Love blurs borders

Kathryn Giordano

“¡Tiralo a mí!” Throw it to me. My fingers clumsily clutch the at the seams of the baseball as I attempt to wind my hand back like the pros I’ve seen in the MLB. My hand glides forward. The mandatory baby blue scrubs adhere to the sides of my arm, providing just enough restriction for the ball to land at the feet of my playmate. Her gap-toothed grin is reserved and her eyes tinted with an unfocused gloss. I can feel the corners of my mouth fall as the baseball leaves the tips of my fingers and her eyes struggle to focus on the object flying towards her.

“KG!” The trip leader’s voice rings in my ears and I turn my head. Her mouth is moving but her words become lost in the chatter of patient families discussing current maladies and excitement over the possibility of receiving a hygiene pack. Realizing I’ve probably spent more time at this clinic playing with younger patients than packing medications or taking vitals, I jog over to the coordinator.

“Did you hear what I said?” I shake my head. “It’s your turn to sit in on consultation. The doctor’s getting lunch now, but she’ll be back in five. She speaks mostly Spanish and some English, so just ask if there’s something you miss. I can always help translate.” I nod my head and walk into the consultation room.

It’s a small classroom, concealed with silver metal roofing and walled with thin, dorm-like concrete. My scrubs cling to my body, uncomfortably latching onto my legs and arms with every movement. I plop down in an elementary school-sized desk and kick my legs out. This was nothing like the crinkly white sanitizing paper I sat on before leaving. In the US, I waited in air conditioning and admired the travel doctor’s “Sahara Desert” images. She had small bejeweled elephants next to the photos, adding a sense of mystique and adventure that glorified travel in developing countries. How did I become so wrapped up in that illusion?

The doctor returned from lunch, speaking a message into her iPhone in Spanish that was too fast to make out. “Sorry,” she said in broken English. “It’s difficult to find signal outside Panama City. I had a few bars and wanted to check on my daughter.” I grin. “No worries, my mom likes to do the same,” I said.

“KG, you guys ready?” The doctor and I turn our heads to the small opening at the front of the classroom. The coordinator stands in the center of the door, hands at her sides. A little girl peaks around the wall beside her, stretching her arm up in an attempt to reach the coordinator’s. The pads of their fingertips touch.

The coordinator enters as the young girl trails behind with another woman in tow. The older woman braces her hands on the sides of the plastic chair before us and lowers herself slowly. The little girl, with eyes wide, attempts to do the same, but instead tucks her right knee and hoists herself up. Watching her feet as she turns her body, she plops down in her chair and allows a small smile to peak out from underneath her hung head. The doctor begins to converse with the older woman. I pick up words from their phrases: “ojos, fiebre, ver.” Eyes. Fever. To see. The small girl’s head pulls up on the last word. Her eyes interlock with mine, fighting for a bond she so desperately did not want to let go. But within a moment, her right eye gave way. It drifts to the side, frantically searching for anything to hold onto. Why couldn’t she find it?

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“I can’t find a good spot.” The doctor prodded my arm with a thin needle. “This one will make it feel tender and if you’ve had swelling here in the past…” The paper crinkled as my weight shifted on the benchtop. For a kid who’s pre-med, receiving vaccinations should come easily. If anything, I should have embraced them, but the clinching of my toes and the hardened grimace on my face said otherwise. “This minimizes the contraction of serious diseases like yellow fever, malaria…” The doctor’s voice trailed off. “I don’t care! I don’t want the shot,” I whined.

“Kathryn, suck it up and take the needle.” My mom sat in the corner, failing to lift her gaze from her iPhone, which beeped with new emails and Amazon Prime offers every five minutes. “You’re not going to Panama without the proper vaccinations. You don’t want to get something serious. You’ll get something rare and with your luck lately, you’ll come back… I don’t know… blind for all we know. Now take the damn shot!”

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The rapid Spanish subsides and the doctor lifts herself from the school desk. She wraps her fingers around the sides of her iPhone, using her opposite finger to tap the touchscreen. A bright, blinding light comes on. She walks towards the little girl and uses two fingers to pull up her chin. The doctor moves the light across her eyes, back and forth. The little’s girl’s head swings with the movement of the light. From my angle, I watch as her left eye follows, glancing periodically at the doctor’s face. No expression. She turns the light off, guides the little girl’s chin down and walks back to the desk beside me. The little girl fidgets, forcibly straightening one leg. Her arms stretch to the sides of the chair, attempting to hang them over, but only her fingers reach the end. Without showing teeth, she smiles at me.

The Spanish picks up again. This time, it goes so fast all I retain is “no vee,” “no sé,” and “no puedo ayudarle.” The older woman’s eyes swell with small tears as her contemplative stare shifts towards the little girl. The child is kicking her feet now, just as unaware as I am to the current situation. The older woman interlocks her fingers around the girl’s arm, guiding her hand into the air, resembling the signal parents in the US use to tell their kids it’s time to leave. The woman stares at the ground, murmurs a quick “gracias” and walks out.

I look at the doctor. She stares straight for a moment, fixating on a mural reading “Comunidad sobre todo” on the school wall before us. Community before all. She turns slowly. “She’s blind in her right eye. I do not know what illness caused it and I do not know how to fix it. She needs surgery and her mother cannot afford it. There is nothing I can do.” The shocking words spin in my mind and I pause, attempting to find any possible solution. I had no difficulty interpreting the interaction before, but now, I was stalled. There was nothing. Slowly, I adopted the same gaze she held before. “Comunidad sobre todo” peeks out the corner of my vision. I think back to my visit with the travel doctor before leaving on the trip. It was a routine check-up with supplemental vaccinations required by the US to leave and return home. My visit was smooth, my doctor was thorough and when it was all over, she plopped pamphlets titled “Common Allergic Reactions to Vaccinations” and “What Does this Vaccination Do?” into my hands and ushered me out the door.

At that moment, I felt distant. I made sense of the situation, but I did not understand. I will never understand. I’ve never had a life-altering diagnosis nor been in a situation where financing treatment was the first priority. I thought of the phrases I translated from the doctor and mother’s dialogue in that consultation session: she cannot see, I don’t know, and I cannot help you. Never have I heard those words from a practicing physician: so motivated by desire yet so constrained by their environment. I still regret it to this day, but without realizing, my mind fell prey to the classic issue plaguing the medical field. The rich lead healthy lives while the quality of life for the poor dwindles.

My thoughts, thankfully, broke off with the sound of the baseball bouncing across the concrete floor, followed by the patter of feet. Our previous patient rushes in, picks up the ball and looks at me. Her right eye no longer struggles to connect with mine, but contently sits at the side. Slowly a smile forms, revealing a wide, gapped-tooth smile. The skin around the edges of her eyes sinches as she pushes her chin out, showing the space between her teeth with a proud innocence. She removes one hand from the ball, tucks all fingers but one and points at me. Her remaining fingers uncoil and she beckons for me to join. I look at the doctor who smiles and nods in her direction. With scrubs still suctioned to my thighs, I rise and begin to walk towards the girl. She giggles and runs out the door, arms moving from side to side as she carries the baseball in front of her. The light shines on my face and the little girl turns around, throwing the ball with so little force that it lands feet away from me. I run forward, grab it, and toss the ball back, missing her entirely. She doubles over and laughs, clutching her sides as she chases after my mediocre toss.

Her smile was so big and full of life. I couldn't help but smile back. Her diagnosis was untreatable, not due to its complexity but to social and economic factors. Most people would shut down, finding every excuse to pity their situation. Yet here she was, exuberant and behaving as though life itself was trickling along like normal. As people in today's society, opportunity is not equally distributed, but love, laughter, and optimism are. They have no borders, revealing the values we've shared all along.

LOST IN THE WHITE DUST: FORGETTING 9/11 TOO SOON

CAILIN MACQUARRIE

The September 11th Victim Compensation Fund (VCF) has been providing vital funding to victims of the 9/11 terrorist attacks so that they may receive desperately needed healthcare for nearly 20 years, so why is it that all of a sudden funding is becoming an issue? The original Fund was initiated in 2001, and when in 2011 President Obama signed into effect the James Zadroga Health and Compensation Act, the VCF was also relaunched for a period of 5 years. In 2015, the then President recertified the VCF for another 5-year period.

So then, where's the problem? It's 2019, and the Fund is still in effect for nearly 2 more years before we need to worry about re-inciting the Fund, right? The fact is, the Fund isn't a bottomless fountain of money, and it reaches its limit at $7.3 billion. With roughly $5 billion already doled out (to 21,000 claimants), that leaves a disturbingly inadequate amount of money to cover an estimated 19,000 claimants that haven't yet been addressed, as well as whomever files a claim within the next 2 years.

An obvious problem is already present: there isn't enough money to take care of every claimant seeking the security provided by the Fund. However, there is another, even more grave problem which is only just beginning to rear its ugly head. When the Towers collapsed nearly 20 years ago, an innumerable amount of people, first responders and civilians alike, inhaled the infamous white dust which was an amalgam of toxic particles including lead and asbestos. While many health effects were immediately evident, the World Trade Center cough among them, an even more ominous wave of obstacles is upon us. According to John Feal, a first responder and 9/11 advocate, "more people will die from illnesses related to 9/11 than from the terrorist attack at the World Trade Center", a harsh reality that we are only now beginning to face. Those toxic particles have had ample time to incubate, transforming a historical atrocity into an emerging, modern day public health dilemma.

The combination of the already dwindling source of funding and the rapidly increasing rates of 9/11-related cancer only mean one thing: innocent people are going to continue to suffer and more lives are going to be lost as a result of the events that took place on a single day two decades ago. Those who are ignorant and uninformed will falsely state that because the Fund hasn't run out yet, it isn't a pressing issue. Anyone who states this is gravely incorrect. In fact, the need to secure more funding has never been more urgent than it is right now. The clearly unsatisfactory $2.8 billion left to be divvied up has resulted in cuts in compensation to 9/11 victims by as much as 70% in an effort to stretch the remaining balance of the fund as thin as possible. Rupa Bhattacharyya, the administrator for VCF, stated that as of October 2018, 8,000 more claims had been made with the fund. At a monetary dead end, Bhattacharyya has exhausted every option and is left with no choice but to cut the compensation given to the victims of this catastrophe.

I implore you, why should anything less than 100% compensation be acceptable, especially to those first-responders who gave their 100% on that day? Why should those who were lucky enough to narrowly cheat death have to face this reincarnated horror, and why should they have to face it without support? Just as the white plume of dust and debris billowed out across lower Manhattan, expanding and tainting everything it touched, so has 9/11-related disease. We were in a better position with the white dust, though, for it was visible and palpable, and we could col-