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POLIO'S PRISON

Apprehensive, a young mother clutches her sweater around her with one hand; the other holds the hand of a small boy. She leads him up some steps, through automatic double doors into a lobby.

As they enter the large, attractive room, she glances around and notices murals, potted plants and indoor trees. She feels relief. As she and her son approach the receptionist's desk, they are greeted with a warm, welcoming smile.

Almost immediately, a social worker greets the mother and leans over to shake the 4-year-old's hand to ask if he'd like to take a tour of the hospital. He looks at his mother, who nods.

The social worker presents him with a brown teddy bear, dressed in a little doctor's white coat. The bear wears a tiny stethoscope around its neck. A wide smile replaces the boy's look of apprehension as he asks, "Is it mine? Can I keep it?" The bear is his to keep.

Hugging his teddy bear, the little boy peeks inside a typical hospital room and sees what his room will look like.

He meets the nurses, and learns what to expect during his hospitalization. He is not afraid.

* * *

Another time, another place, another child.

Her mother carries a 4-year-old girl into the hospital waiting room. The mother sits on a wooden chair, and glances around at white plastered walls. There is no decoration. The dark brown linoleum floor needs refinishing. Nurses wear white starched uniforms, white shoes, white

hose and white caps. Each cap is pinned with the insignia that designates her school of nursing.

The child, who has polio, sits on her mother's lap. She has not been told why she is here. After an exchange of words between her mother and a nurse, she is torn from her mother's arms without so much as a goodbye, placed on a small wheelchair and pushed down the hall to an elevator.

When the elevator stops, the chair is wheeled down a long hallway into a ward -- a long wing at right angle to the hall. The child is undressed and put into a short, open-backed hospital gown. She is placed in bed; side rails pulled up, a captive in a strange setting.

I was that child, I was afraid.

* * *

Ten beds lined each side of the room, headboards against the windows. A white cotton curtain separated each bed.

I watched the other children. They were various ages, some sitting, some lying down, and some with immobile arms or legs in traction. Some chattered, but others sat mute, wide eyes frozen in faces, too fearful even to cry.

Visitors were allowed Wednesday and Sunday afternoons from 2 to 4. Children whose parents lacked transportation received no visitors, and watched with sorrow-filled eyes as other children greeted their parents. Children would cling tearfully to their parents when visiting hours ended.

Each morning, ward "rounds" were made by doctors, nurses and interns. As this entourage approached, the doctor lifted the patient's chart from its rack at the foot of the bed. The patient's progress was discussed, questions were asked, and suggestions were made. Any change in treatment was then given to the head nurse for follow-up.

I was filled with dread as I watched this group move ever closer. I felt doomed -- as an accused person awaits conviction and sentence. I knew something must happen -- otherwise why was I here? What would they conspire to do to me?

I learned early on that when the supper cart came around, if there was a piece of stick candy on the tray, it signaled a dire consequence. As a condemned prisoner awaits his doom, I also fearfully awaited mine.

The second clue came early the next morning when everyone in the ward received breakfast

except me. Not long after, a gurney rolled to the side of my bed. I was lifted aboard and wheeled out.

I could not imagine my fate. The answer came only too soon.

* * *

I learned many years later that during the 1920s and 30s when most of my surgeries occurred, the medical establishment had not yet discovered sodium pentathol. I was born too soon -- the anesthetic administered to my young body was ether, right out of the can. A metal sieve with cotton wadding soaked with raw ether was placed over my nose and mouth.

I do not recall any pre surgery sedative given, as is the practice today. The vivid memories I shall carry to my grave are how hard I fought for my very survival.

I must have fought with strength far beyond my young years, because it took three people on each side to hold me down, while the seventh administered the ether. Imprinted on my memory are sounds of thousands of buzzing bees in my head, my body whirling around a centrifugal force greater than I, and then finally blackout.

This scenario repeated itself many times during my 10 years of intermittent corrective surgeries. Between hospitalizations I was an outpatient.

After sessions of physiotherapy I had to return for evaluation. I attended a "tribunal," where I stood before doctors, naked with the exception of a loincloth that covered my privacy. How humiliating it was.

As doctors discussed whatever problem they found, no one asked, or even cared, what I felt. Invariably, after these sessions I was separated from my mother and admitted once again to the ward for yet another surgery.

This scene happened many times from age 4 to 14, when doctors finally agreed they could do no more. By this time I'd had a tendon transplant, bone grafts and various modifications of legs and feet, including the shortening of one leg so it would match the atrophied limb. One foot is two shoe sizes smaller than the other, which results in a double cost for shoes. During this 10-year period, after each surgery, I attended schools for the handicapped.

* * *

What a difference a few decades make in the approach to children's medical care. When I review what I experienced as a small child, psychologically traumatized by medical staffs who

apparently felt no empathy for a terrorized child, I'm pleased at the progress that has been made. The scars on my legs are minor compared to my psychological scars.

If parents and medical personnel could have crawled inside the skin of that 4-year-old girl and imagine the terror in her little heart, they would have freed that child from psychic scars -- scars that still haunt her and affect her life today.

Small children are now acknowledged as having the same emotions adults do -- fear, anger, anxiety, pain, sorry and joy. Children are no longer viewed as objects unable to think or feel.

Although too many years have passed for me to benefit from these changes, I am happy for the children of today who will not have to endure experiences such as mine.

End of reprint.

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Wednesday, December 18th

Good Morning, Hilary,

Enclosed is a photo copy of an article that was published in 1993. Also a copy of the ms which is easier to read.

If you think you are interested later on, Faye can email you the ms in Word. She also will send you a scanned picture of me. Sorry that it was taken a while back. But I don't have a current one.

Hurray for us survivors!!!

More later,

Laurie M

A handwritten signature in cursive script, appearing to be the initials 'LM' or a similar monogram, located below the typed name 'Laurie M'.