



THE UNIVERSITY OF IOWA
ROY J. AND LUCILLE A. CARVER
COLLEGE OF MEDICINE

Creative Writing Anthology

2022

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Foreword

Hippocrates once wrote, “Wherever the art of medicine is loved, there is also a love of humanity.”

Parallels between the arts and humanities and the medical sciences have long existed. They rely on the same foundational concepts of critical thinking, analysis, and creativity. They build upon established concepts and methodologies while pushing the boundaries of knowledge and understanding. And they value excellence in practice through the application of proven tools and techniques.

From the carefully conceived lines of a poem to the precise movements required in surgery, art and medicine are rooted in empathy and compassion as well as a desire to better understand what it means to be human.

Writing and medicine are two reputational pillars for which the University of Iowa has garnered national, and international, recognition. As such, the Carver College of Medicine embraces its unique position to offer opportunities for physicians and learners to explore the intersection of art and medicine and express their creativity.

In this anthology you will find poems and short fiction written by a diverse group of Carver College of Medicine students, faculty, residents and fellow physicians, and postdoctoral researchers and scholars.

While these creative works cover a wide range of topics, each piece contributes to the idea that fine art can be good medicine. These poems and stories were selected through a double-blind, peer-review process by faculty and staff at the college. I hope you find them to be engaging and insightful.

BROOKS JACKSON, MD, MBA
VICE PRESIDENT FOR MEDICAL AFFAIRS
TYRONE D. ARTZ DEAN, CARVER COLLEGE OF MEDICINE

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arclet

although she was empty
she tended to my cat well
she taped up his little paws so that when he walked
it looked like he was shaking maracas

mornings weren't so sardonic
she painted them salmon
doily grandmother blankets left my feet frozen
but my cat slept amazing

she talked to kids in her 'birthday voice'
and taught me about the pituitary
how it makes the body feel good
how it could get too excited and
outgrow its blood supply

even though she lost her glow
she still fills this space
her dead skin cells jettisoned
now baring winter's graven relevance

I too am empty
but I tend to this place well
it's been a thousand years since
and you have still left me
without articulation

ETHAN KSIAZEK
SECOND-YEAR PHYSICIAN ASSISTANT STUDENT

May Day

When I was told that you had died,
I wailed and wept, and crept, and cried;
You lived for but a single day—
A mayfly in the month of May.

But with your death you also shed
The pains of life that spare the dead,
Who though in darkness spend their days,
Are shaded from the sun's harsh rays:

You died before I heard you talk,
And never learned to crawl or walk;
But nor will you be cursed or maimed
By others from whom death refrained.

And though the lark you shall not see,
Nor will you disappointed be
To someday hear its plaintive cry,
And find its fractured eggs nearby.

Although you'll to all these be numb,
The greatest grace is yet to come;
For never will your heart be robbed
Of the child you might have loved.

ELLIOT STALTER
SECOND-YEAR MEDICAL STUDENT

Aislamiento

A translation built around its root –
“Isle”
Granted, medicine is the remote isle of my dreams.
Next week’s adventure may be trying,
And all the more worthwhile.
How lucky am I?

While I vigorously prepare,
Bottles pile up on shore,
Distant messages of family crisis,
Friends begging for a moment of advice.

What insight can I possibly offer?
I can’t even unravel the brachial plexus!
My friends, my family, they can wait.
My cadaver, though,
Surely won’t delay decay.

Eventually, I’ll voyage home to confront the upheaval.
Only to discover the crisis long averted,
My friends expertly navigating the next stages of life.
So I find,
No one waited for me after all.

Returning solemnly to my isle,
I ponder:
How is it that in choosing this career –
So nobly rooted in humanity –
I’ve isolated myself from it?

ABBYGALE WILLGING
SECOND-YEAR MEDICAL STUDENT

Emerita

Forty years ago,
a commencement

A woman surgeon
Then few, now we are many

Missed first steps
missed many things
Conflicted, Responsible
Mom is a doctor

Teacher of physicians
so much to convey
Skills, Judgment
when is it Enough?

Joy in the work
Still in the game
stiff hands
new tiredness

It is time
time for sunlight, stories and songs
time for Growing and Becoming

A new commencement.

MARYGRACE ELSON, MD, MME
CLINICAL PROFESSOR
OBSTETRICS AND GYNECOLOGY

The Quiet Room

When Dr. Alix Ferguson stopped to pick up the mail on her way home, she found a large yellow envelope for her husband Mark, addressed in his sister's confident scrawl. Alix suddenly remembered it was his birthday. She didn't have a present, a card, or even some peanut M&M's. She shivered as she considered driving back to the convenience store, but that would take another 20 minutes. It was almost 7:30, and all they had was beer, candy bars, and Slim Jims.

Under Mark's envelope, there were a few advertising circulars and medical journals. Nothing for her. She had already gotten her mail, delivered via a secure website. The Boards, "We regret to inform you..." Alix had closed the electronic document without reading the rest. She knew what it would include. Lists of keywords for all the questions she missed, and details of her options. She had failed twice before. She would log on to the website and read all the details later.

She was coming home after a long shift covering trauma surgery. No one had died on her watch, and for that she was grateful. But all she felt was fatigue. Covering the day shift after a full night on call, after a normal full day in clinic, she had been on duty for 36 hours straight. She couldn't remember her last meal. When the sun came up, she got a quick shower, and a cup of sour coffee from the bottom of the ER coffeepot. She had become hardened to it; it was the norm during her training. She did it routinely about once a week. But she was exhausted, and so she stood outside the row of mailboxes, chilled, dazed, unable to decide what to do next. Go home, or go back to the convenience store. Finally, habit won, and she slowly drove the winding half mile from the mailboxes to their home.

Mark sprawled on the couch in the living room, reading. She came up behind him, draped her arms over his shoulders, and kissed the back of his neck.

"How was your day?" she asked.

He stood up, turned around, took her heavy backpack off her shoulders and embraced her. They walked into the kitchen together, his arm over her shoulder.

"Pretty light. A couple of lectures, then I was over in the lab all day. We're starting to analyze the data. There may be something...need a few more observations." He went on for a few moments, foraging in the refrigerator for the fixings of dinner, then turned and faced her. "What's wrong? You seem awfully quiet."

"It was long. One patient after another, all trying to die in the emergency room. There was this little 6-year-old boy. He had just gotten a bicycle for his birthday..." She hesitated, stared straight ahead. "Mark, something bad happened..."

It was their code phrase, first used during residency to alert each other to pay attention to what followed. Mark stood still, facing her, the refrigerator door still half-open behind him.

Alix drew a deep breath and continued, "...his mom drove him out in the country where it would be safe to ride the bike for the first time. She unloaded the bicycle from the back of her old pickup and told the kid to wait. He couldn't, of course, so he got on the bike and almost immediately fell off. She ran right over the kid when she was backing the truck off the road. Terrible head injury. I don't know if he'll make it..." She fell silent, trying to choose her words, remembering how they had fought to stabilize the child; and how much blood there had been, rich red lavishly staining the sheets, turning dark as it puddled and coagulated on the floor. Blood being pumped into the IV, and blood coming out, the amount shocking even to someone like Alix who was hardened to the sight. She shivered and said, "The neurosurgeons finally got the bleeding stopped in the OR."

Alix had walked out of the trauma room, peeling off her bloody protective gown and gloves to throw them behind her onto the floor behind her as protocol dictated, and encountered the kid's mother. She shouldn't have been there. Someone should have taken her to a room and stayed with her. But somehow the mother had found her way by guile or instinct to the door outside this cold, antiseptic, trauma room, all blood-spattered like a crime scene, and there she stood.

She was a small thing, all bone and sinew, neatly dressed, and she looked like she would fly into Alix's face if she dared to say the child was dead. She must have followed the chopper in her car, arriving at the hospital with no idea if the child lived or died.

"There she was. Right there. And I had to tell her how bad things were. So, I took her to the Quiet Room."

Alix heard again the low guttural gasp the mother had made when she had slowly, gently, calmly, explained the extent of the injuries. The Quiet Room was sound-proofed. Not to keep sounds out, but rather to keep sounds in. This had been a soft sound, barely audible even in the quiet, a sound far worse than a scream.

"It was his birthday," she repeated. She turned, and looked at him. "Mark, I forgot. It's your birthday. I thought I'd have time, and now it's your birthday and I forgot. Can we do it this weekend?"

"Sure. No problem," he said, giving her another hug. But as he released her, his glance slid sideways to the pile of mail on the kitchen table, unopened. She started shredding the lettuce for the salad while he grilled the salmon.

"You have a card from Sissy," she said. "And I got my results from the Board."

"And?" his tone was light, confident.

She got out the tomatoes, washed them in the colander, and prepared to slice them. He turned and looked at her.

"Watch the salmon, it'll burn," she said.

"The boards, Alix?"

She looked down at the tomatoes, and all she saw was a rich red blur.

She silently shook her head.

“Dammit, Alix, I told you to study.” His tone was low, controlled. Had he already guessed the outcome? “What the hell happened?”

All she could do was shake her head. She let her long hair, unbound now that she was off-duty, swing forward from behind her ears to hide her face. No one could ever see her cry. The room grew quiet. Then Mark said, “Alix, we can’t afford it. If you have to remediate...and where would you go?”

“I think I get another chance.”

“Thinking just doesn’t cut it. You need to be damned sure. You told me last time that the Board gives you four tries. Is that true, or isn’t it?”

“It’s complicated...”

“Well, check, dammit, and figure something out.”

They both fell silent.

During dinner, Mark opened his birthday card and slipped out a folded, typewritten letter. Sissy, an unpaid intern at a big Wall Street law firm, was a keen observer of her adopted city. Mark usually read her letters aloud to Alix so that they could laugh together and remember shared moments from their own years in New York.

Forgotten birthdays, overlooked anniversaries, Mark was used to it. Alix expected him to shrug it off as usual. During dinner, her spirits rose as her belly filled. But a knot remained deep in her gut. She had forgotten Mark’s birthday before, she had even failed the Boards before. What was so bad this time? She kept her face down, kept eating, and waited for Mark to start reading the letter.

Mark read it silently, a half-smile on his lips. When he finished, he stuffed the letter back into the envelope and set it aside, just beyond Alix’s reach. She could hear the faint ticking of the clock in their bedroom, so profound was the silence between them. And between them, invisible, lay the results from the Board.

Three times, with increasing ferocity and intensity of purpose, she had studied and prepared for those exams; meticulously underlining, highlighting, and finally outlining segments of textbooks. This last time she had taken a week off from her job and flown to Detroit, stayed in a hotel, and sat with a bunch of other losers, reeking of flop sweat, in a dingy ballroom for a five-day review course. That junket had taken the place of their usual summer vacation. And for what? Another failure.

Failing the boards would not jeopardize her license to practice, but she would lose her job as a surgeon. Fail the boards too many times, and you had to do another stint as a resident. She had let Mark down as well as herself.

At the last minute, she had switched call nights so that she covered the ER the night before this last disastrous attempt to pass the test. A colleague had a sick child and needed to be home, so she, Alix, had stepped into the breach. It was a point of pride of her, to step up do what needed to be done. To be the one that others called upon. But she had barely managed to get two hours of sleep before the exam.

Ironically, this would not have happened in the old days. Her professors had told her that back in their time they traveled to another city and took the exam with pencil and paper. She couldn't even imagine that.

She had gone directly to the secure test site – about five miles from the hospital – on a stomach loaded with coffee. Of the whole experience, the one thing she remembered was a savage sense of satisfaction from the previous night's call. She had defeated death in the arena that really mattered – the real world.

Once, Mark told her a story. They were visiting his parents, and she had made some stupid remark about a moth-eaten dusty stuffed raccoon on one of the top shelves in his old bedroom.

"That came from my grandparents' house. It was from one of Doc's – my grandfather's – patients," Mark had said. "He was a dentist during the Great Depression. Most patients quit coming. Those that did come, paid in barter. Eggs, maybe, or chickens, or milk. He had this one rich old guy who gave him that raccoon and some other tacky things. I just loved that stuff. He had a wooden model of Columbus' ship the Santa Maria, two stuffed birds...I just thought it was so neat. Then we moved, and most of it got sold. I was devastated. But I managed to salvage this guy." He smoothed the fur of the raccoon.

"Everyone called him Doc. Nobody else in the family was a doctor or a dentist – I'm the first to go to medical school. Before me, there was just Doc. Him being a dentist – well, that was a big step up for our family.

"After the Depression, he was just getting back on his feet financially when the state adopted licensing requirements for dentists. Doc had to take an exam, and he couldn't pass it, even with several tries. Never passed. He had to close his practice. Two years later he was dead. They say it broke his heart." Mark had fallen silent then, still stroking the ragged fur of the old raccoon, and she had put her arms around him and kissed him.

The next morning, Mark sat at the breakfast table reading the *Journal of the American Neuropsychiatric Association*. He had stayed up late, and she had fallen asleep in their King-sized bed, snuggled up to a pillow instead of his warm solid body. She poured herself a cup of coffee. It was Saturday, and she was loathe to go in to the hospital to make rounds. She was afraid that the kid would be dead. Or maybe alive but brain-dead, his strawberry blond hair carefully cleaned of blood and fanned out on the pillow, his eyes unseeing. Afraid of facing the mother. But the prospect of spending the morning at home, with Mark's silence, his disapproval, was equally unappetizing.

She grabbed her car keys, headed for the door, and said, “I should be home early. Just have to make rounds.”

Mark grunted and waved the journal vaguely in her direction. Didn’t look up.

At the hospital, Alix parked illegally in the lot behind the Emergency Room. Cut through the Emergency Room to the back stairs and up to Pediatric Intensive Care.

Her chief resident sat at the computer console outside the kid’s room.

“He’s about the same.” He went through the formulaic recitation of numbers that summarized physiologic parameters and lab studies. Pulled the latest x-rays up on the computer monitor. Alix stood at his side and stared over his right shoulder at the computer screen, and beyond, through the Venetian blinds into the kid’s room.

“Pretty good, considering,” she said softly. She straightened up and looked directly into the room. The mother sat in a chair next to the bed, stroking the kid’s arm. An improbably large teddy bear was nestled up to his other side. Alix drew a deep breath, knocked on the door of the room, and walked in.

The mother looked at her and said, “They say he’s stable.”

“He is. That’s good.” Alix moved to the other side of the bed and gently displaced the teddy bear so that she could examine the kid. His skin was pink and reassuringly warm to the touch. Pulse was fast, but strong. A clean, bulky, soft, white dressing encircled his head, leaving only his eyes and lower face exposed, with an intracranial pressure monitoring tubing. Her clinical impression agreed with her resident. Not worse, maybe a bit better, but really – not much new. She replaced the teddy bear and looked across the bed at the mother, who met her gaze. Waiting.

“We just have to give him time,” Alix said, “and keep everything as good as possible. Manage the ventilator, his fluids, his intracranial pressure – that’s the pressure around his brain, you see that monitor there? We don’t want it to get too high. Right now, it’s good. We watch, and we wait.”

The mother finally blinked, nodded, and stroked the boy’s face as if to brush the hair out of his eyes. But his hair was gone – either shaven or covered by the white turban of gauze.

After rounds, Alix went home and logged onto the Board’s secure website. If she had gotten just one or two more questions right, she would have passed. She was entitled to one more try before she would need formal remediation. Her thoughts turned once again to that 36-hour shift she’d pulled shortly before taking the exam. Just then, Mark came up behind her and wrapped his arms around her, putting his chin on top of her head.

CAROL SCOTT-CONNER, MD, PhD, MBA
PROFESSOR EMERITUS
SURGERY

When I Say Your Name

They say tulips bloom to be kissed
And roses are found in all poems
But your name trips off my tongue
Like an asteraceous chrysanthemum

BROOKS JACKSON, MD, MBA
PROFESSOR
PATHOLOGY

Senility

Little did I know
That she would drift away
Trapped in mindless fog
That thickened day by day

Blanketing the mind
Like mist engulfs the dawn
Scattering all thoughts
Most memories all gone

Intimate faces
Unfamiliar and strange
Brings forth confusion
Feelings that estrange

Withdrawn and confused
Existence recondite
Sundown grays the sky
Till darkness snuffs the light

BROOKS JACKSON, MD, MBA
PROFESSOR
PATHOLOGY

Cataract Lake

A cool breeze swept the mountainside
Exciting the water that caressed my well-traveled toes
Ascended my arms it cooled my heavy spine
Gracefully filled my nares with scent of pine, trout, columbine, freedom

The canopy orchestrated a soothing melody
Calming my restless brain and bringing peace
Harmony was achieved as the soil gripped my calloused hands
My egotism forgotten knowing the lurking mountains would outlast me

Spotted fish performed in the shallow water
Still at first, but suddenly emerged to capture resting bugs
My three children marveled at the action and peered deeper into the water
The circle of life in aquatic form, reflecting my limited time with them

TYLER RASMUSSEN, MD, PhD
FELLOW PHYSICIAN – CLINICAL CARDIAC ELECTROPHYSIOLOGY
INTERNAL MEDICINE

Horizons

Seasons, gardens, flowers, roses
 Green grass, gentle rain.
Playfields, children, cheery, carefree
 They never feel the pain.

Clear sky, warm breeze, white clouds floating
 Golden sunny days.
Twilight, fireflies, butterflies dancing
 And the praying mantis prays.

Sweet prayers every evening for
 A morning blessing's sake,
Glide like smiling ripples across
 The sparkling moonlit lake.

Seasons, gardens, flowers, roses
 Green grass, gentle rain.
Children frolic, running, falling
 Rise up and run again.

Red sun dawning, swiftly rising
 Brilliant glittering rays.
Sunset, bedtime, goodnight stories
 Lullaby songs of praise.

Every prayer a sweet child says
 Sprouts blossoms in the month of May.
Each star that twinkles while they sleep
 Sparks hope for the newborn day.

Seasons, gardens, flowers, roses
 Green grass, gentle rain.
Children shape the next horizon
 Reviving a fresh realm's reign.

ISAAC SAMUEL, MD
PROFESSOR
SURGERY

The God of Ice Cream

It was Sunday around noon when my wife and I stopped at the local coffee shop and bookstore which also serves ice cream. The shop has a number of flavors including my favorite, cookies & cream, which I had ordered along with coffee. There are few things more pleasurable in the world than to sip a hot cup of dark roast coffee between delightful licks of a single scoop of cookies & cream on a cake cone. In contrast, my wife ordered a cup of tea with honey and a scone.

On that particular hot summer Sunday when we had sat down at a table with our treats and a couple new books to browse, my colleague, Elizabeth, entered the shop with her young daughter in matching floral sundresses.

Elizabeth recognized us and stopped to say hello, and introduced her daughter.

"John Stanford and Sarah Johnson, this is my daughter Becky who is six years old."

"Becky, it is a pleasure to meet you," I said cheerily, "and such a pretty dress you are wearing. What's the occasion?"

Becky looked at her mother who replied, "We are coming from the service at St. Mary's church for a bite to eat." I noticed that Becky was focused on my ice cream cone. Elizabeth noticed Becky's stare at my every lick, and noted that Becky loves ice cream, but she didn't want to spoil her meal and was set on ordering something "more nutritious."

Being a popular venue, the line to order was long. Since my wife and I were seated at a table for four, I welcomed them to join us, offering that Becky could sit with us while Elizabeth stood in line to order.

Becky was a pretty girl with long chestnut hair and bright blue eyes. She did not seem at all shy or uncomfortable to sit with us. I quickly observed her confidence and curious nature as she took in the scene and people around her including my wife and me.

I was quick to strike up a conversation and asked, "So how was church this morning?"

"Boring", she sighed. "Did you go to church today?" she asked us as she again glanced at my ice cream.

"Not exactly", I answered. "You see I pray to the God of Ice Cream, so I come here to pay my respects."

"Really?" Becky questioned in wonderment, as my wife looked at me annoyingly.

“Oh yes. The God of Ice Cream is highly revered and respected, but does require that you eat ice cream at least weekly and preferably more often.”

“Can you eat any flavor you want?”

“Yes, any flavor you want. The God of Ice Cream believes in providing a wide variety of flavors, and treats all true believers equally.”

“What happens if I do something bad? Will the God of Ice Cream punish me?” she asked.

“So far,” I said, “I have not been punished, but I have heard if one displeases the God of Ice Cream, when you go to order ice cream, your favorite flavor may be out of stock, and only a sorbet may be available.”

Becky frowned and then quizzically asked “What happens when you die?”

“If you’ve been good and have eaten ice cream religiously every week, you get to go to heaven where you can get any flavor you want, and heavenly hash ice cream is available 24 hours a day, 7 days a week.”

“Really?”

“Honest to God.”

Becky looked at my wife quizzically, then turned to me, and asked “Why isn’t she eating ice cream?”

“Excellent question. You see, unfortunately, the God of Ice Cream realized she is not a true believer and now she cannot eat ice cream because of this disbelief.”

“Why not?”

“The God of Ice Cream has now made her lactose intolerant. No ice cream for her, ever.”

My wife on hearing this, sighed, shook her head, and rolled her eyes. Becky, seeing my wife’s gestures, squinted her eyes, and queried me skeptically, “Is the God of Ice Cream make believe?”

“Becky, all religions are make believe, but at least those who believe in the God of Ice Cream are the happiest people on earth.”

It was at that moment Elizabeth returned with vegetarian quiche and assorted berries. Becky stared at her quiche, looked at me, then at her mother and exclaimed, “I want an ice cream cone!”

It was then I cleared my throat and explained we were late for an engagement, gave Becky a wink, and took our leave.

A couple weeks later on a weekday morning, I ran into Elizabeth at the shop who was standing in line in front of the ice cream display case.

“Good morning Elizabeth, is Becky with you?”

“No, John, Becky is at a friend’s house this morning. By the way, I must say Becky is quite impressed with the God of Ice Cream,” she said with a glint in her eye. “However, I do not believe it was wise to tell her that all religions are make believe. Nor do I think the God of Ice Cream would approve. You will note,” as she directed my attention to the ice cream display case, “that the cookies and cream flavor is out of stock and only sorbet is remaining.”

“Uh-oh,” I replied. “Looks like I am in really big trouble.”

“It certainly does.”

BROOKS JACKSON, MD, MBA
PROFESSOR
PATHOLOGY

A Root off the Banyan Branch

The traffic noise of India is composed from diverse musical sounds — it is India's *symphonic orchestra of daily life*.

The main musical instrument is the common car horn, constantly honked by drivers as they ramble along with the stream of sardine-packed traffic, as cacophonous as the country's chaotic destiny. The tinkles of bicycle bells punctuate the musical score like a tambourine. Single-cylinder Royal Enfield *Bullet* motorcycles contribute a throbbing rhythm with throttled four-stroke engine revs. Black smoke-belching lorries blast their high-decibel air-horns furiously like rogue elephants trumpeting. Tiny three-wheeler auto-rickshaws sputter, swerve, and squeeze through unimaginable gaps in traffic like brave Lilliputians struggling to survive in a gigantic tumultuous nation. Life goes on and on as this never-ending hustle-bustle of vehicles large and small marches along in step with the beat of an eternal song.

Often, cattle cross the street like people, and people walk across traffic like cattle.

Such is the diversity of India: where people and cattle, traffic and music, variegated peoples and various religions, castes and outcasts, ancient minorities and new immigrants, real history and vivid imagination, rugged geography and fragile vegetation, blind beggars and dead languages, new dreams and forgotten kingdoms, all coexist in apparent harmony — yet jostle against each other with provocative sparks of contradictions that either energize or consume the innocent onlooker.

Down along the southwest coast of India is Kerala state: GOD'S OWN COUNTRY. When young, Shaku saw it written all over: "KERALA – GOD'S OWN COUNTRY". In English, not in Malayalam. In ALL CAPS. Like they were shouting.

Shaku's one strength was her ingrained diversity, as she grew up in the three southern Indian states of Karnataka, Tamil Nadu, and Kerala. It was also her weakness. In Karnataka, where her father immigrated to, she was considered a Keralite. In Kerala she was a "foreigner" for her lack of command of Malayalam. In Tamil Nadu where she schooled, she was neither here nor there. Everywhere an outsider.

Shaku's father Mathai Paulose left Kerala for Karnataka a few months before she was born. Malayalees are an enterprising people with a sense of adventure, spreading wings across boundaries. One Kerala legend proclaims that when Neil Armstrong first landed on the moon, he beheld a Malayalee selling, "Chai! Chai!"

The ubiquitous coconut tree, *Thenga Maram* in Malayalam, is the pride of Kerala state and infiltrates every aspect of the lives of Malayalees: their sumptuous cooking, ingenious organic construction, their economy, smokeless oil lamps, and even cosmetics like hair and body oil. Tender coconut water is the

natural electrolyte mix closest to plasma. Thenga Marams stand tall and proud throughout most of Kerala, and along the coast they bow westward towards the Arabian Sea as if in homage to the Ocean Goddess. Folklore has it that the name “Kerala” came from “kera” which in Malayalam is the coir of the Thenga.

Shaku’s hair was as thick as coconut coir, earning her the high-school nickname “Thenga Thalla.” Being labelled a “coconut head” was not particularly a compliment at such a prestigious British-style public school, but as a merit scholar she preferred to swallow her pride. As important to Shaku’s heritage as the Thenga Maram was the Aala Maram. The four-hundred-year-old Banyan tree at the ancestral house in Ayroor Town was planted by her forefather, and the family name came from it: Aala-Mara-Thil – “*from the banyan tree.*”

Just as European Explorer-Tourists such as Christopher Columbus initiated the conquest of the Americas, British Trader-Tourists such as Robert Clive overwhelmed India with a new disease called *colonization*. But close to a thousand six hundred years before that, in 52 C.E., the Apostle-Tourist Saint Doubting-Thomas of Galilee had arrived on the shores of Kerala carrying Christianity in the cup of his hands. For two thousand years hence, his cup runneth over: Christianity flourished in Kerala even as Christians were persecuted in Europe. Now there are Syrian Christian Churches of St. Thomas built by Malayalees all over the world.

Shaku, alias *AalaMaraThil Shakuntala Paulose*, bravely set forth on her international journey armed only with her education, her Syrian Christian heritage, her banyan tree DNA, her own DNA, and her coconut head. After medical school, she made it to Britain to learn the intricacies of clinical surgery straight from the horse’s mouth. She felt comfortable there as she had studied mainly British textbooks – although only secondhand ones, spoke English well – although with a foreign accent, and was Christian – although of the Doubting-Thomas breed. Wherever she went, her shiny black Thenga Thalla stood out amongst the blondes and the brunettes. She earned a spot to train at the Glasgow General Infirmary for a Royal College of Surgeons Fellowship. Once ordained a *Royal Fellow*, she won a post-Fellowship position at St. Thomas’ Hospital in London. Then she flew across the Atlantic and did surgical research at Chicago University. Her presentations at national academic conferences encouraged Lincoln University, Chicago to take her under their wing and onto their much sought after surgical residency program.

The year was 1994. Within a few weeks her fortunes capsized when a group of Lincoln’s transplant surgeons, for reasons inexplicable other than the vagaries of human nature, decided to turn against her, torment her, and ridicule her, with an undeclared motive to throw her out of the surgical program. Slander, fabricated accusations, ridiculous evaluations, malicious intimidation. Shaku was shocked. But then, she was an outsider. Without a job she would have no visa,

without a visa she would have no job. She would have to leave the country if she failed. Shaku was up against a wall, trapped, a prisoner within the castle of her own success. Yet she knew the authority of academia was wont to be abused.

Little did they know that coconuts have hard shells. Coconuts can take several mighty blows and still not break. That is what Shaku *The Thenga Thalla* had already learned from the adventures of her parents. From the time she was a little child she sat in their laps and heard the stories of their lives. How her mother Beccamma had run away from her ancestral home in Ayroor to get herself an education at a catholic convent in Tamil Nadu. How her father, and mother pregnant with Shaku, were exiled from the very first home they built by none other than his own brother. How Mathai and Beccamma left Kerala and immigrated to Karnataka's capital, Bangalore City, to start all over again. How the Malayalees in Bangalore used the power of the Central Bureau of Investigation (CBI) against Mathai Paulose for allegations of "corruption" when the family was at a soaring phase of their fortunes. How her parents stood up against torrents of hardships over decades standing upon their self-made platform of righteousness. "Do the right thing, build your own alloy of steel, keep your head above the madness, and everything will work out," Mathai Paulose often said.

With these vivid memories etched upon her mind, Shaku held onto the vines of her family's banyan tree and swung herself across the troubled waters. Dr. Albert Douglas Robertson, the Surgery Chair at Lincoln University, had seen Shaku in action at the podiums of national science gatherings moving the cutting edge of modern surgery, and yet had to listen to the ruminating grumblings of the transplant surgeons. He could see she was in a vulnerable position, a foreigner alone in a distant land, subdued by authority, a caged butterfly unable to flutter her colorful wings. New surroundings, new people, different ways than in Britain or India. A deer frozen by the headlights.

Cognizant of the dynamics in academics, Dr. Robertson decided not to remove Shaku from the program but, instead, with some masterly administrative moves he separated her from the transplant surgeons' clutches for fairness's sake. One transplant surgeon had hollered within her earshot, "Did the *Brown Bitch in a Saree* actually ever even attend medical school?" Shaku bore the flagellations of the transplant group, and once liberated from their grip, settled down and excelled in full sight of everyone. The transplant group had a reputation for malignant subjugation of select new trainees, and over time gathered a cluster of inimical subordinates that wandered the corridors of the institution keeping an ear to the ground. Within a year, Shaku re-established her position in the program by sheer performance and the kindly support of her fellow trainees. And it so transpired that, over the same period, the Transplantation Surgery Director was investigated by federal agents for Medicare fraud, his Nurse Practitioners having billed Medicare in his name even though he

was not in their clinic, and the Lincoln University Ethics Committee found fault with him for using institutional dollars to fund questionable research in China fundamentally not considered legal in the United States. In a sudden exodus, key transplant surgeons fled the city of Chicago with their heads between their knees and their tails between their legs. Shaku did not have to do anything but mind her own business, and one by one the dominos of destiny fell into place and crushed the treacherous ones. “Revenge is a waste of time,” Mathai Paulose used to say, “Do what is right, and justice will take its own course.” Shaku had drunk deeply from his words of wisdom.

But Shaku knew that this chosen path was not one of noble ease but one of hard work, sacrifice, patient application, and suppressed silent indignation. When her parents left their first home, it had taken five years of savings to build that house. Mathai had worked in Kandy in the central mountains of Ceylon as a physics teacher to earn and save this money. Once married, he and Beccamma returned to Kerala and built their dream home upon his deceased father’s pepper estate. The cost of building the house was unbelievably inexpensive as the resourceful Beccamma functioned as the architect, engineer, and contractor, and used handpicked laborers and artisans. She supervised a dozen masons at a time. When she visited the worksite, they hid their burning Bidi cigarettes within their loincloth and hurriedly worked. Mathai’s oldest brother Lukose Chetan, who shared the family leadership with their mother when their father died of a ruptured lung when Mathai was seven, encouraged the young couple and cheered them on as they built their house in record time. Only when the construction was completed did Mathai realize that Lukose Chetan had formally transferred the family property title to himself from the mother. They had built their dream home on someone else’s land. When Mathai asked his mother why she had signed off the land to Lukose, she said it was because Mathai had not given the family any dowry money after his marriage to Beccamma who came from a prominent and wealthy Ayroor Syrian Christian family.

Lukose Chetan guffawed, “Matrimony for you, no *MatriMoney* for us? AHA! So, now the land is mine, so the house is also mine. Take your dowryless woman — with her litter — and go away.”

Shaku, enwombed in her belly, felt the rippling shockwaves as these words tore through her mother’s heart.

A homeless nomad in his own home, Mathai Paulose had no ground to stand on. He had no grounds for legal recourse. He felt like ground-meat. Ground into the ground.

Mathai Paulose was exiled from the land of his childhood. By his own blood brother, witnessed and abetted by his mother, in the palpable absence of his long-buried father. With wife and unborn child, and the earthly belongings that they could carry, Mathai Paulose left. He also left behind his family name,

denouncing it, and instead adorned Beccamma's legendary family name:
AalaMaraThil.

Beccamma Paulose was a tough woman begat from a long line of resilient ancestors and illustrious matriarchs that were her role models.

*She was a root from a branch
 off the banyan tree,
 Like an acorn dropped
 from a strong oak tree.*

The Aala Maram sapling that her forefather had planted in Ayroor had spread its branches across five acres of land beside the Pampa River. Each banyan branch had dropped vines that bored into the virgin soil, striking deep roots, and sprouting new stems that formed the trunks of new generations of banyan trees. The process had repeated itself for four hundred years and now the primary trunk of the original sapling can no longer be discerned, but all the banyans remain linked by branches making it a singularly unified tree. Beccamma's ancestors were raised upon the banks of the Pampa alongside this proliferous tree and, thereby, the tree and the AalaMaraThil family had destinies entwined. The majestic tree embodied their pride and dignity, and was a symbol of life and family.

With Becamma adopting Mathai Paulose as a branch of her family tree, they struck root in Bangalore City. Mathai participated in national competitive placements for civil service and won a respectable position as a Central Government Servant: an IRS Officer for the Government of India. The family flourished for many years until *the day of shock* when the CBI probe for "corruption" began, and some Syrian Christian "friends" suspiciously looked away. This story was a source of learning and courage for Shaku for the rest of her life. Shaku's branch of the Aala Marram went across continents and oceans and rooted in Midwest America. After her surgical training at Lincoln University, she clinched her dream job as an academic surgeon at Eutoepiah University along the Illinois banks of the Mississippi. It was perfect. Over several years, she built a novel clinical program and achieved national prominence — until that *day of shock* when her pedestal tumbled down. Her underlings snatched the program and sought to exile her from her perfect universe at Eutoepiah University.
Everywhere an outsider.

With courage inherited from her parents, Shaku was able to succeed in her standoff with the transplant surgeons in Chicago. When the transplant surgeons were vanquished and Shaku was back in her stride, her colleagues collegially commented, "Shaku, you really have balls! Where did you get those balls?" Shaku replied, "From my mother."

Shaku later learned from her collegial colleagues that there was a phantom villain behind the mischief: a certain anti-collegial colleague, Dr. *ChakkaThotaThil* Thomas Abraham, a Transplant Fellow at Lincoln who wanted the surgical residency spot occupied by Shaku and could have got it if she was fired. Shaku was saddened to hear that the betrayer was a Malayalee. Mathai Paulose used to joke with his closest Malayalee friends over a drink, “I tell you, my dear friends, if you are walking in a desolate place and come across a serpent and a Malayalee, be sure to kill the Malayalee first!”

So, what happens to AalaMaraThil Mathai, Beccamma, and Shakuntala Paulose? How will their stories unfold? For now, suffice it to say that what happens to them is as unpredictable as what could happen to anyone. Ask the blind beggar to prophesy the fate of humanity by deciphering hidden meanings within the music score of the cacophony of passing traffic.

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Just a Country Doctor

It is one of those blustery winter nights with snow blowing against the windows. Logs in the fireplace are crackling. Bookshelves are filled with medical literature, favorite books, and family pictures collected over the years. Joe, now 85 and a retired doctor, sits at his desk next to his laptop, with his mug of hot coffee. He has just finished reading an article in the *New England Journal of Medicine* about the closure of small rural hospitals in America. As he puts down the journal, takes off his glasses, and leans back in his recliner, a flood of memories return.

He remembers driving into town the summer of 1965 in a rusted-out old Ford with his wife, Beth, and three kids under age seven. The surrounding fields were manicured rows of corn and soybeans; this was farming country. Hidden beneath the bountiful crops was black dirt, the richest land in Iowa. Dundee was thriving. It was a typical rural county seat with a population of 2500, complete with a town square and courthouse. Along Main Street were two banks, two drugstores, Bennett's furniture store, Van Horne grocery, and the Twilight movie theater. At one end of town was a Phillips 66 gas station and a Dairy Queen and at the other a one-story 32 bed hospital. This was a place where neighbors helped one another, kids ran free, and nobody locked their doors.

Joe's arrival marked the beginning of his quest to pay off student loans and get out of debt. He and Beth had married just before medical school. They were happy but had no money and lived in a dilapidated 28-foot-long trailer. Beth had put her college education on hold, working as a receptionist to put Joe through medical school.

Mike was a classmate who had studied with Joe for exams, and it was exciting to finally join him in the medical practice they had long planned. Mike had been a U.S. Navy medic during the Vietnam War and completed a general practice residency after medical school. When Joe finished his rotating internship at a county hospital in California, he was assigned to the U.S. Public Health Service for his two-year military obligation on the Hopi/Navajo Indian reservation in the remote high mesa country in northern Arizona. This was before generalists were called family physicians or primary care doctors. Joe and Mike were both proud to call themselves "GPs," short for general practitioners.

There was a nation-wide shortage of doctors, but it was even more acute in rural Iowa. The town leaders welcomed Joe and Mike, beaming with pride that they had attracted two new doctors. There were only five other doctors in the entire county, and two would soon retire.

The first few weeks in Dundee were a blur spent getting the families settled, finding houses, moving into their new clinic building near the hospital, interviewing and hiring staff, scheduling patients, making house calls and seeing patients in the emergency room. Joe and Beth found a 1950s two-story house on Main Street, three blocks from downtown. Joe later wished that the garage were attached to the house. He dreaded getting up in the middle of the night in freezing weather to heat up the car and scrape frost off the windshield to make a house call or go to the hospital.

That summer was the beginning of what quickly became a bustling practice. Clinic visits typically began with an unhurried conversation, then shifted to a focus on the present illness, physical examination, and a prescribed treatment. Joe always sat down to give each patient his full attention. As the patient was dressing to leave, a concise note was dictated, later to be typed into the paper chart and filed. It was a user-friendly system unencumbered by extraneous data and redundant checklists characteristic of modern electronic records. Doctors needed no pre-approval for tests or medications. The farm folks were friendly, stoic, hardworking, and reminded Joe of his mom and dad, who were products of the Great Depression. If a farmer or his wife came in to see him, Joe paid close attention; neither would ever be there if not sick. He encountered diseases and situations he had not come across in medical school, and he became adept at managing them. Patients trusted Joe and accepted his advice. When the best course of action was uncertain, they would often ask, "What would you do if you were me?" No one thought to refuse a recommended childhood immunization.

Joe and Mike were a dedicated team as they treated everything from minor to major conditions including injuries, lacerations, fractures, heart attacks, chronic diseases, and they delivered many babies. They also assisted the general surgeon who came to town to operate several days per week. Dr. Wray was tall and lanky with a mischievous grin and a twinkle in his eye, but he was all business in the operating room. Although itinerant surgeons were disparaged, Dr. Wray was the right person for Dundee. He performed all the common surgical procedures, was available for any complication, and was incredibly skilled and efficient from years of experience. Joe would never encounter a better surgeon.

Patients and their problems were much the same as they are today. In Joe's practice, there were exhilarating victories and there were humbling defeats.

Dutch was a middle-aged truck driver. He was overweight, had high blood pressure and drank and smoked too much. After a long day, Mike was leaving for home one evening when he got an emergency call. Dutch had fallen in his back yard and was unconscious. He was in shock with an irregular heartbeat called ventricular fibrillation. Mike began resuscitation efforts while transferring him by ambulance to the hospital. Joe met them at the emergency room. There, Dutch would become the first patient to be treated with a recently purchased new device called a defibrillator. With one electric shock from the paddles to his chest, Dutch's heart rate returned to normal. Five days later, he walked out of the hospital feeling well. Joe and Mike felt relieved but also knew Dutch would not change his ways.

One day, a 12-year-old girl was brought to the clinic by her parents because she was pregnant by a cousin. Joe tried to imagine what they were thinking as the girl sat quietly in the chair, her hands in her lap, staring at the floor. Her mother and father, whose homemade clothes identified them as members of a fundamentalist religious group in a neighboring township, did all the talking. "How do we get Lily an abortion?" They were also adamant that, "Absolutely no one can know about this." They were desperate. At

that time, abortion was illegal with few exceptions. Joe referred them to a panel at the university medical center to see if there was any possibility of a pregnancy termination. The panel turned them down; the pregnancy was not a threat to the mother's life. The next week, they flew to Sweden, where an uncomplicated first trimester abortion was performed.

Sarah was a young woman who had two consecutive miscarriages. She was heartbroken each time. When she became pregnant again, Joe was as apprehensive as Sarah and her husband. Joe welcomed Sarah's frequent calls and extra visits for reassurance about any new symptom she noticed, and this time the pregnancy progressed normally. As Joe delivered her healthy baby boy, he was as emotional as Sarah as he gazed at her tearful and smiling face and the precious baby she held. Normal births were joyous occasions in contrast to more ominous outcomes that sometimes occurred with sick patients. Joe never tired of delivering babies.

A teenage boy died tragically of a self-inflicted gunshot wound to the head playing Russian roulette while joyriding with his high school friends. Jason had secretly taken his father's loaded pistol from its hiding place. How do you ever get over something like this? Joe tried to comfort and counsel the devastated father and his wife, who were overwhelmed with grief and guilt, but they were never the same. The whole community was affected.

Bert was an elderly character with fuzzy whiskers covering a weather-beaten face. He walked with a limp and had thick calluses on his gnarled hands from hard manual work. Bert had not seen a doctor in years. When offered referral to the medical center 150 miles away for evaluation and treatment of his colon cancer, he said "I don't want to go down there. I want to stay home with my wife and my dog. Just do the best you can for me here, Doc." This was long before what is now termed "shared decision making," but Joe had always honored patient's requests, even when he did not agree. Bert underwent a colon resection by Dr. Wray in the Dundee hospital, the cancer was completely excised, and he remained cancer-free. It must have been the right thing to do.

Joe enjoyed his patients and the variety of the medical practice. Each day was unpredictable. Together with Mike, he was also the county medical examiner and team physician for the high school football, basketball, and wrestling teams. They worked to modernize the hospital as they pushed to improve safety standards and update equipment. He realized how much he and Mike were needed and what essential services they provided. He never refused to see a patient and was aware of families that were struggling. Joe and Mike were concerned about two families in dire straits from unexpected medical expenses. On Christmas day, they stopped at the home of each family to hand them a holiday card containing the unpaid bill marked "paid in full."

It was not an easy life. It wasn't uncommon for each partner to see 40 or more patients per day. After early morning hospital rounds, they returned to the clinic to a full schedule, but they also had to allow for "work-ins," go to the hospital for deliveries and see patients

in the emergency room. And after a long day, how could you refuse to see one more with a broken wrist, even if he arrived just as you were leaving at 6 pm? Since Joe and Mike were also on call every other night, they had little time off and few vacations. The doctor on call was usually up most of the night and still had to work the next day. It was physically and emotionally demanding without enough time to recuperate.

Not all patients were reasonable. Some even came to the doctors' homes when they were eating dinner. When Joe was exhausted, Beth protected him when he was not on call by answering the phone. He was increasingly troubled by missing family meals, birthdays, school activities, and other important occasions. This was just not fair to his family. Would the kids grow up resenting his absence in their lives? Unspoken but in the back of his mind was the overworked doctor whose practice they took over who had died of a heart attack at age 47. There was little chance of finding another doctor to join the practice. It gradually became apparent to Joe and Beth that this pace was not sustainable. It is now called burnout.

It was hard, but after four years in a flourishing small-town medical practice, they made the decision to leave. Conversations were awkward, and the disappointment of patients, hospital staff and town leaders was palpable.

Joe and Beth left Dundee with mixed feelings and a fourth child in tow. They were unsure about the future but ready for a new opportunity. Beth happily returned to college, Joe decided on a residency in obstetrics and gynecology, and Mike chose emergency medicine. Life became less hectic and more manageable. Since then, Joe has had a rewarding career as a clinician, researcher, and educator, culminating as chairman of a University department of obstetrics and gynecology.

Joe often reflects on his long and varied medical journey and is sometimes asked which part was the most satisfying and most important. He keeps coming back to those challenging days as a GP. There is a touch of guilt, because leaving was best for him and his family but not for the community that depended on him. He thinks about how much he learned during those days. It was a real-life education. As a GP, he developed his surgical skills and proficiency in delivering babies. He gained clinical judgement at the bedside and acquired a broad medical knowledge. The good care that so many dedicated physicians in the trenches provided to patients and their communities, often with little recognition, did not escape him. This observation later shaped his academic department. The "local doctors" were respected, and their referrals and requests for consultation were gladly accepted and promptly managed.

But most of all, it was about the patients. He vividly remembers many and the impact they had on him. It was clear to Joe that patients wanted a doctor who was skilled but would also take time to sit, listen, and answer their questions. House calls were especially revealing. Joe saw first-hand how illnesses and their ramifications were so traumatic to both the patient and the family. It was this setting that profoundly influenced the rest of his life-long career as a doctor.

Settled back in the comfort of his recliner and in the solitude of the evening, Joe is content as he reflects once again on those days in Dundee. He has no regrets about his time there. It was a different era, but his days as a GP seemed to be what medicine was meant to be. Joe is grateful for his time as a country doctor.

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