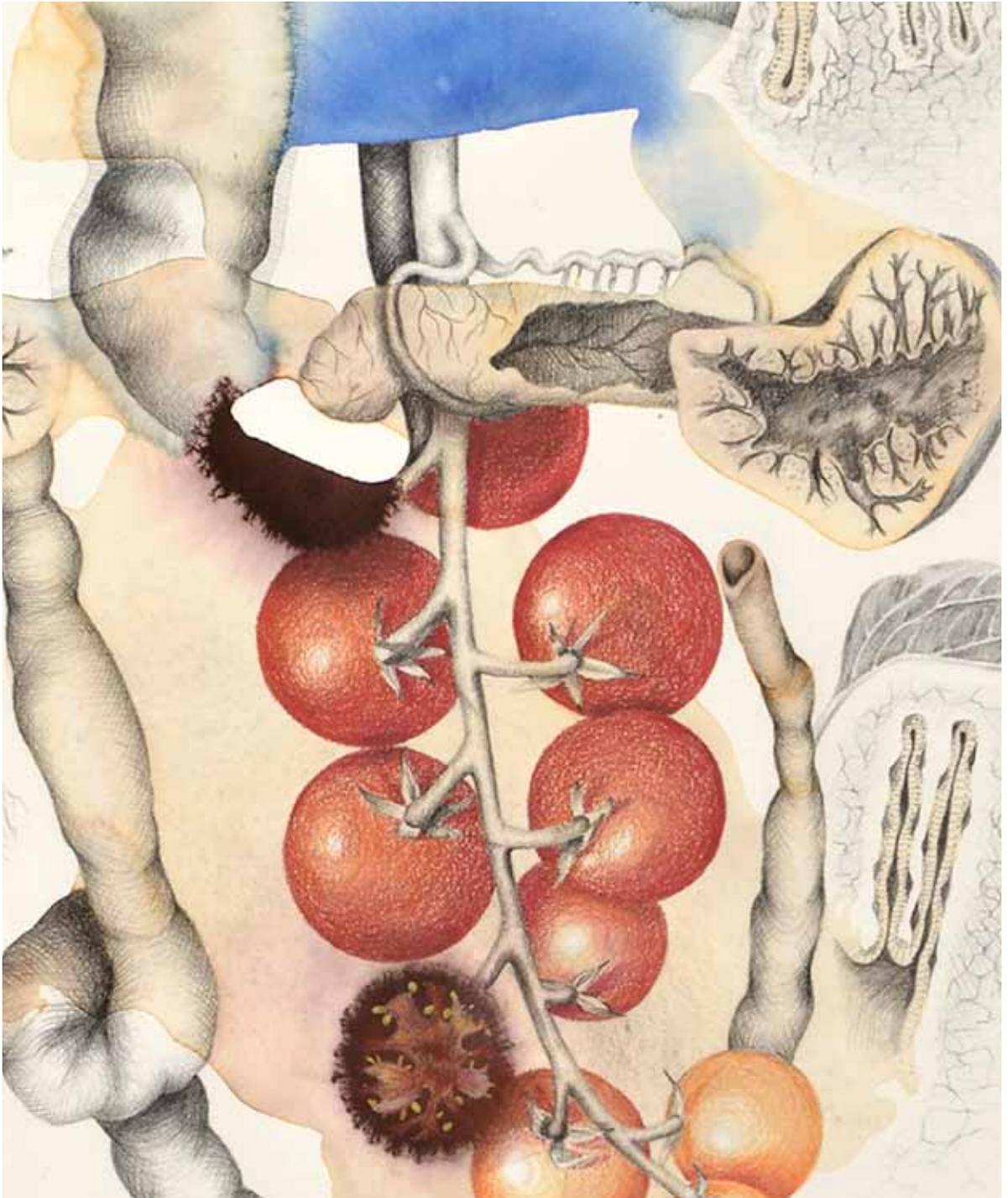


ISSUE SEVEN • FALL 2013

ABATON

DES MOINES UNIVERSITY LITERARY REVIEW



Editors' Note

THE SEVENTH ISSUE

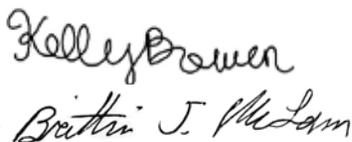
Dear Reader –

Welcome to the 2013 edition of *Abaton*. Within these pages you will find great variety in style, voice and authorship, but among the submissions in this issue you will also find humanity. Each piece asks us to consider who we really are jointly and independently, how we reach out to one another, and how we can bridge the divide between patient and practitioner, past and future, idealistic expectations and reality. As a whole these pieces question where we each belong. Are you listening?

We would like to thank Julie Probst, Barbara Boose and Kendall Dillon for their tireless efforts on behalf of the production of *Abaton*. Without them this issue would not exist, and their design expertise, proofreading skills, production know-how, patience and guidance have been remarkable. We would also like to thank Dr. Gary Hoff for his ongoing assistance and support, without which *Abaton* would be lost. Finally, we are deeply grateful to the authors and artists who submitted works and to our editors whose input helped decide the questions the journal poses to its readers this year.

Both of us have enjoyed working with *Abaton* immensely. Sadly, this will be Kelly's last year on the staff, so she would like to wish the journal and all our readers a very fond farewell. We are very pleased to announce the chief editors for the 2014 edition of *Abaton*, Brittini McLam and Alexis Barker.

Sincerely,

The image shows two handwritten signatures in cursive. The first signature is 'Kelly Bowen' and the second is 'Brittini J. McLam'. The ink is dark and the handwriting is fluid and personal.

Kelly Bowen and Brittini McLam

Would you like to continue to receive this publication?

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

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

To receive the 2014 edition or read the journal online, visit **www.dmu.edu/abaton**.

ABATON

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Guidelines for submissions

The following types of submissions will be accepted:

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

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

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

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

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

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

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

Submission instructions

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

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

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Front Cover

Heirleum (detail)

VESNA JOVANOVIĆ

See page 39-41 for complete image and artist bio.

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Breathe

“65 Roses” is what some children with cystic fibrosis (CF) call their disease because the words are much easier for them to pronounce.

—CYSTIC FIBROSIS FOUNDATION

She ducked into the tattoo parlor
around the block from the hospital
on a long-brewing whim
Shoved discharge papers into her purse
fishing for the license to show
she had had enough birthdays
more than the pediatrician predicted

No need to search the books
for a design; she scrawled
onto a napkin *Breathe*
in script flowing like a burst
of wind

Bearing her pale skin
she gasped lightly at
the needle’s first prick
smelling ink and metal for once
rather than the aroma
of the sixty-five roses

The Time

Karen won't wake up
Not to her son calling her name, her daughter-in-law pleading, her husband
shaking her gently then with force because it's not the time for this yet

It's the time for more chemo
For more pills that make her puffy and drugs that make her toes tingle and
her gums bleed

It's the time for diapers
For gibberish and airplane-ing cut up bits of pancake into her mouth during
the few hours free from sleep

But not for this
Not for arguing in the family room whether to call an ambulance, or the
priest, or no one at all
Not for patting hands that don't squeeze back and rolling moist Q-tips across
cracked lips
Not for waiting in agony for each rattling gasp as the spaces stretch longer
and longer in between

Karen, wake up
It's not the time for this yet

*Rebecca MacDonell-Yilmaz received her A.B. and M.P.H. degrees from Dartmouth College and her M.D. from Stony Brook University. She is a resident in pediatrics at Hasbro Children's Hospital, the principal teaching hospital of Brown University's Alpert Medical School, in Providence, Rhode Island. In her spare time, she works to achieve her childhood goal of becoming a writer. She recently started a blog, *The Growth Curve* (www.thegrowthc.wordpress.com), to chronicle her residency training experiences.*

... And Then

Inhaling an expanded tidal volume of second-hand smoke and gauging the receptiveness of those in attendance, the mentor began his nightly lecture, beginning with, “Nobody ever asks to be born.”

Lawrence Hobson’s entrance into his seventh decade added a degree of sophistication and respect to the vast majority of the words he uttered, his former words taken as ramblings of juvenile folly. His lexis, decisively dispensed through enlightenment, consumed his imbibing audience as if they sat in the reverence of Schopenhauer.

“We all come crying and screaming into this world, demanding to be returned to the warmth of the womb.”

Lawrence smiled. His undergraduates did relish his words, leaning forward from time to time to await his next revelation while striving for a boost, in hopes of filling a void with inspiring thoughts.

“After being spewed into the abyss of humanity, our instincts shift to personal buttressing from the elements, and to man’s inhumanities that clog our paths.”

Lawrence had known when he released himself from the infantile status his former moniker implied, he would radiate an image of maturity and respectability, a distinction long desired.

“Once past the mental virginity of childhood, we are clobbered by the realization that our personal resources are mandatory to ascertain an iota of human dignity. This frightening awareness makes or breaks us.”

Thinking perhaps he had left something out, depriving his audience of total conception, Lawrence stared at his antagonist’s image, but no admonition was reflected

“Of course, the teenage years allow a paled glimmer of insight. But the hormones blot the factual nuances, bleaching that which should have been ingrained. Mother Nature’s chemical blockade restrains the vast majority of the vulgar herd, forcing most lives to peak on the day of their high school

graduation. If those years of testicular influence could be vaulted, what heights might be attained.”

Lawrence smiled. Larry could never have achieved the respect he now commanded. His mind swiveled for another pearl.

“Why does the human mind cry out for amusement and entertainment, instead of knowledge? Do I bother to await a response?”

Peering into the reflection of his audience, he knew that his lecture had become an exercise in futility.

“Erudition is the foundation of a dignified human race. Without it, life will ride stagnant on the scum left by our predecessors. Only with a proper education can one rise above the vulgarities of life, and coast beyond the brutalities of mankind.”

Stopping to moisten his throat, Lawrence noted the absence of reflection of one of his newest trainees.

“How can an uneducated man relegate an intellectual desire to his son? How can an inept woman attract her daughter’s emulation? The completion of a formal education must precede any thought of procreation if civilization is to evolve.”

The metamorphosis from Larry to Lawrence, initially cultivated by repetitive nightmares, commenced after his seventieth birthday. Those dreams were forcing him toward the life of an old codger until a change in philosophical demeanor eliminated the nightly mental spasms. The act of formalizing his name served to pulse him down the path to consummation.

“Man’s mental deportment during the majority of his developing years lies within the falsehood that one’s life should be spent in the constant pursuit to avoid boredom. It’s difficult to comprehend why such a quest rarely includes self-edification. Those hormones freeze-dried our cognition into the aridness of an echo.”

Lawrence surveyed his audience as they bowed their heads to imbibe; a shift toward a more intellectual inclination, he hoped.

“The paling of hormonal influence attunes our misdirected minds to

spend the second half of our lives correcting the mistakes of the first. Once that stimulus is withdrawn, the significance of our prior follies drift into irrelevancy. Old age is the means to triumph over the chemistries of lust, power and greed.”

Lawrence squirmed as the reflections of his students continued to diminish.

“Take Larry’s education and professional training. After finishing high school, he continued up the ladder: junior college, university, medical school, internship and residency. He became a specialist, you know. It was that twenty-seven year interlude, beginning with the first time he crossed kindergarten’s threshold, that gained him fortune’s door.”

Fearing reprisal from his antagonist, Lawrence straightened and wet his throat. With no retaliation apparent, he continued.

“The twenty-four hour shifts, the forty-eight hour emergency room gigs, the unrelenting night rotations, the prodding of chiefs, the low pay, and the mandatory cowering to obnoxious administrative personal, built his character.”

Lawrence noticed the arching of an eyebrow or two during these last comments.

“Eminently educated, Larry entered his productive years, though several years transpired before his pent-up frustrations and hostilities vented.”

It had been a bland statement, mere information; however, it drew a stare from his prime adversary.

“Success turns from contentment to complacency, and then to placidity, followed by boredom and burn-out. Only by the lack of total accomplishment can one prevent the ravages of achievement.”

Lawrence shook his head. All but one of his students had left their stools and sauntered off. Had he progressed beyond their comfort level?

“There comes a point, at which time a man’s achievements lack consequence. A mellowing-out phase, so to speak.”

With only his opposite opponent’s reflection remaining, Lawrence felt compelled to ask his decisive question.

“Do you know what comes to pass when you’ve accomplished all the

necessities that allow you to weave through life's labyrinth, and live in the
apse of your endeavors?"

Lawrence stared transfixed into Larry's reflection. Anticipation mirrored
its way back across the bar.

“. . . and then you die.”

*Michael F. Wright is a cardiologist and author living in Texas. His publications include
the novels Godless Medicine, The Sixth Cow and The Death Pit.*

Mosaic of Healing

beloved communities

in search of stories of healing
consider hush harbors
where wounds find balm in safe places
no harm in telling, here
gather photos from the lower level
in social halls walls speak hear
prayer meeting testimonies

sickness reports

in the shade of the back porch
eyes close, rest and rocking take over
whispers are heard from the kitchen table
heaviness fills the air, pain travels
barbershop chair comforts overactive minds
gathering compels crowd sharing
vivid scenes from long lustful nights
hurt hearts full of bar stool libations

health care burden

our office visit does not compare
speaking here is a heavy ordeal
unclothed, silence shadows vulnerability
closed doors envelope fears
history crooked room experiences
distortions overwhelm sensibilities

can't stay, I have to go now

Katherine Ellington is a physician in training, writer and health advocate. She was born and grew up in Queens, New York, where her family has lived for more than five generations. As one of the most diverse places in America, that New York City landscape, along with her experiences in southern Africa and the Caribbean, shaped her commitment to diversity and inclusion practices in health care. Her expressions of creativity are offered on the blog, Sunday Muse. Ms. Ellington is pursuing a career in family medicine and community health.



Flight of Ideas

ROY BEHRENS

As an artist, designer and writer, Roy Behrens has had a long-term interest in the creative process in science, medicine and the arts, especially in relation to quixotic fluctuations in mood and motivation. This computer-generated work (part of an ongoing series) reflects his curiosity about the sometimes blurred distinction between clinical madness and the insight of inspired minds. Mr. Behrens lives in Dysart, Iowa.

Steam

Daddy Collins was a wiry man with an opinion about everyone and everything in town. Some folks would say his bark was worse than his bite, but he never said a word in anger to Momma or me.

Growing up he took me everywhere; the men in town called me "Kolby Coon Hound" because I was always at his heels, trying to be just like him, dressed in our matching camo pants and mud boots.

I learned how to cut cards and deal five card stud by the time I was 12 and I'd sit with him at the town bar, and he'd smoke his cigarettes and drink beer and talk with the men about politics and too much government bull crap. It didn't matter which party was in office, Daddy hated 'em all. He called George Bush, the first one, "that spy." He had nothing nice to say about Dukakis. By the time I was 16, he threatened to move us all out of the country to Canada if Clinton was elected. On election night, my girlfriends and I sat around crying and hugged each other over an atlas of Canada. We knew they spoke French in Canada and the girls told me I needed to get better at French kissing. I lied to them and told them I knew all about French kissing and even some other kinds of kissing, too.

We weren't poor, but we weren't rich. Mostly, Daddy worked on people's cars and engines out of a metal building on the back corner of our lot. I'd wake up first thing in the morning, go to the kitchen, pour him a cup of coffee and carry it to him. The steam from the cup would dance across my face and I took a whiff and then down the steps, very slowly so I wouldn't spill, and then across the grass to his shop. Sometimes, I'd be barefoot and the dew would get my feet wet, and I'd try to spell out my name with my footprints on the concrete driveway, while I sang him the songs I learned in Sunday school that week. I could always find him there, with the radio playing country music, lit up by the amber glow of a trouble light, under the hood of someone's car, turning a wrench.

One night, when I was 14, I was playing my guitar when I heard Momma

and Daddy talking so I went down the stairs, sat on the last step and listened. They were talking about money and some man owed Daddy a lot of money. I don't know how much. They weren't having a fight, but I could tell Momma was telling Daddy what he had to do and Daddy didn't want no part of it.

"You have to do it. He owes you and you've been good to let this slide so long, but if he ain't gonna pay you cash money, you have to do what you need to do to keep this family going."

"But what's he gonna do if I take them tools?" Daddy asked her. "It ain't the Christian thing to do, to take a man's tools."

"They are your tools, and he is no Christian."

Years later, Momma explained to me that Daddy had worked in the man's auto repair shop, and Daddy was buying tools from George Harding, our neighbor who drove the big truck for the tool company who sold to starting mechanics. Daddy worked hard, everyday, and the man told Daddy he would match whatever tool Daddy bought and paid for with his own money with an equal amount, dollar for dollar. Then the man said he needed some time for Daddy's paychecks, and after three months, Daddy didn't have any paycheck and the man closed and locked the doors on the shop.

I don't know what happened, but I remember two things: the look of pride on my daddy's face when he backed the pickup into our metal building with the huge bright red tool chest strapped to the back, and second, that night, we went to the bar, and Daddy just said, "Kolby, you don't say nothin', no matter what happens in here."

I was scared, but we opened the door and a bunch of the men were huddled around a table in the back. They whispered and pointed at us when we sat at the bar. Daddy acted like he didn't care, but the whole time, I could see his eyes, watching them in the reflection in the mirror on the back wall of the bar. In a little while, Daddy finished his beer and started to put some cash on the bar to pay up. The waitress walked over and handed Daddy a fresh bottle of beer, a whole bottle, not just a glass, and she pointed to the guys at the table. Daddy looked over and they all raised a glass at him.

Momma and me were just as close, but not in the same way. We'd stand outside and hang the washing, and then take it down and fold it, all the time talking about the ladies at the church and the things they organized for people, mostly funerals. She'd talk about faith and she'd quiz me, like a game, about people and places and stories of the Bible.

Momma sang with me every night and got me to join the church choir. Church choir was awful, most of those women and men couldn't carry a tune in a bucket, but we sang all the hymns, and my first singing break came the year I turned 15. Momma talked the choir director into letting me sing a solo song on Christmas Eve. I sang "What Child is This?" I brought my guitar and when Pastor Ray finished his sermon, it was my cue to go on. One of the ushers placed a stool right up front, and I stepped across the wooded floor and my boots went click-clack with every step. Momma even gave me some of her lipstick to wear, so the older people could see my mouth better, she said, but I think she wanted the boys in town to take notice of me, but in a church, and not a high school dance, so they would get the right message.

Momma and me stayed up that whole night, making Christmas cookies and talking about life and boys and the Bible and what I wanted to do next and how many babies I wanted to have.

I knew that night that I wanted to be a singer. I didn't care about boys or babies; I wanted to be in front of a crowd. I didn't care if they were all old and hard of hearing; I wanted an audience. I wanted to be the next country singer from Tremont, Mississippi.

So I joined the high school choir, and I sang at everything I could sing at. State contests, school concerts, the "Star Spangled Banner" at every home game for football, basketball. I would've sung at a track meet if they would've let me. And when I was 17, I entered my first professional competition, a Christian music contest and the winner got a recording of a one-song demo with a real studio band and \$1,000 cash. And I won it singing "Hallelujah," which then no one had ever heard.

That night, I came home and Daddy was working on a truck in the

metal shop building. I loved being in that shop with him. That big red toolbox, his toolbox, was amazing. There were 21 drawers and I knew what was in every single one of them. Daddy could be under a truck, hands caked in grease, and yell out, "Kolby Ruth, I need a 3/8 crescent wrench," and I knew where it was: third drawer down, third wrench in. And I'd get it and hand it to him.

He never heard me sing in the contest, but we were talking and he was working underneath, looking for a leak in the radiator. He said, "Kolby, sing that song for me."

So I did, I sang it for my daddy, *a cappella*.

While I sang, he listened and when I was done, he told me I was an angel. My daddy called me an angel.

Then he said, "Sing it again while I look for this here leak," and he rolled back underneath while I stood next to the truck.

"Kolby, shine that light down here."

His trouble light was hanging from the latch on the truck hood, so I stood up over the bumper to reach for it. It was just out of my reach and I leaned a little farther, and that's when the hose split on the radiator.

That truck had been running for a while in Daddy's shop and that hose was just old and tired. It was a tiny split, not much more than an inch they tell me, but it sprayed my shirt and my chest with 250-degree steam. God was watching over me that day, all that hot stuff missed my face and my eyes. Everyone says I must have slipped, but I know it was the hand of God that reached down and pushed me away as I fell back on the ground.

I don't remember much of what happened after that, except I know we were in the back of Daddy's pick up, Momma was cradling my head in her lap and her hair was flying in the wind and it was like Momma and me were flying. It was dark and all I could see was Momma's face surrounded by all the twinkling stars in heaven. I knew this was how I was going to die.

Momma says it broke her heart to hear me scream the whole 40-minute drive to the hospital. She says Daddy scrambled out from under the truck

and picked me up in his arms and started hollering. Momma looked out the kitchen window and there was Daddy running as fast as he could, carrying me to the back of that truck. He laid me down. By that time, Momma had come running out and Daddy yelled at her to get in back with me. Daddy drove so crazy out of town that he ran three people off the road.

Momma said she'd never been in a truck that moved so fast, and Daddy would never say how fast he drove. Later on, the state trooper told Daddy it took him seven minutes to catch up to our truck. It was a good thing that trooper was Daddy's friend, Junior Watson. Daddy and Junior were part owners in a stock car one year. Junior didn't know it was Daddy and Momma and me in the truck, and when we finally pulled over, Junior got out with his gun drawn and Daddy came flying out of the driver's seat.

After it was all over, Junior and Daddy laughed, saying that he almost shot Daddy until he saw me and Momma and the fear on Daddy's face.

Then Junior said, "Follow me and stay close."

And Daddy told him to "stay the hell out of my way."

So these two good ol' boy rednecks made a drag race out of the last five miles of my trip to the hospital.

I didn't stay there long. In an hour, they packed me into an ambulance and drove me to a bigger hospital, and from there, they transferred me to the children's charity hospital. I had third-degree burns and some second- and first-degree. The third-degree, the worst ones, didn't hurt; my nerves had been steamed clean off. It was the smaller burns that hurt most. The middle of my chest and the top half of my left breast were all destroyed. The pain shot clean through to my heart.

And I said, okay, the worst is over. They gave me pain medicine. I said, okay, I'll be home in a couple of days and go record my demo and be off to Nashville. I said the worst was over. I was 17 years old and I had no idea of the hell I was about to live.

When your skin gets burned off, before the new skin can grow, the old skin needs to be taken away. And they don't just do it once, they have to do

it over and over again. The first time they did it, two nice nurses came and took me to a room. It had a steel table and a steel tank, like a horse trough. It had the hoses and water jets that blasted into my chest and ripped the dead skin. It tore at my flesh and they held me down while I screamed in pain. The first time I thought I was going to die. Every time after, I begged them to let me die. I begged them to stop, I begged and I pleaded for them to stop. They just held me down, opened the water jets, and then blasted my open wounds. When they were done, they rinsed my old dead skin and my blood down the drain.

The pain was so bad, I asked God, every night, why he didn't tell me to jump out of the back of Daddy's truck and die on the side of the road. Why did he let me live to come here and then leave me to suffer. They did this to me so many times I stopped counting. But it was nights alone in the dark that left deeper scars in my heart.

They measure burns by the percent of your body that is hurt. My burns covered only six percent of my body. The other kids on my floor were living, if you call it that, with 20, 30, even 70 percent of their skin burned off. The smell was horrid. The screams were awful. Every night, before I fell asleep, I would lie there and listen to the beeping rhythm of the heart monitors. Some fast, some slow, never the same beat twice. So at night, I would lie there and listen to the beats. And try to make up a song to go with the rhythm, to make it not so awful. Some nights, a heart monitor would stop beeping and emit a solid tone, a long, lonely cry that the heart in the next room had stopped.

And I would count, one, two, three, four, until I heard the shuffle of feet and the rolling wheels of the cart that looked like Daddy's toolbox. I could hear them talking – it's nothing like on TV – it's just controlled talking and the sound of drawers opening and closing and packages being torn apart and a bed mattress creaking, kind of like the sound of sex, as someone pumped away, trying to force life into a charred body, counting one-and-two-and-three-and-four as they called another lost soul back. When it was over, there

was a lonely silence. Every time I cried. And to this day I don't know if I was sad or jealous.

I stayed in that hospital for 29 days. The day I got out, Momma and Daddy picked me up and I hugged them both so tight I didn't want to ever let go. Momma smelled like she was going to church and looked all pretty. Daddy never looked me in the eye and when I hugged him, he smelled like the old men at the bar who drank bourbon all day.

When I got home, Daddy had boarded up the metal shop building and put a padlock on the door. Daddy dropped Momma and me off at the house and drove to The Tap to drink away the guilt and shame he felt because he didn't protect me.

The contest people mailed me a check for my \$1,000 but they gave my studio time to the runner-up. For three years, my songs were silent. I stayed home, helping Momma take care of Daddy as he slowly drank himself to death. I never went to a swimming pool, and stayed inside on the hottest days, which was pretty much half the year in Mississippi. I was ashamed of my scars and hated the looks I got from people who didn't know me. I learned what to wear to hide my scarred heart. In between my surgeries and skin grafts, I took care of Momma, Momma took care of Daddy, and we survived like that.

One July morning, he just didn't get up out of bed, and when I walked upstairs to check on him, I knew he was gone, so I came down and told Momma and we said a prayer and then called the funeral home. I sang for the first time again at Daddy's funeral shortly there after, started singing in Buddy Mitchell's band. It was easy to be in front of strangers because I always wore cowboy shirts with pearl snaps up the front and long sleeves and all the boys thought I looked sexy. I stayed two more years folding laundry with Momma and singing with the band.

On my last night in that house, Momma came to me with tears on her face holding an envelope full of \$100 bills. She had sold Daddy's tools. She told me it was time to stop hiding my heart. She said, "Kolby Ruth, your

time has come." She gave me the envelope full of cash and said, "Go to Nashville and make a star for yourself." I packed my things and told her I loved her.

F.R. "Fritz" M. Nordengren, M.P.H., is an assistant professor in Des Moines University's master of health care administration program. His novel, Concealed: The Book of Joshua, was published in May 2013. He lives at Two Mile Ranch, home to the Iowa Writers' Retreat, where he writes, farms and cooks.

The Selzer Prize

BY GARY HOFF, D.O.

The Selzer Prize, initiated in this journal a number of years ago, honors the work and life of an exceptional surgeon-turned-writer, Dr. Richard Selzer. Although he no longer practices the art and science of surgery, his wide experience with illness and suffering during his clinical years has provided him with sharp insight into the world of patients and physicians, the world of suffering and of healers. In his hands the stories of those who practice medicine and those who seek their help have been transformed into art. The author of essays, stories and memoir, Dr. Selzer has provided a window into medicine that has seldom been equaled.

To many, despite today's "Information Age," medicine is a closed world, a world of arcane information, incomprehensible and baffling. But the work of writers like Richard Selzer and others who have followed his example has brought light and understanding. There have always been physicians who wrote and wrote well – writers like Arthur Conan Doyle, Michael Crichton and Anton Chekhov come to mind – but those authors' works dealt less with medicine and more with the wider society they inhabited. Dr. Selzer's work is different, delving instead into the inner world of the doctor and the relationship of healer to patient. Moreover, it has been his persuasive example that has shown how one might combine medicine and art.

But Dr. Selzer has not only written beautifully and emotionally about medicine. Through his embodiment of the ideals of humanism and artfulness in medicine, he has inspired many undergraduates who might have otherwise sought a different career to consider the healing art. In fact, the founder of this journal was one of those. Many such individuals have written him seeking his advice; no doubt hundreds, perhaps thousands, of others have entered medicine because of his example. Additionally, Dr. Selzer's printed word has encouraged medical students and fellow physicians who are gripped by the same incandescent desire to write that fueled his own literary career. And

The Selzer Prize for Writing

again he has provided unstinting support and criticism to those writers as they have struggled to succeed.

In the tradition of Dr. Selzer, *Abaton* is proud to encourage and support the writing efforts of students of the healing art, wherever they may be. Works of a group of outstanding writers were considered for the prize this year, and the finalists are published on the pages that follow. Each piece has much to recommend it, but only one prize can be given, alas. This year the Selzer Prize is awarded to Trilochan Hiremath, a third-year medical student at Duke University, for the piece, "When I Came In."

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

When I Came In.

Mr. M is an 84-year-old veteran with a significant past social history of numerous hardships in his long life. On physical exam, he lays supine in his bed at the VA hospital seemingly reflecting on the decisions he has made through the years, marveled at the directions he has traveled. He can pinpoint some of the harshest and some of the most beautiful events on his timeline, but the last several years have involved struggles unlike any other. He has never fought a war like his chronic lung disease.

Maybe it was the cigarettes? Maybe not. Every new doctor that enters his room over the decades enters carrying a new name and a new solution to his condition. He has matured alongside the field of pulmonology itself. The new name is “idiopathic pulmonary fibrosis” or “IPF” for short. They still don’t know what started it, what cures it, but they only know it gets worse. I could have told them that! They will probably never know in his lifetime or anyone’s lifetime for that matter. Some things are never answered in life it seems to Mr. M. His mind races between human effort and the divine.

“Can you make me feel better than when I came in at least?”

He asks the resident, the intern, the medical student, and the Physician as they each enter at 6:00 a.m., 6:30 a.m., 7:00 a.m. and 7:30 a.m. without a minute to spare. Now they have to consult a different doctor?

“Oxygen at 3.5 liters and bi-pap ...” he hears someone mumble in the back.

Everyone is confused; no one can help me; why do I even come here? Three buses, one train and four blocks to get to the VA Hospital – all with an oxygen tank tied to his scooter – they know the science and symptoms, but they don’t know how IPF actually FEELS, do they?



Mr. M knows he should not have brought his own drugs to the hospital. He knows he should not use heroin. He also knows what happens if he stops taking it. He did not memorize all the signs/symptoms of withdrawal like the medical student who asks him:

The Selzer Prize for Writing – 2013 Winner

TRILOCHAN HIREMATH

“We ask this of all of our patients, Mr. M. Do you use or have used any illicit drugs?”

Yes. I use heroin. I brought my own Suboxone! Mr. M did not tell the student that, though; how could he tell a doctor he’s using dope? They will make my situation worse – they will keep me here for the wrong things.

I want to go home.

“...sir ... consulted ... pulmonary physicians say it’s end stage. . .”

I know I don’t have much longer – I don’t need no doctor to tell me that!

“Do you have any other questions for the team, sir?”

I just want to feel better than when I came.

“No.”

Trilochan Hiremath is a graduate of Duke University with an A.B. in chemistry and a former Microsoft engineer. He is a third-year medical student in the George Washington University School of Medicine and Health Sciences. He is an aspiring interventional radiologist with interests in health technologies, entrepreneurship, health policy and medical humanities.

Called Home

Asoul was called home last night.

I thought it was going to be a normal night. As it happened, I made an early break from work and decided to make a couple short stops on my way home, including a pit stop at the grocery. On the drive home, I was daydreaming about what all I was going to do with this magical thing – spare time – that had suddenly fallen into my lap.

The sun was shining. It was a beautiful day. I thought about going for a run at the park before my husband came home. He had agreed to taco night, so that would be a fast, easy meal to prep. I could work on my painting. I've been planning on making more banana nut muffins. I could pop open a bottle of wine and continue watching season one of *Game of Thrones*. The night was full of possibilities!

As I'm in line at the grocery, my phone rings.

Hospice was calling me. Unexpectedly.

I paused before I answered, to prepare my heart. *This is never a good thing*, I thought.

I have been volunteering with hospice for five years now. This was the first time I had been called for a new segment of our program, the 11th Hour Vigil. When one of our patients is near their time, one of us is called to go sit with them, ensuring that no one dies alone. One of our patients was actively dying, and the need was quite emergent.

In cases like these, you don't ask questions, you just *go*.

I rushed home, threw dinner in the crock pot, shoved groceries in the fridge, grabbed my hospice badge, and raced to the facility.

Admittedly, I can be a little awkward the first time I meet someone in hospice... not really knowing what to say. Walking into this new situation, I never know what I am going to find. To just walk into someone's life so suddenly can be a strange thing.

By the time I arrived and found the correct room, family had gathered.

The Selzer Prize for Writing – 2013 Finalist

ALLISON LYLE

I introduced myself and stated why I had come to visit. They wanted to read aloud the patient's favorite Bible verses but didn't have one to read, so I went to find one at the nurses' station. I think my willingness to help the family is what made them begin to trust me.

It's nice to be on this side of things; I spent time with the family and the patient. I got to hear the stories. There was much laughter, many tears, but an overall sense of peace. I learned so much about this patient in a very short amount of time. This patient was very well loved. I was in no rush to leave. These people that I never met before took me in. They let me be a part of their story, and a part of their last memories of their loved one. I can't seem to wrap my head around the fact that I will never see them again, after all of that. Over the duration of three hours, I listened. I prayed. We prayed aloud together. I know nothing about the pathophysiology of death. I know nothing about disease processes. But I do know what it is to grieve and to need someone to listen. These small things that we can do for each other make a huge impact, even if we don't realize how at the time.

And during the middle of this, I got a text saying that a friend was being sent to the emergency department in my hometown, two hours away. I added her to my prayers. Medicine is involved in so many life events, most of which we do not have control over. This was a lesson I was learning quickly.

Death can be such a sad, horrible thing. Suffering is so unpleasant and heart-wrenching to watch, let alone experience. There came a point in time where the mood in the room changed. Breaths were coming slower and much shallower. The laughter stopped. More tears followed. The staff members at this facility were wonderful and very supportive. I stayed with the family until they departed for the night. They thanked me for coming on such short notice and for staying with the patient for so long.

When I got home, the kitchen was torn asunder, my own fault for how I left things as I rushed out the door. But I have so many things to be thankful for. My family is richly blessed. I came home to my wonderful husband, food in the fridge, a roof over our heads. So many things we can take for granted

The Selzer Prize for Writing – 2013 Finalist

ALLISON LYLE

in the hustle and bustle of everyday life. Tonight I am thankful that I had the opportunity to bless someone; and as always, I always get much more out of it than I feel that I am able to give. I may have given up my weeknight, but I gained so much more. Last night was just one more reminder of how I know without a doubt that I am supposed to be a physician.

This morning, I had a wonderful note from my supervisor in my inbox. It is nice to have a bit of acknowledgment for a job well done, but really, it was not necessary. Hospice is a wonderful, beautiful gift in and of itself. I encourage everyone to think about giving their time to support their local hospice organization. The kindness and love that I see poured out into my community is astounding.

So tonight – if all goes as “planned” this time – I’ll make a little dinner, spend a little more time with my husband, think of this family, and hope that I am able to be used for comfort in an obvious way again soon.

Allison Lyle earned a B.S. in biochemistry at Indiana University Southeast before pursuing a graduate degree in bioethics and medical humanities at the University of Louisville. She is now a first-year medical student there and hopes to work in pediatrics.

Human Finally

Interview. People. Help. Love.

Accepted. Officially Superhero.

Slide one.

Hours. Inadequate. Conflicted.

Me.

Compassion. One ten. Compassion. One thirty. Compassion. One fifty.

Finally.

Slide seven hundred.

Inconvenience. Anger. Me.

Compassion. One ten. Compassion. One thirty. Compassion. One fifty.

Finally.

Law. Anger. Future?

Slide fifteen thousand. Finally

Patient one.

Work. Uncomfortable. Inadequate. Love?

Patient. Secrets. Disease. Anger.

Patient shares secrets. Disease. Devastated

Work. Uncomfortable but learning. Love.

Healed. Hero. Together rejoice.

Patient, share your secrets.

Law. Anger. Me.

Patient, please share your secrets. Trust.

Inconvenient but understood. Patient needs help. Still learning.

Patient seven hundred. We need to investigate. Scared. Patient dies.

Family.

Vulnerability. Love. Patient. Doctor. Love. Vulnerability.

Patient exposes their secrets. Trust. Reliance. Hope.

They continue to come, and you continue to hold their trust.

They would do nearly anything you ask, hoping.

The Selzer Prize for Writing – 2013 Finalist

C. REID JOHNSON

“How could they put so much trust in me?” But they do. You begin to understand what it means to help; to love. The relationship becomes sacred. Finally, compassion.

Patient fifteen thousand. Last day. You remember the people. You remember your mistakes. You appreciate what they were trying to teach you all along. Why did it take so long?

You are no longer a superhero. You are no longer a hero. You are now human... finally.

C. Reid Johnson is third-year osteopathic medical student at Des Moines University as well as a full-time family man. His interests outside of medicine include gardening, drawing, music and genealogy.

A Silent Teacher

She laid in front of us
In deep slumber –
A Tranquility.

Of the type no life could disturb.
No scalpel, no suture,
No probe could awake.

No introductions.
Not a word exchanged.
Nor a question asked.

Weeks passed by.
Chapter by chapter – she expanded our minds,
Opened her heart,
Even held her brain.

Tied, bathed, and wrapped.
A textbook so real.

No goodbyes.
Not a word exchanged.
Nor a question asked.

A Silent Teacher –
In Tranquility.

Yet,
She taught us life.

The Road to Service Work

After 24 hours of traveling, we landed in the sunny capital of Honduras: Tegucigalpa, or *Teguz* for short. The air quickly greeted me with a welcoming hug of freshness and warmth. The feeling was a familiar one. It was as if a land where I never walked, welcomed me home. I had done service work in Nicaragua, a neighboring country, and lived in Mexico for a year doing research on gestational diabetes. I had spent time in Guatemala as a young, curious 16-year-old eager to learn Spanish. Ten years later from the first time I ventured south of the border, I was back on the ground in Central America, this time with a new, developing skill set as a second-year medical student.

From the airport we packed ourselves into two crowded tourist vans and bounced up and down along a windy road to our housing in El Paraíso. I spent the majority of the ride gazing out the window to get a taste for the new land. March is the dry season for Honduras. The landscape was primarily rolling mountains of a dull, burnt orange. The fields were empty. Trucks passed by carrying loads of burnt sugar cane to the processing plant. The drab views were highlighted with bright flowering carmine trees and fences covered in fuchsia bugambilias. The idea of contrast was nothing new to me in Latin America. Where there were multi-million-dollar American businesses, there were road-side stands and improvised store fronts selling a variety of goods from melons to car parts. Where there were luxury homes, there were shanty towns built into the sides of cliffs. Where there was despair, there was hope.

Our medical brigade was composed of about 30 students from Des Moines University and the Drake University College of Pharmacy and Health Sciences. In my work abroad, I have never traveled with such a large group. Their energy was contagious. People were compassionate, eager to learn and engaged in the journey and their service. As for the providers, we worked with a neonatologist, an old-timer internist, a new family medicine resident from Des Moines and a vibrant family med doc from a border town in Texas.

The Selzer Prize for Writing – 2013 Finalist

CHELSEA GRAHAM

The majority of the first day we spent counting, sorting and packing medications, vitamins and hygiene packs. We brought our own pharmacy with us in 22 duffel bags full of supplies as well as our physical diagnosis gear and computers to input the patients' electronic medical records.

The following four days were spent in the community of El Chichicaste. It was about a two-hour ride from our housing. Half the road was paved, half was gravel. The bus driver told me that if we kept on that road, we would end up in Nicaragua. By the time we arrived in the morning, there was a line of at least 30 people deep waiting to see us. We saw over 200 patients a day. The patients were from all backgrounds: Some were teachers and nurses, while others worked the land. One day we saw the family at the clinic, and on the bus ride home we saw them in their tin-roof homes on the hillside waving goodbye.

As a fluent Spanish speaker, I was fortunate enough to translate for the doctors all four clinic days. I would take the patient's history, translate for the doc, and the doc would fill in any blanks. Working with the neonatologist gave me my first exposure to pediatrics. Before I knew it, I was doing physicals on babies and toddlers while they sat in their moms' laps. I looked in many ears, eyes, noses and throats. We checked their abdomens for tenderness or organ enlargement. We made sure they had adequate pulses in case of an unidentified aortic coarctation. Many children had either a history of or a current viral upper respiratory illness. Other kids had dermatologic issues like ichthyosis or pityriasis alba. We treated their symptoms and reassured the mothers that their children looked healthy and congratulated all of the moms on being good mothers. I found pediatrics fulfilling as I saw the children as the embodiment of hope and innocence in Honduras.

When I worked with the family doctor, we also saw many viral upper respiratory illnesses, asthma and a number of chronic conditions. The dry season in Honduras seems to be like our winter in terms of general colds: lots of coughs, sore throats and congestion. In the patients we saw with asthma, many also complained of seasonal allergies. The heat and the dust appeared to be triggers for both. Again, we treated people symptomatically unless we sus-

The Selzer Prize for Writing – 2013 Finalist

CHELSEA GRAHAM



pected an active infection. Any of the patients that we saw with dental caries we referred to the dental group who traveled with us. Many of the *campesinos*, or farmers, had skin irritation due to exposure, which we treated symptomatically with topical creams to provide them relief. Taking care of the *campesinos* was an honor and a necessity. As the bus driver proudly shared with me, Hondurans consider themselves people of the land who work and live from its fruits. Thus, we made sure to take care of their health, so they could continue to cultivate the land.

The Selzer Prize for Writing – 2013 Finalist

CHELSEA GRAHAM

For the more difficult cases, there was one little boy with a heart murmur who was born with an atrial septal defect. He had received care in the capital and was coming to us just for a check-up. I was happy to see that some patients did have care elsewhere, like the mother who brought us a print-out of her ultrasound from over two years ago. However, not all patients had the luxury to receive more advanced care in the capital, a four-hour trek away. Most patients' care consisted of visiting the local *centro de salud*, or community health center staffed by a nurse. Any referrals that needed to be made during the brigade were addressed to the Honduran family doctor or the Honduran gynecologist who was working alongside us.

This opportunity helped me put my medical knowledge into practice and reminded me why I continue to do service work. Service work is about making decisions with little resources. In the U.S., we rely heavily on labs and technology. Most of our professors this year said that you should be able to get the majority of the diagnosis from the history and the physical. And that is what we did. We took careful histories and carried out complete physicals. These are the types of skills that fit under the category of the "art of medicine." The science that we learn is knowledge acquired through textbooks. I had only seen photos and heard about ichthyosis, but I had never seen a six-month-old baby, with her concerned mother sitting in front of me asking if her child was okay. If you are not careful in medical school, a person can easily become a disease. Working with and learning from compassionate physicians helped put an illness into perspective. It becomes part of the patient, part of their story. It is not the patient in his or her entirety.

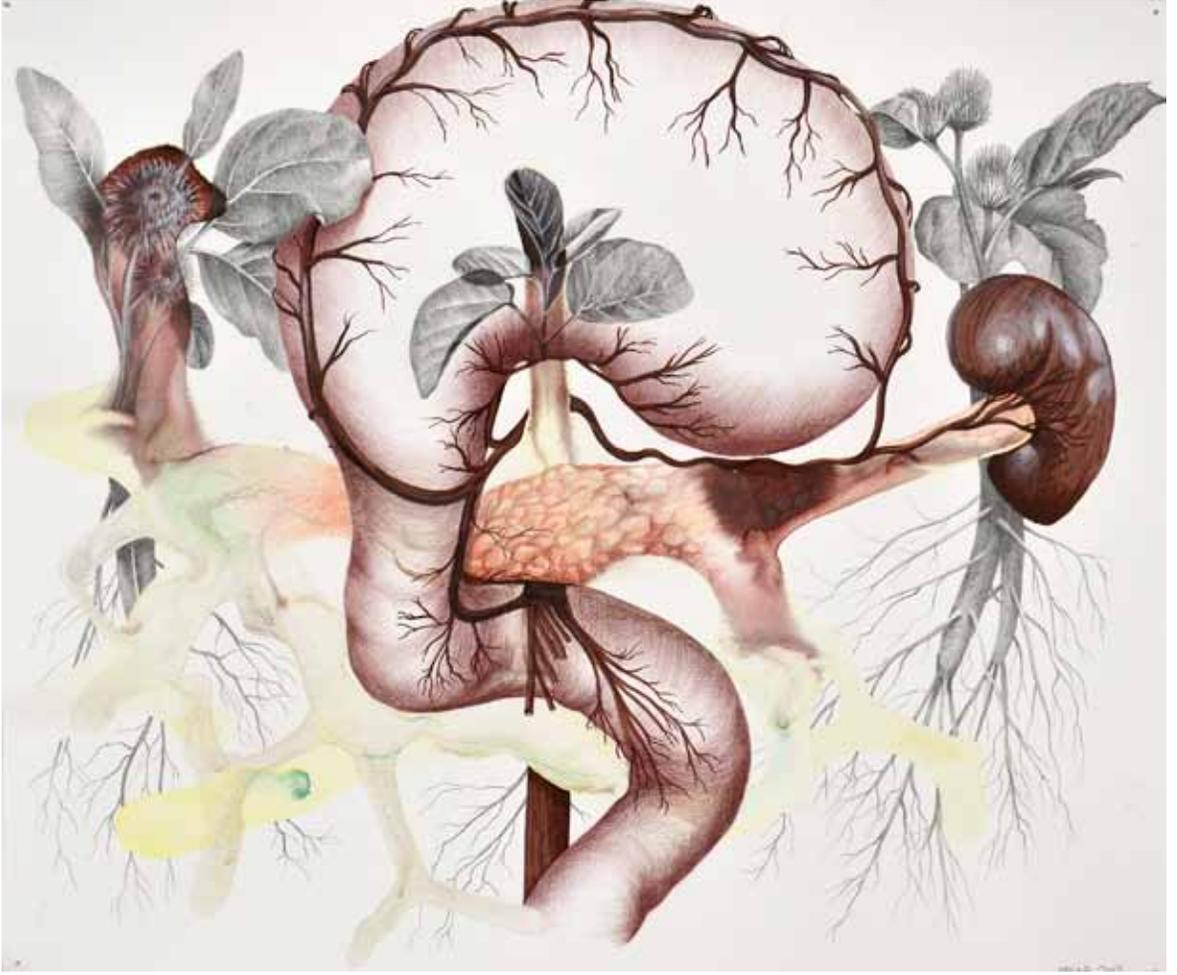
Vulnerability is another word that goes hand in hand with service work. There we were, a group of unknown Americans, providing care to patients from all walks of life who willingly shared their ailments with us without having previously established any sort of doctor-patient relationship. The sole fact of being students and health care providers from a U.S. medical school was enough for people to come and to trust us with our hands, hearts and knowledge. I was humbled and honored. I could feel the sacred aspect of medicine that the neonatologist told us about.

The Selzer Prize for Writing – 2013 Finalist

CHELSEA GRAHAM

This academic, spiritual and emotional journey in Honduras refreshed my knowledge and my soul. I am unsure of the next land where I will do service work, but that is the exciting part. It is the unknown that keeps me coming down this road, just like the vast world of medicine.

Chelsea Graham is a former Fulbright scholar from New Hampshire and a third-year Des Moines University osteopathic medical student who is passionate about social justice and global health.

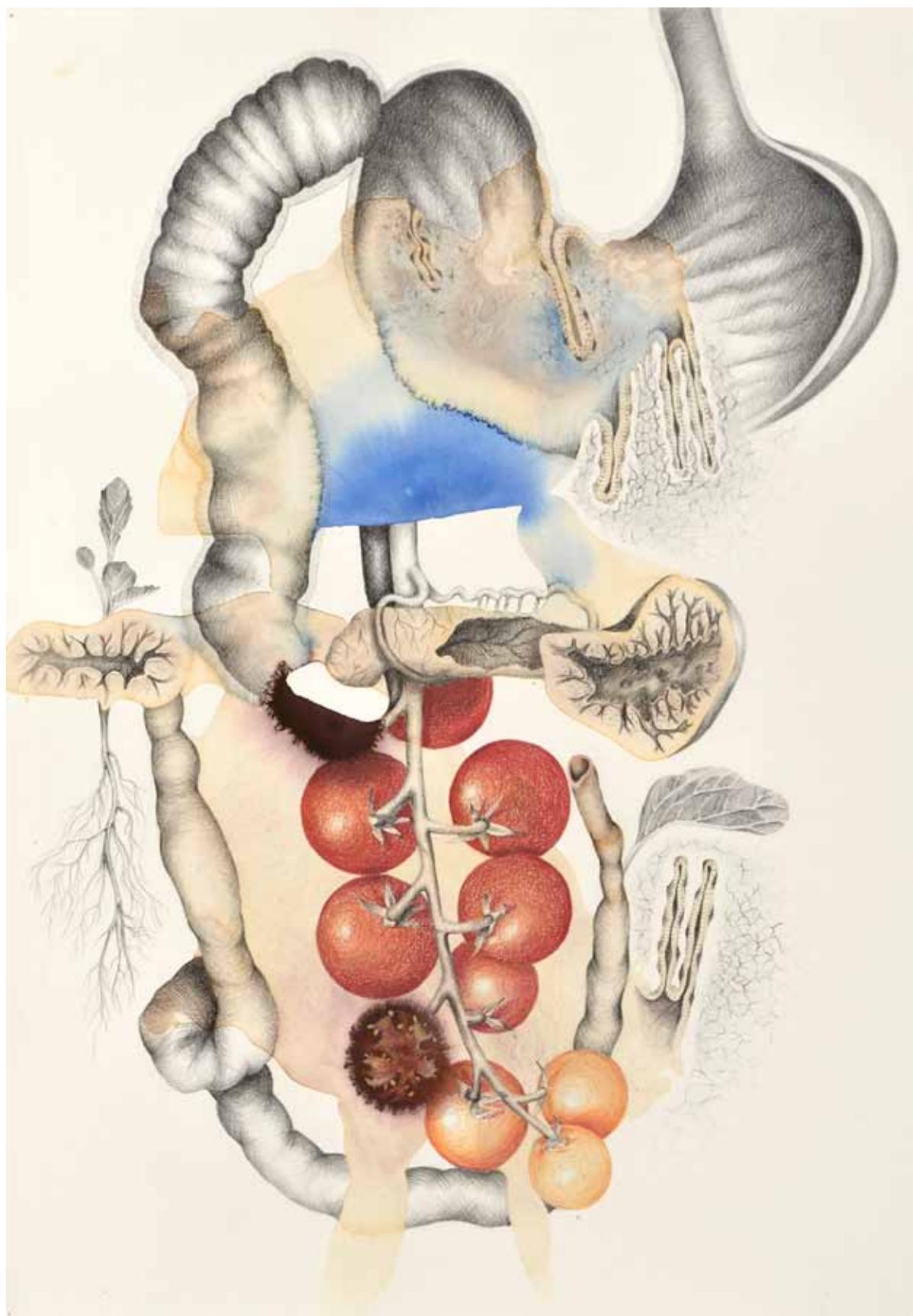


An Invasive Species

VESNA JOVANOVIĆ

Heirleum

VESNA JOVANOVIĆ





EcoScatter

VESNA JOVANOVIC



Science, the body and perceptual phenomena fascinate Vesna Jovanovic, an artist from Chicago. In her work, she combines spontaneous inkblots with distorted medical illustrations that evoke mad science or alchemy. Ms. Jovanovic holds degrees in ceramics, chemistry, studio art and photography, and her work has been featured in numerous exhibitions, publications and private collections nationwide.

First Year

I am the experience you shall accrue,
A pathway unique to each who walks through,
I am knowledge.
Advance me for your patients.

I am a moment of memory loss,
Accompanying days of study and extreme exhaust,
I am confusion.
Minimize me in your patient.

I am the joy found self-understanding,
A pride which is ever expanding,
I am confidence.
Facilitate me in your patients.

I am the throbbing which does not fade,
Stationary study enables me to pervade,
I am pain.
Experience me with your patients.

I am a motivational brilliance,
A connection creating newfound resilience,
I am inspiration.
Awaken me in your patients.

I am the apprehension of the unknown,
Insecurities that may have grown,
I am fear.
Relive me with your patients.

I am another's appreciation,
After voluntary time donation,
I am gratitude.
Elicit me in your patients.

I am the goodbye that was never said,
All of the signs that were misread,
I am regret.
Recognize me in your patients.

I am elation upon exceeding an objective,
A moment of pleasure purely subjective,
I am success.
Accomplish me with your patients.

I am the instant when it all becomes clear,
And you realize the importance of your moments here,
I am a doctor.
Each moment here brings me closer to my patients.

Theresa White is a second-year osteopathic medical student at Des Moines University who enjoys writing in her spare time. Her interest in the arts stems from her childhood, when she spent the majority of her time with art and writing. Although science has gradually captivated her interests over the years, she continues to have an appreciation for the arts.



Praying Mother

ERICKA GREY

Ericka Grey is a third-year osteopathic medical student at Des Moines University. Although school and life can be busy, she has found music and art to be important for a healthy mind.

A Wonderful Man and the Bicycle

He was of above average height for an East Indian, about five feet, seven inches tall. Years of tropical sun had given him a glowing dark complexion, and years of worries and problems had given him deep furrows on his forehead, but till the day he died there were no wrinkles on his face. He was thin, muscular, always looked like an athlete. The receding hairline, fairly advanced in the territory of the middle of his skull, along with the bifocal eyeglasses, gave him a look of authority. It was long before the progressive lenses were born. The lines on the lens separating the near sight and far sight were prominent and distracting. A soft-spoken man, he was cultured and respectful to others. He had mastery of three languages – Hindi, English and Sanskrit, the parent language of all Indo European languages. He knew several dialects used in and around that area in north India. His true smiling nature broke through the stern appearance if there was anything related to engineering or mathematics; the harder the challenge, the more delighted and engrossed the look on his face! Once he solved the problem, which he invariably did, he had the pride and satisfaction, beaming with joy from ear to ear. Mathematics was his mental relaxation, a meditative tool. He loved infants and toddlers but we, the older children, had to earn his admiration and laughter. When in public he was a man of few words, fewer smiles and no small talk. At home he was always relaxed, amused even by our trivial childish gibberish and always willing and eager to share his knowledge. That was my father the way I remember him.

He was extremely relaxed and more jovial when my mother, always clad in a conservative sari, was around. I had seen his old official photos in western-style trousers and shirt, but after the independence of India he started wearing Indian-style clothes, dhoti and kurta exclusively. The dhoti was always wrapped around his waist neatly. The kurta, a long, loose-fitting shirt made of homespun Khadi material, was either cotton in summer or wool for the winter. Mahatma Gandhi wanted the villages to be self-sufficient

and boycott British goods when he started the Khadi movement. The British, cunningly clever and often ruthless rulers of India for over two hundred years, took raw cotton out of India, processed it in Lancashire or other British centers to make cloth, shipped it back to India and sold it, at a huge profit, to people who produced the raw material. They levied exorbitant taxes, filling their own treasury without any consideration for the poor economic status of the Indian masses. At one time they even proposed a salt tax, salt being essential for survival in a hot climate of India. Gandhi's salt march was symbolic of a rebellion against British Imperialism.

It was a plum posting for any Briton to get assigned to serve in India. Besides the high remuneration, there were ways to accumulate wealth, not always by legal or ethical, humane means. Most Britons returned back to their homes in the United Kingdom and lived comfortably. They cheated the local peasants and landlords, maharajahs and Nawabs of their land and valuables. Little by little they divided the locals and ruled India. Gandhi established village centers and taught the villagers to spin their own yarn and make clothes to earn money. It regenerated their self-pride. Khadi became the symbol of Indian pride, a declaration of independence and to some degree defiance to the foreign aggressors. Khadi became the uniform of the millions who joined the brigade to drive the British out of India. The coarse, hand-woven cloth became the favored fabric of the rich and the poor, the educated elite and simple workers, the leaders and the followers. It was a brilliant move to instill national pride in the masses of India who had forgotten their true worth and their identity because of centuries of living under rulers from outside, the Moguls, the Turks, the Portuguese, the French and the Britons.

Even the first prime minister of India, Jawahar Lal Nehru, threw away his Seville Row suits and was clad in Khadi chust pajamas (tight-legged pajamas) and the elegant sherwani (the long knee-length coat), with his trademark red rose on the lapel. Nehru did his early school education at Harrow, the same place where Winston Churchill studied. In spite of this common bond of the same alma mater, they never developed a mutual admiration or liking.

Nehru went on to Cambridge for his undergraduate studies and got his legal education at the Inner Temple in London. Nehru had summarized this emotional surrender of Indian people in his autobiography (page 417): “Greater than any victory of arms or diplomacy was this psychological triumph of the British in India.” Khadi broke the mold of thinking of the Indian elite and the masses that the British way was the best way!

Father wore a long Indian-style shirt, very loose-fitting to accommodate the hot Indian summers. On each of the side seams were attached pockets that hung just above the knees. This was the kurta that also had a breast pocket on the left side of the chest. He proudly sported a maroon-colored Sheaffer fountain pen, one that looked like a torpedo, fat in the middle and tapered at both ends, with the signature white dot at the top. Sheaffer pens were still made in Fort Madison, Iowa. Around 1966 when he was visiting me in Des Moines, this pen needed repair. We sent it to the factory in Fort Madison, and it was promptly replaced by a similar new fountain pen. The products at the Sheaffer factory were guaranteed for life, no questions asked to replace or repair their products. My father gave it to me when he was returning to our native village in India. Still in my collection, I used it during my medical student days at Des Moines University.

Instead of trousers that westerners wore or pajama bottoms that mostly Muslims wore, Dad wore a dhoti. It was long, perhaps six or seven feet in length, and wide enough to be tucked in at the waist and still wide enough to reach the ankles. It was quite an art to wrap a dhoti that was not secured at the waist by any rope or belt. There are regional variations in the style of wearing a sari or dhoti. Dad used the style prevalent among upperclass, upper-caste Hindu males in our part of India. He could tie one on in seconds and change from a wet one to a dry one in open public view after his morning bath. He, like most of Hindu males and females in our area, preferred to bathe in the flowing stream of the river or the canal. It was not a problem for us, because Dad was an engineer for the irrigation system. We were always on the banks of a river.

January was the coldest month of the year in north India, also corresponding to the month of Magha according to the Hindu calendar. Regardless of the chill in the air, my parents bathed daily in the flowing body of water near them. This ritual of bathing before sunrise gave them the feeling of physical and spiritual satisfaction. We, the children, preferred the heated warm water carried to us in large buckets. The water was heated in the kitchen on open, homemade wood-burning earthen structures.

My parents were a model of domestic harmony. It was an arranged marriage, but unlike most marriages in the area, this relationship was not established till Father finished his high school education. In those days it was not uncommon to wed children under the age of ten years. There were strict guidelines for these matrimonial unions: It had to be within the caste; the boy had to come from an educated family (at least from their standards); the girl had to be proficient in household chores, accept the husband and his family without question, and had to be of a different gotra. It was and still is a taboo to marry within the same gotra. The gotra system will be explained later. The village elders used the village barber and his espionage network to find out about young boys and girls of marriageable age. Subtle inquiries gathered the information about the families. If the situation was deemed appropriate, the elders of the village met with the patriarchs. This was not only a family matter; it was a concern for the whole community. The decision was made to exchange horoscopes. If the Brahmin astrologer found the horoscope compatible, then the negotiations began culminating in the final religious ceremony of matrimony. There were times when minor danger signs could be overridden but at a price, of course. Extra cash or expensive gifts to the astrologer did the trick to remove these obstacles. Every Hindu child born in the upper castes had his or her horoscopes drawn, based on the exact time, the location and the positions of astrological stars and signs. A good astrologer could predict the future of the infant by looking at the horoscope. In some cases, if the astrologist saw grave dangers or gross incompatibility, the proposals were dropped.

Mother was from a village about twelve miles from my father's village. She of course was also from a high Brahmin clan and of a different gotra. Her education basically consisted of domestic skills. Once she came to realize that her husband was a civil servant, she taught herself enough Hindi to read scriptures. Later on she acquired a very basic minimum understanding of English along with the Bengali and Oriya languages. They made a perfect, happy and enlightened couple. Mother wore plain khadi saris, always cotton. On special occasions like Hindu religious festivals, weddings or in welcoming some important visitor, she looked great in elegant, multicolored silk saris. She always wore her cheerful smile, caring and loving attitude and everlasting optimism.

When we needed extra tender love and affection, we gravitated to Mother. When we needed strength, power or adventure, we sought Father's arms. If I were ill with malaria, typhoid fever, smallpox or cholera, Mother's loving, tender care brought more comfort than all other medicines in existence. Besides my father's homeopathic remedies, which he dispensed freely to all who needed it, there were just a handful of "patent" or western medicines in the market. The horrible quinine mixture was always given regardless of the cause for fever. When Chloromycetin became available in the 1950s, the doctors prescribed it to everyone, even the toddlers and infants. The side effect of bone marrow suppression was not known in those early days.

I do not remember my parents ever holding hands, hugging or kissing. There was no need for public display of their affection. Their adoration for each other poured from every pore in their bodies. I often compare their loving relationship to modern TV, radio transmitters and receivers: I never see the sound or the picture in the environment; it is transmitted at a set frequency and is received only by the receiver tuned to that frequency. Their admiring and adoring looks told us the story of their complete devotion to each other. They brought seven youngsters to this world. As it was in those days, only three of us survived beyond childhood. Most of my siblings died within a few weeks after birth. One sister died at age six from high fever. My surviving elder brother and elder sister have their own children, grandchildren and now

several great-grandchildren. Death and birth were accepted with equal grace and dignity, because that is the way God wanted it! Infant mortality and maternal death are still very high in rural areas of nearly 650,000 Indian villages.

Father was born and grew up in a rural setting in the northeast part of India. The village, Banjaria, was in the middle of nowhere. The narrow walking ruts were the only avenues to Banjaria. The nearest railroad station was about five long miles away. It seemed longer if we had to walk in pitch-dark nights, because the train seemed to arrive and depart only in the nighttime. Bartering was a major way of survival in this agriculture-based society. Indian villages have a mixture of various castes. Typically, there are landlords, the priests, the agricultural workers, the trading professionals, the household helping class and a few low castes on the outskirts of the village. Banjaria was different; the whole village was made of the Pandey clan except for one barber family. With so many priestly Brahmins in one village, survival was highly competitive. In those days, leaving the village to earn a living was not an option.

The lonely barber family was ultimately pushed out of the village. The barber's wife was a memorable person; she had a complete cleft lip and cleft palate on her left side. She had the typical nasal voice and was considered a bad omen for most auspicious occasions. She was not a perfect example of the human body; thus, she was shunned except when needed for foot care and other errands! I still fondly remember her loving nature. She was kind to everyone, but she was never a fully accepted member of the village. Unfortunately, undernourished or malnourished societies have more than their share of cleft lips and palates.

The village had about twenty houses, all with walls of mud and roofs of baked tiles or dried grass. Wooden or sturdy bamboo beams supported the roof. Small windows, about two-by-two feet, were always open. A cotton or bamboo curtain kept most of the sunlight out. At the southern entry point in the village stood a huge ficus tree. The branches had roots that came down to the ground and ultimately formed a solid trunk. A similar system in the

botanical gardens in Calcutta has created a huge ficus tree extending more than one large city block. This tree in the village provided shade and shelter for humans, birds and beasts in relentless, brutal hot summer days. It provided shelter from blinding sandstorms. It also allegedly was a gathering place for ghosts who often floated in the air, attired in white sari-like material. It is whispered that this may be the wandering soul of one or more brides who decided to end their lives by drowning in the pond behind the tree!

Mango groves and other tall, tropical trees protected the village on all sides. The village welcomed everyone except the low-caste untouchables, plagues, smallpox, locusts, tornadoes and Neelgai. Neelgai (the “blue cow”) is the largest member of the antelope family roaming several Asian countries. The British named it the blue cow, thus protecting it from extinction. The cow, of any variety, is worshipped in Hindu society. The Neelgai were not welcomed because they ate, trampled and destroyed the crops. For similar reasons, locusts (short-horned grasshoppers, family *Acrididae*) were not welcomed, either. When the locusts came even in broad daylight, the area got enveloped in total darkness. Even before one could blink, the trees were bared, devoured and destroyed. The low-caste untouchables, the Christians, the Muslims, the lepers and the physically challenged were not welcomed because they polluted and contaminated the air, the soil and the water of the village. If we touched any of them by mistake, we had to bathe immediately and go through a purification ritual. The ritual was similar to the ones endured by any Hindu who traveled abroad. Crossing the oceans was considered a violation of religious guidelines. Even Mahatma Gandhi had to go through this ritual before he was accepted back in his community after his return from London as a barrister.

Babies in rural areas are born in unhygienic conditions. The delivery is usually supervised by an elder female of the village, totally untrained to deal with complications of childbirth. The maternal and infant mortality rate is very high due to lack of proper pre- and postnatal care. Malnutrition of the mother, infectious diseases and superstitions usually contribute to this tragic

chain of events. India is 49th from bottom with an estimated infant mortality of 46 per 1,000 live births. For comparison, the United States of America is 173rd from bottom with six deaths per 1,000 live births (which is much worse than the rates of Greece, Cuba, South Korea and Spain). These are the 2012 estimates of the U.S. Central Intelligence Agency. It is a miracle that we survived under those conditions. Infectious diseases take a greater toll even in adults. The unavailability of potable water, lack of toilet facilities and lack of basic education in hygiene are contributing factors for the high mortality rate. India has more mobile phones than toilets! The huts may have televisions and satellites but no toilets. One can easily see this in the villages and slums of the big cities.

We are the priestly and learned cast, trained to be leaders, teachers, healers of body and soul. We are Brahmins. This lineage goes back to the Vedic era. We are forbidden from marrying in the same gotra, which traces our ancestry to someone, most likely a Brahmin teacher, scholar or a healer in the Vedic period. I am a member of Kashyap gotra. I cannot marry someone from the Kashyap gotra because we come from the same lineage of sage Kashyap, the first known pediatrician. The very first plastic surgeon, Shushruta, was from the same era and was also a Brahmin. My grandfather was a learned Sanskrit scholar and healer. His specialty was the ridding of evil spirits and ghosts. His desire, of course, was for my father to become a Sanskrit scholar and a priest. Destiny had other plans for my father.

One summer day my father saw a white person in trousers, a western-style shirt topped with a solar hat, and riding a bicycle. This person must have been British, because the old saying is true: "Only Englishmen and mad dogs venture out in Indian summers." Father was enchanted by the scene; the man, the bicycle and the solar hat became his symbol of success and inspiration. The villagers, of course, hid in their huts. Not only was this white person the lowest of the untouchable castes but also a Firangi (a foreigner). Firangi, of course, always brought calamity in the form of unreasonable taxes and often extra corporal punishment handed out randomly to keep the local population

in awe and terror. Random and frequent harsh punishment also subdued any thoughts of a mutiny against the British. It was not uncommon to tie a local person on a metal sheet and leave them to suffer in the brutally hot sun, often reaching temperatures over 140 degrees Fahrenheit. It was expected that an Indian will take off his turban and shoes, both of them a protection from the sun, and walk with his head bowed down to show respect to the white person living in a house. An Indian was never supposed to look at *mem sahibs* (female whites).

In my father's eyes, there was something majestic about the western outfit and the solar hat (a pith helmet of khaki color). It was a symbol of authority for the masses, a symbol of culture and knowledge and a challenge. Father was a youngster, perhaps seven years old, but he decided to defy the tradition of the family, of the caste and of that village; he was determined to study under the British education system, which was introduced in India by Lord Thomas Babington Macaulay (1800-1859) to educate and train Indians to become clerks. It was designed to spare the Indian people from being independent thinkers and to instead become submissive to white masters. During my high school days, we were taught how to write petitions and letters to the British officers; each always ended with the line "your most obedient servant." If we missed this declaration of inferiority and submission, the marks were deducted from our examinations.

My grandfather, of course, was less than thrilled that one of his sons would defy the centuries-old tradition for a Brahmin to be a Sanskrit scholar, and instead decide to study in the British system. Father was almost exiled from the family, but he was determined to own and ride a bicycle. He had to walk over six miles daily in each direction to study in school in Bhore, which was also the police headquarter for that area. He was bright so he started getting scholarships. He brought that steady income to my grandfather, which pleased both. He finished high school and went on to engineering school. He did get his western-style clothes, the solar hat and the bicycle. It was the pinnacle of success for Father. He had the honor of becoming the very first high

school graduate and a civil engineer not only in his village but in surrounding villages under the Bhere police station.

While growing up we noticed that Father always had a bicycle, the British-made Hercules brand, even though we had full access to motorized vehicles including the lefthand driving World War II vintage Jeep made in the United States. I taught myself to drive a car on that Jeep, but I, too, inherited the gene from my father of always having a liking for Hercules bicycles. As youngsters we had no clue why that bicycle held a very special place in my father's heart!

Inspirations do not always come in the form of the Lord speaking to you directly. You do not have to be on a mountaintop to get inspired; lightning and thunder do not always accompany inspirations. It comes in different settings, in different message forms, under different circumstances, and one has to grasp on to the inspiration and apply all your energy to make it come true. A two-wheeled simple bicycle inspired this wonderful man to change the direction of his entire life. He became a messenger for modern education. He inspired generations after him to study hard, work hard and think outside the box. The village has many teachers, engineers, entrepreneurs and physicians, and education has come in to the village so all the boys and girls can get basic education.

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



Are you listening

THERESA WHITE