

A CLINIC OF LAST RESORT

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They were musicians and journalists, a nurse from Africa and a fallen man of the cloth. They were a contractor, a house painter, and a professor of mathematics. They were a lawyer from Afghanistan, a pediatrician from Iran, an officer of the Army of the Republic of Vietnam, and a mercenary out of the jungles of Central America. Others were undocumented, disabled, or unemployed workers. Not many had reached the age of retirement. They had worked on railroads and docks, in carnivals and hospitals, in factories and fields. They had worked as prostitutes, pimps, pushers, and panhandlers, or they still did. They worked any number of low wage jobs, whatever they could get. They were veterans of wars both legal and covert and veterans of prisons and jails. Lewis had been a personal assistant to Red Skelton. Martin had been a sports coach but not after he messed with the boys. John was a Reed College graduate but never took advantage of the fine education he got.

I worked in a clinic of last resort and these were my patients. They came from across the street, from across the globe, and various spots in between. They were the dispossessed. They'd lost their homes, their jobs, their families, their friends and communities, and their homelands. They'd lost their opportunities, prospects, and civil rights, or never had them to begin with. They'd lost their health. Too many had lost their sanity as well. Some were so cognitively disorganized they were unable to access the

services to which they were entitled. I was their doctor and they came to me for help. Much of the help they needed I could not provide.

They lived in cheap apartments or the run-down residential hotels of downtown Portland where the clinic was located. Or they lived on the streets. They slept in the back seat of their car, in a tent pitched behind a friend's house, camped out in the remote reaches of Forest Park and Oaks Bottom, or on the couches of family or friends. They slept on buses and trains and in the libraries. They slept in doorways, under bridges, on loading docks, and inside abandoned buildings. Those who could tolerate the noise, the crowding, and the threat of picking up disease slept in the shelters. Those who were loathe to separate from their mates or their dogs had to find somewhere else. Kids were mostly not allowed. For the privilege of a place to sleep, or for the protection needed for sleeping on the streets, women would sometimes pay with their bodies. After she was evicted, Jocelyn slept on the sofas of the waiting rooms for family of intensive care patients, moving around to different hospitals at calculated intervals. Frederick somehow dragged a mattress to a hidden spot under an overpass, just blocks from Portland State University, and lived there undisturbed for years, cultivating a private garden, as it were, in his ante-room.

The majority had been abused, physically, sexually, or emotionally, as children, adults, or both, at the hands of family, institutions, or states. Some abused themselves as well, with drugs and alcohol, but also with razor cuts across their forearms. Or Drano in their vagina. They told me stories from their childhood or their marriage or their war years that I could barely stomach to hear. Most were poorly educated. A number of them didn't speak English. Some of them couldn't read. Many were born into wretched

circumstances and after that nothing ever changed for them. Others had fallen on hard times or bad choices or both. Or they came from countries we invaded or whose natural resources we exploited or whose dictators we propped up or whose civil wars we precipitated, like Iraq, Croatia, Viet Nam, Afghanistan, Somalia, Guatemala. But most had been poor their entire lives. Not much had ever trickled down to them. Economic boom or bust, it didn't matter.

They came to the clinic in clothing too thin for the cold. Or they came in layers of shirts, vests, sweaters, dresses, and pants over saggy long underwear, a great strategy for living on the streets. They came in clothes too heavy for the heat because they were too strung out on meth and too skinny and couldn't stand any cold. They came in long-sleeved shirts to hide their tracks. Joyce came in layers of cheap, ill-fit, and soiled clothing, but in her case, I suspected the layers were there to ward off the voices that terrorized her. A few women came veiled. Older women from somewhere else in the world usually came in black shapeless dresses, except for Lupe from Honduras who favored bright colored, short-sleeved frocks. Stephanie, too, came in nothing but black, until we hit on a drug regimen that cleared the chaos of her mind and brought color to her habits of dress. Ronald came in wide-lapelled double-breasted suits, patterned ties in loud colors and a hat set at a jaunty angle. I'd tell him he looked like a million bucks and boy did he love to hear that.

They complained of all the usual things, stomach aches and backaches and headaches and heartaches. They almost never complained of difficulty thinking although cognitive impairment of various stripes and severity was distressingly common among them. They did complain that their bones were cold or insects lived under their skin.

Shirley complained that a surgeon had ripped out her organs years ago and left her rotting deep inside. Lois complained that the neighbors were pumping poisonous gases into her vents. Carol claimed that five men had raped her from front and behind in the middle of the day in the middle of downtown Portland in an alley that did not exist, which fabrication, I suspected, was not nearly as horrific as what she had actually endured as a child and refused to talk about. Their complaints were never trivial. To complain of something that does not matter is a privilege accorded only those with means.

Some patients I saw only once. Some I knew for more than twenty years. Mr. Popov was the oldest at 97, a Russian journalist with a state-sanctioned job during the Soviet era, who became increasingly paranoid in his old age and I thought to myself, no wonder. Jamal was the youngest at sixteen and appeared to be a boy, but said he wasn't sure, that his body was different. I suspected an undiagnosed condition of intersex rather than trans-sexuality, but he was too frightened to be examined and I never saw him again. I was amazed what conditions among the dispossessed could escape the clinical gaze, sometimes for decades.

A few were deaf or blind, and Lida, who'd been sold off by her father into a marriage with an older man who would tie her to the bed to rape her, was mute. Regina had been hysterically blind for years. Over the time she was my patient she gradually regained most of her vision and I decided not to take credit. I think she decided it no longer suited her to be blind.

Tyler, a player of bagpipes, asked me out on a date. He didn't know I was married; I did not wear a wedding band, so in one sense, the invitation was fair. Reggie offered to be my houseboy. He claimed he had experience and knew how to treat a lady

right. He was drunk, so I laughed it off. Franklin wrote a letter detailing what he imagined doing with me in bed. He was banned from the clinic. Rosalind suffered a homoerotic obsession with me, which the psychiatrist from the hospital told me about afterwards. After, that is, she tried to kill herself, after the last of many times she called me at home and I hung up on her. Boundaries were sometimes an issue.

My patients quit smoking. They quit alcohol and heroin and methadone and crack and meth. They quit the guy who abused them, and they quit hooking. They quit being jerks and tried to be better people. Lots of times the quitting didn't last; sometimes it did.

When they disappeared from my practice it was because they'd been sent up to prison or a mental institution or had been deported or had moved to a sunnier clime or had finally gotten a job with the kind of health insurance we could not accept. Very often I had no idea where they'd gone. Sometimes we kicked patients out of the clinic for good. If they brought a gun to the clinic or started a fight in the waiting room or threatened the clerks. But actually, we put up with a lot.

A few of them overdosed in the waiting room or the restroom of the clinic. We revived every single one and we got good at it. Kristine hid inside the playhouse we kept in the corner for the kids and wouldn't come out. Ted, who was psychotic, threatened to shoot someone he knew and we had to empty out the clinic and call the police. Many more of them threatened to kill themselves and these ones usually did not. Others came in cheerful with plans for the future and then a week or two later would blow out their brains. Two of my patients shot themselves, one hanged himself, another took an overdose. Two men, two women, all white and native born. People of color didn't suicide

as much. I think it had to do with expectations, the gap between what you expected and what you got.

Those who died nearly always died before their time. Of liver failure, heart failure, lung failure, kidney failure. Failure of the spirit. Much less often of cancer, because that was for old people. And not many of my patients got to be so old. Many were found dead in their beds or lying on the floor. George was found sitting stark naked and slumped in a chair pushed against the wall. He was young and apparently healthy. Many of those who died were not the ones I expected. This was hard on me.

They called me Doc, Doctor, Doctor Kullberg, Doctor Patsy, and just plain Patsy. I let them decide. Sometimes a guy would take the liberty of calling me by my given name to manufacture a chumminess he calculated would seduce me into giving him whatever he wanted. It was always a guy who did this. I called the patients mostly by their first names, but not always. Sometimes I called them sweetie. The older I got, the more I did this. The more I kissed their shrunken or jaundiced cheeks, the more I wrapped my arms around their hunched shoulders.

They would regularly stand me up. Some would appear in the middle of a busy day demanding my immediate attention to some sort of paperwork, a bureaucratic emergency they'd created through their own procrastination. Not a few of them lied about the pain pills they got from other doctors, in order to get more from me. Some staggered in drunk, demanding medicine for their alcohol inflamed stomachs so they could get on with their drinking. Others bad-mouthed the staff or verbally abused them to their faces. Horace insisted on taking multiple doses of insulin during the day despite dire warnings about the danger of his habit. Melissa demanded an MRI of her chest every three months

to check on a nodule that hadn't changed in years. Orson launched into a drug-fueled rant so incoherent and profane, I walked out on him.

Still I always liked my patients and the few times I did not, it troubled me. I liked my patients because most of them eventually opened their hearts to me. I could not sustain my fury or frustration once they shared the stories closest to their hearts, about the beloved child taken away by the court or how they once stood, age ten, between their mother and the boyfriend swinging a golf club at her.

They brought me gifts. A bar of peach soap, embroidered linens, Russian chocolates, a house plant, a pen and pencil set, turquoise ear rings, and a mechanical Santa who danced to a Christmas ditty. They drew me pictures in pen and ink. They painted and fired a ceramic plate. They wrote me poems and shot videos of themselves. They composed and framed photographs and collages. They burned their favorite music onto CDs. For me.

I learned that living in poverty entailed a lot of waiting, for the check or the decision, to see the specialist, to get a pair of glasses, to get out of jail, to reach the top of the housing list, to earn their citizenship. They were always in line for something. I learned that living in poverty meant grabbing the good things that came along because you never knew when they would come along again. That "a long time" when you were living in poverty often meant two or three weeks. That emotional alliances were often intense, sudden, brief, and fraught, and sometimes dangerous. That trouble usually bred more trouble. That the dispossessed were smart to guard against their own expectations. That there were some events that people never recovered from, especially the loss of a

child. That some people had the fortitude to endure the unthinkable. And that I never had been as brave or resourceful or resilient as my patients were.

What I learned was that I had to change many of my assumptions. That people were both much more capable than they appeared, and at the same time, much less. That people, out of fear or embarrassment, could and would conceal all manner of things. That some were exceptionally skilled at concealing things from themselves. That people had any number of ways to sabotage their own chances. That arguing against a fixed idea was like arguing with the sea; it would still rush to shore. That bullying a patient into something she did not want was never a position to put myself in. That some patients would do things for me that they would not do for themselves and that I owed it to them to exploit that impulse.

I learned that meeting people where they were at did not mean letting them walk all over me. That people lied to me much more than I wanted to believe. That when patients became angry with me it was almost never about me. That being nice was not always the best strategy. That to be a doctor scientific knowledge was necessary, but hardly sufficient. That medicine had its limits and those limits stopped well shy of what it would have taken to fix much of the trouble I saw. That people were too often fooled into thinking I had powers that I did not. I learned that I, too, could engage in lying and subterfuge if I had to. I learned that making mistakes was inevitable and I had to come to terms with it or leave medicine. That I would feel responsible for the bad things that happened to my patients, this despite knowing that a fraction of bad outcomes were bad luck and most of the rest issued from the depredations of a society that failed to privilege

the well-being of its members and was exceptionally mean to the most vulnerable among us.

I learned that medicine was full of conflict with patients who wanted what I could not give them and did not want what I could. I had not expected it would be like that. I learned that I was not nearly as tough as I wanted or needed to be. That my own ability to absorb the suffering of my patients would rise and fall in tandem with my capacity to step outside my own feelings and reflect on them. I learned to lean on the sage and comforting presence of colleagues and co-workers. I learned that coming home emotionally depleted was not just hard for me, but also hard on my husband and son. That being kind to myself was as important as being kind to my patients.

I learned that I had lots to give. That I had myriad ways to reduce my patients' suffering. That every day my patients and I would enjoy small triumphs and sometimes big ones. That along with the anger and frustration and disappointment of doctoring among the dispossessed was wonder and joy and laughter and love. I learned that the best of what I had to give was not advice or information or prescriptions or referrals. It was my own self. It was my affection and validation and consolation and respect. It was to stand in unflinching relationship to my patients. It was to be their witness.