and asking for seconds on omelets. We showered, got dressed and checked out of our rooms. Our outfitters carried all our bags, as custom dictates that loading your own gear is rude and implies that one's "staff" is weak. We watched, lazily, as they lashed duffels of expensive gear and crates of food onto the top of three Toyota Land Cruisers. On the way out of La Paz we napped behind $100 dollar sunglasses and listened to personal CD players. Occasionally we would stop and take out our auto-focus cameras to take photos of the dramatic scenery. A colorful marketplace. A woman washing clothes in a river. Children playing soccer.

The dusty road to base camp winds across the Altiplano, or "high-plain." There's very little water and not much sign of life, other than an occasional small herd of llama. On the horizon are the magnificent peaks of Bolivia's Cordillera Real, our climbing objective. Over 20,000 feet in elevation, their granite shoulders are draped with hanging, blue glaciers leaking fine ribbons of meltwater from their snouts. The only settlement on this route is the small agricultural village of Chunavi. The entire town shares one car. It has no tires. There is no running water. One building is wired for electricity, but there's usually no power. There are no phones. No doctors. No market. It is a cold, sad town, 15,000 feet above sea level with not a tree in sight to protect it from the howling winds that scour the plains on their way to the Andes.

We pulled off the dusty road, down an alley between two rows of crumbling, adobe homes. In the schoolyard patients were already waiting. They were all women and children. The women were dressed in ornate, colorful, traditional garb. They talked, breastfed or spun alpaca yarn while they waited for the clinic to start. Out of the school, which had been closed this week to allow its use as a medical clinic, came the village mayor. His face was badly scarred. He smiled and shook my hand. He spoke to me in Quecha, a pre-Inca language, which I did not understand.

A high wall surrounds the schoolyard. It was cracked and dry, with the tails of reeds in the adobe mixture poking out between the blocks. A few blocks were missing, leaving a hole. Through the hole, I saw a group of men walking across the adjacent field and toward the school.

"The village leaders," Carlos, my Bolivian contact, whispered to me. They entered the schoolyard and surrounded me. Suspiciously, and through two translators, the mayor spoke.

"What do you want from our village? Why do you want to help us? What do you demand in return?" At first I was surprised. I expected a warm welcome, not skepticism. Then, I glanced across the courtyard at our three shiny SUV's, loaded high with gear and food. I looked at the work-hardened faces of the men who surrounded me. I looked down at my boots. I was embarrassed.

"This is your land. Your mountains. Your Altiplano. We climb here. You live here. We are your guests, and would like to offer a gift. We bring a doctor, a nurse and enough medicine to treat your village." The men mumbled, exchanged looks and broke out in laughter. They closed in on me and ruffled my hair. The mayor raised a steer horn and pressed it to his lips. He blew it into the sky. Within 15 minutes there were three hundred people in the schoolyard playing ball, chatting, waiting to see the doctor.

The school was one room. It held two handcrafted benches and a table. The walls were adobe and the roof was thatched with reed. Carlos' nephew, a neurologist from La Paz, was helping us with the clinic and translating. The two of us worked while giggling children kicked balls and drew with crayons in the courtyard. The "triage table" was littered with stickers and candy, brought by our team.

Within a week we treated the entire town. Parasitic infection, fungal infection, tuberculosis, low back pain. Some things we could treat. Others we couldn't. It was frustrating. As doctors we want to heal. We want to cure, but sometimes all we can do is examine and listen. Often pain control was all we could offer, and this was understood. They townspeople were incredibly grateful, often asking when we were returning. They hugged us and thanked us.

Before we left, the mayor and his advisors again circled me in the courtyard. They presented me with an ornately decorated, notarized letter from the Government of Chunavi. Translated, the letter read "Your gift was like that brought to the children on Christmas. We feel like we have been visited by Papa Noel." As we loaded into our trucks, one of the townspeople, Jose, approached me. He had walked six hours through the night to ask for our help. He urged me to visit his wife before I left. She was too ill to come to the schoolyard. She had been sick for a year and had never seen a doctor.

We drove across the plains for an hour to Jose's one-room home. We entered, walking past a rusty, tireless bicycle, a hitching post and a mule. In the corner of the room there was a tattered single mattress. Jose's six family members shared this bed. It had no sheets. On the bed was a woman, lying perfectly still, wrapped in soiled shawls and blankets. She made eye contact with me and then looked away. I approached her. As I eased onto the corner of the bed the mattress shifted, moving the woman very slightly. She wailed in pain. As a tear ran down her cheek, her husband dashed to her side. In Quecha, he told me: "She went blind a year ago. Her arms and legs hurt so badly she can't move them. She has trouble breathing and won't eat. And this has happened...." He unwrapped her dry, cracked hands to reveal them. Her fingers were

severely subluxed, characteristic of rheumatoid arthritis. As I gave her steroids and explained her disease to her, a gust of cold wind sliced through the house and rattled the uninsulated tin roof over the woman's bed.

After the clinic we sent all leftover medications back to La Paz to be donated to a hospital. I hadn't anticipated a woman bringing a one-year old girl with pneumonia ten miles up the trail on a mule, through the night, to seek the help of the nearest doctor. Feverishly I crushed tablets and stirred Gatorade mix to create a makeshift antibiotic suspension. We force-fed it to the child, gave a Ziploc bag of the concoction to the patient's mother and crossed our fingers. The child stayed overnight at camp and was taken on muleback to town in the morning. A week later the mother reappeared, in the afternoon this time, with the girl in her arms. She approached me and held out her child. The young girl smiled and giggled.

We plodded up the glacier as the sun rose over the Amazon Basin far to the east. It flicked orange light onto the summit of the peak across the valley. In the crisp morning air I could see each breath as I heard the metronome of my pulse deep inside my ears. I thought of the people on the Altiplano, already working in their fields. I pictured a sick woman on a bed. A woman washing clothes in a river. A rusty, tireless bicycle. And a little girl with blue lips.

Brian Irwin DO, Maine-Dartmouth Family Practice Residency, Augusta, Maine

Delusions of Grandeur
Second Place Prose Tie 2004

Somehow I always thought that if I were the first on the scene I would save the day - not in the hospital where there are residents, intensivists and cardiologists, but out in the real world. I half-expected for years to hear the urgent announcement "Is there a doctor in the house?" in a restaurant, theater or plane. I remember the chairman of our family practice department telling me when I was an intern how he had once saved a man on a plane with a chest thump. I never thought of myself as having delusions of grandeur. I simply thought that I would be able to do more than the average guy on the street would – and that more would make all the difference. So when my family and I came upon a middle-aged man having a heart attack near the top of Pike's Peak, I grabbed my medical bag and almost eagerly jumped out of our van to help.

The man's twenty-year-old daughter flagged us down with one hand while the other clutched a cell phone. His wife and mother-in-law sat with him in the car. I was relieved to find the man alert and talking. But he was experiencing severe chest pain identical to the pain of his heart attack several years before. He was able to tell me his medications – Norvasc, Atenolol, Lipitor, Nexium and Aspirin - but he was lightheaded, nauseated, diaphoretic, and looked pale and gray. I could barely find a weak thready pulse. The family was reassured by my title, my old fashioned black medical bag and my stethoscope. The daughter reached 911 on her cell phone and was told help was on the way. While we waited, I had him take an aspirin.

The man's pain became even more severe, his pulse was no longer palpable, and his color looked worse. I felt useless. I looked at my black bag and felt embarrassed by my lack of preparedness. I somehow thought it would be like Mary Poppin's carpet bag with its never-ending supplies. Where was my portable oxygen tank? My automatic electronic defibrillator? My CPR medications? I hadn't even remembered my blood pressure cuff. Instead I packed like a family doctor and mom from New Jersey on a cross country vacation in a minivan – plenty of bandaids, bandages, a suture kit, antibiotic ointment, Acetaminophen, Tums, diphenhydramine, Zithromax, and an Epipen. I felt guilty that I wasn't equipped like a rescue vehicle. After all, how could I presume to offer help that was somehow better than the ordinary citizen when I didn't even come prepared with the right tools?

A hailstorm with flashes of lightning began as the man started to lose consciousness. I stood there in my sundress and sandals and silently prayed for help. At that moment, a ranger vehicle arrived with flashing lights and an oxygen tank and I momentarily breathed a sigh of relief. But the news wasn't good: the storm prevented a helicopter from landing at the summit and an ambulance would take thirty minutes to reach us. Our only option was to transport him down ourselves. Two rangers picked the man up and laid him in the back of their SUV. Then he coded. We were able to deliver only one shock with their AED but with no response. The rest of the trip down the mountain was a blur of hope, fear and sadness. The drive up Pike's Peak in good weather was nerve racking. The drive down in a storm at forty miles an hour, in an SUV with its back door open, while doing CPR, was petrifying.

When the man coded, I started mouth-to-mouth resuscitation while waiting for the face mask and ambu bag. The feel of skin against skin, lips against lips felt wrong. Not because of the fear of disease or worry about delivering an inadequate breath but because of the impropriety of what felt like an obscene kiss. As we performed CPR, the man's wife sat in the front seat alternately calling out my first name and the name of her husband. Stripped of my title, I felt exposed.

The EMTs finally met up with us and initiated ACLS in the back of their ambulance en route to meet the helicopter near the base of the mountain. The helicopter transported the man to a nearby hospital. The wife was taken there in the ambulance. Still hoping to somehow help, I drove the daughter and the mother-in-law in their rental car. I agonized over whether to prepare them for the inevitable news of his death. We arrived as the emergency room physician was telling the wife the bad news. I left the family with their grief.

When I walked out into the waiting room, my husband and three daughters had just arrived to meet me. They looked at me proudly waiting to hear the good news, only to have me shake my head and say he didn't make it. I felt ashamed. That evening, it felt good to be surrounded by the warmth and comfort of my family, to hear their laughter and share our meal. But for hours after, the taste and smell of the man's breath and aftershave lingered with me like a lover after an illicit tryst.

During the eighteen-hundred-mile drive home, I knew that my husband was there to listen to me as he has been since medical school. But I needed the absolution of my colleagues. When I told the story to my partners, I said I felt terrible that I was not able to do anything to help the man. My partner responded that I did a lot to help the man but that he died anyway.

When my daughter was two, she choked on a piece of bacon. My husband immediately called 911 and I performed the Heimlich maneuver. After several attempts and a blue limp child, the bacon was dislodged and she was fine. I never felt like a hero. I felt like a mother and a doctor doing my job. Yet when my attempt to rescue someone failed, I felt like a failure. I want to blame the man for driving to 14,000 feet elevation with a heart condition. I want to blame the dangerous road and the poor weather conditions. But in my heart, I blame myself and sadly know that I really do suffer from delusions of grandeur.

Carla Jardim MD, Delaware Valley Family Health Center, Milford, New Jersey

Pay Attention
First Place Prose 2003

Our patient sat on the table curled around a big ball of a belly cradled between her short legs. She wore her gray hair long, straight and limp, in the same style she'd probably worn for thirty years. Her fingers were adorned with a multitude of rings, each gouging into her flesh. Alice not only gave off the strong odor of cigarettes, but also emitted a subtle smell, acrid. Her skin looked slick. When I introduced myself, her hands felt damp. Her bare feet, peeking out from under the sheet, puffed up so her toes looked as if they'd been pinned on.

"What brings you in?" I asked.
"I can't breathe." Alice demonstrated this with a wheeze.
"How long has this been going on?"
"One week."
"Any asthma?"
"I haven't been to a doctor in 28 years."
"I noticed you smoke. How much?"
"Pack to two packs. Depends."
"Any alcohol or other drugs?"

Her son's girlfriend, who stood at the head of the table, behind Alice, nodded vigorously.
"I'll have a beer or two after work."
"OK. Let me take a look at you."

I washed my hands and thought at the sink: anxiety; depression; alcohol abuse; chronic bronchitis; something cardiac. That belly could be ascites.

I turned and faced Alice. She looked scared.

"I'll tell you everything I'm going to do, before I do it. I'm going to start at your head. First, I'll..."
"I don't need a tour."
"OK." I felt her scalp and neck. No lumps. Each cheek, where it merged with the bridge of her nose, bore the tattoo of an alcoholic. "How long have you had these?"

"What?"
"These little red blood vessels on your face?"
"Hadn't noticed them."

Her lungs sounded congested, with generalized wheezing (cigarettes) and coarse breath sounds (fluid) in the lower fields. Her arms were thin, compared to the rest of her. Her palms had deeply etched red creases—"palmar erythema"–symptomatic of liver disease.

When I asked Alice to hold her arms out in front of her, her hands shook in a fine resting tremor. I asked her to put her wrists up, as if she were a police officer ordering me to

stop. She did: no liver flap. If her liver were far gone, her hands would flap uncontrollably. Did I have her do it the right way? "Could you do that again?"

"I could, but I won't."

"Fair enough. Can I look at your belly?"

Fine. I'm not lying flat, though. I can't breathe when I lie flat."

"How about if I raise the head a bit?" She lay back wearily. "I really appreciate your cooperation."

Alice exposed her globe of a belly. She had caput medusa, raised veins in the wild array of Medusa's snake hair around and above her belly button. I tried to elicit a fluid wave; I couldn't. But her skin looked tight, the way it does when expanded by fluid. When expanded by fat, it looks softer, like dough.
I thumped on her belly to find her liver edge, but I couldn't. Was fluid in the way? Had the liver already shrunken?

Alice's legs appeared withered. Had her body used its own protein to fill in nutritional gaps? Her feet were edematous. Was her heart inefficient? Did her liver fail to produce enough albumin? Both?

"OK. I'm finished. We'll need to get some blood work. I'll be back."

I relayed my findings to the resident, who repeated parts of my exam: her heart and lungs, her liver. Alice wouldn't look at him.

"OK, Miss Dunne. We are going to admit you," Matt said. "We need to work up your liver. We also need to check your heart. Since you haven't seen a doctor in more than 25 years, we need to begin at the beginning. How does that sound?"

"Like a bad idea. I only agreed to the ER. I didn't agree to be admitted."

"Miss Dunne," I added gently, "I feel confident we can figure out why you haven't been feeling well. We can get you some medicine, find a doctor for you to see regularly—"

"Who says I want to see a doctor regularly?"

Her son's girlfriend stepped forward from behind the table. "Mom, I think you should give it a try. You'll feel better."

"OK. Fine. I can tell you all are going to gang up on me until I agree. So admit me. Go ahead," Alice said, her face looking a mixture of resignation and relief.

"Do you know the most important order we need to write for Miss Dunne?" Matt quizzed, then answered: "CIWA protocol. And if you don't put her on CIWA, what happens?"

"She can die. Alcohol withdrawal can kill patients who go cold turkey."

"Ten points. And the other things we have to worry about? That she might leave AMA. And that we can't talk a nurse into taking care of her."

Miss Dunne stayed with us for 10 days. She hated her roommate, so we found her another. She hated the food, so her son brought in McDonald's. She hated Matt, whom she called a Nazi, even though he was Latino.

I visited her whenever I could. She would motion for me to sit on the side of her bed instead of in the visitors' chair, so I did. I was "managing" her nutrition. Alcoholics are renowned for terrible nutrition, forgoing food for booze. We tried to get protein into her in various ways, but other than Big Macs, she wouldn't eat any. She'd ask if I wanted the yogurt off her lunch tray, because she wouldn't eat that "granola shit". I would take the yogurt, eating it as a late-night snack. I felt it made things more equal between us: I helped care for her, and she, by feeding me, helped care for me.

Her abdominal ultrasound proved that her belly was full of fluid. A CT scan of her belly revealed no tumor in her pelvis or liver, "just" cirrhosis. We made plans to discharge her. I tried to hook her up with Alcoholics Anonymous, or a therapist who specialized in substance abuse. Alice would have none of it. She was furious with her son's girlfriend, refusing to see or even speak to her, after she told Alice that she'd thrown away all Alice's booze. So we were releasing her back to her old life, with minimal support, no promises from her that she would do anything to improve her health. We had to let her go.

I went in to say good-bye. Alice gave me her phone number and a stuffed dog, holding a heart. "This is for you, for giving me your heart," she said. I hugged her and wished her well but I refrained from giving her my home number; some basic instinct told me not to.

The last day of the rotation was upon us. One last meeting and we were done. As I was going in to the conference, Matt motioned to me. "I have something to show you," he said. "A letter from Miss Dunne."

I followed him down the hall, imagining a letter full of praises for my heartfelt care.

Matt handed me the letter, typed on yellowed paper. He stepped away from me while I read. The letter was addressed to Matt. I can't remember the exact words. But I remember the gist of them: I was deceitful, untrustworthy, unfit to be a doctor. I had misled her, stood in the way of her getting better. The attending called out into the hallway for me to join them. "Why?" I asked Matt. "Why did she write this? And why are you showing it to me now?" I turned to go, crushed. What had I missed?

Even though my rotation was over, I tracked down Matt the next day. I needed more closure than those few phrases in the hallway. "Why did you show me that letter then? What did you want me to learn?" I asked.

“Don’t get too close to patients. Keep a professional distance at all times.” Sit in the visitors’ chair, not on the side of the bed.

“But what if I don’t want to?”
“Then be prepared to receive letters like this. Or have your supervisor receive them.”
“What do you make of the letter?”

“It confirms my medical opinion. She has borderline personality disorder, as well as alcoholism. This letter is an example of ‘splitting’, which is what people with BPD do. When a patient tells you they hate the resident, but they love you, pay attention.”
He was right. I was vulnerable particularly then, when I was always coming up against Matt’s seemingly vast medical knowledge compared to my paltry collection of facts. He had knowledge; I had compassion.

And now that I’m a resident? I ask to care for alcoholics. I remember best Alice’s fear, her isolation. I distilled Matt’s advice to this: Pay Attention.

And I still sit on the side of the bed.

Mary Ready MD, Main-Dartmouth Family Medicine Residency, Augusta, Maine

Learning About Death
Second Place Prose 2003

Clearly all patients die, but somehow that wasn't obvious to me when I started my training. During the first two years of medical school, the facts came at us with blistering speed and the answer to every question was either a, b, c, d, or e (including what to have for dinner). Then came the autopsy.

It was one of the many assignments in our physiology course. I was neither looking forward to it nor dreading it - just one more thing to do. A check box with the words 'attend autopsy' next to it, a vague sense of annoyance that this activity could not be neatly scheduled into my already too busy existence.

The pager went off and I headed to the morgue with my classmates. What I experienced there will be forever indelibly imprinted deep within me. As I entered the room, the first thing I saw was a naked dead woman my grandmother's age having her chest sawed open. I remember the curve of her hands draped off the gurney and the exact color of her chipped pink fingernail polish. I remember the smell of death and burnt bone that was so different from the formaldahyde stench familiar from gross anatomy. I remember wanting to leave or pass out or cry or vomit and expending absolutely all of my energy to do none of the above and pretend that the person lying there was just a body and an interesting learning experience and not a woman with a family who had been alive that morning. I remember that her name was Madeleine and being oddly disappointed knowing that I would never be able to use this name that I loved for any of my future children. I remember being so overwhelmed and underprepared that I considered leaving medical school for good that day.

Soon after came my dream. In it, I had to do a rotation on the death ward. To get there, I had to go through many sets of double doors. The halls were dark and deserted except for a lone, silent, stone-faced guard at the last set of doors. Beyond him was a brightly lit room (the same room where we had attended the autopsy) filled with many people working industriously. Someone opened a huge freezer on one wall and I saw rows and rows of heads and feet - dead people lying down, waiting for anatomy class. I fled back down the dark hall. In a room off the corridor, there were four beds with very sick, very old people sleeping. Some of them were in large plastic garment bags. Depending on how sick they were, the bag was placed at the bottom of the bed or it was up around the waist or at the neck of the person/patient. They all had very sweaty legs in their bags. A tall female doctor in a long white coat was working there. She was envious of me that I could leave and she could not.

After that, I became scared of even being in hospitals, which was problematic as an about-to-be third-year medical student. I was truly afraid of seeing dead people and was on the watch for them everywhere now that I knew there was a morgue in the basement. I remember my racing pulse and sweaty palms outside the gift shop in the lobby of the hospital when I spotted a stretcher with something on it covered by a white sheet, my relief when it turned out to be linens.

My first funeral. I remember sitting by the little girl's open casket with her doctor and hundreds of others, all of us crying. I cried for Madeleine, for me, for this girl and her family, for her doctor, and for my future patients who would die while I was their doctor.

Those patients have since been numerous and each has given me a gift in their passing. How to do a paracentesis, eight times in eight days. How to gracefully accept a gift of gratitude, to feel very uncomfortable that it was cash, and to buy a plant that I still have and to donate the rest to charity in the patient's name. How to open the window so a soul can leave. How to call a stranger in the night and tell them that their mother has died. How to teach students and residents to do these things well but to never neglect themselves the way I had at my first autopsy.

When my grandmother became gravely ill, I was a new attending and that dream from medical school came back to me. Only then, after many more years caring for many more patients, could I understand it. The doctor in that room had been me at the end of my training. Anxious and afraid. Would I be able to handle the immense responsibility of caring for dying patients? How was I going to balance seeing all this death with leading my own life? I found out when my grandmother died.

She was scheduled to have a CT-guided biopsy to get a tissue diagnosis for the mass on her lung. She had her IV in, the radiologist there and had actually climbed up on the table in her gown before she decided that she did not actually want a biopsy or any further treatment. She climbed back down, thanked everyone for coming, apologized profusely for taking up their valuable time, and went home. Then, after years of reminding my family that I was a doctor and in the hospital because that was where I worked and not because there was something wrong with me, suddenly I was the expert. My patients, in their own dying, had given me gifts to then give to my other patients and to my own family. During my training, I had gone from being terrified of death to being awed and comforted by its many blessings and celebrations. My nana died two months later in her own bed surrounded by family including my own infant daughter who loved to play with her oxygen tubing. Some of her last words were “Thank you all for coming.”

Nana shared the end of her life with us. Out of respect for my medical education, she donated her body to a medical school. At the beginning of her death, I’m sure that she was someone else’s ‘attend autopsy’.

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The Dark Bridal Canopy
First Place Prose 2002

She was beautiful in the illuminated glow of the floodlights, as she had been a few days before under her bridal canopy. A Druse woman in her early twenties, a member of a secret sect that had broken from Islam 500 years earlier, and after persecution, had sought refuge in the hilly sections of the Galilee.

Streaming blondish brown hair, high cheekbones, skillfully applied makeup around finely sculpted features, and the fine curvature that would turn any eye. A large diamond ring decorated her hand, bespeaking of a new status, likely the new wife of the son of leading family in her village.

Only now she was not breathing.

I sat crouched near her head, the ambubag slowly expanding and emptying in my hands, matching the rising and falling of her chest. Silent desert night moon overhead.

Along with an army doctor who had happened this way and my nurse, I huddled silently, as her new husband quietly whimpered some meters away. I had been called from my kibbutz a few kilometers down the road as I was putting the kids to sleep. I raced, if one can do that in a Subaru Justy, up the road upon hearing the news of a reported severe accident. It was pitch black, save for the lights of my car and the endless canopy of stars and moon on this warm fall night. She already lay on the road having been pulled from the wrecked car that had not made it quite around the curve, had probably caught on the soft shoulder and flipped.

They were returning from their honeymoon in Eilat, the Miami Beach of Israel, the place of luxurious abandon and celebration. Had they been talking about their future, their love, their new discovery of each other? Their first kisses and touches still fresh.

ABC - airway OK, breathing absent, pulse thready, but present, her blood pressure was barely palpable, her body warm. We began CPR, cut away her constricting clothing, and placed line after line, trying to resuscitate with IV fluids where her blood should have been flowing. The army doctor had been on his way to reserve duty in a nearby desert base, by chance an intensivist and anesthesiologist in civilian life, and had stopped to help. The regional civil administrator, who quarreled with me at every chance, save at such critical times, brought in the newly acquired mobile floodlights and illuminated our surreal scene.

Nothing changed for the better. The thready pulse disappeared. Think! ABCDE or Scoop and Run, Scoop and Run!! But to where? We were nearly an hour from the nearest hospital by ambulance, and calling a helicopter would take even longer.
The husband asked the ambulance driver, who was bandaging his small head wound, whether his wife was OK.

He had been united with her after all his male relatives had taken him joyfully through the village, accompanied by drums, singing and dancing, to the wedding canopy, while the women and girls of the village had prepared her for this moment. "I am my beloved and my beloved is mine."

The army doctor and I conferred. I hoped he knew what to do now. We tried a few maneuvers and waited. No response. We stopped talking, continuing CPR against hope, against the wisdom of the books and our teachers.
The road was quiet save for the sound of the floodlights generator and the whoosh of the ambu. How beautiful the desert wind and view at night. All colors of the earth - browns and black, save for her pale skin and open eyes. Time spread out and slowed to a trickle..

The army doctor looked up and said, "all is done". We stopped, we covered her body with a blanket, not thinking to close her eyes. I went to the side of the road as she was placed on the stretcher and into the ambulance. I am unsure of whether I spoke to the husband or not, unsure of whether I cried or merely slid into my car and the enveloping darkness as I drove home. My wife and children were asleep when I returned. I shed my bloodied clothing at the door, ritually bathed long and hard - trying to clean off the pale of death, had a glass of wine, said a blessing on each of my children, and feel into a troubled sleep.

The husband likely returned to his village, his honeymoon turned into a funerary march. The Druse believe in reincarnation, so perhaps a child was born with her soul somewhere. Perhaps a different journey in the next life, one that would not end in the desert.

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The Anesthesiologist
Second Place Prose 2002

I don't know why they never had children. I can piece together their story in my mind, from the bits she told me, from the pulmonary fellow who took care of them for two months, and much from what I imagine.

She must have been tough as nails to make it in an all male world of medicine I really can only imagine. Maybe they met at a conference. Or maybe one of her fellow Vienesemen introduced them. A famous anesthesiologist from Hungary. That I learned from the nursing home face sheet that gave his vital information. A niece in Maryland. A wife, Dr. Greta. A phone number, a contact person, an address. And here he is now, a hundred blocks north of that address, their apartment, and the other ICU he left only a week ago.

It's hard not to think of how many A-lines he must have put in, as we stick and stick his pulses, futilely trying to thread a catheter over a wire. At the end of the day, he would change out of his scrubs--always spotless, even after the messiest case. He would leave the main entrance of the hospital in his jacket and tie, hat tipped slightly to the left, and greet passing colleagues and the man he bought the paper from every morning, as he headed back toward their apartment.

She spent the day seeing the children of their friends and neighbors, prescribing glasses, drops. Always giving her opinion of a boyfriend or a school, or a blouse. There is a wonderful program on tonight at the symphony. A prodigy; in from Italy. She tells her assistant as she puts on her coat. They must have made quite a couple at the Opera or Philharmonic. He never could stand the Ballet.

When their niece came in from Maryland they would see the latest show, go to a fine restaurant, and dine with colleagues and friends. In her own, second-generational way, she too is proper, just so, and just as successful. His wife will tell you of her high university post, of her responsibilities, her honors.

But she isn't their child. She is in Maryland. She wants us to place a chest tube. She is not here. His wife is here. And yet, she should be with her husband, the Famous Anesthesiologist. At the opera, out to dinner, dancing. Anywhere but the ICU. Anesthesiologists know critical care well, but ophthalmologists rarely visit the ICU.

Maybe it was because of their professional drives, their focus and their love of the life they led together; maybe that is why they didn't have any children. She must have been tough as nails to make it in medicine when she did. He must have been tough as nails to make it to 90 years with her. But she nourished him and he nourished her. She is the one keeping him alive now. I can understand how she can't see surviving him. Two elegant, proper, tough cookies. How could they be apart.

Part II

It was easy to write about their life. The day after I admitted him, I was so disturbed, I had this knotted feeling inside my stomach. I came home and wrote about their life. But after she made him DNR, and after he died, I didn't have that twisted feeling inside me like I had had 11 days earlier.

I knew the stories she had told me, and the stories I had imagined, but still I needed to write about what had happened inside the ICU.

I admitted him 11 days ago. That was 7 days after he was discharged from another hospital, to the nursing home that put him in the territory of our ICU. The call from the ER made us all roll our eyes. Nursing home resident. Vent dependent. Ugh. Does he need to come to the ICU? He looks like death.

Then I met his wife. Her thick Austrian accent, her pocketbook, her Bergdorf Goodman shopping bag. A small lady, but a lady not to be ignored. She told us about his pleural effusions, his infections, his tracheostomy. Suddenly she clenched her fists and squeezed her eyes shut. Are you all right? I have supra-verntricular-tachy-cardia, pronouncing each syllable. We felt her pulse. Do you want to be seen by a doctor? She continued to bear down. We felt her pulse again; she had valsalva'd herself out of it.

A few hours later I reached the pulmonary fellow who had taken care of him for two and a half months. She filled in the details of his metastatic cancer, his infections, hemorrhage, respiratory failure. His wife had fought the discharge to the end, she questioned every medicine and treatment, swallowing up hours of the team's time. But please remind her to go to that doctor I gave her the name of. And please give her a hug for me.

I don't know who his time in our ICU tortured the most. He got arterial lines, venous lines, foleys, blood draws, pleural taps. His lungs were drained of their fluid, and filled up with fluid again. He barely had any oxygen in his blood, even on 100% oxygen, and his heart kept on beating.

The team discussed it every day on rounds. There is no point. We aren't doing anything. I hate going in there.

We followed numbers in circles. If one was low, we raised it. If one was high, we lowered it; if we could, which most of the time we couldn't. Thankfully, discussion on the chest tube faded after the first few days. We'll just continue chasing numbers, doing nothing, but doing too much, until his wife finally lets go.

And his wife. With her never-ending questions, her thick accent. But what about the pulse. What is his oxygen saturation now? At the other hospital his blood pressure was always 100. Shouldn't he get a little digoxin, he was on digoxin at home? I tried every tactic, every answer. But her questions really had no answers, certainly none that I could

think of. And so I spent hours on the phone with her, trying to explain the gravity of her husband's condition.

And so she came in, and she called on the phone. She traveled from their apartment on the other side of the city, and she stroked his head, and gave him kisses, and called him her dear. And she asked and asked, What will I do without him. What will I do. And so we kept on poking and testing, infusing and treating. Until there was nothing left to treat, and the machine was breathing for him, and he no longer moved, and drugs maintained his blood pressure, and his kidneys were failing, and his liver was failing. And still, what will I do without him.

And finally their niece came in from Maryland. And she cried with his wife, and saw that he was gone, but was still here in our ICU. And the attending, who so dutifully had cared for the patient and his wife, spoke with them both, and told them this was the end. The medicines aren't working. But still, what will she do without him.

And I talked with them both. And the niece cried, and the wife stroked his head. And the machine breathed for him. And the blood pressure medicine was raised and raised, but his blood pressure continued to fall, so we stopped raising the medicine. And he didn't move, and his lips were dry and cracked. And I told her to think about her husband, how he had cared for his patients, how they had lived their life together. How this was not her husband. And she told me how he was a sculptor and violinist, how their apartment was filled with his works. How he loved classical music. He was the first anesthesiologist to put his patients to sleep with music.

So I took the clock-radio from the clerk's desk and put it in a bag to protect it from his multiply resistant infections, and I went into his room and plugged it in, and put it on the floor, and turned it on. And the Bach or Brahms or whatever it was played in his room. And she stroked and stroked his head and gave him a kiss and left the room.

This is the end. Yes, this is the end. It's over. Yes. And she signed the DNR, and she gave me a kiss. And I said goodbye to his wife and his niece, and they left the ICU.

And I sat there with my medical student, and an hour later we stood up and went into his room, and we watched his pulse on the monitor. 60. 40. A few beats, then none. And we stood there. That's it. That's it. The famous anesthesiologist from Hungary, husband of the famous ophthalmologist from Vienna.

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The Things I Carry
Third Place Prose Co-Winner 2002

A worn black leather bag sits on a shelf in the rear of my closet. It is a doctor's bag, and my grandfather carried it for nearly twenty years, caring for his patients in their homes. Its leather is dry and cracked and the key to its tarnished brass buckle was lost long ago. My father used to keep spare electronic odds and ends in it. If you ever needed a speaker wire or a camera battery, chances were you might find it in the bag.

When I was accepted to medical school my father cleaned the bag and gave it to me. I accepted the gift with gratitude, but in my mind I categorized it with the faded antique copy of Netter's anatomy on my bookshelf: both seemed relics of a time gone by, of interest to a historian but not very relevant to medicine today.

So that summer the bag took up residence in my closet, and it stayed there through all of medical school, while I memorized biochemical pathways and struggled to bring myself to violate the flesh of a cadaver with my first halting incision in Gross Anatomy lab. The bag never moved through my third year of studies as I woke at four to pre-round on surgical patients or as I experienced my first delivery on the obstetrics service.

One afternoon in my last year of residency I was busily looking over job opportunities (1:6 call, salary guaranteed for 24 months) when a local ENT paged me. He had just diagnosed a patient with advanced, inoperable squamous cell carcinoma of the larynx and she had no primary care practitioner. Would I see her in the hospital and assume responsibility for her?

Then he told me a little bit about the patient. She had schizophrenia with paranoid delusions that kept her from seeing a doctor about her multiple medical problems. She smoked three packs of cigarettes each day and had visited the emergency room five days earlier when the pain in her throat became unbearable. The ER physician sent her for laryngoscopy, but the police had to be called to cajole her into keeping her appointment because she so feared leaving her home. The more I heard, the more impossible my task seemed. How could I possibly help this woman?

I first met her that day in the hospital. She was still groggy from the anesthesia but seemed far different from her description. She spoke to me softly and helpfully discussed her condition with me. We agreed that she would come to my office in a week.

I asked one of my faculty mentors about her. I described her suspicion, her cancer, and her poverty. He looked at me quizzically when I told him she would be in to see me later. "Why don't you just plan to visit her at home?" he asked. My patient arrived later that day with her caseworker and I described that plan to them. "You mean you could just come to my house and see me for checkups?" she asked, incredulous. "Really?" She turned to her caseworker inquisitively, as though she though we might be making a joke. Finally, she accepted my offer. "That would be wonderful," she sighed. That night I retrieved my grandfather's bag from the closet and filled it with things I might need for a house call.

I went to her home a week later. She lived in a small house behind the YMCA on the top floor. I ascended a staircase that managed the seeming impossibility of being simultaneously vertiginous and claustrophobic. Finally, I reached her door: 5B. I knocked.

She greeted me warmly and I followed her up another staircase, this one even narrower than the one in the hall. A snow globe sat proudly at the top of the stair on a low wooden box. Inside the glass was a miniature replica of the Statue of Liberty, and a small brass plaque on the base was inscribed with the words "New York City."

Grace led me to her kitchen table. First we talked about her pain, discussing analgesic options. Later she told me about her family, and about her new caseworker. She brought out her photo albums, telling me about her estranged family. Grace offered me coffee and then demonstrated how she could prepare food in her tiny kitchen without ever leaving her seat at the table. She smoked constantly while I was there. I noticed her hands trembling as she brought the cigarettes to her lips.

Over the next few weeks we became friends, and I learned about the rhythms of her life. I followed her to the drug store around the corner and watched as she bought an entire weeks' supply of groceries from the Revco's sole snack aisle. Each visit she told me even more about herself and she never tired of chiding me for not drinking her coffee. "It tastes too strong!" I always protested.

One night that spring I was finishing up with Grace when she put her cigarette down. She looked over the rims of her glasses at me and I saw her lip tremble. "I know that I will die soon," she said. "I'm really not afraid. It seems like the right thing for me now." She laughed softly. "Someday you'll understand."

Grace was right; she died in her sleep the next week. The Hospice worker called me to Grace's apartment that morning to certify her body. As I walked up the stairs to her tiny home for the last time I carried my grandfather's bag in my hand. Inside it, jumbled with the stethoscope and the reflex hammers, lay a connection to my past and a promise for my future. I sat down at Grace's table and drank a cup of coffee to her memory, black.

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Terror on the Home Front
Third Place Prose Co-Winner 2002

I have spent most of my life trying to prevent violence. My story began when I was young. Sixteen years old and pregnant, I married and left home with a few dollars in my pocket and great hopes for my future. My husband didn't start out being abusive. He drank a lot of beer, but so did most of the men in the small midwestern town where I grew up. After I finished 10th grade we left for the mountains of Colorado to pursue our dreams, or so I thought. The life I had hoped for would soon become a nightmare. My husband's physical assaults started several months after leaving home but I had lost contact with my family and there was nowhere to turn for help. Five or six months into my pregnancy, we found a public clinic and I went to see about my unborn child. The doctor examined me, found an interesting heart murmur, and called in his training physicians. Everyone listened for the murmur in my heart, but no one listened to my pain or thought to ask why a pregnant, 16 year old, young woman with no family was seeking care in a public clinic.

That afternoon I left the clinic feeling proud of my healthy pregnancy, loving the idea of becoming a mother, and fully expecting that my husband would be excited about the news. As I stepped up into our old, beat-up pickup truck he started to look strangely at me, often like he did before the beatings began. Nervously I said, "What? What's wrong? The baby is fine." Before I could move, I remember him slapping and punching me, over and over again, crying out obscenities and derogatory terms about me all the while. "Why were you there so long?" he screamed. After he stopped, I thought it would be the last time that something like that would happen. I believed that the abuse would end, that my husband would get better, and somehow, miraculously, it would all work out and life would go back to normal. Instead, it was just one more episode in an escalating pattern of violence that would last several more years, and that could easily have taken my life.

We were lucky. My son and I eventually escaped. I had reconciled with my family after my son's birth. They gave me a roof over my head and food to eat, a sense of security that I had not known for several years. But the road back to life was long and slow. Worst of all was the emotional damage. I had completely lost my sense of self worth and belief in my own abilities. I remember watching a group of young people working in a fast food restaurant, envying their jobs as they laughed and talked together, wondering if I would ever be able to work. It was as if there had been no boundary between my husband's ugly accusations of me and what I had known of myself before this all began. In vulnerable moments he had broken open the innermost part of my being with his cruelty and I began to believe his repetitively degrading comments. I felt permanently tarnished.

Somehow I went back to school, found childcare at a charitable organization, and got a part time job. Taking the GED course wasn't so hard because I'd been a good high school student but starting out in college was not easy: it was terrifying. I had to take remedial courses, one in math. A group of guys sat in the back row of the class, laughing about how easy the material was. I hated them as I sat in the front row taking notes furiously, struggling with concepts I'd never seen before. I'd forgotten how to think. Gathering my strength slowly, my talents blossomed in the nurturing environment of a

university town. I knew that I wanted my experience with domestic violence to somehow make a difference, to prevent the same thing that had happened to me from happening to others. In a million years, I would not have imagined becoming a doctor. My grandfather still teases me because when he suggested that I apply to medical school, I told him that I was not smart enough. He told me then that I was wrong, and thank God, I believed him. I have since dedicated my life to domestic violence prevention and intervention as a family physician and clinical researcher.

My terrorist was personal, a perpetrator of domestic violence (a term I learned many years later). Domestic violence is premeditated pattern of personal torture. The terrorists of the women I serve are their loved ones, those most closely related, intimate partners as it is now called. There are parallels between this intimate terror and the political terror perpetrated against whole societies. Until September 11th, those of us in the US had no idea how it felt to be terrorized as a society. Similarly, survivors of domestic violence have no idea of what can happen, how a once seemingly normal relationship can lead them into being hopelessly trapped, and how the person they love could feel justified in committing acts of personal terror.

Like the assailants from the attacks on the US on September 11th, many perpetrators of personal violence don't believe they've done anything wrong. It is striking how after committing an inhumane act they speak in ways that justify their actions. They often believe the violence was necessary and unavoidable: They were provoked; they needed to keep the situation under control; the victim needed to be taught a lesson; it was the only way to keep the status quo; she was getting out of hand. I thought of Raskolnikov in Crime and Punishment who believed that "his design was not a crime" before murdering the landlady. He was doing society a favor by removing her. I remember my husband holding a gun to my head, telling me that his violence was my fault.

On the news the night of September 11th I heard a weary N.Y.C. fire fighter ask with all sincerity, "Did this really happen?" I know that feeling, when nothing makes sense any longer as if it's not really happening. More than a little teary eyed and with a swelling in my chest, I thought back to the young woman who started out with that feeling more than 25 years before. She could not have dreamed of my future today. While the wounds from my past may never disappear completely, my scars have become a source of power and strength, a fortitude that has transformed my own life and helped many others in the journey back to life after domestic violence. My personal overcoming has contributed to the lives of hundreds of women and to a research agenda aimed at improving the health and wellbeing of survivors of domestic violence.

Terrorism is terrorism on all fronts. Domestic violence kills, it hurts, and its damage is long lasting. Nevertheless, the difficulty of this and other violent experiences can bring out the best in us, despite, or maybe because of the intensity of the tragedy. My hope is that as individuals and as a society we will use our experiences with violence as an awakening, a process for overcoming, a touchstone for growth. My prayer is that we will find the courage to transform our personal and collective pain into a powerful force of change that will one day create a future free of all violence and terror.

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