For the world to see Ana

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The day that I met you, a friend half-carried you up the wobbling stairs of our mobile health centre, dumping you at our door with your complaint of “dolor de pecho” (chest pain). I was in one of our two examination rooms when you arrived and, by the time I stepped out of that room, our nurses had given you acetylsalicylic acid and hooked your heaving chest up to the electrocardiogram machine.

The nurses knew you from before the time I had started working at our clinic, and they briefly told me your story. “Honduras ... hypertension that the previous doctor had struggled to control ... a history of a stroke long ago ... kidney problems.” My mind raced as I took in your history. Just a few months before, I had still been practising in the comfortable space of my residency clinic. Now, I was in a converted bus off the side of the highway in Florida. I was the medical safety net, a feeling simultaneously exhilarating and humbling.

It only took a few minutes for me to skim your chart and turn from my laptop to hold your hand. For a brief moment, I saw you, one of my many patients who is hidden from our greater sense of responsibility. I talked to you about my concerns for your heart and the need for a hospital evaluation. I apologized for the inevitable bill. Like nearly all of my patients, you did not have insurance; a fact that made me stop and reconsider whenever I decided to send someone to the hospital. My patients often refused a hospital referral, deciding that the bill was worth more than the risk of their own death. That day, though, you decided to go.

Over the next months, your story unfolded before my eyes. You told me how you had fled violence in Honduras and left all your family behind. You came by crossing borders under dark skies. You were working as a nanny, with a boss who

controlled the little details of your life because she gave you a place to sleep and enough money to survive. You told me how you walked two hours to get to your appointment with me, because you could not drive and did not know how to navigate the bus system. When you hugged me in thanks for listening, I learned that you towered over me, making an imposing presence in the tight spaces of the mobile health centre.

The echocardiogram performed during that first hospital admission showed that you have severe pulmonary hypertension, a condition where high pressures in your lungs eventually build up and cause heart failure. Without insurance, there are few options. You started the paperwork to be seen by a specialist on a sliding fee scale; however, you were now living at a church that had taken you in because you had nowhere else to go. There was no one to

vouch for you, and the paperwork stayed blank. I thought of you frequently. I wondered how I could help you when it seemed like the world refused to see you. I know that, unless we are able to break you into the medical system that is working so hard to keep you out, your body will fail over the coming years.

At one of those visits to the mobile health centre, I gave you my cellphone number. I wanted you to know that someone cared enough to pick up the phone when you called. Sometimes, you do call me with questions about your simvastatin and paperwork, and, once, to ask me where I was when another doctor was at the clinic. You know that I see you — but often picking up the phone is all I can do.

While we waited (and continue to wait) for an evaluation by a specialist, I tried to obtain sildenafil for you. One day, you showed up at the mobile health centre

with bags of sildenafil from Honduras. You and I and the nurses could not stop laughing. We said that your purse of pills would make many men jealous. That night, as I told the story of the sildenafil to a friend, I thought of you again. I knew so little about medicine when I decided to become a doctor. Medicine had always been about stories for me, but I had not realized how inextricably woven into them I would become, how my story would be written from the stories of my patients.

If you have an appointment, it's guaranteed that you won't be able to make it in because of the inevitable push and pull of your life. So I expect to see you walk in

when you can, a concession that I make for my patients with unpredictable lives. Two days after women across the world marched to resist the new president of the United States, you pulled yourself up the steep stairs into the clinic, a bag of Honduran tamales in hand for me and the nurses. You sat down and told me, proudly, that you had learned how to navigate the bus, so you were no longer walking to the clinic. I bent down to kiss you on the cheek. There was a big smile across your face, your usual. We didn't talk about immigration policy or the proposed repeal of the Affordable Care Act, even though I felt consumed by these things. I realized

how your subsistence reality means that you do not have the voice to speak out about these policies that will so deeply affect your life. I cannot offer you an easier life, and I'm not sure that you'd want one. But, I can be a voice for you.

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This article has been peer reviewed.

This is a true story. The patient has given her consent for this story to be told.