THE LEFT ATRIUM

Room for a view

Rich man, poor woman; rich woman, poor man

He's a white South African — balding, grey-haired, with a considerable paunch — wearing sandals, a safari shirt and shorts. Maybe 55? She is looking a little bored, has a very bright, shiny, low-cut lilac blouse, skin-tight jeans, blue platform open-toed heels and a Club beer in her hand that is emptying slowly as she alternates sips with languid drags on her cigarette. They don't speak much to one another.

I try not to meet her eyes. I had met Grace yesterday, but today she is at work. Yesterday, she was explaining why she does this work. She is 20, her 4-year-old daughter is playing in the hotel pool under the care of Grace's friend and co-worker.

Grace was forced to leave school in the Upper West Region, Ghana, when she became pregnant. She had no

funds to continue her schooling or to support herself or her child. Her family was embarrassed by the pregnancy, the father of the baby unwilling to help. Grace finishes her beer. Her client pulls her to her feet and propels her back into the hotel.

Yesterday Grace explained how she had started in the Upper West Region, which continues to be one of the poorest provinces in Ghana in spite of the economic development that is quickly moving the country to middle-income status. There, women average 6 children, assume violence against them is justified and begin child-bearing as teenagers. There, she earned less for a night of work than the price of a few beers. There, the police would raid the house where she worked and demand sex instead of jail. She explained how she moved on to a gold-mining area

where she and her friends would hire a truck to visit the mines and make more in 1 night than they could make in a month further north. How she lived in Kumasi before coming here. And how she is now earning good money in Accra. Here she insists on condoms with her clients, but not her boyfriends.

Grace knows that 30%–75% of women who do sex work are HIV positive, but is afraid to be tested for HIV.

She is a little bitter. Forty years old, Canadian, marriage faltered to a halt 3 months ago after 15 years and 2 children. "Take a break," her teaching friends tell her. "Go heal your wounds. Get some sun."

Two weeks in the tanning bed. Highlights in her hair. Five pounds of weight finally lost. Three new bathing suits. Seductive sarongs.

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Andrew Young

She arrives in Tobago. The shade of blue in the water astounds her. The lazy grace of the people, that lilt, that accent she cannot quite fully decipher. By day 2 she has braids and beads in her hair and has caught the eye of Wesley who teaches snorkelling. She cannot believe her luck. He is gorgeous! The tight black curls of his hair, his deep brown eyes, the mahogany skin of his well-muscled limbs. How his eyes light up when he sees her. Forty years old and he must be half her age. Go cougar!

By day 3 they take all of their meals together. Naturally she buys his drinks. It is an easy evolution that he joins her discreetly in her bed, in the fan-cooled villa, with the sound of the waves outside the white wooden-shuttered windows. She is honoured to help his family with the new roof for their house and to leave money behind for his sister's school fees when she tearfully boards her morning plane to return to Canada. She will write. She will come back. Her beach boy will await her.

By 4 in the afternoon, Wesley is meeting a new group of guests and catches the eye of a brunette, looking lonely.

The Caribbean has the second-highest prevalence of HIV/AIDS after sub-Saharan Africa. Poverty drives the epidemic.

Gretchen Roedde MD

Family physician
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Room for a view

Bridging the political divide

Insofar as possible, I try to keep my medical practice and politics separate. After all, they do involve 2 very different disciplines. And as is the case in other professions such as piloting or plumbing, we doctors have no particular expertise in the art of governmental policy and diplomacy. Physicians are trained to take histories, do physical exams, order appropriate laboratory tests and to try to put the whole thing together.

That being said, I learned recently from one of my patients that the truth is sometimes more complicated.

An elderly gentleman living alone at home, Mr. S had just been admitted to the geriatrics ward for an assessment. I was charged with supervising a small gaggle of medical students who were practising the "full physical exam" with his ready cooperation. After taking care of more cephalad concerns, we descended to the patient's lower extremities. The students noted bilateral pedal edema, more on the right than on the left. As well, Mr. S suffered from severe osteoarthritis of both the hips and knees. As I was demonstrating how to feel for *crepitus* and guiding the students' hands, our patient asked what could have caused his widespread musculoskeletal pathology.

I started to offer the usual mantra about genetics, trauma, overuse; that, in the end, we were not really all that sure where the osteoarthritis came from, et cetera, et cetera. As Mr. S had just been

admitted. I did not yet know our patient all that well. However, he seemed a stalwart and heavy-set farmer-type; physically and apparently emotionally quite tough. Quite matter-of-factly, our patient

Barbara Sibbald

While the Holocaust continues to traumatize its survivors, helping subsequent generations imagine the unimaginable is *The Memorial to the Murdered Jews of Europe* (2005) in central Berlin, Germany.