

HARRIE BLOMMESTEIJN

California Series—For Hopper, 2003
Fine art photography, 24 x 36 in



MARTHA JOHNS

Suffering and Survival

Stories from my work in
a narcotics recovery clinic

He staggers into my office in the methadone clinic clutching the left side of his face and jaw, moaning loudly. I have been warned by the young addictions counselor that Richard tends to whine and complain a lot, but he is acting as though he has just been punched in the jaw by a prizefighter. As I introduce myself and ask him some questions about his health history, our conversation continues to be punctuated by loud moans and grimaces.

I ask him to tell me about when the temporomandibular joint (TMJ) pain started. Pouring out, as if from behind a burst dam, comes a horrifying story of childhood physical and sexual abuse. Richard was chained to a fence and beaten for hours at a time, beginning at age four until he was old enough to escape, when he left to live on the streets of Dallas and do drugs, selling them to survive.

As he tells his story, tears stream down his face. He assures me, “I’m not crying. It’s just the pain.” Again later, “I’m not crying. Men don’t cry.” He is clearly crying. I sit quietly and listen, my eyes focused on Richard, my body position open, leaning slightly toward him. This is what I’ve spent years training for.

When he finishes talking, we move to the exam table. I notice he is no longer clutching his face, nor is he moaning. After the exam, and at the end of the visit, he says, “I’ve only told that whole story to one other person.”

Just Another Homeless Guy?

A homeless client comes in for his intake physical. I see one or two homeless people entering the program every week. General appearance: unkempt, malnourished, with greasy hair and rough, grimy hands, dirt embedded under his fingernails. Sleepy: “The security guards harass me a lot at night” at the construction sites where he sleeps rolled up in his blankets. Not only sleepy, but in Tommy’s case, a lost, vacant look in his eyes.

“How do you get enough money to survive?”

“I sell the street newspaper. I try to get one good meal a day, then a snack.”

It seems a miracle that this man has made it into our medication-assisted treatment (MAT) program. Although Medicaid and some health insurance programs do pay for the program, a person has to be able to get himself to the