



Larry Cashman, the
Irrepressible Blowhard

Chapter 9

The Journey to Torreon

As I reflected on my skiing accident and ensuing shoulder surgery, things actually worked out well for me. With my right arm strapped to my side in a sling and two four inch pins surgically implanted in my shoulder to keep it together, I was relieved of my clinical duties for the next ten weeks. This suited me just fine. The challenge was to make this temporary arrangement permanent.

Although I didn't have to see any patients, I was still expected to participate in other business of the Crownpoint Service Unit. The Crownpoint Hospital was only one component of the Crownpoint Service Unit, albeit its largest by far. Because it was run by the US Public Health Service, it was also responsible for providing "public health" services to the 20,000 Navajo inhabitants within its 5,000 square mile service area. This included clean water and sanitation for the scattered population, establishing and maintaining satellite health clinics, infectious disease control programs, reproductive health programs, maternal child health programs, health education programs — an endless list of basic health services that apparently went on and on.

It also meant I had to attend weekly staff meetings chaired by Wayne Morrison, the Service Unit Director. I liked to attend these meetings because it got me out of the clinic and provided an opportunity for a late morning snooze. At these meetings Wayne assigned "public health" responsibilities to hospital staff. These involved field visits to the most remote corners of the Navajo Reservation to conduct activities such as supervising satellite clinics, identifying the most strategic sites to drill wells for water, or follow-up visits to check on the status of patients with tuberculosis and hepatitis B. Typically, there was silence when Wayne asked for volunteers. No one was interested in public health. The physicians wanted to treat patients in the clinic. I was usually dozing in the back of the room. For the most part Wayne had to make all field visits himself.

At the first staff meeting after my surgery, Wayne nonchalantly announced, "Cashman, I would like to propose that you take responsibility for all public health duties in the Crownpoint Service Unit until you recover sufficiently to resume working in the clinic." I was in such a deep sleep in the back of the room that I didn't hear what he said at first. "Cashman, did you hear me? I want you to take over public health duties for the next ten weeks."

This shook me out of my reverie. I planned to spend the next ten weeks lying in my recliner and watching basketball. Now this guy wanted me to travel to the furthest reaches of the Navajo reservation to take over public health duties! I had to think fast if I wanted to deflect this one.

“That might not be advisable, Wayne. It would be bad for my surgically repaired shoulder to be bouncing around in a pickup truck on those unpaved, bumpy roads out to the middle of nowhere. It might retard my recovery and take even longer for me to resume my clinical responsibilities.” I was proud of this off the cuff rejoinder. Take the high ground and appeal to their better nature. That should lay this idea to rest.

“No worries on that account, Cashman. I already checked with your orthopedic surgeon. With your arm in a sling and strapped to your side, he doesn’t think it will bother you at all.” Wayne knew I would try to weasel out, and he had closed this escape route.

I tried another route. “I don’t know anything about public health.” And could care less, I might add. “It would be better to find someone with more experience.”

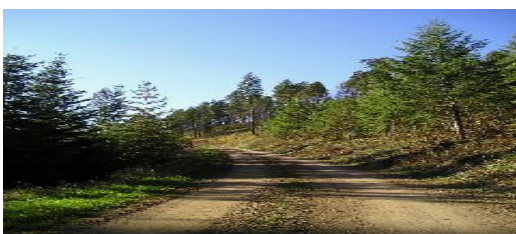
“No worries on that account, either. You can learn on the job, like I did.” Strike two.

I had one more shot, so I better make it good. “I didn’t want to mention this, Wayne, but Sabrina was so traumatized by my skiing accident, my emergency surgery, and the spell cast on me, that she is on the verge of a nervous breakdown. She is concerned for my welfare, and worried that another serious accident could occur. With me driving all over the reservation on unsafe roads, the anxiety might push her over the edge. Because of my concern for Sabrina and in the interests of my family, I will have to respectfully decline your proposal.” As a last resort, I always play the sympathy card.

“I can’t believe you said that with a straight face,” Wayne laughed. “You really do have no shame. I discussed this proposal with Sabrina this morning before the meeting. She thought it was a good idea. Mostly, she doesn’t want your sorry ass hanging around the house all day watching basketball. As far as she’s concerned, this will get you out of her way.”

And there you have it. What is that old saying about the best laid plans of mice and men? Just when I thought no further indignities could rain down on me; just when I thought I would be getting a ten week holiday, I become the interim public health officer for the Crownpoint Service Unit.

“It’s settled then,” Wayne beamed. “You can start next week with a supervisory visit to our satellite clinic in Torreon.”



The Road to Torreon

I left Crownpoint early for the three hour drive to Torreon. With a four wheel drive pickup and an experienced driver, we headed straight into the mesas northeast of Crownpoint over terrible roads. At higher

altitudes, the semi-arid desert transitioned into a lush forest of cedar, cottonwood, Douglas fir, and ponderosa pines. There were fields of multi-colored wildflowers carpeting the landscape. I had never traveled this deep into the mesas, and was surprised by the luxuriant foliage. As we descended toward Torreon, we passed scattered Navajo compounds each with several *hogans*¹, corrals with horses, and the ubiquitous pickup trucks.

When we reached Torreon, it was bordered by a bleak, arid, high-desert landscape with rock formations and large boulders strewn about. Whenever I watched TV news coverage of astronauts walking on the moon, my first reaction was “that looks like Torreon.” It was desolate. The clinic was a cement stucco building in the classic US government style surrounded by a post office and several *hogan* dispersed haphazardly. There were two Navajo Public Health Nurses, Esther Begay and Adele Yazzie, working at the clinic. They had been trained to diagnose and treat common illnesses, and refer more seriously ill patients to Crownpoint Hospital.



High desert landscape in Torreon

“Who are you?” they asked peremptorily when I introduced myself. “We thought Wayne Morrison was coming. We want to speak directly with Wayne.” It’s nice to be received so warmly.

After I explained my interim responsibilities, Esther Begay took the lead. “Well, you might as well go right back where you came from. We need more equipment, the toilet needs to be repaired, and our clinic needs to be painted. Only Wayne can help us with this.”

Well, that was easy, I thought. Now let me get the hell out of this god-forsaken place.

“Do you know when Wayne will come here again?” This time it was Adele Yazzie speaking.

“It is unlikely that Wayne will be back here for another three months. If there are any messages you would like to send Wayne, I would be happy to transmit them.”

Esther and Adele huddled for a moment. “On second thought, we’ll show you what we need, and you can tell Wayne.”

The two nurses escorted me into their clinic. As far as I was concerned, it was a dump. There were unpainted wooden benches for patients to wait outside. There was a small registration room, an examination room, a delivery room with a gynecological exam table, and a pharmacy. Paint was peeling from the ceilings. The light fixtures were broken and encased in spider webs. I almost vomited from the stench of the clogged toilet. The autoclave didn’t work, and they only had cold sterilization.

¹ A **hogan** (ho-gahn) is the traditional dwelling of the [Navajo people](#). It is made of wooden poles and tree bark, and encased in mud. They can be conical or hexagonal in shape. A hogan contained a single large room. There was no indoor plumbing or electricity. Since the Navajo lived in family groups spread throughout the reservation, there would be several hogans in a cluster to accommodate the different families.

“This situation is abominable,” I blurted out innocently. “How can you work in these conditions? Wayne needs to do something about this.” It was true. These two ladies were laboring in the middle of nowhere trying to help their people, and their clinic was a shambolic mess, ill-equipped and run down. Remote clinics like this should be the highest priority. They were easily accessible to the local people, and could siphon patients off from Crownpoint Hospital, reducing its workload. If they had a dental clinic out here, I thought, there would be fewer patients for me to see in Crownpoint.

When the ladies saw that I was sympathetic to their plight, their attitude changed 180 degrees. “Can you tell Wayne? Do you think he will listen?”

“I don’t know if he will listen.” I neglected to mention that no one listened to anything I said. “But I will try.”

Esther Begay, Adele Yazzie, and Larry Cashman became good buddies after that. The ladies



Undiscovered Anasazi ruins near Torreon, New Mexico

invited me to their *hogan* for a tasty lunch of Navajo fried bread and chili. They introduced me to the other families in Torreon. They told me stories about how the Navajo people settled in the area. They even took me to see small canyons and undiscovered Anasazi² ruins in the vicinity. You don’t get exposed to these kinds of things sitting in a clinic. This was my first public health field trip. As I drove through the mesas on the journey back to Crownpoint, I thought, “This is not a bad way to spend the day. It sure beats seeing patients.”

When I recounted these events to Wayne, he was furious. “You agreed with all of their requests? Cashman, you’re not supposed to agree to anything! Don’t you know it’s just a wish list? Our budgets are limited. These remote clinics can’t have everything they want. I hope you didn’t encourage them.” I would hear this same exact refrain over and over throughout my career in every country where I eventually worked.

“Listen, Wayne. I’m no expert but it seems that, instead of spending money on new equipment and capital improvements for Crownpoint Hospital, you should be spending money in places like Torreon where the people live. Those two ladies are dedicated. Give them a decent clinic with drugs and functioning equipment and they can treat most minor illnesses. The Navajo people in the vicinity of Torreon won’t have to travel 30 miles in cold weather over bad roads to have their kids checked for a sore throat or ear infection in Crownpoint. And it will reduce the workload at the Hospital.”

² The Anasazi, which is Navajo for “the ancient ones,” lived in the canyons and mesas of the Four Corners area from 500 AD until 1500 AD. The people lived in pueblos and cliff dwellings, the ruins of which can be seen in sites like Chaco Canyon, Mesa Verde, and Canyon de Chelly. The Torreon area was not far from Chaco Canyon, and the center of Anasazi civilization. The ruins I visited in Torreon were remote outcroppings of Chaco Canyon that had not yet been excavated and studied.

Wayne had heard this argument before. While it made sense, he also had to balance the demands from the hospital medical staff to improve Crownpoint Hospital. He was stuck between a rock and a hard place.

“No sense my visiting these rural clinics if we can’t help them,” I reasoned with him. “The people will get pissed off if all I can do is listen to their wish lists and never deliver. They may even take out their frustration on me.” This was my major concern. I didn’t want to be the target of their ire when I’m in the middle of nowhere with no place to run. “I’m not going on another field visit unless I can promise them some resources. In lieu of that, my time will be better spent lying in my recliner watching basketball for the next ten weeks.”

Wayne didn’t like hearing my ultimatum, but it rang true. Going to the field with promises to help and then not delivering was worse than not going at all. In the ensuing argument, I repeated my ultimatum several times. This was a win-win situation for me. If Wayne refused to help the clinics, then I would be watching a lot of basketball. If Wayne agreed, then I would still have to go on field visits, but I would be like Santa Claus dispensing the goodies. I have never been accused of being a nice guy, but I would be like Robin Hood if I could deliver the goods to the staff in these remote clinics. Larry Cashman loves adulation.

Eventually Wayne relented. He agreed to make needed repairs at the Torreon clinic, and replace defective equipment. When I called Esther Begay and Adele Yazzie with the good news, they were ecstatic. The word spread fast. Larry Cashman, the interim public health officer for the Crownpoint Service Unit, was an advocate for people living in remote areas — and an easy mark.

In the following ten weeks, I made public health field visits all over the Navajo reservation. The sites I visited were way off the beaten track – places like Tohatchi, Whitehorse Lake, El Segundo, Standing Rock, Naschitti, White Rock, Pueblo Pintado, and Smith Lake. Honkies like me never got to see these places. And I was being driven there in a four-wheel drive vehicle that could navigate the most treacherous roads. At each site I met with village elders, discussed community problems, and listened to their laundry list of requests, followed by lunch and a tour of their settlement and facilities. The Navajo people were very hospitable, especially when they saw me as their ticket to more resources, a notion I did nothing to discourage.



Whitehorse Lake, New Mexico

Once they got to know and trust me, the Navajo people would let me participate in their healing rituals. Since I had already experienced a Navajo healing ritual — and been swindled out of

\$75 in the process — I became interested in Navajo traditional medicine. It existed in parallel with western medicine, and traditional healers would sometimes refer patients to Crownpoint Hospital and vice versa. In the Navajo cosmology, illness was caused by an imbalance in the cosmic energy between nature and self. There were deities to help the people maintain their spiritual balances. Witches cast spells by grinding up body parts and injecting them into their victims. That, purportedly, was how that tooth got into my shoulder. Seers diagnosed illnesses using hand trembling and stargazing techniques. Medicine Men treated illnesses using chants and, in my case, psycho-surgery. The Medicine Man I saw was a specialist so he could do both. Maybe that was why his fee was so high. I participated in so many healing rituals that I soon became somewhat of an expert.



Anasazi Ruins at Chaco Canyon

After completing each field visit, I would do a little sightseeing at places like Chaco Canyon, the San Pedro mountains, and the hot springs at Nageezi on the way back to Crownpoint. Between the discussions with the community, the healing rituals, and the sightseeing, the field visits became more like full day cultural tours. Was it possible that I was getting paid to do this? I was beginning to enjoy this public health thing.

Then it dawned on me. The field visits were my ticket out of the clinic, and not a bad ticket at that. Every field visit was a day away from the clinic. And every field visit was an anthropological excursion into the Navajo Indian Reservation and the culture. When my shoulder was healed, I told Wayne that I wanted to continue as Crownpoint's public health officer. He was ecstatic. It meant he didn't have to go into the field any more, and could sit on his ass in his office all day. The doctors at the hospital were ecstatic because it meant they would never have to go on another field visit, and they could sit on their asses and treat patients every day. And I was ecstatic because I was spending less time in the clinic and more time in the field sitting on my ass and running my big mouth.

Besides, this public health thing actually made sense to me. Now don't get me wrong, I wasn't getting soft-hearted or altruistic. The only thing I cared about was getting paid the most amount of money for doing the least amount of work. Public health allowed me to do that without seeing any patients. But even a lazy, apathetic, rascal like me could see that we were doing things backwards in the Crownpoint Service Unit. Instead of waiting for children to get baby bottle syndrome, it was much easier and better to teach mothers about breastfeeding; or to bring clean water and refrigeration to the people; or even to convince the State health authorities not to give every new Navajo mother a year's supply of baby formula. Rather than waiting for accidents to happen on the road between Thoreau and Crownpoint and treating the victims, it made more sense to educate local people about the dangers of drunk driving; or get more highway police on the road; or even to change the law that did not allow the sale or consumption of alcohol on the reservation, so the Navajo people didn't have to drive long distances to purchase and consume alcohol legally. Rather than concentrate all clinical services at

Crownpoint Hospital, it made a lot more sense to strengthen and expand satellite clinics with Navajo staff, like the one in Torreon, so health care was more physically accessible and culturally acceptable to the people. You didn't have to be a rocket scientist to figure this out.

As I took on more responsibility as Crownpoint's public health officer, I began representing the Service Unit at meetings and conferences to discuss public health issues in the Indian Health Service. These would be one day meetings in Window Rock, or weeklong conferences in places like Phoenix, Tucson, Albuquerque, and Denver. At first, I attended these sessions in silence. What did I know about public health, and the IHS' public health illuminati were in attendance. Opening my big mouth could only get me into trouble.

It soon became apparent, however, that the IHS' public health illuminati were nothing more than supercilious windbags and pampered dilettantes who preened and grandstanded to demonstrate their importance. Their descriptions of conditions in the remote areas bore little resemblance to the reality I saw all the time. They had stopped going on field trips years ago, relying instead on data and observations from neophytes like me. Basically, they were attending these meetings, spewing bullshit and pointless drivel while luxuriating in nice hotels and collecting hefty per diem payments. This arena was custom made for a bloviating big mouth like Larry Cashman. I wanted to be just like them.

During one of these meetings, a particularly repulsive gasbag was waxing fantastic about Navajo healing rituals, but his descriptions were way off base. Not only had I participated in these rituals during my field visits, I also had a spell cast on me and visited a medicine man to have it removed. I knew a thing or two about Navajo healing rituals. The speaker was describing the Navajo deities, which he characterized like the pantheon of Greek gods, as well as pontificating on their methods for diagnosing and treating illness. The neural connection between my brain and my mouth misfired, and without thinking, I interrupted the speaker.

"Excuse me, sir. But with all due respect, you have mischaracterized the Navajo deities. They are not hierarchical at all. They are fluid and interchangeable. You have also incorrectly and incompletely described the hand trembling and stargazing diagnostic rituals. Once a diagnosis is made by a Seer, the Medicine Man will sometimes use psycho-surgery to remove the offending object."

There was silence in the room. The speaker was a distinguished expert whose extemporaneous ruminations were never questioned. It was the moderator who addressed me.

"And you are Dr. Cashman from Crownpoint?" There it goes again. Whenever I'm called "Dr.", it usually means trouble. "Just call me Cashman. Everyone does."

"All right Cashman. And what makes you such an expert on Navajo healing rituals?"

First I described the many healing rituals in which I had participated during my field trips. Then I recounted the events surrounding the spell and my trip to the medicine man. "And I have the remnants of a big hickey on my shoulder to prove it. Would you like to see it?"

Before I could get my shirt off, the moderator interrupted me. “I think that’s enough for now, Cashman. We’ll take your word for it.”

The speaker resumed his misinformed presentation, but he glanced over at me occasionally to check for interruptions. No worries there. I resolved to keep my big trap shut. It had gotten me in enough trouble already. But there were whispers, covert smiles, and furtive glances in my direction from other members of the audience. Obviously, there were some sympathetic observers.

After the session, several people introduced themselves. “It’s about time someone had the balls to interrupt that pedantic blowhard,” one told me. Another said, “Bravo Cashman. That idiot has probably never attended a Navajo healing ritual in his life. It required someone like you, with the personal credibility and field experience, to put him in his place.” Larry Cashman with personal credibility!!!! These people were even more gullible than I thought. Whereupon, a voice reverberated through my normally vacuous cranial cavity, screaming for me to hear loud and clear. “There is obviously a lucrative future for you among these idiots, Larry Cashman.”

Emboldened by this experience, I attended more meetings and conferences, and spewed some impressive bullshit and nonsense myself. The more I pontificated, the better known I became within the public health community on the Navajo Reservation. The more of these professional *tete-a-tetes* I attended, the more time I spent away from the clinic. Soon, my clinic appearances became so rare that many Crownpoint Hospital staff hardly recognized me. I had figured out how to get paid the most amount of money doing the least amount of work without seeing patients. I had achieved my objective.

This experience led to another revelation. The public health professionals I met on the reservation weren’t doing any clinical work at all. There were physicians, dentists, and nurses who managed public health programs where other people did all the dirty work. What qualified them to do the “supervision” and “oversight” while other physicians, dentists, and nurses got their hands dirty? What allowed them to attend meetings and conferences in fancy hotels in nice cities with all expenses paid while their colleagues labored away in the clinic seeing 20 patients a day?

What set them apart were the initials “MPH” after their names — Masters in Public Health. For some strange reason, these three initials after your name were the entre’ into “management,” while clinical staff were relegated to “labor.” These three initials made it possible to visit places off the beaten track and meet interesting people from other cultures while still getting paid for it. Now I will be the first one to admit that Larry Cashman may be dumb, but he surely isn’t stupid. I needed to find out more about this thing called a Masters Degree in Public Health.

In 1977 there were 20 schools of Public Health in the US offering the MPH degree. The stuffy, elite academic institutions with Schools of Public Health included the usual suspects – with Columbia, Harvard, Johns Hopkins, Michigan, North Carolina, Berkeley, and UCLA being the most prestigious.



**Hawaii, where Cashman and Sabrina
always wanted to go**

When I expressed interest in studying public health, without exception my colleagues in the IHS suggested I attend one of these “exclusive” programs. I had learned my lesson about imperious, highfalutin’ institutions with their pompous faculty. I looked beyond the elite institutions. And that’s where I saw it. There was a School of Public Health at the University of Hawaii. It was not the highest ranked school, nor was it the most prestigious. But it was located in Honolulu, and that was where Sabrina and I always wanted to go.

The University of Hawaii School of Public Health had an International Health Program headed by Dr. Martinus Papadopoulos MD, MPH. What caught my eye in the brochure was the description that, “Dr. Papadopoulos lived and worked in Bali and frequently sent students there for fieldwork.” Bali was one of those exotic, mystical places that Sabrina and I had always fantasized about visiting, and maybe even living there for a while. It was all coming together now. I would apply to the International Health Program at the University of Hawaii School of Public health, I would find this guy named Martinus Papadopoulos, and get him to send me to Bali for my fieldwork. Sabrina was even more excited than I at this serendipitous possibility.

You would think that, after all these years, with all the bad karma my hubris had precipitated, that I would have learned my lesson. Not Larry Cashman. With all the talk about elite institutions and the prestige an MPH from one of these would bestow, I thought seriously about attending one of them instead of the University of Hawaii. I forgot how much I disdained their pomposity and arrogance. For a time I forgot how lazy, venal, ill-tempered, and selfish I was. I forgot my own dictum not to let legitimacy, emotion, sentimentality, or prestige affect my decisions. I had visions of myself as some distinguished public health professional with a degree from an elite institution whose entrance into a room turned heads. It was hubris once again. Accordingly, I applied to Berkeley, UCLA, and the University of North Carolina in addition to the University of Hawaii. I was accepted at all of them. To compound my stupidity, for a while I seriously considered enrolling at the University of North Carolina.

That’s when Sabrina stepped in. “Cashman, you are truly a moron. If I had known you were such an imbecile, I wouldn’t have married you. I should have listened to my mother.” Sabrina didn’t pull any punches. “We have dreamed about going to Hawaii and other exotic places for years. Now we have the chance to go and you want to go to North Carolina instead? Have you lost your mind?”

Rather than pleading insanity, I tried reason. “People in the IHS say I’m pretty good at this public health business. If I get an MPH from North Carolina, it could be a stepping stone to a good job with the federal government.”

This only made Sabrina more irate. “You think you’re good at it!!! The only reason they made you the public health officer in Crownpoint was because no one else wanted to do it. What you’re good at is running your big mouth in the field while you’re handing out the goodies; and grandstanding with the other blabbermouths at those meetings and conferences. What you’re good at is exaggerating, dissembling, and blustering to conceal your stupidity and laziness. You’re beginning to believe your own bullshit.” Damn, she knew me too well.

When Sabrina got on a roll like this, I knew not to interrupt her. “How will you like it in North Carolina when it starts snowing in the winter and the roads freeze over with ice? How will you like it when some pretentious, blowhard professor tells you what an asshole you are and there is no Valium to ease your anxiety? How will you like it when you are slaving away in that cold, miserable weather in North Carolina, and Carmencita and I are sunning ourselves on Waikiki Beach? You can go to North Carolina if you want, but we’re going to Hawaii.”

And that was that. Sabrina threw down the gauntlet. She drew a line in the sand. I quickly came to my senses. We were going to Hawaii.