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Lives: Close Encounter of the Human Kind

By Abraham Verghese, MD

With the first busloads of Katrina refugees about to arrive in San Antonio, the call went out for physician volunteers, and I signed up for the 2 a.m. to 8 a.m. shift. On the way, riding down dark, deserted streets, I thought of driving in for night shifts in the I.C.U. as an intern many years ago, and how I would try to steel myself, as if putting on armor.

Within a massive structure at Kelly U.S.A. (formerly Kelly Air Force Base), a brightly lighted processing area led to office cubicles, where after registering, new arrivals with medical needs came to see us. My first patient sat before me, haggard, pointing to what ailed her, as if speech no longer served her. I peeled her shoes from swollen feet, trying not to remove skin in the process. Cuts from submerged objects and immersion in standing water had caused the swelling, as well as infection of both feet. An antibiotic, a pair of slip-ons from the roomful of donated clothing and a night with her feet elevated - that would help.

The ailments common among the refugees included diarrhea, bronchitis, sore throat and voices hoarse or lost. And stress beyond belief. People didn't have their medications, and blood sugars and blood pressures were out of control.

I prayed, as I wrote prescriptions, that their memories of particular pills were accurate. For a man on methadone maintenance who was now cramping and sweating, I prescribed codeine to hold him. Another man, clutching a gym bag as if I might snatch it from him, admitted when I gently probed that he was hearing voices again. We sat together looking through the Physicians' Desk Reference. "That's it," he said, recognizing the pill he hadn't taken since the storm hit.

Hesitantly, I asked each patient, "Where did you spend the last five days?" I wanted to reconcile the person in front of me with the terrible locales on television. But as the night wore on, I understood that they needed me to ask; to not ask was to not honor their ordeal. Hard men wiped at their eyes and became animated in the telling. The first woman, the one who seemed mute from stress, began a recitation in a courtroom voice, as if preparing for future testimony.

It reminded me of my previous work in field clinics in India and Ethiopia, where, with so few medical resources at hand, the careful listening, the thorough exam, the laying of hands was the therapy. And I felt the same helplessness, knowing that the illness here was inextricably linked to the bigger problem of homelessness, disenfranchisement and despair.

Near the end of my shift, a new group of patients arrived. A man in his 70's with gray hair and beard came in looking fit and vigorous. One eye was milky white and sightless, but the glint in his good eye was enough for two. His worldly belongings were in a garbage bag, but his manner was dignified.

He was out of medicine, and his blood sugar and blood pressure were high. He couldn't pay for his medication, so his doctor always gave him samples: "Whatever he have. Whatever he have." He had kept his shoes on for five days, he said, removing the battered, pickled but elegant pair, a cross between bowling shoes and dancing shoes. His toes were carved ebony, the tendons on the back like cables, the joints gnarled but sturdy.

All night I had seen many feet; in his bare feet I read resilience.

He told me that for two nights after the floods, he had perched on a ledge so narrow that his legs dangled in the water. At one point, he said, he saw Air Force One fly over, and his hopes soared. "I waited, I waited," he said, but no help came. Finally a boat got him to a packed bridge. There, again, he waited. He shook his head in disbelief, smiling though.

"Doc, they treat refugees in other countries better than they treated us."

"I'm so sorry," I said. "So sorry."

He looked at me long and hard, cocking his head as if weighing my words, which sounded so weak, so inadequate. He rose, holding out his hand, his posture firm as he

shouldered his garbage bag. "Thank you, Doc. I needed to hear that. All they got to say is sorry. All they got to say is sorry."

I was still troubled by him when I left, even though he seemed the hardest of all. This encounter between two Americans, between doctor and patient, had been carried to all the fullness that was permitted, and yet it was incomplete, as if he had, as a result of this experience, set in place some new barriers that neither I nor anyone else would ever cross.

Driving home, I remembered my own metaphor of strapping on armor for the night shift. The years have shown that there is no armor. There never was. The willingness to be wounded may be all we have to offer.

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