

# American Heart

## Final transcript

Sometimes it's kind of a dream. Am I really in the United States?

In all these years, all this depression, all this sleeping disorder, and all this medication that I'm taking, I'm still having bad dreams about the past, the time that I spent back there.

In some ways, I really don't believe that I got out.

I have 1:40 with Doctor Carlson, and then I think I got a 3 o'clock with Doctor Field.

She doesn't have any symptoms of heart failure.

I don't know how often you want to reassess it.

Yeah we should re-do it. Yeah, absolutely.

My experience as a kid was being surrounded by people from all over the world and listening to a lot of different languages, and I think that makes me who I am is that I'm really interested in learning from patients from different cultures.

When did you come to America?

I think I came to America 27 years ago.

Wow.

Take a big breath in.

Blow it all the way out, blow it all the way out, and then hold your breath, now hold your breath.

What were you doing back in Mogadishu? Were you working?

We started the International Clinic in 1980, thinking that I'll bet some refugees will be coming to Minnesota, and now were in the middle of a neighborhood filled with immigrants and refugees.

Hello Mr. Gliptis.

How are you?

Good to see you, good to see you.

Most of the people that I find here, when I ask them, why are you going to America? And they say oh education, I got to get education and I got to learn something and come back and help my people. And then they get used to the country and they stay here. But I will go back.

The other thing we checked was your cholesterol, and that's a little bit high. The drawback you have is that with the other two HIV medicines you have, those also are bringing that cholesterol up, so as much as you try to bring it down, the HIV medicines are counter-balancing it. So just to avoid progression of heart disease with the HIV and the diabetes, we really need to get that cholesterol controlled.

He's on some very serious and some very powerful pain medications. He still has very poorly controlled diabetes, so he's also having to remember to take insulin every evening. He's having to remember to check his blood sugar every day. As if those two issues aren't enough, he now has a chronic infectious disease, for which medication adherence is paramount in its control.

You're not smoking, that's good.

I am smoking.

You did start smoking again? Ok that's something we're gonna work on.

Ok this is the thing, the medication, whatever my coverage on my medication, say it don't cover patches, what are these people if they don't --

Let's work on that, let's work on that.

What I am writing right now is the journey from Ethiopia to Sudan. And from Sudan to United States. And my book is going to be titled "I", that's what I want to title it, I just say "I."

There's a lot about how I grew up and about my father, and how abusive he was. All that is on the beginning of the book. And then continue on from there, to when I go back to Ethiopia and my health is fine and whatever I accomplish, or whatever I will do.

He still remains very optimistic. However it's so dependent on his medication adherence, and a lot of that underlies his mental health state. How do all those different multiple health issues play together? The infectious disease, the diabetes, the post traumatic stress disorder, each one of those can be serious. And if they're all controlled, he has a very very long life. But if one of those starts going haywire, he has complications, it's not a good picture.

Are you having any other health problems that you're worried about today?

I'm a really good example of "don't judge a book by its cover." I look like a Minnesota Swede, but I was actually born in Taiwan, lived there till I was five, then moved to Bangkok.

I used to joke and say "<THAI PHRASE>" which means "well I have the face of a foreigner but the heart of a Thai person."

So do you guys know each other from the community?

The home village.

Oh from your home village? No kidding. You guys grew up together?

I think that's why when I got a phone call as a third year medical student that Cambodians were on the Thai border and they just escaped the ?, that made me think "Wow this is my chance to go back and work with refugees."

I knew Doctor Walker when we were in the refugee camp in Thailand border.

Did you lose family members during the killing fields, the Pol Pot time?

There was a recent study that showed that even decades after the killing fields, that many Cambodians have major depression and post traumatic stress disorder. So even though they've been here for years, they're still struggling with it. When people have minor car accidents in the snow in Minnesota, their PTSD symptoms can flare. We see people who are really afraid when there's a loud noise, or someone slams the door. They'll have triggers where they'll have these old terrible memories from their time as a refugee.

So Mister Lem, you've been struggling with liver cancer and taking medicine for it, and I'm wondering how you're feeling, how you're doing?

*Now I feel a pain, pain like needles.*

Liver cancer is one of the leading causes of cancer-related deaths around the world. And that is because of liver cancer's relationship to hepatitis B virus. Mister Lem is another sad example from clinic this year. He's been my patient for 15 years. I've been following him knowing that he's a hepatitis B carrier all these years, and then what happened was on his routine screening ultrasound we found a mass. And he now has two very large tumors in the liver.

And so he's really receiving what we call palliative chemotherapy. It's not going to cure him but hopefully will buy him a few more months of life.

There is a program called hospice that helps people who are sick like you are. And they actually have nurses who can come to your house; it's really a wonderful program.

That concept of hospice meaning you stay at home to die, you don't go to the hospital to die, that's something that immigrant communities really want, they want to be at home, surrounded by family.

I just want you to know that during this time period, my job is to help you not suffer. And I would like to see you again soon, maybe about six weeks.

*Give me more hope.*

*I just want to have more hope and I don't want to leave any of my children.*

*Two or three more years would be good for me.*

Well let's hope the chemotherapy helps prolong your life.

He wanted me to give him as much hope as I could. He wanted to live two or three more years, but I think in his own way, he's recognizing that his time is short.

We are waiting for my oldest brother Patrick Junior. So, we are so excited.

The friend who is coming today, was my university friend you see. He is about my age, and he is not very well, so I am expecting him, but he has not arrived yet you see, so I am concerned because he has a heart problem.

The reason we come here is because of the government in Burma. They burn our church, they burn our village, they kill our peoples.

When I met him at a camp, he had to use a big oxygen tank, you see. So he is under stress because he had to travel like thirty hours across the Pacific. We are a little concerned about his health. We are sure he arrived already, but we are waiting, waiting, waiting.

*I was getting sick on the flight.*

*I feel chest pain, and it was serious.*

*I did not apply for America.*

*I applied for Australia.*

*I have a sister in Australia.*

*But the authorities said that Australia will be too late for me.*

*And the doctors said that I need a... a bypass or stents for my heart.*

Welcome, welcome, welcome.

Ok, group picture.

Welcome to Super America.

*My friend said, "Now you arrive in America, you don't need to worry about your health, because the doctors here are very good."*

The Karen people are one of the largest minority groups in Burma. The Burmese government has been a military regime, very repressive, has been repressing the minority groups in Burma for many years. So those refugees have sat for years in camps thinking "I'll never be able to come to America," and now the US has started to accept some Karen people.

Welcome to America, we're happy to have you. She'll be back with you in a little bit.

*The Burmese government, they don't want Karen people in Burma.*

*They came in our village.*

*They tortured us, they beat us.*

*They hit us with the gun.*

*If the American people know the history of the Karen, maybe they would take pity on the Karen people for their suffering.*

There are two types of books which I want to write. One is about my story, and the other is a book called "And Then I Wonder." Sometimes I'm watching TV, and something interesting is there, I write it down.

But I am not organized. There are so many, like this one here: "The Key to Jerusalem was given to a family of Muslims, and is still kept in Muslim hands for 700 years." When I heard that, I wrote it down. And then I write the date, where I got the information.

This one here is: "The best thing to clean toilet is Borax."

My mind is, you see now we get into something else. My mind is so... I got to get out of, you know, I want to be out in a forest, or in somewhere, in a cabin, locked up and sit down and then write something.

There are some things that you really don't want to talk about but it follows me, you know, all this time. Like when my brother got assassinated and then when the government starts trying to kill me.

So this was back in the nineties?

In the eighties.

In the eighties.

I've been working with Alex for the last three years or so. He has issues with depression, post traumatic stress disorder, and his psychiatric problems are somewhat complicated by his health problems. He's been really interested in kind of telling me his story. Things that happened in Ethiopia, the strange twists that happened in his life. He's been a man of many different adventures, and he's quite a survivor.

So this was one of the reasons that the government was after me, because I wrote on the newsletter, that the people are hungry, they don't have anything to eat, and then they advertise Alka-Seltzer, like if you're eating too much, you know? So that was one of the things that makes government mad, you know.

They were saying that I was against the government, and that my brother was against the government.

When they start where I work, arresting my friends, now I knew they are looking for me. I made my escape that same day, I just got out from there.

So the whole country is right there. Our escape route is to come here, and go all the way to Asmara right here.

The person who was supposed to smuggle us out was dead by the time I got there.

When I get there I all seen was bullets running from all directions.

This was a kind of a two year walking through war and through bombs and through everything. Took me two years to cross the border to Sudan.

The last thing we know about my brother is they took him with a van to a river and they killed him. Almost 27 years maybe. I seen my brother every night in my dreams. Every single night.

I think I love my daughter now, but I don't think I loved anybody more than him.

It looks like it's all past but... Every time I think about it, it's just the beginning, it's just the beginning, it's just the beginning.

They bring many things with them from the experience of being a refugee. Memories of a war, or rape, or torture, or the loss of twenty or thirty members of their family. And that tremendously impacts their health.

The two are inextricably connected, the issues of depression and physical health. And the consequences of PTSD for many people never go away, they stay with you your entire life.

*We still have relatives in Burma, and I want to see the grave of my wife.*

*But the situation will not allow this.*

*We can't go back to our own country.*

*I can never go back.*

You can have a seat here and the doctor will be with you in a moment.

So Mister Junior is being seen for his initial refugee screening. And it looks like on his pre-arrival form we know that he has hypertension, he had an MI or a heart attack at one point. In addition it looks like he's complained of chest pain. He had a chest x-ray with abnormal findings. So we know a little bit about his history.

I'm Robert. You know Eh Taw; Eh Taw will be our interpreter for the day.

When did you have the heart attack?

*In 2002... and 2004.*

So you've had two of them?

Yes.

What kind of work did you do?

*I am a farmer.*

And are you married, single, widowed, divorced?

*Widowed.*

Do you smoke?

No.

What about alcohol?

*Sometimes my wife bought it for me, mixed it with honey.*

Ok, mixed it with honey?

*I wrote songs for my wife, for remembrance.*

Ok we'll start at your head, all right? Start at your head and work down.

*I wrote many songs, maybe two hundred.*

*Mostly religious songs.*

*Now I am trying to write new songs here.*

Why am I so tired?

Well a good portion of that probably has to do with the heart disease. And that's where some of the follow up with the cardiologist and with the stress test and your primary care doctor comes in.

Just imagine arriving in the United States. New country, new weather, new food. Everything is new. There's just a huge amount of stress with that. So with underlying heart condition it can certainly worsen or exasperate his conditions.

Whenever you know that you need to get medical attention right away, you call 9-1-1, ok?

9-1-1.

You call 9-1-1, and I can certainly write that for you.

Most refugees, especially from Africa, they really don't want to talk about depression, because depression is considered like madness or crazy, and people don't want to take any depression medication. So my medication for depression was alcohol.

Then they found a tumor in my pancreas and they have to cut half of my pancreas to get that tumor out.

I not only quit drinking, but I help others. African-American Family Services Volunteer of the Year 2003, Alexander Gliptis.

Lantus, Seroquel, Licinopril, Lexapro, Morphine, Oxycodone, Temazepam, Aspirin, Neurontin, Trizivir, and Sustiva.

It's much better to take the medication than drinking. You get depressed and you go and get drunk and get depressed again and do things that you don't supposed to do. So it's much better, for me I prefer the medication.

*I don't drink. If I drink, it's no good.*

She never drink.

*One time I drink, when I was in Africa.*

*I lock him in the closet.*

*You remember?*

Yeah she lock me in the closet, I can't get out.

This is when we met.

*When I was in Sudan, I was housekeeping for the tourists.*

*He was a mechanic.*

*That's where we met.*

His marriage is a blend of two different cultures. His wife is from Eritrea, he is from Ethiopia. These are two countries that are warring, where they're not supposed to get along. And, he has some issues in relationships like we all do, but he's just a fascinating person in being able to blend these two different cultures, and then to come to America and blend three cultures.

What you do is throw it up there and it sticks then it's done.

*That's the way they do it in America?*

*You throw it up there, and then it's done?*

I get the sense that coming to this country really brought out the difference between the two of you. That she wasn't educated and wasn't capable of becoming literate. It made her more dependent on you. Did you resent that she was so dependent on you?

Sometimes it just angers me, and depress me.

To a certain extent, the reason why you got married was political. You had this relationship but you were actually helping her in a way with your status.

In a way, to get out. The best thing that you can do for someone is if you have the chance to come to America, bring someone with you.

Nura's son got killed by a mine. First he lost his leg, and then got infected. We tried to bring him here but it was too late. Immigration bureaucracy.

The form was old.

The form was old.

So you're confident that if it wasn't for this form, that you would've been able to bring him here.

If he was here he would be healed in like two weeks, by just the right type of antibiotics.

And because of this bureaucratic slowness and the form being –

How are you going to tell this mother of this kid who doesn't exactly know how to read and how to write and she doesn't know no process at all, and she trust me, I mean this is trust, she trusts me to do that the correct way.

They put our application inside another envelope, and they send it back. By the time we get it, and send it back, it was too late, the kid died.

*People keep on dying.*

*They group fast, and they die fast.*

*That's all.*

*Life is too hard.*

Good morning, I'm wondering about Lem Thor, my eight o'clock patient.

Bophar, do you know what's going on with him and transportation today?

No when I called him he said, "My son will bring me in."

Mister Lem Thor is supposed to be here this morning for follow-up of his liver cancer, and he's not here. So when I look back through the chart, I saw that there was a note from his oncologist last week saying that he has delayed starting his chemotherapy because he didn't get in for a scan of his heart.

She thought it was two things: it was that he doesn't have transportation, and also that he doesn't understand the instructions, even though they're using an interpreter. Who knows what's happening, I don't understand it, but we'll see what we can do to help him.

Ok thank you.

I give up, there's no answer. I'm thinking maybe he's on his way.

So Mister Lem has a multifocal hepatoma. One of the big issues that's happening is he's missing appointments, and his care is getting delayed because of that, so we'll talk about that today.

Meet Doctor Meghan.

Nice to meet you.

Yeah I want to get his son in too.

Are you getting any sleep these days? You must be so tired. You're working nights right?

Yeah.

So I'm glad your dad – I guess your dad didn't know he had an appointment at eight?

Yeah, he didn't tell me.

Yeah, yeah.

So are you having gout problems again, Boo?

He's really hurting. He has gout.

So I think what we'll do today is we will give you a shot of medication to help you.

We really want to help you during this time for your dad because it's so hard for your dad. How's your mom doing?

*Getting worse.*

It must be so hard for you.

*No, it's not too hard for me, but... sometime, you know... like, with my dad's doctor today right?*

*So my mom, or my son... the same time, exactly the same time, so... if I bring my dad to the doctor, my son can miss his school.*

Can you sit up here do you think?

Hey Angela it's Pat, would you mind asking Channy to come join us with Mister Lem, we're in the room. Thank you. Bye.

So one rule that I have, Meghan, unless I'm totally fluent in a language, I really like having an interpreter. And the data shows that the patients are just -- it's very clear they want to have their professional interpreter.

So I wanted to be sure you understood today, this is your gout again, and the gout can get worse sometimes with chemo. So we're going to give you a shot today to help with that, and give you some new pills at home.

Here's a really good example of what happens with patients who are struggling so much. He's sick, his wife is sick, his son is busy working. And he's not getting best care, best treatment for his liver cancer because of it.

I would like to see you again pretty quickly, so we'll get some transportation help with that, you know like two or three weeks even.

So next visit, the reason I want him back soon, is he looks much worse than a few weeks ago.

So I think I want to address his code status, but I didn't want to do that today.

It's a lot to bring up.

It's a lot to bring up, so I'll try to have him come back soon.

Can we give Mister Lem Toradol, sixty milligrams.

Mister Lem, L-E-M. He's a gentleman with liver cancer, and I think he's, you know, I think he's dying. So I'm making a hospice referral.

So this is the next appointment, the twenty-second of March, it's a Thursday at eight o'clock in the morning.

Oh I can't.

You can't?

I can't make it.

Can we have transport come and pick him up?

No, we can't.

Or you also need to be here.

No I need to be here too.

See, I get off from work at seven o'clock.

In the morning?

Yeah, I've got to be home at 8, 8:20, 8:15, and I've got to take my daughter to go to school at 9 o'clock so there isn't much time.

So the twenty-ninth of March, it's a Thursday at 2pm.

Well thank you for being patient.

I would like hospice to start with him this week. So I've put in the order, but he needs a wheelchair, he needs help with his meds, so I'd love it if hospice could start tomorrow or the next day.

*My niece took me to Regions Hospital to see the cardiac specialist.*

Hi Patrick, I'm Doctor Kottke. Do you need an interpreter?

I'll be fine.

She's fine.

You'll interpret. Okay.

Let me have you...

You're his daughter, sister?

Niece.

Now did you gain this weight in the camp?

No.

You were this heavy before the camp? You have to be careful because food is cheap here.

You can climb down.

So it looks like there is some part of the heart that is around where you had the heart attack in 2002, doesn't get enough blood.

Probably what we should do is a coronary angiogram. That's where we run a tube up from your leg up into your heart, squirt dye, and if there's a particular narrowing, then open it up, put a basket in, and then start you on a beta blocker and some nitrates too. So I think we could arrange that for later this week, is that okay?

Okay, very good, very nice to meet you. Nice meeting you, thank you.

Hello, hi Patrick.

So the doctor wants us to set up an angiogram, coronary angiogram. Now have you ever had one of those before then? No? Okay.

Hi Lavonne, this is Marianne calling from the clinic. We need to schedule an angiogram.

Now one thing with interpreter-wise, what would the language be?

Karen. K-A-R-E-N.

K-A-R-E-N. E-N?

Like Karen? Yes?

*When I was leaving, I started getting chest pain in the waiting room.*

Hi sir, I'm Kris, and I'm going to bring you back into here okay?

I think what we'll do, we'll get him an electro-cardiogram now. I think we'll just bring you into the hospital.

Tom Kottke, cardiology.

Oh you're the triager? Right?

We have a patient, Patrick Junior, he's Burmese. He's coming in now with unstable ange, I'm going to see if maybe we can angiogram him today. ECG is unchanged, he's not having a STEMI, and we have a bed for him.

Okay thanks Dan. Bye.

You follow me. Now does he understand a little English?

Yes, if you speak slowly to him.

Okay.

Okay. Let's push a button.

Which one do I push?

Ready?

Ready. We don't have any labs back.

Final check, we all agree we have Patrick Junior here.

Thank you.

He has multiple blockages actually. The right coronary is completely occluded. The standard of care in taking care of someone like this with this many blockages would be bypass.

So this artery would need to be bypassed, put a bypass graft here.

There's a patient here who clearly needs bypass surgery, we just wanted to give you the heads-up.

When I came to this country, I was kind of lucky. I first wash dishes, and then dug swimming pools, and then gas station, and then a mechanic. But to be a mechanic it was not an easy thing. You have to buy

your own tools, your energy, your knowledge. So I have this dream to go back to Africa and help the people by teaching them how to use tools.

I want to ship all the tools to Africa. And teach the people, I mean if they are a mechanic who's coming, even if he's the best mechanic in Africa, when he comes to this country, they don't know how to use the tools. In this country, you have to have your own tools, plus they pay you per hour.

Taking this to Africa is much much much better than sending, you know, a million dollars and just give it to them to buy weapons. This is my plan, this is what I want to do.

So I need all the help I can get to do this before I pass away. You know you can die anytime, whether you're in a good health or not good health. But right now, I'm okay, I think I'm in a good health.

Where were we?

Well if I'm moving there, I'm not coming back. You know, I'm gonna be there.

This clock set up for Ethiopia, and it's 8:35 PM in Ethiopia, when it's 11:31 AM here in the United States.

When I go home, I bring, like this. You like it? You wanna wear it?

No.

*I wish I could win this million dollar... the Powerball.*

*I'll win.*

*You'll see, one day I win.*

*I got here, in my dream.*

*I got American dream too.*

*So I'm gonna win.*

*I win once, I lost it, but now I'm gonna win again.*

You sleep good one time?

No that's my money, don't touch it. Why, you don't got money? Take it.

How are you?

How are you, Doctor Carlson?

Good to see you.

I got the numbers back from Doctor Kravitz, and those still look good.

That look good.

What about your blood sugars, how have those been?

The blood sugar is okay.

What have the numbers been, do you remember?

It's interesting that in each of the clinical encounters with him, he never brings his blood sugar reports in. So his treatment and his medication dose adjustments really are based on his most recent blood tests, and on his personal reports of what his blood sugar is. I don't know what his extremes are. I don't know if he's taking his medications every single day. Is he telling me what I want to hear? Maybe.

You've missed sleep now for how many nights?

Three.

That's miserable.

For whatever reason, you tend to take big doses of medications.

I would say that Lorazepam doesn't last as long as the Clonazepam. It's more like six to eight hours. They're also sometimes not considered first line agents for somebody who has a history of addictions like you do.

But you, you know, you've been on the wagon --

I don't have that concern at all.

I don't really have that concern either, but we still should be careful.

I really love talking to Alex. He's very reflective, very well educated; he speaks like five or six different languages. In some ways, although he's definitely African, he's also very American. He's just had lots of different experiences in the United States and really kind of understands how the system here works and what he has to do in order to survive.

Thank you.

Have a good day.

Bye.

What I see in my patients are people who bring that resilience and that savvy about how to negotiate getting to America to how to negotiate life in America as well.

Mister Junior was brought to the cardiology clinic by his family. He was admitted and went directly to the cath lab, and Doctor Gustafson found that he had a significant blockage in the main artery on his left side of his heart. And we'll have surgery today, either three or four bypasses for these blockages.

Hi Steve.

Patrick's surgery went as planned, we were able to do all four bypasses. We didn't have any technical difficulties or run across anything that was unexpected. He's in the process of waking up now in intensive care and doing well, and I suspect he'll be able to have his breathing tube out in about three or four hours.

*I thought that I would die.*

*I wrote a letter to all my relatives and my friends, to say goodbye to them.*

*I wanted to thank the doctors who take care of me very much.*

*And I wrote one song for the country, "God Bless America."*

*Maybe God didn't want me to die at that time.*

*I still have to live longer.*

*If I lived in Thailand, I die.*

*I'd surely die.*

*Now I am in the care of the American doctors.*

The name of the song that I am going to sing is "Be With Me."

(Song: Be with me, my savior, be with me. In the time of darkness, be with me.)

The religion to me is so complicated. I believe in my source. I know there is a power, because I seen it.

I came out from all this disaster, all this death, I seen bullets flying. And to the end, and I said here, that's it, please, if you are there get me out of here. If not, you know, kill me right now.

(Song: Please save me, 'cause I trust only thee, my Lord, be with me, I need you, be with me.)

I have a god, I have one power, one source, which protects me. I don't have a name for it. It's just a habit of saying "God."

On Thursday, Alex was at home, and Nura heard him fall down, at two in the afternoon.

He was in what's called ventricular fibrillation, which is... his heart had stopped.

Blood tests show that he had a fairly big heart attack.

I came upstairs as a result of my neighbor Nura being very upset and screaming. And came in and I found Alex, her husband, with a pillow right here.

I've taken CPR and so my first thought was, check his pulse. So there was no pulse in his neck. Nothing. I checked his wrist. No pulse. No breathing. I got down. Nothing.

Nura was upset, she was screaming, crying, yelling, when I went downstairs, the paramedics came up and I said, "What do you think about what's going on up there?" And the one paramedic said to me "I think he's gone."

Well, when I originally heard his story and that he might've been down for twenty minutes, I was not very optimistic about, you know, how much brain function he'd get back. So that's the big question right now.

If we were certain that a patient was without a pulse for as long as ten minutes, we would be very cautious about offering very aggressive care. The reason for that being that anything longer than four minutes is almost certain to be associated with some degree of brain damage.

*When he come, he was dead.*

*They told me, "He'll never make it make it, you prepare for the worst."*

No.

*My heart say, "No!"*

*I say he's gonna wake up.*

*Take time, but he'll wake up.*

Just getting your temperature. 100.3.

*I stay with him for thirty years.*

*If he live, I wanna stay with him for thirty years.*

*I love you, ok?*

*I'll take care of you, don't worry.*

I'm gonna suction down the breathing tube now. Gonna clean out your lungs, there you go, good strong cough. Good, good.

Ok we'll give you a break there.

Mister Gliptis, good morning. I'm Doctor Marini. I saw you yesterday but you were not in a very good condition to interact with me very well. Can you squeeze my hand?

Very good, I didn't say break my fingers. You're doing great. Ok, let's see on this side. Very good. Very good.

We'll talk later when we get this tube out. You're a lucky man I think.

We'll be back to see you when the tube has been taken out.

Alex, you wanna get back there a little bit further?

Ok I'm gonna have you take a big deep breath in.

Good, now cough, cough. Good.

Alex, I'm gonna put some oxygen in it here.

We'll get this out of your – the Velcro?

Alex, can you open your eyes for me? Hi. How does it feel with the tube out? Good? Yeah. He has a great smile doesn't he?

He does, he does yeah.

Hello Alexander, my name is Rob, I'm one of the chaplains here at the hospital. We've been praying for you. You had a heart attack, but now you're getting better.

Lord God I come to you today with Alexander and lift him to you. I thank you for all that you've done for him so far –

*Death is not in our hand.*

*That's God hand.*

*When the time comes, you go.*

*But me, I always tell him, "Alex, when me and you together, we stick together, we die together."*

Come in.

Hi, Bong ("*Sister*")

Hi, Boo ("*Uncle*")

We just got started thank you.

So Boo you have lost some weight. Looks like it went down from about 152, down to right now it's 130 actually.

*I'm just not hungry.*

Just not hungry? Ok.

He's clearly going downhill. He's lost a lot of weight. The chemotherapy might help him live several months longer. Chemotherapy also can be very hard on you. That's why he was wearing that head scarf because he's really lost all of his hair.

So Boo I want to try and understand what happened with hospice. Did they come to your house and talk to you about it?

*Yes, they went to my house, but it doesn't work.*

Ok. What happened? What did they say?

*I don't want to talk.*

Ok. Don't want to talk about it? Ok.

*They said that in three to six months I will die.*

I want to help you Boo. I want you not to have pain, I want you to live this part of your life as comfortably and as happily as you can. So mostly what I want you to do is help you with that, and I wonder if there's anything else you need from me around that.

*Just helping me with the medication.*

Ok. I'll give you the medicine for your appetite, and if you do need anyone else in the future just call me up through Bong Channy or the other Cambodian interpreters and we'll help you.

Clearly he did not want to talk about what happened at the hospice appointment, and remembers very clearly that they said three to six months to live, and that was the reason why he decided not to enter hospice was I think by him agreeing to be in hospice, he might feel that he's also giving up and that he might die within the next six months. What I tried to do was to find out what are his goals, what does he want from me as his doctor, and really what he wants is pills, he wants medication, and that's actually not uncommon.

Now I'll see you soon.

So we'll see how he does. I imagine that when I see him a month from now, he will be worse, and I hope that I can continue to help him with pain relief and any of the other things he needs at home as his health deteriorates.

*When I first arrived, the weather is very extreme for me because we're not used to this weather.*

*In my country it's very hot, and here it's very cold.*

*We have never seen snow in Burma.*

*It reminds me of the Christmas card.*

*Santa Claus is riding on a sleigh in the snow.*

*My life in Burma... I never think about that now.*

*It's useless for me.*

*It's over.*

I don't know originally what he came in with. I think it was some kind of shortness of breath. He ended up having pneumonia. They did some scans, they found out that's he's got B cell lymphoma, and it's pretty aggressive, it's at stage four.

He's had one round of chemo. From my standpoint right now he's stable, but being a stage four, I think it's a pretty bad diagnosis, I think it's pretty aggressive.

This is probably related to the chemotherapy...

Mister Junior has a lymphoma involving the sinuses and actually also the linings of his brain, which is really quite unusual.

You told me that you're a fighter since you're young, right?

The doctors said that if he didn't get the treatment he will live about days or weeks. I ask him, and he said that he wants to have a treatment, so we go ahead with the treatment.

Unfortunately, his chemotherapy went awry. He received one cycle of treatment. He had numerous complications, and he wound up very sick and in the intensive care unit for many days.

Then he started developing fevers, he decompensated very quickly and developed a pneumonia. He was very ill for 24, 48 hours. It actually almost got him.

Hi, how are you today?

We're checking a couple of different things and hopefully we'll be able to figure out what this fever is from.

Now he's actually stabilized and he's slowly getting better. I think we can get him over this acute affection. I hope at least. But he still has to deal with his cancer.

Well we're going the right direction I think, okay? So hang in there. I get to see a smile even a little bit, which is, that's a big improvement.

Fortunately, he was able to survive the severe complications, but by the time he did recover he was in an extremely deconditioned state. That made me essentially promise that I would never give him more chemotherapy.

*The doctors told me... if I don't have fever for another two or three days, then he will write a discharge paper.*

*But right now I still have fever, so he cannot do that.*

*I don't know when he will do it.*

Only at your back or what about your head here, you got pain there?

*Her name is Marina.*

*She lives in Australia.*

*She is number seven, that's why we call her Nwee.*

*In Karen, Nwee means "seven."*

Patrick is eleven years older than me, and he's the eldest among the thirteen. When he left, I was very young, I didn't remember much about him. And he left to fight with the Karen rebels against the Burmese government.

I haven't seen him for a long long time. Very long time. I trying to stay with him if I can extend my visa, but that is impossible, so I have to go back. And then I might reapply the visa again so that I can spend more time with him.

He also had another song that he composed when he was in the hospital.

*The title is...*

Beg your pardon?

*The title of the song is... "Stay With Me By My Side."*

It's a beautiful song.

*I wrote it on this hospital bed, here.*

*But I wrote only the chorus.*

And you also asked me to finish the verses, but if I finish that song, that might be the last song for him, so I don't finish that.

After I go, I don't think he will live long. Seems like we have a connection there, because whenever I with him, he said that whatever you say, it's very smooth to my ears, and whatever you ask me to do, I want to do it. Please don't leave me, he said.

*Tomorrow she will go back to Australia.*

*I feel helpless.*

I don't know whether I might be able to see him again, or not. I don't know. It could be my last goodbye to him.

It would be very sad.

*When you cry, your sadness come out.*

*But when you leave it inside, it's no good.*

*I always love him.*

*I always stay with him.*

*I can feel here in my heart... he gonna be good.*

If you take a statistical approach, he's got a poor prognosis for coming back to full function, to his baseline function. Where he's going to plateau, we're not sure. It could be close to his normal function, or it could be at a very low level.

You wanna try it, don't you? Go ahead.

For about the two weeks previous to his admission, he had been non-adherent with all of his medications, and that included his HIV medications, his diabetic medications, and it also included his depression medications. And, you know, there's just all kinds of instability.

*You're taking out your oxygen.*

*Put it back.*

*Alex is good man.*

*He got good heart.*

*He care for everybody.*

*Aleco... Alexander the Great.*

What comes after seven?

Ok, what's after otto? Nove? Nine.

Oh come on, one more time, get those shoulders back. How do I say ten?

He has done really well since I started seeing him on the 28th to today. He couldn't even tolerate sitting up, he couldn't even tolerate me for more than fifteen minutes, and now we just did a forty-minute session.

Ok here we go again, let's do it again. Come on, nice and high.

Brain injury is an interesting thing, and you just have to give it time. They say people take up to a year to recover from a brain injury, so not saying that he'll have therapy for a year, but you know, it takes a long time to heal from that.

*My eyes say cry, my head told me go ahead to cry, but my heart say "No!"*

*It say, "He's alive, he's alive, he's alive."*

*"He's gonna make it, he's gonna make it."*

*Viva Alexander!*

*Viva Alexander the Great!*

Go ahead do it, do it. Again, again. Look. Come on, uno, due, tre, quattro.

*He's strong.*

*Aaron, Aaron, Aaron, excuse me.*

*I don't clean it for you, I clean for myself.*

*He's thinking about his daddy.*

*He say, "where's my daddy."*

*He's coming home, don't worry.*

I was looking over the notes from Doctor Ibele in oncology and you had chemo just last week again. How do you think it's going?

It's okay.

Oh that's great.

It helped also, the medicine that can help with the appetite.

Yes, good, I was going to ask you if... so you're appetite's better?

And Boo, you've had five cycles of chemo now?

Just three.

Three times. Okay.

Hi, how are you? Come on in. Yeah, we're just checking your dad.

So you know what your dad's saying, he's so sweet. He's more worried about you than he is himself.

He said my son can't sleep. It's really sweet.

Seems like he's doing a little bit better right now, which is good.

So Boo I think things are going really very well now, I'm pleased with how you're doing.

The most important question of course is how much is the chemotherapy helping, and the next cat scan should help answer that question for us.

So Boo what kind of work did you do back home in Cambodia?

Chief of a district? Oh wow. So you were the mayor of one village or several villages?

*Depends on the area.*

*It could be ten villages.*

You must've been very highly respected by the community to be chosen for that. That's why your kids turned out so well too.

Nice to see you Boo. If anything changes, please call.

Can we set up appointment...?

Oh I know my schedule's full, I'll figure it out.

*Doctor Anderson said that there is no treatment for my lymphoma.*

*Chemo will kill me.*

*Just to come back home and stay for my... the end of my days.*

*This is a hat knitted by my mother... to keep my head warm.*

Technically to enroll in hospice, people need to have a terminal disease with a life expectancy of six months or less. When I met him immediately when he came out of the hospital, he asked when his next chemotherapy treatment would be. And I said, I just can't do it.

He had bleeding in his brain, he had numerous infections. It was probably a mistake to give him his first cycle of chemotherapy in the first place. And so I recommended that he receive hospice care, and he said, you're my doctor, I trust you, I will enroll in hospice.

Hi Patrick.

Hi.

How are you?

*I'm better today.*

Are you?

I see Patrick once a week. More frequently if he needs it. Really his treatment for his cancer, he's not getting anything. We're basically just managing symptoms as they occur.

Hi, how are you today?

I just want to review his medicine that you have been giving him for his pain.

*My cousin is really serious in taking care of me.*

*She's taking care of me every single minute, I think.*

Emotionally how have you been feeling?

*I think of nothing... the past and the future.*

*Just stay...*

Stay in the present.

Well you seem to have a good outlook, and I think that helps a lot.

All right, we're done.

Good to see you, thank you so much.

My sister sent me herbal medicine for cancer.

Your sister sent you medicine for cancer?

Oh my goodness, I can't even tell you what this is.

It's for cancer.

What, what... Does it say what it is?

Don't take this, okay? Until I talk with Doctor Anderson. And I'll get a Burmese interpreter to read this.  
Okay? Your sister must really love you. Really.

*I don't think of dying.*

*I don't think of anything that will make me disappointed.*

*Just keep myself happy.*

*Never feeling sad... that's a good gift from God.*

(Song: ...Keep me in your mind.)

You sleep with your guitar? And you wake up and play?

Yes, and before I sleep to.

And before you sleep? That's beautiful.

It's unusual, I don't often get someone so interactive and someone so gracious wanting to share the music they've written. So that's a real treat today.

The box of pills that you gave me at the end of our last visit, Doctor Anderson wants me to tell you that you can take them if you choose to take them. I need to know if you're going to take them so I can kind of keep a better eye on you and see what happens. See if all of a sudden you have orange hair or something.

I want to give you something before I forget about this.

Could you hold this please?

This paper that said what your wishes were if you were unable to speak for yourself, and if your heart stopped beating or if you stopped breathing, or what you wanted done, remember we filled this out with Tim? This is the original doctor's order.

I want you to put this on your refrigerator, so if somebody panicked and you called 9-1-1, that's the first place the emergency people look to see if there's any order of your wishes, okay?

Just to remind you, it says that you're not gonna have your chest compressions if your heart stops, you're not gonna have that machine help you breath. You are not to call 9-1-1, you're supposed to call us at hospice, and you have that phone number and it's written again on here for you, okay?

*I don't have anybody coming here.*

*That's why I'm scared sometimes, I can't sleep at night.*

*I want him to be ok.*

*I mean like before.*

*He say, "Hi Nura. How you doing? I love you."*

*He go shopping.*

*When I want to go to the store, he take me.*

*He do everything for me, but now... I don't have nothing to help me.*

*He help me before, but now I'm lost.*

How many take a day?

I'm tired now.

You tired?

Somebody made the referral for skilled nursing and so a nurse had gone out to do an assessment but the patient had become verbally aggressive and the nurse felt he was therefore not stable and they were questioning whether he should be staying at home at this point, and that they were recommending that he go into a nursing home.

You want me to wash it?

No

Clean it?

Let me finish, Nura.

Okay, okay.

Forget it. Just talking only.

*He need help, but nobody want to help him.*

*So what do I do? I wait.*

You know, his wife still perceives him as being in charge and the boss of the house, so she's very reluctant to do anything that will make him angry. So she's taking on all of these caregiving responsibilities herself and she is just totally getting burned out. She's doing all of his activities of daily living, she's trying to get him to take his medications, his blood sugars are under very, very poor control. We've tried to get him involved in speech therapy and physical therapy, and Alex has just really lost his will to live.

She says all Alex wants to do is go home. He just wants to go home to die. You know, it's not that uncommon in many patients, who are either refugees or immigrants, when they recognize that they have a terminal illness, or that, you know, they're facing death, they wanna go home.

If you could pull out your credit card and buy him a one-way plane ticket home to fulfill his final wish, you'd almost do it.

Can you give me an update on where we are with home health care, and skilled nursing, and physical therapy, if that's happened yet.

*She come one night around six thirty.*

*Then Alex he was tired.*

*Really tired.*

*She check his blood and his heart, everything.*

*She tell him, "You do the blood."*

*"You take your blood," she told him.*

*Then he say, "I can't lift my hand."*

*And she say she don't wanna do it.*

*Then he told her, "Get out of here."*

But you want help right? You want someone to be coming in.

*I never ask for help all my life I work in the United States.*

*I never ask for one penny.*

*But this time is the hard way.*

Well what I'd like to do then while you're seeing Doctor Field, is if you and I could call the CADI waiver person and try to reach her, so she can set up a time to meet with you, and we'll start with that.

*If he's ok he's ok, but... he is not ok.*

So it's frustrating, you're giving directions to your tongue and your tongue is being a bad student.

It's kind of strange, maybe especially for you, because you're a man who's good with languages, who's good with his tongue. How are you doing with all this? You feel like you're holding your own?

*I hold my own, my wife help me.*

*Just sometimes it's very... frustrating.*

*What do you do?*

*I can't answer this.*

*But I'm not... give up or anything.*

*I have to try it, I have to try it.*

You're not giving up.

*I don't give up.*

I don't.

Once people have enrolled in hospice, we have made the decision that chemotherapy and active aggressive treatments for their cancer will stop. Patrick did enroll in hospice. At that time, I was just meeting with him and I had not met with all of his family members.

Patrick will not know anything because he keep forgetting things. Yeah. He can't retain any information.

*Marina came back to take care of me.*

*I need her, I call her and she came here.*

I left when he was in hospital. I want to come back again to be with him so the doctor wrote a support letter for me so that I'll be able to get a visa, and this time I'll be able to stay longer.

She is my sister and she knows my situation better than I know myself.

I don't think he understands the term "resuscitation." That's why he said he doesn't want it. He thought that if they give him resuscitation through the machine, it might be very painful. But according to the not-resuscitation, you don't do anything. But he doesn't understand that.

I ask him, "Do you want the treatment?" And he said that only when I come back he will take the treatment.

About three months after he had been in hospice, I had another phone call from Mister Junior's family that he had been doing so well in hospice that they wanted to have another visit and discuss the possibility of resuming chemotherapy. I said, you know, I'm willing to meet but there's no way I would do it.

I almost killed Patrick with his first treatment. I could not in good conscience give him more chemotherapy.

The doctor has a very slim hope, but in my opinion the death and the life is in God's hand, it's not in the doctor's hand. That's why we want to try it.

Patrick is somebody who, I think... he's not a weak person, but he's a very trusting person. When a patient is maybe a little more meek, and you have a family member with a very strong voice, that's something that often bothers me, especially when you're talking about issues of this magnitude. I feel very strongly that the patient needs to have the primary voice in the process.

Good morning. Good to see you.

He came and was seen and truth be told he had had a remarkable improvement. We decided that what we would do is restage him with scans to see if his disease had responded as well as his symptoms.

As you recall, the sinuses were the main sight of your disease. It appears that there's, there's more air, this black part is air. And I think that that's a sign that the lymphoma has decreased in size, so that you're able to have more air in the sinuses.

Good.

We gave him the treatments that we gave in the hospital that were quite difficult for him. And I think in doing so, we have cleared the disease to the extent where it's difficult to see on scans.

Again, the chemotherapy and the disease almost killed you. Before we do any more treatment, I want to make sure you understand that it's rare that we cure people who have disease like you have, that involve the sinuses, and involves the brain.

Nobody wants to force you to have the treatment. It's you that have to decide it.

In interacting with her more, I am as convinced as ever that she wants what she thinks is best for him. I think she is clearly convinced that further chemotherapy is best for him. And I think that as he's gained strength, she may be right.

*I will do it.*

You want to do that?

No, you don't have to do it. But if you would like to do it, or if you want to do it, then the doctor will give it to you, but you don't have to do it. It's up to you.

*If I do it, what will happen?*

Ask the doctor.

It's impossible to say exactly what will happen. I think that there's a risk that you could have a similar reaction to what you had before. I think the chance of curing is very small.

So hearing this, you're still certain that you would like to proceed.

Yeah.

Okay. Well let's get you setup then.

What we have done in Mister Junior's case is placed a catheter that actually goes into his skull and goes into the main tissue of his brain where the fluid circulates down through the brain and around the spinal cord. The reason that we've done that is there was clear evidence that there were lymphoma cells circulating around his spinal cord. And the only way to really treat that is with chemotherapy directly there.

Sometimes you can get a little bit of a headache after this, and so it's probably a good idea just to have you rest here for a few minutes to make sure everything continues to go well.

I just called and spoke to him about it.

You spoke to him directly?

Yeah, directly. He cannot come because his son is not home.

Okay.

So that's why he said. He got no transportation. That's why he could not come.

Okay.

So it looks like he has become progressively more anemic, and had a blood transfusion. The more worrisome thing is his CAT scan result which is from last week. And it shows that he has more lymph nodes around the liver and now some swelling in the abdominal cavity.

So it looks as though that is getting worse as though he's not responding to the treatment.

If you wouldn't mind calling him back and just tell him that, "Doctor Walker will see you again in two weeks. We hope you feel stronger with the blood transfusion. And if you feel like you're not strong enough to come in anymore," then I'll come to his house.

Okay, thank you.

Oh my gosh.

Hello everyone. How are we?

Nice to see you.

Good to see you.

How have you been?

Well, I'm okay. No problem.

Just okay?

Not yet.

Okay, we've got a home health care nurse coming in?

Yeah.

You're taking HIV medicines every day?

Yeah.

Can you feel that?

Yeah.

Yeah, I'll say you can.

Any chest pain up here at all?

No.

No? Not at all?

I think he looks great, I mean, considering that he's been at heaven's gate two or three different times, this guy just has nine lives. He just keeps coming back. And I think what's really unique about him is he still has the optimism, he still wants to go back to Ethiopia.

Yeah, I know you want to go back, and I know you said you want to smell the soil.

Yeah he want to see his kid too.

Yeah. I think travel would be really difficult for you.

Sometimes when you dream it and then in the morning you try to remember it, you remember half of it, and then you don't remember half of it. In every dream, I see my brother. And I see him as a child.

We grew up in a little small town, and whatever we do, we do it together.

I see him in my dream and then I wake up, and the next day, it continues from where it stops. I don't think about where I was because I know tonight, that story continues.

There, my kids.

Got a lot of pictures.

I just want to look at everything.

Ammar and his family have been here maybe five weeks. He has a wife, two small children, his mother, and his fifteen year old sister are here. And with these tools, he'll be able to support his whole family.

So you work on buses, yes?

Very excellent.

Ammar and his family have come here from Baghdad. My family is his family. My father came to the United States from the Ukraine when he was a teenager, and they had a really hard time because it's negotiating a system that is so complicated here. Most Americans have trouble negotiating the system so it's no surprise that people from another country find it so daunting.

Patrick started his chemo about two weeks ago. His CT scans looked actually quite good, so we were optimistic about his lymphoma status. Unfortunately, a few days ago, he came into the emergency department with very high fevers.

This was one of the biggest concerns that I had when we restarted chemotherapy, was that he would get infections.

*My fever raise up... up to a hundred five.*

*So I have to come back to the hospital.*

How are you today?

Good.

Good.

Yes.

You remember Doctor Newman and Doctor Ganesan.

Good to see you again.

I'm very pleased that your blood counts today are better than yesterday. Next week, we'll know how well you recovered from your infection, and we can talk more about whether we should keep going with chemotherapy or not, and whether it's safe to do it next week when you would normally be due.

I would just like to examine you a little bit if I could.

I ask him do you feel like you want to sing? He said no. He had the side effect from the treatment so he doesn't want to sing. Even he doesn't want to see his guitar and that is strange to me because he loves guitar, he loves to sing, he loves to write music.

*Oh, it's very bad.*

*Taking chemotherapy, it hurts you.*

Good morning. It's good to see you again, good to see everybody. Hi.

So I saw that you got out of the hospital okay, and hopefully you've been feeling okay since. This is an opportunity for us to take a step back, and consider whether we want to keep going with more chemotherapy at all.

Maybe what we'll do is give you some time to recover, check in maybe in two to three weeks to see how you're doing then.

This is Doctor Mrinal Patnaik dictating a clinic progress note on patient Thor Lem. Mister Thor Lem is a 74 year old gentleman who I had the pleasure of seeing today in clinic. This is a gentleman with a history of metastatic adenocarcinoma who has been following up with Doctor Pat Walker. The patient received his last chemotherapy three days ago. Comes into clinic today saying that he feels more fatigued and mildly short of breath, period. These complaints have started over the last 24 hours.

I thought of two things. The 29th, his hemoglobin was nine-point-two.

His prognosis is not good, but particularly for many immigrant patient populations, if you define length of life, people assume you're abandoning them. And I think that one of my most important rules as a

physician is to always help him adjust to what he's going through, help him not suffer, but not to take away that last thread of hope.

If he has any trouble, just call, we can see him next week. And are you doing okay at home? You still don't need any help?

No, it's fine.

I know that you will look back on this time in your life, and you'll be, you can be proud. You're a good son.

I don't know about your granddaughter. I bet she's a good granddaughter too.

When you have known someone for many years as a patient, you get to know all their medical issues really well, but you also get to know them personally and their families. You watch them age, you watch them have grandchildren, so losing the patient is always hard, and what I think about often is, that patient is no longer suffering. And then I think about, what can I do to help their family with that burden of their grief and loss?

*I just called the family.*

*Remember his son, Thei?*

*He told me that his father passed away on Friday.*

*So, that's all I know.*

This is a scanned emergency room report from North Memorial Medical Center dated December 27th.

"This 74-year-old Cambodian male has a history of metastatic liver cancer. The patient was brought to the emergency room today because of shortness of breath and increasing pain. The family reported he'd been having abdominal pain. He'd been confused and hallucinating over the past week. In addition, they said he was vomiting over the past two weeks and they had to carry him into the emergency room today. A home health nurse stated that she was able to hear audible crackles in both lungs and that he did not seem coherent, wasn't responding to her voice or to his wife's voice.

He was surrounded by eight to nine family members, one of them is his eldest son, who is the next of kin, and has the decision-making authority. He then declined and died at 17:53, in the presence of his family.

Can I start by having you follow my fingers with your eyes please.

Deep breath, please. And, out.

Very good.

As of a month ago, he was in a complete remission. Typically, if someone goes into remission, they stay in remission for a while. There is a very small chance that he'll stay in remission forever. I think it's much more likely this disease will come back at some point.

Smiling Alex!

Yeah.

We made it!

So all of your blood tests, Alex, look really good. The diabetic blood tests, the HIV blood tests, the viral load is still undetectable, your immune system is still strong and doing well.

I think from a medical perspective, you're fine to travel.

You know, it would be best --

You okay.

If you're gonna be going traveling, we should probably think about sending you to the travel clinic.

Every time I see him, I'm amazed at how he continues to beat the odds. I really want him to make this trip. I mean, I hope he can do it.

Let me know before you travel, all right?

We will.

So it means that, he's not going soon, like before?

It's never possible to say exactly. When people have disease in their brains, usually without treatment, they only live for a matter of a few months. He has done remarkably well and his disease has been in remission. To be honest, when he was first diagnosed after the one treatment when he had all the complications, I would have predicted that he would not be alive by now.

After he had the treatment, he getting a lot better and it doesn't seem like he will go soon. He might live longer. Nobody can tell how long he will live.

He has a lot of smile in his face, and it makes me worth to be here.

I remember when things looked the darkest. All he wanted to do was to be able to go back to his home and to die smelling the dirt of his home country. Not only will he be able to go back and smell the dirt, but he'll also be able to go to his home country, visit his family, and then come back here. So, just an amazing turnaround.

*Today I feel happy and healthier, so I decided to go to the church this morning.*

*The choir leader said they will sing the song that I wrote.*

*But they will sing in Karen, not in English.*

Patrick?

Yeah? Good morning.

Patrick looks like he could do just about anything. He looks great.

So airplane tickets bought, seats arranged?

Yeah.

I will send a refill for all of the medicines to your pharmacies so that you've got full containers of everything just before you leave. It's a good time to travel.

You've been thinking about this for a long time. As long as I've known you.

*I could die anytime.*

*Whether we like it or not, we have to go sometime.*

*So I'm ready for the day I die.*

We all die, one day.

Don't scared to die, okay. I'm not scared to die. Okay?

All right.

When time come. So I'll take him, make you happy, go home. Okay, honey? I love you forever.

All right, well, mail me a postcard. I'll see you when you get back.

Well...

Let's take it slowly. Let's go to verse three. Two, three, four.

*They are American people.*

*They cannot speak in Karen, so they have to practice it.*

*This is all his medicine for one month.*

Come on, Alex.

Bye, honey. We'll see you soon. I'll be praying for you ok?

I keep coming back to the fact that we really are a nation of immigrants, and that every new American reinvents the American dream.

This experience we're having now is not a new experience. The face of the immigrants is changing.

The more we break down walls, whether they're barriers of language, or culture, or belief systems, and take the time to say, "Tell me about you, where are you from, and how did you get here?" It will make us better physicians, and make us better people.

You write beautiful music, it's a privilege to sing it.

Thank you very much.

It's wonderful to see you, you look so good.

Everyone says, is Patrick okay?

And I say, "Well, just look at him! You can see how well he's doing."

I'm Samantha.

I'm Patrick cousin.

It's nice to meet you.

Jerusalem have its own gates. There's a mosque, there is a church, everything is there. And according to the old history, every country have its own wall. And they have a gate.

What they say is, Alexander the Great stops the war because he don't have any more gates to break. That's how he stop fighting.

*When I come here first time, there is no African people in the airport.*

*Everywhere is white people.*

*But now...*

*Times change.*