Sugar Cane Makes the Medicine Go Down

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I was petrified. I had never met Maria, who was on the other end of the line. She lived in Miami and I lived in Seattle. Maria paused when I mentioned that I had recently traveled to Cuba, where her sister had looked out for me and helped me with my studies. Fear, guilt, reluctance—the emotions wrought by being charged with a task that one feels ill-equipped to undertake—engulfed me. I was to tell Maria that back in Cuba, her mother was dying from colon cancer.

At 20 years old and as a pre-medical student, I traveled to Cuba through a study-abroad program, a dream since I began studying Cuban percussion in high school. This fascinating, confusing country often seemed suspended in time, as arthritic American cars sputtered about the streets and colonial-style buildings languished in wistful decay. At 6'2," pale from living in Seattle all my life, and in modest attire, I sometimes felt like a Yeti that had been snatched from the mountains of the Northwest and deposited overnight in the Caribbean. And yet, I never felt marooned during my stay. There was no time for loneliness in this exuberant, social atmosphere, and at the time, I had no idea of the profound relationships that would sweep me up like the tumultuous waves of the Florida Straits.

Maria's sister Juanita and I struck up a wonderful friendship after I interviewed her for a project on Cuban music. She always greeted me "1950s style," with hair rollers in complementary colors. One weekend, we went to see her mother. She was as lovely and pro-Castro as her daughter and rushed to fill my belly with a foreboding combo of espresso, beans, and rice. Our conversation somehow turned to Maria, the estranged sister, and the mood turned sour; there was a deeply painful rift in this once tight-knit family, driven by polar-opposite politics. In their eyes, Maria was a traitor, an ungrateful Cuban and insolent family member—someone who rejected the values of the Revolution and left Cuba in order to pursue material comfort in the U.S. And that was all they spoke of her.

Juanita dogmatically defended the Cuban government and tirelessly praised life in Cuba. On my last evening with her, however, she surprised me with a powerfully critical perspective that confirmed one of my most unnerving observations. On the one hand, many aspects of life in Cuba were astounding: social connectedness, access to education and health care, a culture of intellectual curiosity

and unshakable support for the arts. On the other hand, there was a disturbing abundance of sex tourists—mostly European men in their 40s and 50s who coupled with young and usually female Cubans referred to as "jineteros." The "jineteros" were often smart, talented, and ambitious, searching for a way to break beyond the glass ceiling in Cuba that provoked unrelenting cabin fever for so many people there. Their goal was not simply to achieve a more comfortable life, I learned; rather, they often craved the opportunity to contribute meaningfully to society in a way they felt was impossible to do in their home country. They wanted to advance in exciting careers, to see hard work pay off, and to travel to other parts of the world. They wanted self-actualization. It was this issue that Juanita addressed with visceral intensity: that youth should feel so thwarted and restless as to turn to sex work in hopes of marrying a foreigner and emigrating; that Cubans of any age should feel so discontented as to leave by any means. Suddenly, I caught myself agreeing simultaneously with the Cubans who relished their lives at home with family and others like Maria, who defected as a political dissident.

There exists a dangerous tendency to perceive Cuba primarily as photogenic splendor, represented by those vibrant, crumbling buildings and Juanita's eye-popping hair rollers. But beyond that colorful and pulsating landscape lie the complex realities of a late socialist country. Still stewing over my trip and lamenting the difficulty of maintaining contact with my Cuban friends, I was shocked to receive an e-mail several months later from a Cuban name I did not recognize. Within minutes, it became clear that this was an illicit and urgent personal message from a friend of Juanita: Juanita's mother had advanced colon cancer and a bleak prognosis, perhaps marginally improved by surgical intervention. Juanita had written letters to Maria over and over again to inform her and to confer as a family, with no response. "Here is Maria's phone number... she lives in Miami. Will you call and tell her what's going on so that she can get in touch with her family?" I was stunned and sad to discover that the life of such a kind, vivacious person would be cut short. And I was baffled that Juanita either couldn't afford or wasn't willing to place an international

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phone call. I then turned to the task at hand. I wish I could say that I felt humbled and honored, but I didn't. Instead, I felt terribly burdened—like a hired hit woman. As if it wouldn't be hard enough to learn of her mother's terminal illness, Maria would suffer the indignation of learning the news over the phone from a distant stranger. The irony was biting: a pre-medical student prematurely charged with bearing bad news, one of the less savory requirements of the career to which she aspired.

There wasn't a doubt in my mind, however, that this had to be done. After a few minutes to collect myself, I dialed the number with dread, feeling too immature to enter such an intimate space. Knowing that Maria still spoke little English despite living in Miami, I feared that my Spanish would unravel. She answered the phone. What happened then is hard to put into words. I asked if I was speaking to Maria, identified myself, and suggested that she relocate to a private area. I told her about her mother's condition as calmly as I could; Maria cried out and began to sob. I expected her to hang up and grieve in solitude, so I was deeply moved when she decided to speak with me at length. She revealed her anguish over the family's severed ties, the guilt of being the "disloyal" daughter, and the outrage of learning that her sister had sent letters from Cuba that she had never received. She was also shaken by the logistical uncertainty of a return to Cuba to say "goodbye." Maria continued on, telling me about her life in Florida and why she left home. She was a remarkable person: strong, resilient, a fiercely supportive and proud mother, an immigrant working harder at her job than her Cuban critics could imagine. As we talked, I no longer felt like a complete stranger to Maria. I'd had a glimpse of the complicated world that she once inhabited and that still shadowed her, which had given me a context for the emotions that my message might stir; but more so, I felt taken in as her ally. My experience with Maria illustrated a poignant, captivating component of medicine that I still

struggle to articulate now as a medical student. Physicians sometimes must join patients at a very tender and vulnerable interface for life-altering discussions, fresh from grappling with the frustration of medical futility and less than eager to deliver what could be crushing news. And yet, in these moments when medical expertise offers nothing, physicians' most humanizing and powerful service may be simply to sit with patients in their suffering.

I had high hopes that Maria would visit her mother before her death and reconcile with her sister, but I later learned that her mother had died during the waiting period that Maria had to endure to obtain a passport. I wanted to know if she would still go back. There was nothing left for her there, she wrote. It was a disappointing yet realistic outcome. I reflect often on my initial conversation with her, especially one phrase that escaped my lips and stands as both a terrible cliché and a fitting comfort: "El amor es la medicina más grande del mundo." *Love is the world's greatest medicine.* As I progress through my training, I am more convinced of and have witnessed firsthand the importance of understanding patients' complex backgrounds—aspects of their lives that aggravate pain, feed fear, offer support, or inspire hope. Technically, love may not be the world's greatest medicine, but understanding the role it plays in a patient's life can sometimes be the difference between a physician who treats and a physician who heals.

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