

## **Build A Better World**

It was the second day of my first week working at this tiny hospital in Southwest Louisiana. That's when I met Mr. Arvie. I wasn't there for an education; I had been valedictorian of my nursing school class in New Orleans and had much experience. I was there to do a job that would help with my student loans, and make enough money to buy my first new car. I was there to eat some good authentic Cajun and Creole food, and listen to the sometimes mournful, sometimes rousing music of Acadiana. I was there to hopefully make some friends among the fellow nurses, even if our friendships were temporary and based on the comradery shared by all workers in an acute care hospital setting.

Oh, I did get the things I had hoped for. And I got something else. Remember how I said I wasn't there to get an education? Well, I did. I learned how to make the world a better place.

The nation is dotted with small rural community hospitals that often lack adequate staffing, especially Registered Nurses. Nursing agencies can fill those vacancies by contracts with rural hospitals. Joining a "travel nurse" agency is a bit unnerving as the nurse knows there's a unit that certainly must be low on staff, and high on acutely ill patients. The pay can be very good, or average. Many nurses choose large hospitals in big cities, or rural hospitals or clinics, or even Indian Reservations. My heart and head were telling me to stay in Louisiana where I was already licensed, and to go to a rural area for a change. That's the path I took that led me to Mr. Arvie.

So on the second day of my first week, one of my assigned patients for that day would be a 94 year old man, Filbert Arvie. Mr. Arvie was terminal, I learned from the night nurse's report. He had cardiomyopathy and congestive heart failure. His heart muscle was only functioning at

14%. He required frequent doses of IV diuretics to remove fluid that would build up in his lungs (this happens when the heart is not pumping adequately) as well as thoracentesis every 3 days, whereby fluid is physically removed from the space between the lung and its lining by a draining procedure so the lung will not collapse completely.

Mr. Arvie, I was told, would be with us for the rest of his life which was probably not very much longer. Sending him home was not an option, as he required the IV meds and procedures. The medical and nursing teams' jobs were to keep him comfortable with supportive care, and assist with his respiratory needs.

I was also told that Mrs. Arvie, his wife, was staying in bed B. She was there because she could not go home; compassion had led the hospital administration to make this accommodation for them. I took my notes to make my rounds. This would not be an extremely busy day for me; I was new and still in orientation, so they gave me a lighter than normal patient load. Mr. Arvie was my sickest patient.

He was sitting up in the firm bedside chair looking out the window when I went into his room. An elderly Black man with a beautiful and creased face, light brown eyes, the sort of eyes that smiled independently of the upturn of the mouth. Mrs. Arvie was sleeping soundly, with a rhythmic breathing pattern, almost loud, but just enough to create an atmosphere of calm in the entire room, the same effect as listening to gentle waves.

So as not to wake his wife, I sat closely next to Mr. Arvie, introduced myself as his nurse for the shift, reviewed the plan for the day- and I told him that I would be there whenever his shortness of breath or pain worsened.

He smiled and said with a heavy Cajun French accent, "thank you cher." I asked if he wished me to call him by his first or last name, and he said "Filbert is okay too. We say it like

Feel-Bear, that's how it sounds to say it." I thanked him for that and proceeded to do my assessment, listening to his lungs, which sounded wet, and I assessed his legs had a large amount of edema, or swelling. He told me he was not in pain at this time. The nailbeds of his fingers and toes were dusky-colored, an indication of inadequate oxygenation, even though he was receiving oxygen therapy. Mr. Arvie was a classic case of end-stage congestive heart failure, and my plan was to help keep him comfortable.

I told him I would be back soon; his eyes smiled even before his lips upturned.

Just as I expected, my other 2 patients were low acuity, preparing for release from the hospital. So I went back into Mr. Arvie's room. I quietly pulled a chair next to his. He began telling me part of the story of his life, as if he knew I wanted to hear it, which I did.

He began telling me that he was the youngest of 8 brothers and sisters, the only remaining sibling, and the "only one who could talk English." I told him how my parents, aunts, and uncles, and grandparents were all French-speakers, English as a second language. I told him that at our family gatherings, all arguments and cursing was done in French. He smiled and patted my hand. We laughed together.

Mr. Arvie told me that he and Mrs. Arvie "were never blessed with children." He said they loved children and wanted to have children of their own, but when that never became so, they would care for the neighbors' children, and he smiled when he told me that often their house had "more kids than any other house" as Mrs. Arvie welcomed a steady stream of children too young for school, helping care for children whose parents had to go to Big Charity in New Orleans for surgery or check-ups, being there for children who just wanted to come over to be where "the hugs and cookies were always warm." I noticed he'd look over to Mrs. Arvie often as he spoke. He spoke with pride about how they would "make the best muscadine jelly and fig preserves

along the bayou,” and for so many years they’d fill a little wagon with jars to deliver to all the neighbors, and then “leave some at the little Pentecostal church because the people who went there were real poor.”

We spoke throughout the next 3 days, as often as I could spend extra time in his room during my shift, in between the frequent IV medications he required, and STAT respiratory treatments. Mrs. Arvie often sat right next to me. She spoke no English, only French, but we communicated easily with no words needed.

After my shift was over for the day, and I’d return to the tiny trailer that was my home away from home for the duration of my contract, I’d think about little else but this quiet, gentle couple. How lucky I was to know them! They were beacons of light to their community, quietly and naturally providing a place of love and acceptance for children, tending to the health needs of their neighbors, sometimes by sitting up with sick neighbors or making a healing gumbo to share. Mr. Arvie even told me that “In those old days, we would take alligator oil to build us up, it had lots of vitamins. We’d bring it to the house of someone who had been sick for a long time, it sure would build them up.” Mrs. Arvie would make rosaries by braiding palmetto fronds, and give them to neighbors, and pray with them.

Mr. Arvie’s heart stopped beating on a Sunday night, three weeks into my assignment there. Mrs. Arvie went to stay with her niece in Baton Rouge, and two weeks later, died peacefully in her sleep.

In their economically poor rural community, not even considered a town, the Arvies were important. Their lives made a big difference in a small place. But that’s what the world is – lots and lots of small places – neighborhoods in cities, subdivisions in suburbs, country roads

connecting homes in rural areas, tent cities in refugee camps, high-rise housing developments in some of the world's most crowded places.

Elders such as the Arvies might not be what we usually picture when we think of role models or "heroes." Seniors should and must be valued if the world is to become a better place.

Wanna know how to change the world, how to make the world a better place? Spend time with the folks who have been inhabiting this planet the longest. See them. Hear them. Value them. Include them. Let your children know them...Learn from them how they did it, naturally.