

## Marilyn

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*In 1901, the Presbyterian Church founded a mission in Ganado, Arizona, the largest Indian mission in America located "40 miles over the worst road in Arizona." In the ensuing years, the mission grew to include a church, a school, and, in the 1920s, a hospital named Sage Memorial. When it first opened, Sage Memorial was the only hospital serving an area equivalent to West Virginia and remained so until the establishment of the Indian Health Service in 1957. It went on to become the first Native American-controlled hospital in the United States. The story "Marilyn," was written by Anthony F. Valdin, MD, MS, who formerly served as medical director of Sage Memorial Hospital on the Navajo Reservation.*

The woman on the passenger side of the pickup was covered with soot. Sad and tired, Marilyn was slumped on an old afghan along with some tattered Chief Joseph robes. Tears were making tracks through the black stuff on her cheeks, and she didn't want to get out of the truck.

Coming to the hospital was not her idea. "She's got a headache," her husband reported, as a complaint and a challenge to "fix her." They were both in their twenties. He wore a baseball cap, jeans, and a beer logo T-shirt with no coat. She was layered in dark, dusty clothes. I started to speak to her but she "didn't understand." We got a translator and started again. A tall, strong-looking Navajo with children and grandchildren of her own, Phyllis exuded confidence and would help me figure out what was going on. We went back and forth over the usual questions in two languages.

The parking lot was cold and the interview with this disheveled woman and her peevish husband was taking a long time. The fast-chilling twilight smelled of piñon smoke. Once we got into it, the interaction seemed almost commonplace. So what if I couldn't understand her appearance or a word she was saying? Only a few months ago, I was teaching medical school classes on headaches. The surroundings were foreign, but the problem was familiar. Marilyn stopped crying long enough to tell us a few worrisome details. Yes, she'd had a headache like this one a month ago. It was severe, unexpected, and localized

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to one side of her head. A ceremony took it away. Two days ago, it came back, only worse. She described it as "the worst headache of my life," and associated it with somnolence, memory loss, and dropping things.

That did it. Every doctor reaches a point in evaluating a patient at which evidence adds up and a threshold is crossed. This was the story of a "sentinel" headache. It meant we needed a CT scan of the head to rule out a subarachnoid hemorrhage or other dangerous problems. I did not want to think through the cascade of possible events. If there was bleeding in her head, where would we find a neurosurgeon? Probably someplace 6 hours away. How would we get her there? Would the Public Health Service hospital that had a CT scanner but was 50 miles away help us get this woman to a specialist? Who would want to take responsibility for an unknown, unasked-for patient? Would we have to bring her back to our tiny hospital, just to send her out again?

The bargaining started. "You need a special test to check if your headaches are caused by bleeding around your brain. It could be an emergency, but we can't tell without the test. If the test is negative and the headache is better, you can go home tomorrow." Bargaining failed and browbeating began. We got her into the ER where the translators, nurses, and her husband talked her into the trip. I had the EMTs get the ambulance ready and called the referral hospital. In the meantime, the nurses gave Marilyn a bath.

When patients needed to be sent from our hospital for care, we often had to grit our teeth and put up with referral hospital harassment. I hated to have to beg on behalf of my patients. I also dreaded the smug but inevitable, "Why did you send her here?" As if we had a choice. I could tolerate the mockery and second-guessing of all phases of this referral but could not abide being scolded for sending a patient in her condition. So I had ordered a bath.

Well-scrubbed, my patient rode off to Gallup for her CT. It was negative and she returned to us that night. She did not speak to me. In fact, she refused to acknowledge my presence, even when I pronounced her "out of danger." Years later, when we passed each other at the post office, she still refused to speak to me. By then, I had learned that she understood and spoke English. I had also learned a few other things.

When we first met, Marilyn had been dusted with cedar ash in a religious ceremony for headache. The treatment is not considered complete unless the ash is worn for days. At my direction, we had washed off the best efforts of her husband, family, friends, and medicine man. The time, energy, and expense they had provided for her healing were washed away to save face. I was the most ignorant man Marilyn had ever met.