

Death and the Clinic

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Today, I cried. I sat down to write this piece, attempting to purge, but it will not leave. The grief is older than this one lifetime. I have read that Taoist practitioners were able to read "past life" imbalances in a pulse and how they affected the present life. About 15 years ago, I took a three-day pulse workshop with a Master in his late 80s who told us that in China, he was apprenticed at age eight to an elderly Master, who himself had been apprenticed as a child. He also stated that he was the repository of a lot of pre-communist, ancient knowledge. He had his own language for pulses and had talked about a rare pulse he called the sad pulse. He took everyone's pulse and shortly after placing his fingers on my wrist, stated, "This man has a sad pulse." He had seen my Vietnam Veterans Against the War button and could extrapolate that information. He asked about my parents. I replied they had both died recently, within the last two years. He nodded his head and asked me if the class could feel my pulse.

In school I was assigned a patient who was a hypnotist/psychic. I became her patient after graduation. She, like the Taoists, had access to past lives. She informed me I had been involved in war many times, that this life I was saying goodbye to war and those souls with whom I had shared many experiences. She told me I had accrued much Karma that I needed to work off. I groaned at this but, she laughed and said, "No, let me explain. It is the accruing that is difficult, the killing and maiming and destruction, the dying a bad death. The payment is different. In this life you, are an acupuncturist helping people." I hope her interpretation is correct because early in my "leaving war behind" life, I was stationed on a Navy war ship; a floating artillery unit capable of throwing 2,000 pound shells up to 20 miles. I was on-board during the [Tet Offensive](#) of the Vietnam war and the siege of [Khe Sanh](#), wherein we fired for almost two months. To this day, the sound of the Fourth of July is agonizing for me.

In the 20 years that I have been doing acupuncture, it has brought me great joy to be able to help people. As I have said in other articles; I especially like the idea of bringing help to people who often have been forgotten: the poor and the medically indigent. The experiences have not been without their share of pain, which of course, is as inevitable as death.

On Mondays, I attend the first half of our weekly staff meeting and bring up any issues pertinent to acupuncture services or clients. This day, waiting for me at the clinic door was a client. He was agitated and told me that another client, a man in his early 30s had died over the weekend. He had a "crack-" related heart attack. This was a client who had been clean and was a leader. Other clients were soon expressing their agitation and grief and, under it all, their fear. Someone later said, "If *he* could slip, we are all in trouble."

I was the only staff member not in the meeting, so I became the bearer of bad news. We called an emergency community meeting to discuss his death. People may be from the streets, former gang members or convicts, or have lived hard-scrabble lives, but everyone there is working to get clean. Some are working harder than others but that is what makes it a community. As a community, this man's death was a blow and as individuals, grief settled in. But, just as death is inevitable, so life goes on. Some clients slipped with him, not to their deaths but back to "the life," and others found

strength to not follow him. The staff kept offering consistency and guidance.

"Sherona's" death was not a surprise to most clients, staff, outside friends and relatives. You can take me to task for that statement if you want, but I am just reporting what happened. She had come to the program after an incident that had changed her life drastically. In a drug deal gone bad, she was pushed out of a moving car. Her coat caught in the door, and she was dragged until one of her hands was nothing but a claw and she had suffered brain damage.

The brain damage made her "oppositional." She had a hard time with rules, especially from an old white man who wanted her to be quiet in the treatment room. Sometimes, she believed the only reason I wanted her to stop talking was to oppress her and nobody, not even her co-client friends, could change her mind. Nonetheless, she came for acupuncture almost every day and most days were good enough. I just never knew when she would melt down.

Sherona met a man, and they started dating and eventually living together. She started having more dirty urine tests. The story is that she threatened him a number of times over various issues, real or imagined, mostly to do with "other" women, drugs and alcohol. One night, she threatened to kill him and then went to bed. Sherona was not a small woman; she was about 6-foot and had muscles that most men would envy. He stabbed her to death in her sleep.

Another sad, angry community meeting turned into a wake for Sherona. We all talked about her in the best light we could. In fact, she was an amazingly strong person who tried harder than most to overcome her harder-than-most obstacles.

There are other similar stories. Spend a couple of years in an HIV/AIDS clinic, and you get to deal with death both less than you thought and more than you want. To be truthful, I was relieved when the grant was not renewed and my position was cut. Since I started at Highland General Hospital, three staff members have died; one to AIDS, one to a heart attack in her sleep and one (after 15 years clean) to an overdose of heroin.

All that I have told you has affected me, as I am sure it would anyone. However these deaths that I am about to describe are the ones that haunt me. I keep a certain distance from clients for my own emotional safety. I have sometimes forgotten the names of clients (usually the ones I feel might be "going out"). If someone does "go out" and come back, I remember their face but not their name. This used to worry me until I realized it was a defense mechanism and a way to protect myself. I try to always be professional, supportive and friendly, but I have to take care of myself too.

These five deaths will always be with me, as they will with any of the staff who knew these children. I will call their mother "Patricia." She was not an exceptional client but not trouble either. She came to the program at a time when the federal government was concerned with treatment, and there was money for child care and transportation for mothers and children. She went through the program in about a year, and we all got to know her children well. She had her fifth child about four months before she graduated. I held her infant at graduation while she spoke. Her other children were all there, the oldest a 13-year-old. After graduation, she got a job and was thinking of going to school. Mostly she just worked the job.

A couple of years later, her apartment burned and all five of her children died in the fire. She was arrested because she admitted to smoking a joint then leaving the oldest to watch the others while she walked a couple of blocks to buy groceries. The fire marshals said that the joint fell out of the ashtray and started the rug on fire. The children could not get out because the bars on the windows were not the type that can be opened from the inside, and the only door was blocked by fire.

She was jailed and tried to kill herself out of grief and guilt, but a lawyer took her case pro bono and forced the fire marshals to re-open the investigation. They found that the wiring in the apartment was faulty, something she had complained to the landlord about many times to no avail. It was determined this was the true cause of the fire. When she was released, the same law firm took the city of Oakland to court, and now there are laws that require landlords to install bars that can be opened from the inside, which would have saved her children's lives. This woman had to endure seeing and hearing her children die in this fire and then arrest and incarceration. However, there are good people in this world, and some of them work in that law firm. The last I heard Patricia is doing OK, or at least as well as can be expected.

Some days I can feel the baby in my arms at Patricia's graduation. I see her daughter's contagious smile. I hear her son's questions. This may explain why I have a sad pulse.

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