

A Little Bit of Lagniappe

Category: Stories

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Throughout my pediatrics clerkship as a third-year medical student, I resisted the urge to say "sha."

"Sha," as in "Sha baby," "Oh sha," or "Come here, sha." "Sha," a term of endearment, an instinctive utterance at the sight of something cute—for example, all of my patients in the newborn nursery. "Sha," a word from Acadiana, a word that only people from Acadiana use.

Broadly speaking, no one in northern Virginia says "sha," just as no one says "lagniappe" (a small gift) or "catty-cornered" or "fixin' to." It's a strange feeling, to avoid using a word simply because no one around you knows it.

And "sha" isn't just a word—the same way dirty rice isn't just a Louisiana dish and Mardi Gras isn't just a Tuesday and hurricanes aren't just storms. No—dirty rice is my favorite Louisiana dish, Mardi Gras is an entire season, and hurricanes are disasters that turn once innocuous names such as "Rita" or "Laura" into infamous episodes that countless cities never fully recover from and countless Louisianians never forget.

After Hurricane Laura in 2020—after I stayed up all night as a second-year medical student to watch the eye of the storm pass through the place I was born and raised—my mom sent me a Louisiana necklace. The tangibility of that small piece of metal took away, in part, the loneliness that accompanies

physical distance. The community in which I was living was not my home, and those around me couldn't share my pain to the same degree—the pain of knowing that my family was able to evacuate, but many others were not.

Knowing that my childhood home was surrounded by pine trees that would crush it if the 150-mile-per-hour wind blew the right direction. Knowing that, the morning after, my dad, still recovering from COVID, was heading back there to survey the damage, begin cleaning up and help neighbors in any way possible.

I wore that necklace every day.

When I first left Louisiana to attend medical school, I talked about my home state only with close friends. The transition from growing up in Acadiana to studying medicine in a health system just outside of DC was jarring, but I blended in. Except for my pronunciation of a few words (for example, "while" as "wowl"), I don't have an accent. Louisiana is a state tagged with many stereotypes; and people, I've found, can make a lot of assumptions—about my education, religion, politics and so on.

Wearing the necklace was a big step: In doing so, I was advertising where I came from. Progressing through my clerkships, I realized that Louisiana, by being a bit unique within the US, and Acadiana, by being its own special part of Louisiana, had not only given me my own culture; it had also given me an ability to better understand the impact of culture as a whole, not only on myself but on those around me—on how we experience our interactions with one another and on how my patients experience their interactions with the healthcare system. And for Louisiana, as for many other places, much of that culture boils down to food, religion and people.

A woman in the family-medicine clinic where I was working wanted to better manage her diabetes. Learning that she was originally from Louisiana, I mentioned dirty rice before I could stop myself. Soon we were lamenting Virginia's lack of good king cake, snow cones, andouille sausage and Blue Bell ice cream.

This made our discussion about her diabetes more personal, because food, for her, was a love language. For Acadians, as for many others, cooking and sharing a meal are acts of relationship: Food is heart.

Growing up, my classmates would bring boudin balls and satsumas to hand out at school, and casseroles were found in abundance whenever someone moved, fell ill or passed away. Even time is measured by food. There is no springtime, only the start of "crawfish-boil season." I have a sweater that says "gumbo weather," because that's winter in Louisiana: a reason to make gumbo.

The more people I met in the clinic, and the more families I talked to in the hospital, the more I saw meaning in food. In pediatrics, I watched as mothers from Central America expressed frustration, confusion and even sadness when the pediatrician told them that the food they cooked wasn't "healthy" for their child.

During my gynecology rotation, I saw a young woman, fatigued and anemic, who wanted to have another child. My attending lectured her on eating a good diet, with iron-rich foods, then hurried off; but I stayed behind, having seen her tears beginning to form. She thought the attending had said that by fasting for Ramadan she was doing something wrong, preventing a pregnancy and hurting herself.

I'm not Catholic, but I grew up in a public-school system that closed for Mardi Gras and then served only catfish on Fridays until Easter, because a large portion of students observed Lent. I lived in a "parish" instead of a "county." I had friends who were Catholic, Baptist, Pentecostal or Mormon, and I had friends who were agnostic or atheist.

During my internal-medicine rotation, I realized that my comfort with the idea of religion, and its importance in peoples' lives, is not always shared by my colleagues.

One patient with pneumonia was finally improving. As the attending turned to leave, the patient's wife walked up to her.

"I've been praying for you," she said. "I've been praying for my husband, but also for you. I know your job is very hard and tiring."

The attending looked away, suddenly pale. She tried to smile, but her eyes held a look more of panic than of understanding. She rushed out, followed by the rest of the medical team.

We all stood quietly in the hallway as she took deep breaths and regained her composure; there was no discussion of what had just happened. Before long, she slipped her hands into her white coat pockets and asked, "Who's next on the list?"

As we walked away, I held back tears; I had found the wife's words remarkably thoughtful and kind.

My Marylander husband has commented that I get homesick more often than anyone else he knows—but it's easier to miss home when you're in a place that's so unlike it. As hard as feeling homesick can be, it has helped me with patients: maybe they're from out of town, or they're a refugee, or in a military family, or just tired of being in the hospital. I've often connected with patients just by recognizing the sense of unbelonging brought on by being hospitalized.

There's a loss, too, that comes with illness—a mourning for the health that once was, an arduous absence not unlike homesickness. Like food and faith, empathy and understanding can ease sickness—whether it's for home or otherwise.

So when my husband sees me struggling, he'll make dirty rice or jambalaya. He'll listen to my stories and memories. He'll hold me; he'll talk about teaching our future kids "Southern" manners and vocabulary.

And he'll assure me that I can call them "sha" all I want.