

The Best of....

Creative Writing  
by  
Family Physicians

2007 Award Winners

Presented at the 2007 STFM NorthEast Region Meeting

By the

Family Medicine Education Consortium

<http://www.fmec.net/>

## **Sponsored by the Family Medicine Education Consortium**

### The FMEC Creative Writing Project

In 2002, the Board of Trustees of the Family Medicine Education Consortium, Inc. created an award to encourage and recognize creative writing by Family Physicians. The idea was to promote the writing of prose and poetry that draws upon the experience of teaching/learning or practicing Family Medicine.

The criteria for the awards process are as follows:

- The submission must derive from the experience of teaching/learning or practicing Family Medicine.
- Faculty, residents and students and all Family Practice clinicians in the northeast region of the US were eligible to participate.
- Stories, poems, and other forms of unpublished fiction or non-fiction writing were welcome.
- A panel of reviewers composed of Family Practice faculty and creative professionals experienced in manuscript evaluation was established.
- Each submission was evaluated with an eye to its critical reflection, emotional honesty and technical merit. A blinded review process was followed.
- Submissions could be no longer than 1500 words. Pieces previously published at a national level (magazines, journals, books with a national circulation) were not eligible for this award.
- An author could submit a maximum of one poem and one prose piece.

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**The Best of . . .**

**Creative Writing by Family Physicians**

**2007 Award Winners**

<b>Table of Contents</b>		<b>Page</b>
<b>Prose Winners</b>		<b>4 - 8</b>
1 <sup>st</sup> Place:	Ceremony . . . . .	4
2 <sup>nd</sup> Place	The Island . . . . .	6
3 <sup>rd</sup> Place	Forced Participation . . . . .	8
<b>Poetry Winners</b>		<b>12 - 15</b>
1 <sup>st</sup> Place:	Awful Silence . . . . .	12
2 <sup>nd</sup> Place:	In Passing . . . . .	13
3 <sup>rd</sup> Place:	Balance . . . . .	14
	2008 Creative Writing Flyer . . . . .	15

## Prose 1<sup>st</sup> Place Winner:

### *Ceremony*

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.

...ssppklrschlp.

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 gobbled 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.



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 and



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 five-course 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.









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## *Creative Writing in Family Medicine Contest*

We invite submissions of written materials that derive from the experience of teaching/learning or practicing Family Medicine. Faculty, residents, clinicians and medical students in the northeast region of the US are eligible to participate. Stories, poems, and other forms of fiction or non-fiction writing are welcomed. A panel of reviewers composed of Family Practice faculty and creative professionals experienced in manuscript evaluation will review each submission with an eye to its critical reflection, emotional honesty and technical merit.

Submissions may be no longer than 1500 words. Pieces published or pending publication at a national level (magazines, journals, and books with a national circulation) prior to the award date (October 2008) are not eligible for this award. An author may submit one poem and one prose piece.

The best submissions will be honored at the 2008 STFM: NorthEast Region Meeting in its Conference Abstracts. All submissions will remain the property of the author.

All submissions should be sent via email attachment to Ms. Lisa Schwieterman ([lisa.schwieterman@fmec.net](mailto:lisa.schwieterman@fmec.net)). Please include your current mailing address, phone number and email address so that we may contact you. Residency address preferred, along with forwarding address after June 2008, if necessary.

### The deadline is April 1, 2008

The awards will be presented at the  
2008 STFM: NorthEast Region Meeting  
October 30 – November 2, 2008  
Baltimore Convention Center  
Baltimore, Maryland

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Please share this announcement with your students, residents and community-based colleagues.