

## Chapter 7

### The Navajo Reservation

When friends, relatives, and casual acquaintances heard that I had joined the Indian Health Service to provide dental services to the underserved Navajo Indians living on a remote reservation in New Mexico, the universal reaction was admiration for my altruism and selflessness. “How magnanimous of you to forego more lucrative opportunities in order to serve poor people living in isolated communities where health services are inadequate,” was their typical observation. Nothing could be further from the truth, of course. My motives are usually selfish and unprincipled. And the IHS was the only agency desperate enough to hire me. But who am I to disabuse people of their misguided notions? Rarely do I receive such accolades. “My only concern is the welfare and well-being of the disadvantaged, even if I must live in a remote area to help them,” was my customary rejoinder. Sometimes I can’t believe how gullible people are.



**Crownpoint, New Mexico — in the middle of nowhere**

The reason I got the job with the Indian Health Service (IHS) was because no one else wanted to live in a rugged isolated town like Crownpoint, New Mexico. The nearest urban area of any distinction was Gallup, 70 miles away, your classic one horse western town. At least it had limited amenities such as restaurants, grocery stores, gas stations, and health care, unlike Crownpoint which had nothing. The nearest city of note was Albuquerque, about 130 miles due east. If we needed anything, it usually required driving to Albuquerque. Other than that, there was nothing but mesas, buttes, and desert in a 200 mile radius. Nonetheless, Sabrina and I were excited about moving to Crownpoint. The pay was good, the benefits were even better and it would get us out of New York and position us to see the Southwest.

It was a cold, miserable, rainy January morning in 1975 when we embarked on our journey to New Mexico. For me, it was a vivid reminder of why I desperately wanted to escape New York’s manacles. For Sabrina, it was impatience to begin our journey to the tropics. In her mind, Crownpoint was only a momentary, but much anticipated, diversion. She was also six months pregnant, so it was a slow and uncomfortable journey. It took seven days to reach New Mexico because we took the southern route to avoid the snow, which required traversing states like Georgia, Alabama, Mississippi, Louisiana, and Texas. After watching the movie “Easy Rider,” I was scared shitless that some redneck would take out a shotgun while driving alongside us down a country road and blow me away. After all, they didn’t much care for ethnic New Yorkers with long hair and a black beard down there. There were plenty of rednecks, but they concealed their shotguns and we passed unharmed.

As we drove up the hill and Crownpoint appeared over the horizon, I was not quite prepared for what we saw. The town was a conglomeration of identical, drab, stucco houses and concrete buildings clustered around its two main institutions – the Crownpoint Indian Hospital and the Bureau of Indian Affairs (BIA) schools. Its total population was 800 people. There was a gas station, a post office, and a trading post. There were imposing mesas that shrouded the town. And there was red dust, sand, and high desert as far as the eye could see. Crownpoint was located at an elevation of 7,000 feet above sea level, so the air was thin and it was bloody cold. It was not quite the paradise we expected, but at least we were not in New York.



**Crownpoint as it appeared over the horizon**

On arrival, I checked in with the Director of the Crownpoint IHS Service Unit, a congenial fellow named Wayne Morrison, who directed us to our new home. It was one of those drab stucco houses, but it had two bedrooms, a spacious living area, hot and cold running water, heat, indoor plumbing, and was situated on a large plot of land. It was just a two minute walk to the hospital where I would work. Compared to our apartment in New York, this was comfortable living. “Get settled into your home. We’ve stocked it with food and cooking utensils,” Wayne directed. “Tomorrow I’ve arranged a meeting with the medical director and dental clinic director to discuss your assignment.” Sabrina and I repaired to our new home. It was the first time we ever lived in our own home.



**A Navajo extended family compound**

I was in fine mettle the next day as I meandered over to the hospital to meet the head honchos. Crownpoint Indian Hospital had six physicians and two dentists, including me, on staff. It had 15 hospital beds, all of which were occupied by old, weather beaten, Navajo patients. It provided medical care to 20,000 Navajo Indians scattered throughout its 5,000 square mile catchment area. The Navajo are nomadic people who prefer to live in isolated, extended family compounds rather than congregate in villages or towns. There were no paved roads to their homes. To reach their homesteads, one had to travel into the desert over dirt roads that were impassable without a heavy duty vehicle, which explained why the Navajo drove around the reservation in four wheel drive pickup trucks. Because they lived in remote and isolated family compounds, it was difficult to bring water, sanitation, and basic health services to the people. Living at 7000 feet above sea level in a semi-arid desert, where

the winters were cold and dust storms raged from March to May, where few people had access to basic sanitation and potable water and alcoholism plagued the population, the Navajo people faced serious public health problems, as I was about to learn.

Wayne Morrison was joined by the hospital medical director, Clark McKay, and the dental clinic director, Bob Hellman for our meeting. “Welcome to Crownpoint Indian Hospital, Dr. Cashman,” Wayne began by way of introduction. Slow down, I thought. I didn’t like this Dr. Cashman thing one bit. Whenever I was addressed as “Dr.” it usually meant trouble for me. “Just call me Cashman. Everyone does.”

“OK Cashman. I’ll let Clark explain the medical issues and Bob will explain the dental problems.”

This was getting too serious for me. Medical issues? Dental problems? I was planning to skate into town, preferably with as few people as possible even knowing I was here, and then fade into the background. Now I was having medical issues and dental problems explained to me.

Clark McKay spoke first. “The Navajo people we serve are poor. They live in remote, isolated family groups, and are plagued by myriad public health problems. Maybe the worst is alcoholism.” I couldn’t fathom what this had to do with me, but I let Clark proceed. “The Navajo Nation, which has sovereignty over the reservation, does not allow the sale or consumption of alcohol. Consequently, liquor stores have taken up residence in the border areas adjacent to the reservation. The nearest liquor store to Crownpoint is in Thoreau, 25 miles due south from here.”

What a nice guy, I thought. I had just arrived, we were in this serious meeting, and he was telling me how far I had to drive to get some whiskey. Then Clark grew more serious.

“The Navajo Indians living in this area will drive to Thoreau, buy alcohol, consume it on the spot because it is illegal to drink on the reservation, and then drive home under the influence. The 25 mile road from Thoreau to Crownpoint is one of the most dangerous stretches of road in the state. When an automobile accident occurs, the victims are brought to our hospital for care.”

I still couldn’t figure out what this had to do with me, but I didn’t like the sound of the words “automobile accident” and “victims.” I let Clark continue.

“All the physicians at the hospital have completed internships in internal medicine. None have any experience in surgery. In particular, none have experience treating head and neck lacerations and wounds, nor are we likely to get anyone here soon who does. That is why, when the position for a dentist came open, we wanted someone with experience in oral surgery. After his interview with you, Dan Biggs said that you were the perfect guy for the job.”

As the gravity of my predicament became apparent, I nearly passed out from the horror. Once again, hubris and my exceptionally big mouth had landed me in a pickle. These guys thought that Larry Cashman — who physically cringed from the word “surgery” like Superman feared kryptonite; whose ineptitude for oral surgery matched his disdain; and whose revulsion at the sight of blood and human anatomical structures caused nausea and vomiting — was apparently heaven sent to Crownpoint Indian Hospital to treat head and neck wounds from automobile accident victims. I had to think fast to get out of this one.

“There must be some misunderstanding,” I protested. “I have experience with oral surgery, but I’ve never dealt with head and neck lacerations and wounds.”

Clark McKay was getting impatient. “Dan Biggs said you waxed eloquently about how you assisted plastic surgeons with cleft lip and palate surgeries. If you could suture them up, you can certainly deal with head and neck lacerations. More serious injuries can be referred to Gallup Indian Medical Center. You have more experience than anyone else on staff.” Now I remembered the boasting. It was that confounded disconnect between my brain and my mouth coming back to haunt me again. “Listen Cashman, Crownpoint is the only hospital within 70 miles. We all have to punch above our weight class here. You will too.”

I was in serious trouble now. I had two choices: I could come clean about my dislike for oral surgery and my dubious skills, in which case I would be branded as a fraud and unceremoniously discharged from the Indian Health Service with nowhere to go except back to New York; or I could accept this challenge like a good soldier, with the hope of somehow weaseling out of it in the future. In fact, I had no choice.

“Well, since you put it that way, I will do my best to meet your expectations.” I almost choked when I said this, but my three colleagues broke into big grins, clapped me on the back, and welcomed me to the staff of Crownpoint Indian Hospital.

“There’s one more thing, Cashman.” I got goose bumps when I heard this. There is always a catch, always one more thing. It happened when Stan Robertson told me about this job. Now it was happening again. Clark McKay was speaking in his capacity as medical director. “You will have to be on call. Accidents happen at any time, so you must be ready when we call you.”

This came like a dagger through my heart. I am emotionally and physiologically incapable of dealing with the concept of “being on call.” It was one of the main reasons I decided to become a dentist rather than a physician. The other being that my family physician, Dr. Richman, was a stinky, fat, neurotic slob and I didn’t want to end up like him.

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Now Bob Hellman took the floor to describe the dental problems. “Practicing dentistry here is different from anything you’ve experienced or imagined. You will never fill simple cavities. We have dental auxiliaries who do that. You will not be doing any fancy crown and bridge work. We have neither the time nor the money for that. Here you will be dealing primarily with dental emergencies, oral surgery, and young children with Baby Bottle Syndrome.”

I had learned about Baby Bottle Syndrome in dental school, and had seen pictures of the systemically ill children with rotten teeth and multiple abscesses. I never expected to see any cases – until I came to Crownpoint Indian Hospital. Bob Hellman explained the situation to me.

“The State of New Mexico has a Women and Infants Care (WIC) program which mandates that, after giving birth, every woman living in poverty must be given a sufficient amount of infant formula for one year to guarantee the health and nutritional fitness of their newborn child. Every woman delivering a baby at Crownpoint Hospital qualifies and is automatically given infant formula by the WIC program. This bureaucratic practice discourages breastfeeding, which is almost non-existent among the Navajo. For the first year, this works fine. After one year, however, mothers are expected to switch their infants to regular milk. There is one problem. Because the Navajo live in isolated family compounds, it is impossible to get electricity to each compound. They have no refrigeration to store the milk, nor enough money to buy it. Instead, they put Kool Aid in the baby’s bottle after the WIC-supplied formula runs out. It is cheap and needs no refrigeration. When the children fall asleep with a plastic baby bottle filled with Kool Aid in their mouths, their deciduous (baby) teeth are bathed in a sucrose solution that rots them. You will see three and four year old children with their teeth rotted to the gum line, having multiple acute abscesses throughout their mouths, and the children will frequently have a bacteremia. If not treated, it can become a septicemia.”

Well, I thought, the horrors just keep on coming in this place. “Are there any other pleasantries you wanted to share with me?” I queried Hellman.

“I forgot to mention the rodeos. During the season there will be a rodeo every week and every Navajo male under the age of 50 thinks he’s a cowboy who can rope steers and ride brahma bulls and bucking broncos. Do you know what a person’s face looks like after it’s been kicked by a horse? You will soon. It’s not a pretty sight.”



**A cowboy’s face getting kicked by a horse.  
It’s not a pretty sight.**

If there was a gun readily available, I would have put it to my head and blown my brains out. I fell into a deep and lugubrious funk. My worst nightmares were coming true. Not only would I be doing oral surgery, I would be dealing with head and neck trauma, treating sick little kids with rotten teeth and abscesses, and ministering to people with a bucking bronco’s hoof print etched into their maxilla. I would have to be on call to boot. All this for a guy who hated even seeing patients, never mind patients with these repugnant conditions. And I had voluntarily signed up for three years of this torture.

By this time the reader undoubtedly realizes that, while I am a bounder, a scoundrel, and a rascal whose big mouth and arrogance frequently lands him in trouble, I am also adept at dealing with the consequences of my behavioral limitations and verbal intemperance. I did it in college and again in dental school. Practice makes perfect, I always say. I had landed myself in a mess this time. There was no way I could evade my clinical responsibilities without damaging my credibility, which I would need if I was to survive here for three years. On this score, I had to brazen it out and become minimally proficient in oral surgery, head and neck trauma, and dealing with acute sequelae of children with Baby

Bottle Syndrome until I could figure out an escape plan. This was unpleasant to the max, but what choice did I have?

Accordingly, I went to the Gallup Indian Hospital and learned how to suture facial lacerations and stabilize patients with head and neck injuries; and how to treat sick, screaming, obnoxious four year brats with a mouthful of dental abscesses. What made the latter particularly disagreeable was that I hated kids. They would cry as soon as they saw me, and immediately proceed to try to bite and kick me. If left up to me, I would have booted them out of the clinic on their asses, but I had to maintain a façade of empathy to please my superiors in the IHS.

The worst part was being on call. Because of my fragile psyche and insecurity, I couldn't eat, relax, or sleep when I was on call. When the phone rang, I would get a rush of adrenaline thinking about what was to come, then become nauseous at the prospects. There was no way I could survive like this for long. My plan was to do my job, keep my head down, and look for an opportunity to skip out of this predicament. I was obviously in over my head, and sooner or later I might find myself in a jam with no place to run.

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The Navajo Indians are a traditional, indigenous people. Few spoke English, and we needed translators for every patient. I have an innate skill for languages, and learned three Asian languages during my career. But I could never learn Navajo. During World War II the US Army used the Navajo language to communicate in code because the Japanese couldn't break it. The Navajo soldiers who handled communications for the military during the war were called the "Code Talkers." They were revered because of the intrinsic role they played in the success of the war in the Pacific. The first time a Code Talker came to our clinic, the waiting room emptied and he received preferential and reverential treatment from everyone. The Code Talkers never failed to entertain us with their war stories.



Navajo Code Talker transmitting coded messages in Navajo during World War II

The older Navajo women still dressed in their traditional, brightly colored outfits adorned with elaborate turquoise and silver jewelry, and wore their snow white hair parted in the middle with long braids. They looked like the stereotypical elderly squaw one saw in old cowboy movies. When small

children came to our clinic, they were frequently accompanied by their grandmothers, dressed in their traditional garb, who were unable to speak any English.



**Old Navajo woman wearing traditional garb**

One day about 15 months after I arrived in Crownpoint, an old Navajo woman brought her sick grandchild into the clinic. The kid was systemically ill with fever, screaming in pain, and had abscesses throughout his mouth from sucking on a Kool Aid-filled baby bottle. I was in a particularly foul mood that day. I had been on call the previous night and had little sleep. It was snowing, bitter cold, and we were deluged with patients. Sabrina and I had plans to leave for Durango that afternoon, four hours north in southern Colorado, for a weekend of skiing. I wanted to get on the road early to avoid driving in the snow at night.

It was clear that I wasn't going anywhere until I dealt with this kid. The grandmother brought the child into the operatory and insisted on staying while I treated him. Out of respect, I allowed her to stay, which turned out to be a big mistake. Before treating a child like this, we had to check their medical charts to see if they had any previous cardiac disease like a heart murmur, rheumatic fever, or any heart valve condition. There was nothing in the chart to indicate any problem, so I examined the kid. He was four years old, all of his teeth were rotted to the gum line, and there were abscesses at the base of nearly every tooth. The only treatment was to clean out all the abscesses and drain the infections. This was going to get messy. When a child had this level of infection, it was difficult to get good anesthesia. I anesthetized the child to get him out of pain but the anesthesia was not very effective.

The only choice now, as my old Pedodontics professor used to say, was to "get in and get out" — provide treatment as quickly as possible to minimize the trauma. First, I gave the kid a good dose of nitrous oxide to relieve his anxiety. As I approached, the kid screamed and the grandmother went ballistic and tried to grab me. I had my dental assistants restrain her. The situation was chaotic now. The grandmother was clearly agitated and people were screaming in Navajo and English. Better anesthesia was needed, I figured, so I pulled out the lidocaine syringe and prepared to inject some more. As I raised my arm to administer the injection, the kid went berserk. At this, the grandmother broke free, grabbed my arm, and started to wrestle with me to get the syringe. The scene was surreal. Here I was, a big syringe with a long needle in my hand, with my arm waving wildly while an old Navajo woman tried to wrestle it out of my hand. That this big needle didn't poke someone in the eye, most likely me, was a miracle.

I was pissed now and the grandmother was hysterical. She could not be around if I was going to treat this kid, so I had her summarily thrown out of the operatory. She looked at me with daggers in her eyes as she was removed, kicking and screaming. With her out of the way, I "got in and got out" and cleaned out all of the abscesses. The child was medicated with antibiotics and admitted to the hospital

for observation. That afternoon we drove to Durango as planned. By the next day, we were on the ski slopes.

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I hate skiing. Given my aversion to cold weather and snow, it makes sense that I would hate a sport that can only be done in cold weather and snow. Crownpoint was a four hour drive from two of southern Colorado's best ski areas, Telluride and Durango. Sabrina, on the other hand, was a fantastic skier. Growing up in Pennsylvania, she had been skiing in the Pocono Mountains since she could walk.<sup>1</sup> Since arriving in New Mexico, Sabrina had cajoled me into taking skiing lessons — against my better judgment — so we could enjoy the sport together. By the time we arrived in Durango for our weekend of skiing, I had attained some modest proficiency as a skier, though I was still a novice compared to Sabrina. While she schussed down the slopes, I snowplowed.

It was a beautiful day in Durango as we prepared to go skiing. It was cold but the sun was out and the sky was blue. We awoke early so we could get out on the slopes before the crowds. Feeling confident about my nascent skiing skills, I went to the top of the mountain with Sabrina. In light of my modest skills, I had no business skiing from the top of the mountain at Durango ski area, but I tried it anyway. Amazingly, I was navigating the mountain reasonably well, with occasional snowplowing and some falls, but pretty much keeping up with Sabrina. I was actually enjoying it.

When we reached the final slope, we were in sight of the lodge and the beginner slopes. It wasn't nearly as steep as the mountain I had already traversed. When Sabrina took off for the bottom, I went right after her, and damn the caution. And there it was, hubris again, my recurring nemesis. As I sped down the slope, I lost control, hit a mogul, went airborne, came down on my right shoulder, and passed out. After regaining consciousness, I tried to move my right arm to stand up, and an acute stabbing pain in my right shoulder coursed through my body. I fell back to the ground and stayed there until the emergency ski patrol packed me into a stretcher and transported me to the first aid room.



**The final slope at Durango Ski Area, where Cashman crashed out**

By the time I reached the bottom of the mountain, I was in acute pain and hyperventilating. Fortunately, one of the physicians from Crownpoint Hospital was with us, and he ordered a shot of Demerol, a morphine derivative, for the pain. I had used Demerol preoperatively on my patients, and

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<sup>1</sup> As this incident occurred 15 months after we arrived in Crownpoint, Sabrina had already delivered our first daughter, Carmencita, who was one year old when we went skiing in Durango. See Chapter 8 for more on this.



was amazed at its immediate effect. Now I experienced it firsthand. Within minutes the pain was gone, I stopped hyperventilating, and I was high as a kite and grinning from ear to ear as I was transported to Durango Hospital.

When the orthopedic surgeon at Durango Hospital observed that my right clavicle was sticking up at ear level, the diagnosis was easy. "You clearly have a separated shoulder," he said. "I will need some x-rays to see what type before I can determine the treatment." I was still high from the Demerol and didn't follow much of what he said. But it was clear that this was not one of those garden variety shoulder separations where they pop it back into place, tape it up, and the quarterback goes back in to take another snap.

"You have a severe acromio-clavicular separation of the right shoulder," the surgeon explained while viewing the x-rays. "All of the ligaments have been torn and the clavicle is displaced superiorly. I will have to do surgery to repair the ligaments, and place screws in your shoulder to keep the clavicle in place while it heals. I will schedule the surgery for tomorrow morning." Then he looked at Sabrina and me quizzically and added, "I have never seen an injury like this on the ski slopes, especially so close to the bottom of the mountain. It is most common in body surfers when they are catapulted from a big wave and crash into the sand shoulder first. You must have taken a freak fall."

I didn't know anything about body surfers and freak falls. What I knew was that the Demerol was wearing off and my shoulder was hurting again. When I got back to my hospital room, the nurse came in with another shot of Demerol. Before long the pain was gone and that big, shit-eating grin was back on my face. I turned on the TV and coincidentally, the 1976 NCAA basketball finals game between Indiana and Michigan was about to begin. I never enjoyed an NCAA finals basketball game as much as that one.

With major surgery and post-op medication, the next three days were a blur. When I awoke from the surgery, my shoulder was wrapped in a huge bandage, and my right arm was in a sling and strapped to my side. Sabrina was there and she looked distraught. "Last night Bob Hellman called me at the hotel. He had been frantically trying to reach you all day." There were no cell phones in those days. How did we live without cell phones and the internet? "He wanted to warn you not to go skiing."

I was taken aback by this. "What are you talking about?"

"Bob went in to the hospital yesterday to examine the kid you treated with all the abscesses. The kid was black and blue and looked pretty bad. It turned out that the kid had a heart murmur and needed to be given antibiotics prophylactically before you drained all the abscesses."

"There was nothing in the chart about a heart murmur."

"Bob acknowledged that and said that there was nothing you could have done about it. That's not the problem. The child's mother and grandmother, the old woman you threw out of the operatory, were at the hospital and they were pissed at you. They had gone to a medicine man and had a spell cast on you. Bob wanted to let you know so you could take the proper precautions."

And there it was. A patient was pissed off at me and they did what the Navajo do whenever they were pissed off — they went to a medicine man and had a spell cast on the antagonist. Maybe the freak accident I had experienced was because of the spell. The Navajo Indians are heavily into alternative medicine and black magic. The purveyors of all this were the medicine men, who had lucrative practices casting and removing spells. In the mind of the Navajo, all illness had a spiritual or mystical origin, usually the result of a spell. When they were angry with someone or jealous, they had a spell cast. There were spells being cast all over the place on the Navajo reservation. Most of the patients at the Crownpoint Hospital either had already seen a medicine man before arriving, or would go to see one after leaving. Now I had a spell cast on me.

I put no more credence in spells and black magic than I did in the folklore and rituals of religion. To me it was all hocus pocus being peddled by incorrigible hucksters to pad their pockets at the expense of their naïve clients. The reason I had the skiing accident had nothing to do with a black magic spell. It was because of my stupidity and hubris. When I returned to Crownpoint Hospital, all of the Navajo staff knew about the spell and looked at me askance, like I had a scarlet letter emblazoned on my chest. “Aren’t you going to have the spell removed?” they asked. “If you don’t, you may have another bad accident.” I had no fear of that, but it seemed like I was a pariah until I had the spell removed. Finally, I acceded. I asked one of the nurses to take me to see a medicine man.

For some reason, medicine men only have evening office hours, so we drove straight into the desert for 40 miles at 8 PM to reach his “office.” It was in a traditional Navajo Hogan (pronounced ho-gahn), the mud thatched huts which were the domicile of choice for the Navajo. Only this Hogan had electric lights, and a waiting room with a TV set for entertainment. Five people were waiting to see the medicine man. I spent two hours in that waiting room watching cartoons and I Love Lucy reruns from the 1950s before I was ushered into his “consultation” room.



**Navajo Medicine Man  
performing a healing ritual**

I expected to see a guy wearing a buffalo head with horns, but he was a normal looking guy, middle aged, a bit stout with jet black hair and a bandana tied around his head. The nurse from Crownpoint explained my situation to him. He seemed a bit perplexed at first. Not many Anglos, the affectionate pejorative term used by the Navajo to describe the white man, came to see him. He examined some old bones and teeth and turquoise stones he had laid out on a table to ascertain the source of my ailment. Then he put them in a poultice with some herbs and seeds, probably peyote, and shook them all around me. He asked me to take off my shirt, and zeroed in on my shoulder. The fact that there was a bandage over the sutures and my right arm was in a sling strapped to my side, may have given away the source of my ailment.

If I had both arms free, I would have punched him in the nose after what happened next. Without notice he slapped his lips on my shoulder and started sucking as hard as he could. After a short

time, he withdrew and spit a big, bloody, rotten tooth into his hand. The medicine man who cast the spell had placed this rotten tooth in my shoulder, he explained, hence the freak shoulder injury. It wouldn't heal until it was removed. What I thought wouldn't heal was the huge hickey I had on my shoulder. I had some explaining to do with Sabrina when I got home. To this day I can't figure out how he got that rotten, bloody tooth into his mouth without my seeing it. He sucked so hard, he may have sucked one of his own teeth out, for all I knew. It was a pretty good trick.

As I rose to leave, a woman in traditional garb approached the nurse. "That will be \$75," she said. I was a bit shocked. Seventy five dollars was a pretty stiff fee in 1976 for an office visit, even for a specialist. I had been shaken down by Indian Customs officials in New Delhi. Now I was getting fleeced by a Navajo medicine man. I must be an easy mark. This medicine man was making money hand over fist. And he got you coming and going.

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There was a silver lining to this entire story. After the surgery, my right arm was immobilized in a sling for ten weeks so the pins in my shoulder could set and the ligaments could heal. This meant that, for ten weeks, I didn't have to see any patients with hoof marks imprinted on their faces; I didn't have to see any nasty brats with a mouthful of rotten teeth; I didn't have to see any head and neck trauma from motor vehicle accident victims; and I didn't have to take night call. They would have to find another sucker to do those distasteful things. This was the break I had been looking for. I had ten weeks to figure out how to extricate myself from my clinical responsibilities.