
Prologue

Overcoming Is Only the Start

Any span of the [life] cycle lived without vigorous meaning at the beginning, in the middle, or at the end, endangers the sense of life, and meaning of death in all whose life stages are intertwined.

Erik Erikson

I am by professional training both a social observer and a psychological counselor. Yet for over two decades I have succeeded in hiding a piece of myself from my own view. Given the obviousness of my physical handicap this has taken some doing.

Between the ages of fifteen and twenty, I suffered two major traumas—first polio and then four years later an automobile accident. Each resulted in a year's confinement and each was severely debilitating. With polio I lost all major functions and was originally paralyzed from the neck down. But over a two-year period, there was a gradual return of sensation, motion, and strength. I was left, however, with considerable weakness and nerve loss scattered throughout my body, but particularly in my stomach, back, and right leg.

The accident, which resulted in several cuts, bruises, and a shattered right femur, became a very different experience. With polio, I was in a hospital ward, separated from my family but surrounded by fellow patients engaged in a similar struggle for recovery. With my shattered femur, I was at home, alone in my bedroom and isolated from the rest of the world. Enclosed in a cast from my right foot to my chest, I felt far more immobile and helpless than with my polio. There was no day-by-day progress to watch and participate in. But when my cast was finally removed nine months later, I got up and walked almost as well as before the accident. A long thin scar and an implanted but fairly

unobtrusive steel plate were the major physical reminders of the experience.

As a result of these two “medical incidents,” I wear a long leg brace and a steel-reinforced back support, and I use a cane. My children, when very young, described me as walking funny. To the rest of the world I limped. To me, all of it was just something that got in the way, another difficulty to be overcome. For twenty years I devoted more psychological and physical energy to this task than I realized. But overcoming is not the same as integrating. And this is one of the bittersweet lessons recorded in this book. .

1971-72 was my sabbatical year and I was spending it as a consultant-in-residence to the Netherlands Institute of Preventive Medicine in Leiden. Trying to speak Dutch was difficult enough (at the end of a year my Dutch friends noted how much my German had improved!) but hearing them use my language in unaccustomed ways was more disturbing. A particular shock came from their pronunciation of the word for a handicapped person, someone we Americans call an invalid. My Dutch friends, however, enunciated it in accord with its derivation—from the word “valid.” To them this was the only natural way to refer to a reality—the difference between healthy people and the handicapped lay in the latter’s invalidity. Every time I heard it—and given my work at a medical institution that was often—it made me shudder. The pain stirred was very deep but I put it aside until what I thought was a series of chance events catalyzed me to greater probing.

Through one of my colleagues at the Institute, Dr. Willem Metz, I was invited to see Het Dorp, a 65-acre village specifically designed to house four hundred severely disabled adult Netherlanders. It became the setting for this chronicle and the stimulus for the search for my missing piece, my physical handicap. I approached Het Dorp as I do many things, exploring and uncommitted. I went first as a tourist and a professional for a day in January 1972 but waited five months before returning for a week as a resident visitor. I subsequently came again for three days in August 1974, and again for a weekend in June 1976.

Visit was the appropriate word for what I initially set out to do in an additional week at Het Dorp. I was not fully conscious of what drew me back, but I certainly did not plan to engage in a research project, let alone publish anything based on my story. As is my practice, I expected to take notes but without a specific purpose in mind. To get a feel for Het Dorp, I would rely pretty much on an experiential approach. I decided that for a week I would resume the role of a functional paraplegic. From my personal medical experiences, I was quite confident of my ability to handle the ordinary problems of being physically restricted. So for a week, back into a wheelchair I went. I did everything from that position. I traveled, ate, washed, shaved, and at the end of each day hoisted myself wearily into bed. All I hoped to gain was greater awareness of the physical existence of the residents and perhaps some greater ease of communication with them. I expected to live in a resident room but since I spoke almost no Dutch I anticipated that most of my contacts would be with the administration. In short, I figured that this “patient experience” would provide but an added dimension. Unexpectedly, this “extra” became practically “the all.”

Time collapsed during these seven days. Phases of acceptance that in previous circumstances had taken weeks and months, here took minutes and hours. I became so quickly involved in a network of relationships that I occasionally felt part of a speeded-up movie. Though unrelated to the timing of my visit, two events of great symbolic importance took place during this week. The first was the Gala, the big social happening of the year where residents and staff performed, drank, and celebrated. The second event was the first *open* meeting of the Dorp Council, a group of elected residents supplemented by advisers from the Administration. The purpose of the meeting was to demonstrate how important decisions were made and to try to involve residents more directly in issues of Dorp concern. During the week, I visited all the facilities where the residents spent their time. But most important, they let me into their homes and into their lives. No resident I wanted to see ever refused my request, and many more sought me out. But the

communication was never one-way. They were quite willing to tell me their story, but they also wanted to know mine. They asked how I got through school. How did I become a professor? Was I rich? Did I have influence? Were there special institutions in America that helped people like myself?

All manner of questions. Many could be dubbed “mechanical.” But the residents were concerned not only with how I made it physically but how I made it sexually. Not only what devices I used in helping me walk but whether I needed any help in having sexual relations. And for each question they asked of me, I found that I was asking myself a dozen more and surprising myself with the answers.

The end of seven days found me physically exhausted but mentally exhilarated. I was the possessor of over two hundred pages of detailed notes, supplemented by numerous reports and documents. Though what I saw in seven days was only a fragment of life at Het Dorp, several things have nevertheless prompted me to write this book. First of all, there are few accessible accounts of this rather unusual experiment in living. And while I am critical of some of what has happened and is happening, my criticism is of a situation that both residents and administration are locked into by historical, political, and social events, a situation based on the condition of being “handicapped” in a world of “normals.” To answer at the outset a question I am often asked, I regard this experiment as a success—not *the* answer for those with severe physical disabilities but *an* answer. Second, in the very creation and development of Het Dorp there are basic lessons to be learned about social life. Those who live and work at Het Dorp are not only a group of people trying to learn the basic skills that we so often take for granted, but in trying to achieve “optimal human happiness” they are after a goal common to all people. Third, the wide range of reactions produced in audiences when I tell of my experience convinces me of its richness regardless of any interpretation I might place on it.

But most of all I am writing because I learned something special. Seven days at Het Dorp, fifteen years of psychological

counseling, twenty-five years of professional sociologizing, thirty years of living with a disability, and over forty years of just living, have finally raised to my consciousness what having a handicap in a healthist society is all about. But this is more than an exercise in “telling it like it really is.” My story is one of rediscovery—not only about how “it” is, but why it took and is taking so long for the world to see and hear “it.”

It is to capture such multiple aims that I have chosen a rather unconventional format for a social scientist. The book is a first-person narrative. Everything is seen through my filter. I begin with two background chapters, which describe my first trip to the Village and provide the building blocks for the chronicle—Het Dorp’s founding, its architecture, its residents, its staffing and organization. The next seven chapters are a seven-day slice of their life and of my own. While I have tried to deal in the daily accounts with many issues arising from my resident experience, there are some questions that require more time and space. It is to these matters that the final three chapters are devoted.

The style of a chronology deserves some further explanation. It is more than a traditional set of field notes. What is presented are my edited observations (amplified occasionally by later recall) intermixed with what I felt about what I saw and heard and overlaid with some interpretations. Sometimes the basic source of data is a resident experience, sometimes it is my own. Finally, a word about the speakers in my story. Though a person may recognize his own words, it is hoped that no one else will. I have taken the liberty of altering times and physical descriptions, changing names, age, and gender, and occasionally putting the words of one resident into the mouth’s of one, two, or even three others. The names and faces may be fictional but the words and deeds are exactly as they happened.

All in all this book is a series of progress reports: of me a man in transition; of Het Dorp as a social experiment; of the Villager’s struggle to be regarded as fully human; of society’s difficulty in integrating those it labels “invalid.” What I have produced might well be called a socio-autobiography, a per-

sonal and social odyssey that chronicles not only my beginning acknowledgment of the impact of my physical differences on my life but also my growing awareness of the ways in which society invalidate's people with a chronic disability.

Het Dorp wished to encourage both itself and others never to settle for half-measures or partial solutions to human problems.

Arie Klapwijk

Sitting at my desk in early October, I was leafing through the annual research bulletin of the Netherlands Institute of Preventive Medicine. I was in Leiden, it was 1971 and I was beginning my first sabbatical. I had avoided looking at this dry booklet for several weeks now. But as a consultant-in-residence, I knew I should be aware of what my colleagues were up to. In perusing the lengthy list of ongoing projects, my eyes stopped at the name of Dr. Willem Metz. He was reported as being involved in the study of what one of my colleagues called “diminished persons”—the mentally retarded, the physically handicapped, the neurologically damaged. I was interested in similar areas, though I referred to my field of specialization as rehabilitation. When I remembered that he had been a practicing physician for most of his life, turning to social research only in his late forties or early fifties I became curious to meet him.

A few weeks later, while eating lunch at the Institute cafeteria, I had that opportunity. He was pointed out to me as the man at a corner table, animatedly discussing some issue with a younger man. Tall, white-haired, with rosy cheeks, he was a sparkling man of sixty. Apologizing for the interruption, I introduced myself. In the next hour camaraderie developed as we realized how much of a mutual history we shared. Trying to give voice to the lives and troubles of patients, we were regarded by many of our Dutch colleagues as overemotional and subjective. This concern earned us the somewhat puzzling label of “phenomenologists.”

Though Dr. Metz continually apologized for his English, we had no difficulty in talking about our current interests. One especially held my attention: his work at Het Dorp. Though I knew of a long European tradition of “therapeutic communities,” I knew of none that was either “free-standing” or devoted exclusively to the physically disabled. Dr. Metz assured me that indeed Het Dorp was unique, but there was a part of me that just couldn’t visualize “a village.” My experience with traditional institutional care was too deeply ingrained. Metz laughed knowingly at my bewilderment but had an answer. Since he had done research there, he would be glad to arrange a tour. We looked at our respective calendars and set a tentative date for early January.

My curiosity was piqued and I sought to learn something about the Village beforehand. With a brochure, an annual report, and conversations with friends (everyone seemed to know something about Het Dorp), I got a glimmering of how the Village came to be. In 1959 a physician by the name of Klapwijk was appointed head of the Johanna Stichting Foundation. This was the first Dutch institute for the non-adult physically handicapped. As a center it was eminently successful—yet Klapwijk was bothered by this very fact. He and his staff were “physically rehabilitating” a large number of very severely disabled young children only to see them go off into a world in which they could neither fit nor function. To a large extent he felt this was due to the outside world’s unwillingness socially, psychologically, and architecturally to integrate them. He also saw that the available alternative—seclusion in institutions or in their parental homes—was not what he would call “living.” In reality these people were being given a kind of a life sentence, or more appropriately a death sentence, the end of life as the rest of us know it. Like many, he felt this was unjust, particularly in a land of plenty, but like relatively few, he decided to do something about it. As he put it, “I wanted a way to find and help severe invalids achieve optimal human development and optimal human happiness.” This was a goal that ultimately led to a statement of principle by Klapwijk and his colleagues:

Those of us who are not handicapped and who live in a modern welfare state, take several minimum comforts for granted. All of us create our lives on the following six building stones:

1. The privacy of our own living quarters.
2. The opportunity to work or at least pursue useful occupations.
3. Recreation and relaxation.
4. Participation in cultural life.
5. The opportunity to fulfill religious needs.
6. A democratic right-of-say in our private and community lives.

Translating these principles into a program for everyday living would not be easy. Like other “experiments in living,” it was based on disillusionment with the current way of life. To quote the founders, they wanted a place

where life could begin anew, where its physically handicapped inhabitants could live with dignity and independence, *without the sense of futility and hopelessness of being restricted in medical institutions.*

Dr. Klapwijk had the idea, but no takers. He went to government agencies and to public and private foundations. They all said, “Yes, yes. What you say is true. We understand there are many people like that but we don’t have the money for that kind of thing.” Finally, in a move of both desperation and inspiration, he took his case to the public. In November 1962 he and several show business personalities created what is familiar to American audiences, a twenty-three-hour radio and television marathon. It was a fantastic success. They pricked the conscience of the nation to the tune of 21 million guilders, or 6 million dollars. Few contributions were large, but they averaged about \$1.20 for every adult Netherlander!

The phrase “pricking the conscience of the public” is intentional. I was not there and have only the scantiest reports, but let

me create a speculative image. The show was, of course, an entertainment. Yet lurking behind the gay facade was a horror show. Out of the corner of my eye I see some famous performer or some smiling “everyman” who either tells about or shows me a crippled child crawling or staggering or dying. And I am asked, “Don’t you want to help him walk, make him smile?” Certainly the host conjured up the current state of affairs in long-term institutions for the physically debilitated. The crowding, the emptiness, the stench, all of it must have been there. And the residents’ suffering was contrasted with “your good and plenty.” For the early 1960s was a time of economic boom in

The emblem of the television fund-
ing marathon that opened the
hearts of the Dutch people and the
doors of Het Dorp. The key could
unlock the door to a resident’s own
home and provide an opportunity
for self-reliance unavailable else-
where. The emblem expresses the
purpose and design of the Village. It
shows a person finding protection
and security beneath a roof held
aloft with the person’s own hands, a
symbol of the shelter and independ-
ence that Het Dorp offers to hand-
icapped people.



Western Europe and the Netherlands was no exception. In this Calvinist country, one could not help but feel guilty. But absolution was around the corner. Available to the audience of this telethon was something rarely available to their American counterparts. Americans are usually asked for money to aid in an ongoing process, such as research, that has only a hope attached to it. The Dutch were given the promise of a final answer. "Give us the money and we will build a new world for these people." They gave the money, and Dr. Klapwijk and his colleagues built the "new world." Construction began in 1964, the first Villagers arrived in 1968, and by 1972 Het Drop was in full operation with four hundred residents.

That Dr. Klapwijk and his associates did not really promise a final, "once-and-for-all" answer and were quite aware of the problems to come (as their planning documents show), is sadly irrelevant. They were perceived as promising a utopia; anything less would be regarded as a kind of betrayal.

Who were the beneficiaries of the plan? Not unexpectedly, no accurate figures could be found for the prevalence or incidence of people with physical or mental handicaps in the Netherlands. (Nor were such figures available for the United States.). It was clear to the founders, however, that there were many "out there." Based on their clinical experience and their hopes, they created the following admissions philosophy:

Selection Policy—Het Dorp, where a team selects residents, wishes to ensure the physically handicapped, living, social, and work opportunities in an atmosphere where these elements can best contribute to a large measure of happiness. *Criteria:*

1. Het Dorp is open to the handicapped of all creeds.
2. Het Dorp is, in principle, intended for the handicapped of all ages. In reality, however, handicapped youth usually are still in stages of rehabilitation until their eighteenth or twentieth year, and the handicapped older than sixty or sixty-five—at least at present—can preferably be placed in homes for the aged.

3. Het Dorp prefers to accept only the handicapped who have achieved maximum rehabilitation before arrival. In this connection, of course, the age of the candidate and the nature of his handicap must be taken into consideration.
4. Het Drop is not open to the mentally handicapped, since its community can in no way help them. With respect to this criterion, first consideration is not the intelligence quotient of the candidate but rather his degree of social competence: whether he can provide a positive contribution to the community and profit himself from the association.
5. Het Drop is not intended for those who are handicapped in the sensory organs only. However, the limited hearing or sight of the physically handicapped is not in general a deciding factor so long as the other criteria for selection are present.
6. Should the handicapped candidate suffer from chronic illness which would require twenty-four-hour medical and technical care, then accommodation in a nursing home is preferable.
7. The seriousness of the handicap is not a deciding factor for admission to Het Dorp, since both general and individual facilities are adaptable and specifically designed for those who desire to achieve the most rewarding life possible.
8. In selecting residents, Het Dorp strives, first of all, to serve the interests of the candidate. Het Dorp is, therefore, always pleased to take these interests to heart—often in an advisory function—even if they would better be served outside the community. It is then to be expected that Het Dorp will consider these other solutions critically with an eye to achieving the greatest possible degree of development for the handicapped person in question.

I read and reread this philosophy trying to think of its implications. Two things struck me. The first concerned demographics. The Villages openness to all comers solicited a heterogeneity of class and religion absent in most Dutch communities, particularly in village's of four hundred people. How well Het Dorp succeeded I don't know. The only material I could find told me only that there were more women than men (Table 1) and that, since women tended to live longer than men, the age spread reflected this (Table 2).

Table 1 Number of Residents in 1971

<i>Sex</i>	<i>Disabled</i>	<i>"Healthy"</i>
Female	225	2
Male	162	6
Total*	387	8

*Included in the total are 37 couples. In 29 cases both partners were disabled and in 8 only one partner was disabled.

Table 2 Number of Residents in 1971 Distributed by Age

<i>Age</i>	<i>Men</i>	<i>Women</i>	<i>Total</i>
Under 20	1	0	1
20-25	24	30	54
25-30	35	22	57
30-35	20	28	48
35-40	13	28	41
40-45	16	28	44
45-50	21	26	47
50-55	15	26	41
55-60	9	18	27
60-65	7	12	19
Over 65	1	7	8
Total	162	225	387

But what really absorbed me were the diagnosed conditions of the residents. The available data confirmed that their medical problems were serious:

*Diagnosis/Number of Residents**

Cerebral palsy 98	Still-Chaufford's Disease 3
Multiple sclerosis 50	Syringomyelia 3
Muscular dystrophy 47	Congenital luxation of the hips 3
Poliomyelitis 28	Idiopathic kyphoscoliose 3
Rheumatoid arthritis 27	Morquio's Disease 2
Spina bifida 27	Chondrodystrophy 2
Encephalopathea on traumatic or operative base 23	Hemophilia 1
Ataxia of Friedrich 13	Myositis ossificans 1
Congenital malformations 7	Sclerodermia 1
Osteogenesis imperfecta 6	Coxitis tuberculosa 1
Other somatic diseases 5	Spastic spinal paraplegia 1
Arthrogryposis 4	Epilepsy 1
Bechterew's Disease 3	
Parkinson's Disease 3	"Healthy" 8

The admission criteria hinted that while a resident with a serious illness would be admitted, the illness must somehow be contained. While no one with a rapidly progressive disease was admitted, the implication was that a dramatic change for the worse might force an individual to leave. An official document did little to allay this suspicion:

There is no age limit upwards, but those inmates who through old age should become mentally or physically helpless or permanently bedridden, will have to be persuaded to be moved to a hospital or other institution. The same applies for residents who develop mental or physical illnesses requiring nursing or medical treatment.

A later document apparently available to the residents sought to mitigate this policy:

*Sixteen residents were not classified.

It can be easily understood that if a person comes to the Village knowing beforehand that as a consequence of his kind of illness he has to leave the Village at an uncertain future moment, this has a heavy psychological bearing on his person, which in his total attitude could prove fatal for his/her social adaptation and so for his/her happiness in the Village. . . .

We are for the moment of the opinion that in these cases the principle of personal free choice must be maintained. This could imply—for the future—that we would have to organize a 24-hour-a-day nursing department, but this is at the moment still being studied. For the time being, we have succeeded in supplying the necessary nursing help in their own living quarters.

My instincts told me that these statements were equivocal and that there was a shadow, however small, over this utopia.

This was all I could learn from the documents about Het Dorp. Then I began to feel the necessity for some inner preparedness. Two weeks later on November 10, I was sitting at my desk with time on my hands and a nagging memory on my mind. This date would have been my fourteenth wedding anniversary. (I had separated from my wife that fall.) With nothing more than the wish to put some part of my life in order, I reached for a yellowing but carefully preserved set of notes. They had been written on May 2 and May 3, 1969, when I was on assignment in New Delhi, India, for the World Health Organization. For two and a half years I had kept them close at hand, promising to put them in coherent form some day. Today was that day and so I began to write.

With Hieronymous Bosch in India

I had expected many unusual things of India but the welcoming remarks were not among them. As I walked from my plane, a government official, a Sikh, resplendent in his turban, rushed forward through the crowd to greet

me. After we introduced ourselves and shook hands, he asked in quick succession: "Where in the States are you from? Where was your undergraduate degree from? Your graduate degree? What happened to your leg?" The latter, as any American would know, was hardly a typical opening between strangers. I answered in turn, "Boston, Harvard A.B., Harvard Ph.D.," and then, somewhat hesitatingly, "polio complicated by an auto accident." The question bothered me and I began to wonder about Sikhs. When we reached our car, I was introduced to his colleague, a Tamil, who asked my home, my schooling, and what happened to my leg. The next several hours produced more of the same. Whether it was heads of bureaus or government ministers, the introductory questions varied little. While my response seemed to be taken as but pertinent bits of information to be received and stored, I was curious, even a little put out, at this intrusion into what Americans regard as so private a matter. It had been many years since I was made directly aware that I wore a back support and a long leg brace, used a cane, and walked with a limp. But I decided to ignore it and turn my attention to the business at hand. This was, however, an omen of things to come, of an event a week later which would make me acutely conscious of "what happened to my leg."

On Friday afternoon about 2:00 P.M., I was sitting outside the posh Oberoi Hotel. It was hot and dry, nearly a hundred degrees in the shade, but my excitement overcame my usual dislike of heat. A week of conferences had been interesting but today was to be my first "adventure." After touring several impressive medical facilities, I was anxious to see something more local, and secretly I thought, more real. In response to my request, colleagues had arranged a visit with an Ayurvedic healer, a local folk physician. And so I waited and wondered about the questions I would ask.

A horn sounded and the bus, decorated with the familiar WHO symbol, pulled up. In the rear seats I could see my guides for the day, Doctors T. and M. They waved and I saluted back. Paying more attention to Dr. M., who looked exquisite again in a sari, I pushed myself to a standing position. As I did, I heard a

crack. It sounded as if it came from within me, but I felt all together. As I stepped toward the bus, there was an unpleasant squeaking and clicking sound. I climbed in and when I sat, my trouble became obvious. Something was trying to poke its way through the knee of my trousers. The brace, one I had had for 15 years had snapped somewhere just below the knee.

Here I was thousands of miles from home, in a strange land, without friends, and needless to say, without a spare brace—and on my way (of all things) to see an Ayurvedic healer. I had a certain confidence in his ability to deal with a myriad of problems, but a welder he was not! I turned, somewhat uncomfortably, to my hosts. “Ah,” I stammered eloquently, “I seem to have a problem,” and pointed to my leg. Unfortunately, as an explanation this did not suffice, so with great embarrassment I rolled up my trousers to show the dangling part. “No problem,” they said, and gave the driver new directions. By this time I was soaked in sweat—partly from anxiety, and partly because this enclosed car bus felt like an oven.

In a few minutes we arrived at a series of low buildings, paint peeling and baked a dull orange by the sun. With an air of confidence that I lacked, Dr. T. identified the place as the Nehru Rehabilitation Center. As I limped toward the door a hundred yards away, the “clickety-clack” of my brace seemed to announce my coming. Neither the appearance of the building nor my first glimpse of its occupants reassured me. I was confronted by what I can only describe as an Hieronymous Bosch painting in *too*-living-color. While my Indian colleagues explained my problem to those in charge, I tried to absorb—or deny—the scene before my eyes. Within comfortable touching distance was a panorama of physical suffering. An old man in a turban, toothless, blind in one eye, with his foot missing below the ankle, stood quite straight, almost proud; a young man, twentyish, wandered around, speaking to many but with no one returning the attention; countless children limped to and fro; still younger ones, some with shriveled limbs, some crying, some just staring, were held and occasionally rocked by their

mothers. So many had missing extremities that I flashed to “read about” scenes of wartime surgeries, where one after another limbs are amputated, cast aside, and stacked in piles. Hardest to take were those who moved about in what felt like grotesque ways. Kneeling on a cart, a man in his mid-twenties pushed himself forward with his hands—a Porgy but without his grandeur. Another with no legs used his hands to hop from place to place with a slowness that was painful to watch.

But this was no whining mass of humanity as in the Bosch pictures. If anything, there was an air of resignation. And I seemed to be the only one showing signs of discomfort. As my stomach did flip-flops, I wondered what the hell I was doing here. Why did I leave safe Geneva for this? After days of hearing of the problems in the delivery of medical services, was I about to experience it firsthand? This was far beyond the limits of my intended participant-observation.

My distress was momentarily alleviated by a young boy. As he stared at me, I stared back. When I saw that he was wearing a long leg brace just like mine, I wanted to shout for joy. This meant that not only could this center help me, but that also at least some of the younger generation were receiving up-to-date rehabilitative care. I heard Dr. M. call me and then saw Dr. T. approaching. “Everything will be taken care of and we will pick you up in about two hours. All right?” I nodded my head in approval, not really meaning it. Were they really going to leave me here alone? I was embarrassed by the thought. What was it I feared? And so, acting braver than I felt, I shrugged my shoulders. Directed to a bench, I limped over and sat down. From this less vertical position I felt even more overwhelmed, almost suffocated, but I didn’t know why. After all the time I had spent in hospitals, I was surprised at my reaction. Suddenly I understood. My hospital time was spent among people who were getting better or were struggling to. The troubles here were chronic and the patients not likely to improve.

Maybe my thoughts showed themselves, for people began to introduce themselves and explain the surroundings. They were trying to be helpful and friendly, but I could not under-

stand a word they spoke and could only smile in return. Then as if he had hit on the source of my discomfort, a young man said something to the man beside me. When my bearded seatmate nodded approval, the young man excitedly jumped up, and dragging his left foot, rushed off through the crowd. In a few minutes he returned. In his outstretched hand was an opened bottle of Coke. My stomach sank and I hesitated. I remembered that just two days earlier my WHO colleagues and I had been wedded to our toilets because of dysentery contracted from the drinking water. Was I going to go through all this again? Noting my despair, he smiled knowingly and took the first drink himself. Turning to the crowd who had gathered around us, he nodded affirmatively his head and handed me the bottle. Embarrassed and I suppose grateful for his kindness, I couldn't resist. I drank and then passed the bottle. Everyone seemed pleased, including me.

There was little time to relish my bravery before a clerk in a long white coat appeared. "Dr. Zola, please come with me and we will take care of you." Out of the corner of my eye I noticed someone carrying a young boy from a cubicle. It was to that place that I was directed. "You'll be more comfortable here. So please take off your brace." He left and I looked around. He had closed the tattered curtain, which provided at best only a psychological sense of privacy. The table on which I was supposed to sit held a pool of urine perhaps left by the child made anxious when he was carried out so quickly to make room for me. I felt embarrassed. But it made little sense to insist that he be brought back to his puddle. So I sat on a rickety chair, took off my trousers, removed my brace, dressed again and then limped out, now moving more slowly and unsteadily, brace in hand, its right side cracked and dangling. I handed it this time to a young woman in white.

Calmer now, I returned to my bench. All I could do was watch the hubbub. People were moving about. Because of their herky-jerky motion, they seemed part of a movie in slow-motion. A wheelchair came speeding through the door and a teenage boy with dark curly hair, muscular above the waist,

withered below, gave a piece of paper to the clerk. Then I noticed that many of those going back and forth had pieces of paper. But I had nothing. Nothing to do. Nothing to read. No one to talk to. More confused than scared I smiled at the children, and they smiled back. Amidst the rags and disfigurements, one thing began to stand out—all the medical staff in their stiff, gleaming white coats. All these men and women looked so young, so beautiful, so handsome. Was it just that they were healthy and we were not, or was some selection process going on? Were they chosen, or maybe motivated to work in such a place because of their appearance? I kept thinking of all the times I have sat at the mercy of a dentist and his dental hygienist as they, with sparkling, cavity-free teeth, proceeded to pick at my gums and instruct me about the perils of failing to brush properly.

My reverie was eventually interrupted. “Dr. Zola, it’s ready.” I rose and there was my brace—repaired and straight. Once again I was directed to the cubicle. I began to dress. A head poked in: “I wonder if you would mind coming out or just standing there with your brace.” For a moment I did not grasp the man’s meaning. He continued, “It would be nice for them. So that they could see their work.” More out of gratitude than understanding, I rose. Embarrassed, I walked forward one step. My trousers were draped over my arm and there I stood—above the waist a jacket, shirt, and tie; below, undershorts, with my brace and me more publicly exposed than usual. With barely a glance, the attendant announced my presence and called for the staff to appear. Still another shock awaited me. There were five men: one missing an arm and a leg, one on crutches, one with a withered arm, and off to the side a big fellow, who carried in his arms a co-worker whose legs dangled as helplessly and lifelessly as my brace had a few hours before. Part of the hubbub was now explained, the people with pieces of paper going back and forth, even the numbers. For the past few hours I had been not only at a rehabilitation center, but at a sheltered workshop.

I thanked everyone, proudly pointed to my brace and even shook my leg as if to indicate its regained strength. They smiled,