

S.P.O.V.*

* Student Point of View

The Search for Something More

Eighty days, two neophyte bikers, and 1,700 miles of peaks and valleys.

By KEVIN M. ELIAS

ON MAY 8, 2004, I STOOD in the 125-degree desert along the U.S.–Mexico border, all my worldly needs strapped to my back, with one persistent thought pestering my mind: “What am I doing out here?” Only 48 hours earlier, I had been taking my physiology final, and now I found myself in the middle of nowhere, alone with a classmate on an empty dirt road. Facing 1,700 miles of unknown challenges, I pondered how we got there.

Like most of my Vanderbilt Medical School classmates, I chose a medical career to make something more of my life. Deep in my psyche I felt a void that I hoped a life of service could fill. But with the start of medical school, anatomical dissections, biochemical pathways and professionalism discussions failed to deliver the fulfillment I sought. I felt a restless, churning ambition for something ... more.

Then I found a compatriot. My classmate Joshua Bress had the same sensation—the feeling of having learned so much, but done so little. Josh had just spoken with Nashville CARES, Middle Tennessee’s leading provider of outreach services to persons living with AIDS and HIV. The organization’s annual AIDS Walk had been

the previous weekend, and Josh arrived looking for a way to get involved with HIV issues. What he found surprised us both. HIV had fallen off the radar of Middle Tennessee. Even as local infection rates continued to rise, no one seemed to notice the walk. No stories appeared in the major newspapers. No television reporters devoted coverage to the event. The HIV/AIDS community, an alarmingly expanding circle with Nashville CARES at its center, had been left to fend for itself.

Josh and I knew increasing education and

public discussion about HIV presented a way for us to do something meaningful. Unlike most diseases, AIDS takes primary aim at our peer group, youth, and its shot is getting better: 50 percent of new HIV infections occur in patients under the age of 25. Moreover, the South is the only region of the coun-

try where infection rates continue to rise. We wondered what two freshman medical students, not even finished with anatomy courses, could do to change this trend. How could we take the message of the Nashville AIDS Walk (i.e., community-wide involvement for HIV/AIDS) to a new level?



JOSHUA BRESS

We came to Nashville CARES with a proposal: a super-sized AIDS Walk sure to attract attention for the cause. We called it Hike for HIV, a strenuous hike across the vertical length of eastern California, from Mexico to Oregon—1,700 miles along the Pacific Crest Trail. The hike would promote discussion about HIV/AIDS, raise funds for Nashville CARES, and encourage others to join the Nashville AIDS Walk the following year. Most important, it would establish a new partnership between Vanderbilt Medical School and the HIV/AIDS community—a step toward mobilizing youth to address HIV.

We had eight months to get ready. While laboring our way through the first year of medical school, Josh and I worked feverishly with Nashville CARES to make the hike a reality. We created a business proposal, wrote promotional materials, and solicited donations for Nashville CARES. Fittingly, the Vanderbilt Medical Center became our first official sponsor, followed by Lightning 100.1 FM, Cumberland Transit and Planned Parenthood. At 6 each morning, we trained at the Rec Center. As often as possible, we gave radio, newspaper and television interviews. We recruited a team of graduate, professional and undergraduate students to help us. Soon, Hike for HIV grew beyond the hike itself to include an interactive Web site, documentary film, panel discussion, community service, and a trade fair—all about HIV in Middle Tennessee. As the spring semester came to a close, the conversation about HIV and AIDS



JON KRAUSE

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seemed to be advancing. Now our feet needed to live up to our words.

Talking hurt less than walking. Desert dominated our first 700 miles. Drought conditions forced us to carry two to three gallons of water each for distances up to 30 miles. Entire weeks went by without any shade. The unforgiving chaparral tore into our legs, and the hot sands blistered our feet. We saw no one for five days. Our second week, a bear raided our camp and ate a week's worth of food. This marked my first hiking trip longer than a weekend, and life was tough.

Rather than face defeat, we began to adapt. Our pace increased from 18 to 20 to 23 miles a day. As we crossed arid expanses, climbed several thousand feet up into the mountains, and then climbed down into the desert once again, we ticked off one mountain range after another: the Lagunas, the San Jacintos, the San Bernadinos, the San Gabriels and the Tehachapis. We studied the habits of other hikers, shed gear (including all of our cooking implements), and started hiking before dawn.

Eventually, the hardships of trail life took

a backseat to the wonder of nature. Lizards scurried underfoot among the blossoming cacti and desert wildflowers. Dawn erupted into the canyons in a color wheel of crimson and ochre. Joshua trees guided us through the Mojave, and jackrabbits hid among us from the hawks overhead.

In a month we reached Kennedy Meadows, the gateway to the hike's highlight, the Sierra Nevada. Whereas the southern mountain ranges, alternating with low deserts, averaged 6,000 to 8,000 feet, the Sierras maintained

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to do so, are any bodies shared with regional medical schools (and never with any institution other than these). These institutions must sign a contract with VUMC stating the shared bodies will be used only for medical education and that all remains will be returned to VUMC for disposition. In such cases, Vanderbilt is reimbursed only for the cost of embalming and transportation.

"We're so fortunate here. We feel that being able to support the region's other medical schools, when possible, is the right thing to do," Pope says.

Each spring, on the same day the hospital admitting office holds its memorial service for the babies who died there, Vanderbilt's Anatomical Donation Program holds a similar service for those who have donated their bodies to medical science. Donors whose bodies were used by Meharry Medical College and the Belmont University School of Physical Therapy are interred at the same time.

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"I remember the shock of realizing that here I am, the student, having to go into the room and pronounce the patient. All the eyes in the room were boring their way into my back as I stood there at the bedside," says Milstone. "I had two difficulties: One was pronouncing a patient for the first time, and the second, which was much harder, was to say something to the family that would ease their grief and shock."

Typically, a physician goes through a physical exam to declare death—listening for sounds from the heart, trying to detect breath sounds, and listening for a carotid artery pulse.

"Over time I've modified how I go about declaring death. This was my first attempt. All the people in the patient's room were looking at me. I felt very awkward, very much under a microscope as I did this," Milstone says. "I took the stethoscope and placed it at the patient's mouth to listen for breath sounds. I'll always remember the patient's husband leaning over and saying, 'Dr. Milstone, you're not going to hear anything. She's dead.' And that's when my attention turned to the family."

Over time Milstone has learned how to comfort families. "I always tell a family that

This year the cremated remains of 45 donors were interred in the Medical Center's plot after a respectful ceremony celebrating the donors' generosity. Statements of gratitude, songs and prayers were offered by some of the medical and physical therapy students privileged to benefit from the donors during the past year, and by Medical Center pastoral staff. The remains of all 45 donors were contained in individual biodegradable boxes with each donor's name labeled on top. A yellow carnation was placed on top of each box.

The service was attended by approximately 100 family members, and the name of each donor was read aloud. Students from all three schools thanked family members through word and song for their loved ones' gifts to further medical science.

Perhaps the gravestone says it best: "In Memory of Those Who Gave the Ultimate Gift of Their Bodies for Medical Science."

death is typically not an event that involves suffering for the patient," he says. "It's not always the case, but certainly is in most instances. I also tell the family that death is a peaceful process. That life is like a book, that one chapter has now closed and a new chapter has opened."

Milstone says it takes the better part of a medical career to develop the ability to be comfortable enough to discuss death with patients and their families. He considers it an integral part of the care he provides. "Even after 14 years in medicine, I continue to work on these skills," he says. "It should never be rehearsed, and it should never be perfect. If it is, then you've gone too far."

A coping plan for death for those who face it every day is as important for health-care providers as it is for the grieving families. "The emotional burden of loss for the provider is not as great as it is for the family, but it's certainly significant," says Milstone. "It's important to develop a way to discuss death with patients and families, but also important to develop a care plan for yourself."

—John Howser

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an elevation of 9,000 to 11,000 feet, regularly topping 12,000. As our lungs adjusted to life two miles above sea level, the elevation brought other challenges. Instead of drought we faced raging rivers, mosquito-infested bogs and miles of snowfields. Thunderstorms brought hail and rain, and sent us fleeing down mountainsides to get below the timber line. We slept wearing our clothes to survive freezing nights. At times the trail became so obscure that our path morphed into sheer walls of snow and ice.

While exhausting, the Sierras pierced me with their beauty. From the mountain peaks, pristine lakes dotted the frozen landscape like water droplets on a bed of cotton. Galaxies of Milky Way performers played on the nighttime stage. Deer and marmots frolicked among us as we followed the trail several thousand feet up at a time, from one mountain pass to the next, only to come back down again and repeat the process.

Coming out of the highest Sierras, our pace increased to 25 miles a day, and often 30. In Yosemite National Park we took a "day off," hiking only 22 miles in a highlight tour of the park, including the mountains Half-Dome and Clouds Rest. On July 4 we reached Lake Tahoe. By this point our bodies had molded into hiking machines. We hiked 90 miles in less than three days.

Whereas other hikers would take layover days in town, we pushed ahead, bound by a tight schedule. Over the entire summer, we took only three days off. When we began in the desert, we were two weeks behind the main pack of long-distance hikers. Now climbing the volcanic ranges along the Northern California–Nevada border, we had passed 90 percent of the hikers left on the trail.

Many attributed our resolve to the work habits of medical school. While that certainly played a part, what really moved me was our cause. I hiked for something bigger than my immediate condition. I hiked to gain the opportunity to help someone my age protect himself or herself from HIV, to know that I was helping someone back at Nashville CARES.

After 78 days on the trail, our journey ended in the Trinity Alps near Etna, Calif., within sight of Oregon. Standing once again

at a remote, empty road, I faced south, beyond the horizon, where the desert winds had surely swept away our first timorous steps. Reflecting on all we had accomplished—1,700 miles of trail and more than \$10,000 in donations—I knew the real task still lay ahead. On Oct. 9, Josh and I will lead the 2005 Nashville AIDS Walk downtown at the Bicentennial Capitol Mall State Park. We showed how far we would go for HIV. Can we now get others to step forward, too?

To see photos and to learn more about Hike for HIV, please visit www.hikeforhiv.com.

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That still leaves us pondering the contagion of motorists with their cry-wolf turn signals. What to do? Pass around them? But they might indeed be preparing to switch lanes, for once. Send them a message? I've considered painting a sign to flash out the window. But what would it say? "Please turn off your turn signal" strikes a polite tone, but it's too wordy at interstate speeds. "Check blinker!" is too abrupt and presumptuous. "Wake up! Now!" carries cryptic, unintended metaphysical undertones. Maybe we should just go back to the hand signals of yesteryear (circa 1971) to indicate left or right turns, back when people kept the windows down because air conditioning was too exotic, expensive and didn't work anyway.

Well, enough already. Instead of highway high anxiety, it's better to recall one of the last big songs from the 1970s and counsel peace, love and understanding. I will from now on be gentler with my boneheaded brother-and-sister random-blinker cohort. Maybe they too are sending distress signals into the jittery new world, wondering how we got on this road we're on.

This article has been adapted from a column originally written for the Tennessean newspaper. Ray Waddle, MA'81, is an author and columnist who teaches a writing seminar at Vanderbilt Divinity School. His latest book is called A Turbulent Peace: The Psalms for Our Time (Upper Room Books).

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I joined the Student YMCA/YWCA and found myself challenged by a faithful community to participate in the stand-ins and picket lines that in time changed these iron-clad customs. In those years I learned two important lessons: (1) faith without action is feckless, and (2) you can be right, or pretty sure you're right, and people can still hate you. Until then I thought that if you tried very hard to be good, people would like you.

MADELEINE L'ENGLE TELLS OF HOW HER children's novel *A Wrinkle in Time* routinely makes it onto the list of the 10 most frequently censored books in school and public libraries. She decided one year to read all 10 books. She found in common among them one thing: imagination.

Imagination is the human gift that enables us to perceive something not yet existing, to work toward ends we may never see. I am fortunate to live in the state that became the 36th needed to ratify the Women's Suffrage Amendment into the U.S. Constitution in 1920. In hard times I think of the 100 women and men at the Seneca Falls conference in 1848 who began the long campaign for women's vote. They knew that every single vote at every stage of this struggle would have to be cast by a man. Only one woman at Seneca Falls lived long enough to cast a vote in a presidential election.

Imagination is also the gift that enables us to see more than one side of a question. The very faith of Christians rests on an ambiguity: Was Jesus human or divine? The stained-glass windows of Christ Church Cathedral in Nashville recently were taken out to be restored. One of the oldest, "The Ascension Window," had become so begrimed over the decades that the bottom portion was unrecognizable: All one could see was Jesus ascending to heaven from an opaque blur. When the window came back gleamingly restored, parishioners were astonished to see two footprints left behind on the green grass by the human Jesus as the divine Jesus ascended into heaven.

"Standing" has many connotations: "Here I stand." "Stand by your man." "Stand up and

be counted." "Stand up, stand up for Jesus." "Stand and deliver." "What is your standing in this case?" "To stand somewhere, for something." "Standing on promises."

To know where we stand in the present requires clarity about our past and imagination about our future. Walter Lippman writes that we must be at peace with the sources of our lives: "If we are ashamed of them, if we are at war with them, they will haunt us forever. They will rob us of our basis of assurance, they will leave us interlopers in the world." Because all institutions are human, they, like all human beings, are flawed. Will Campbell and James Holloway in *Up to Our Steeples in Politics* (1970) are prophetic in reminding us how sinful even the churchly institutions are. Once we recognize our own sins, we become less absolute in judging others as damned or saved.

The ambiguities of faith also require caution about politics and patriotism. The ancient Greeks believed that gods take sides in war. In Homer's *Iliad*, for example, the goddess Athena takes the side of the Greeks, the goddess Aphrodite of the Trojans. The God of Christians does not take sides. God's promise instead is to stand close by all who suffer. A careful look at Irving Berlin's beloved "God Bless America" can help us here: "Stand beside her and guide her, through the night with a light from above." God is implored to stand by, advise, and guide our actions, not to lead the charge in the service of American interests.

Our human stands, whether we take them in church or in politics or in solemn acts of civil disobedience, are always penultimate. They rest on next-to-last authority. If we consider them ultimate, then we are playing God and Allen Tate is right: We are converting human ideas into abstract absolutes that are the death of religion and of everything else. ▼

"Standing on the Promises" was adapted with permission from Susan Ford Wiltshire's essay in Where We Stand: Voices of Southern Dissent, published by NewSouth Books (Montgomery, Ala.). Wiltshire is professor of classics and chair of the Department of Classical Studies at Vanderbilt.