
White River Junction, Vermont

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lation—wait socially with wives or friends, sitting for hours on slippery brown-vinyl chairs. Many of the men are overweight and move with a shuffling gait or in a wheelchair from waiting area, to reception desk, to smoking area, and back again. The veterans suffer from a myriad of ailments, ranging from anxiety, post-traumatic stress disorder, and substance abuse to diabetes, congestive heart failure, and lung cancer. The VA brims with socioeconomically challenged patients who present with multiple diagnoses and even more prescription medications.

As a fourth-year medical student, and as a veteran myself, I am in a position both to see these veterans as they are and to imagine them as they were—fighting for us so many years ago. And I can learn from them, both in the halting way of the medical student and as a fellow former service member, hearing echoes of my own story as I listen to theirs. Being at the VA brings our emotions to the surface as we meet, connect, and try not to remember.

And, yet, they are relieved to be at Desk 40, which happens to be under construction, on this brilliant late-summer afternoon. They chat and smoke and trade their stories of isolation. A nurse stands at a microphone and calls out a name. A quad-cane hoists its owner, and he limps toward her. The place is full of stoic patients, braving the clumsiness of the medical student and the junior resident with cheery resignation. Mostly, they just want to talk.

The VA is a supportive environment for these veterans, a moment away from their isolation. The facility even boasts a store and a cafeteria and its own police force. The police officers are posted just down the hall from a dusty room with a worn “foosball” table, a velour couch, and the 12 points of Alcoholics Anonymous written on a chalkboard. This hospital—this community—is a place where everyone jumps at the same loud noises, where happy memories of a shared duty-station are mingled with flashbacks of violent death to which nightmares cannot compare.

The VA communes with those who, all too often, have no other community. While many veterans move on to prosperity, others

here are beyond the concerns of health maintenance and the flexible sigmoidoscope. These are men, mostly, who hang on to the edge of society, who sit with their backs to

Gallup, New Mexico

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shops and laundromats lurk signs of bleak poverty and little hope for future change. This is an area of little water, no new industry, and few jobs. A Navajo teenager can either search for a new life in the foreign culture outside the reservation or stay in this arid desert, where alcohol competes with the beleaguered public schools for the attention of students. The quiet courtesy of the Navajo people belies the extreme stress of their situation today.

The nights in Gallup are cold and star-filled, and the constant wind chatters against my apartment windows. The piercing beeps of my pager often bring me out of a deep sleep, echoing in rooms empty except for a bed and a few rented pieces of furniture. I then trudge up the hill to the hospital—often winded by the short walk, due to the altitude—and ride the elevator up to the quiet, half-light of the nighttime pediatric ward. Most of the nurses in the hospital are Navajo, and when I answer a night call I usually find the pediatric nurses clustered and chatting easily at one end of the long desk that holds all of the inpatient medical records. I sit at the other end, with one of the physicians who is just out of residency, and quietly write orders for admission. The physicians at the hospital, unlike the nurses and staff, are largely Caucasian and relatively new to Navajo customs. Throughout my stay in Gallup, I wonder how the Navajo staff see me—a medical student, a white outsider.

I never glimpse any of my apartment neighbors during that lonely month, and not one pair of shoes save my own crosses the threshold. I have weekends off and use them to flee in my car, craving conversation and contact with a more familiar world. But those conversations—as I visit friends in Phoenix, as I hike down the trails of the Grand

the wall and face the door. Sadly, because we did not allow them tears when they came home, we will care for them here for the rest of their high-risk lives. ■

Canyon, as I tour Santa Fe with my father—are always about Gallup. I try in vain to explain the contradictions of the place: its crumbling infrastructure in the midst of such natural beauty, the traditional Navajo trapped in modern clothes and cars. As the month wears on, I anticipate with increasing longing my return to my wife and my young daughter back in New Hampshire. But even as I ache to leave the place, something compels me to consider the possibility of returning there someday as a physician.

I spend a month talking to the Navajo and treating their children, and yet never do I get a glimpse beyond their polite, stoic exteriors into their ineluctable desperation.

When the month is over, I leave in the middle of the night for an early flight home from Albuquerque, silent in my tiny rental car. As the constant wind and the wakes of huge trucks buffet me back towards my world, my family, I wonder about the future of theirs. ■

Deepest secrets

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that there has been considerable progress but that much remains to be done. “Fifty years ago, you could make inferences, but you couldn’t study things,” she says. “Now, at a molecular level, a single-cell physiology level, and with imaging studies, you can really begin to put things together . . . to understand how the brain works.”

But, she adds, stretching her arms wide to suggest how long it will be until all the brain’s secrets have been divined, “I think on a timeline that it’s this far. And,” she concludes, gesturing to a spot near the very beginning of the span she’s indicated, “we’re still over here.” ■

An audacious effort

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leaves me in an unfamiliar hallway not knowing whether to go straight, left, or right (the final conversation about what we'll do next having always been in Urdu). After everyone bunches up behind me, eventually somebody comes up and gestures in the correct direction. I love a parade as much as the next person, but leading one whose route you do not know is a burden. Then, when we reach our destination, I must take the best seat in the room. Often I'm feeling hot and sweaty and just want to perch on the edge of a wooden bench and let the air circulate around me. But, no, I'm usually ushered into the upholstered seat with the wool throw-rug on it. They're quite insistent, so it's usually easiest to comply. Once a guy almost got angry with me; he was gesturing to a chair behind me and repeating, "Please sit," despite the fact that there were several people between me and the chair. I finally got seated but had to stand up to remove my pen from my pocket, since it was poking into my leg. He, of course, then had to leap up from his own seat and insist once again, "Please sit."

Another frustrating/entertaining issue is the language barrier. It is an exaggerated version of the joke about England and America being two countries separated by a common language. You can be deep into a conversation with somebody, assuming mutual understanding because you're both speaking English, only to discover at some point that you're miles apart. I've had the following exchange countless times: "Do you have cold drinks?" "Coke?" "No, Sprite please." "Sprite?" "Yes, cold, though." "Coke?" "No, Sprite, please, with ice." "Rice?" "No, ice." And so on, ad infinitum. It's a mark of my stubbornness and their courtesy that I have yet to be served Coke with rice.

I leave in less than a week, so this may be my last message. I didn't mention what follows earlier, so as to avoid creating undue worry, but I figure at this point I've probably escaped the potential dangers we were warned about in our security briefings. At the U.S. embassy briefing (we also got one

from the CDC and one from UNICEF), the guy said there are seven sites in the world that are considered "critical" security-wise—and four of them are in Pakistan (Islamabad, Karachi, Peshawar, and Lahore). That, and the fact that the U.S. embassy and a United Nations building were attacked by homemade rockets fired from a converted van in the fall of 1999, got my attention (the rockets mostly hit fences and trees, though one local employee was badly injured). Also, some oil company executives were taken hostage and ultimately killed in '97. Anyway, his advice was to keep a low profile and vary our routines.

The CDC security guy had a few more bits of advice. He said using armed guards carries the risk of escalating any violence, if your guard gets trigger-happy. He also suggested that we claim to be Canadian if asked. But, knowing what a terrible liar I am, I didn't expect to deny being American unless things got really dicey.

I was even more unnerved when I talked to the U.S. guy who oversees security for Balochistan. I let him know where and when I'd be traveling, and the conversation went like this: "We don't encourage it, but for what you're doing, I guess you have to go." "Why, what's the concern?" "Bombings, tribal conflicts, drug-lords." "Bombings? When?" (I was hoping for something like '95 or '97.) "Four in April, and two or three in May so far. But they're not anti-American, just local stuff. Just keep your eyes open."

Last week there were a couple more bombings in Quetta (one of them at the bank up the street from our hotel). I was told that the bombs are set off at night, so as not to hurt people; I rarely leave the hotel at night and never alone at night. Though I've chosen to remain cautious up to the end, I have never felt personally threatened here and have concluded that staying safe in Pakistan is like doing so in New York—avoid the wrong place at the wrong time. I'll have lots more stories soon, in person.

Regards, Drew ■

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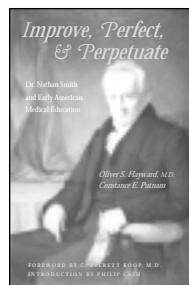
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Norman Yanofsky

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ical school. "It's a wonderful specialty," he says. "There are a wide variety of things you can do—you can go anywhere in the country, you can be in a small community hospital, a rural hospital. You can be in a busy city emergency department, seeing gunshot wounds and violent trauma. You can be in an academic medical center and be doing research. You can work part-time and pursue other interests—it lends itself to that as well. You're not confined to a full-time career, if that's what you choose.

"You never know what your day is going to be like," he continues. "There are always challenges. But the downsides are you're going to work nights and weekends through your whole career on a routine basis. There are some patients who are not friendly and not easy to deal with, sometimes violent, hostile. And sometimes the working conditions get out of control."

But "we deal with that pretty well here," he concludes. "The patients here are . . . just nice people." ■

Katharine Phillips

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look normal now.' 'I don't look like a monster anymore.'"

In addition to continuing her research, Phillips sees patients, most of whom have BDD, in her Providence, R.I., office. She also provides emergency room coverage, seeing people with a broad range of psychiatric problems. Her home life has a medical spin to it, too: she's married to child psychiatrist Ralph Albertini, M.D., a Dartmouth house-staff alum (1973-78), who collaborates with her on some of her research.

Phillips is full of compassion for the people who are suffering from this underrecognized disorder. "I'm proudest of the fact that I've done work that has really made a difference in people's lives, and . . . that some people, if not many, are living better lives because of this work," says Phillips. "That is extremely gratifying. It's really nice to open a letter from someone [saying] that you have made a difference in their life." ■