

## THE BLOODLINE WITH LLS

A PODCAST FOR PATIENTS AND CAREGIVERS

### ***Episode: 'Continuing The Dream: An Inspiring Story of Resilience'***

#### **Description:**

Cliff Davis was only sixteen weeks away from graduating medical school when he received the shocking news that he had Hodgkin Lymphoma. His path has been unique and his story will inspire you.

Cliff has a story that is familiar to many patients – a cancer diagnosis that resulted in pausing his schooling and career aspirations. In this case, going back to finish medical school proved much more difficult than expected when he took a leave of absence. Be sure to tune into this incredible story of resilience, as Cliff never gave up on the one thing he felt like he was meant to do – while learning so much about the world of patient care along the way.

#### **Transcript:**

**Elissa:** Welcome to *The Bloodline with LLS*. I'm Elissa.

**Lizette:** And I'm Lizette. Thank you so much for joining us on this episode.

**Elissa:** Today, we will be speaking to Cliff Davis, who was diagnosed with Hodgkin lymphoma in December of 2012 during his fourth year of medical school. After multiple surgeries, six months of chemotherapy, and three weeks of daily radiation, Cliff was declared cancer-free on November 4, 2013, and has remained in complete remission.

Though he is free of cancer, he has faced multiple struggles due to his cancer fight, including having to repeat medical school from the beginning and even learning to walk again. Through it all, Cliff has worked diligently to rebuild his life, all while using his experiences to help others in need. Welcome Cliff.

**Cliff Davis:** Thank you very much for having me.

**Elissa:** So, let's start with your diagnosis of Hodgkin lymphoma. What signs and symptoms did you have, and how did you finally get diagnosed?

**Cliff:** Okay. I started medical school for the first time in 2007; and I've always been a guy that struggled with his weight and stress eating. And when you go to med school, it's stress. So, I stress ate myself into a 350-pound body. And when my mother saw me, she panicked; and that snapped me out of it, and so I changed my diet, and I started some working out. And I lost 100 pounds.

Throughout that process, I started to run. I was in school, and I met a doctor who was doing 5Ks and she turned me onto running. And so I caught this running bug, and started doing marathons. And as a part of that, I was training for this big race, Goofy Challenge, Walt Disney World Marathon. I was in great shape. I was running 30, 40 miles a week.

**Elissa:** Wow.

**Cliff:** And all of a sudden, I started having these massive coughing spells during my workouts. I would cough so violently sometimes that I would spit up a little blood, and that was very alarming. So, I found myself to the doctor. At the time, I was in school, but I wasn't insured. And so when I went in, I had to go into an urgent care. And the symptoms that I was having sounded to the doctors like I had maybe a sinus infection, which I used to get a lot as a kid. They thought that I may have been developing asthma as an adult, and so they would give me the standard treatment for such a problem, steroid inhaler and antibiotics that I would do over the course of a week or so.

After a while the coughing would stop, and I would feel better. But the problem that I was having is that it would come back. So, I would be on antibiotics for a week or two, and then I would have a few days of peace; and then it would come right back.



So, I would go in, to the urgent care, but every time you go to an urgent care, I was seeing a different doctor, who was listening to the problems that I was complaining about and said the same thing basically. So, I was going through this over the course of months, and the problem kept getting worse and worse. It was just this rollercoaster of feel better for a little bit, then the problem comes back even stronger.

So eventually in 2012, towards the end of that year, I was very ill. I had gotten to the point where I couldn't lay flat on my back at all. I felt like there was something crushing my chest if I was to lay down; and so at that point, I was like sleeping at the foot of my bed with my hands folded across a card table. And I knew that something was wrong with me. And beyond that, I wasn't able to walk across the room without becoming short of breath.

Now, I was training for a 26-mile road race; and I was in great shape by all accounts. And so for me to not be able to do, it was very alarming.

And so I knew that I had to do something. I wasn't developing asthma. This didn't feel like asthma. There was something wrong with me, and I knew I needed some help.

And it just so happened that my brother, who's a physician now in St. Louis, he was dating another medical student. They were both med students at the time. And his girlfriend at the time was working for a pulmonologist, which is a lung specialist, and mentioned to the pulmonologist what was going on with me, and asked, as a favor, "Hey, could you see my friend? He's struggling. He doesn't have any insurance. Can you check him out?"

And the guy did. He had me come in before clinic one day; and the first thing he did was give me a pulmonary function test, which blow in a meter, and they look at the readings; and they tell you what's going on. The first thing he said to me was, "Yeah, you don't have asthma. This is not what asthma looks like." And he sent me to the hospital to have an x-ray done.



Now, I had been asking all of the urgent care doctors, "Please, give me an x-ray. There's something going on in my chest. This isn't normal. Can you take a look and see?" But when it walks like a duck and it talks like a duck, doctors are trained to think that it's a duck. And so they don't want to waste imaging on something that doesn't need it. So, they weren't willing to give me that. But this doctor took the time. He's a specialist, so he took the time to assess my problem; and he sent me to get an x-ray.

This was on a Friday, and I remember it like it was yesterday. The plan was, because the pulmonologist was headed to a conference, so he was getting on a plane; and he was going to be coming back the next week. He sent me to the hospital to get the x-ray, and said, "Go get the x-ray. We'll take a look at it next week, and we'll see what's going on with you. We'll see what next steps are."

And so me and my parents went to the hospital, and we got the x-ray. We were relieved that I was finally getting some help with this thing.

As we were preparing to leave, the x-ray tech ran out of the suite chasing us and looked at me with pure panic in her eyes. Now, when you have something terrible to tell a patient, you have to remain calm. These are things that I've learned in medical school over time. You have to remain calm because the patient is looking at you for guidance on how to feel; and if you're freaked out, then they're going to freak out.

So, she looked at me with the most calm that she could muster; but I saw in her eyes that she was terrified. And she said, "You can't leave. You have to go to the Emergency Room right now." And she caught herself and tried to reel it in and calm down a little bit. And she said, "Give me a minute. I'm going to call your doctor, and just don't leave." And so she called the doctor, who was on his flight. The doctor called me. He knew that I was a medical student; so he didn't play kid gloves with me. He just talked to me like somebody who knew the language.



And he said, "There is a massive tumor growing in your chest, and we don't know what it is, but you need to go see my oncologist friend."

Now remember, I have no insurance. I'm just kind of seeing this guy as a favor. It just so happened that one of his close personal friends is a world-class oncologist who had worked on his mother who had breast cancer in the past. And so, he called a special favor to his good friend who saw me. Her office is full at all times. He called in a favor to see me; and she agreed to see me that Monday. The same deal, just come in before clinic, and we'll get you squared away.

Once the oncologist saw me on that Monday and she saw everything that was going on with me, she admitted me to the hospital right away. So, I spent the next two weeks in the hospital. They were trying to figure out what was going on. They knew at that point that there was a massive tumor in my chest that was just kind of crushing everything; and they had to figure out what it was because we had to figure out how to treat it, get it out of there, right?

And so, I went through all of the tests. The bone marrow biopsy, where they do the giant needle in your hip. That is by far one of my least pleasant experiences of life.

**Elissa:** Not fun.

**Cliff:** It is not fun.

**Elissa:** No.

**Cliff:** But as a medical student, even in that moment, I was still excited to learn and see new things. So, I remember quite vividly we were doing an echocardiogram, which is, they take a sound wave, an ultrasound monitor, and they look at the chambers of your heart on a screen; and it's the coolest thing to look at.

And I remember I'm talking to the guy. He knows that I'm a medical student, so everybody talked to me. We're going through the different chambers, and we're

looking at the different stuff. And then he stops, and he remains calm; but he looks at me with the freak-out eyes again.

**Elissa:** Uh-oh.

**Cliff:** And he says, "Give me one minute. I'll be right back. I've got to make a phone call."

**Elissa:** Oh.

**Cliff:** He goes and makes the phone call, and five minutes later, they rush me to emergency surgery.

**Elissa:** Wow.

**Cliff:** What happened and the reason I couldn't walk to the end of the room was that your heart is sitting in a sac that allows it to move properly. It's a little bit of fluid in there that allows it to stay smooth and moves properly in your chest. If there's too much fluid in that sac, it is a medical emergency.

It's pericardial tamponade. Tamponade is, it can crush your heart and prevent it from beating at all. And what happened is that my pericardium, my sac, was filled with fluid. It had 1,500 milliliters of fluid in it; and I know that because they did not have time to put me to sleep for this procedure, and so they took a giant needle and stuck in this sac and-

**Elissa:** Oh!

**Cliff:** -pulled it out. And as they were pulling it out, they were talking to each other. There is 15, it's still coming. There is more fluid in there, and they said 1,500 milliliters. That's a liter and a half of fluid in this sac.

And so, at that point, nobody could figure out how I even had walked in there on my own power. It was just amazing that I wasn't dead already, really.

So I spent the next week or so in a cardiac care unit, and while they still were trying to figure out what was wrong with me, what was this tumor in my chest, and the next step of that. Usually when you have a tumor or a mass that doesn't belong there, they'll take a fine needle and they'll take a piece of it out and look at it under a microscope and see what it is so that they can tell you how to treat it. What is the proper medication for this thing?

The tumor in my chest was so large that they tried to do it twice; and they weren't able to get viable cells. And so the only thing that they could do was what's called a thoracotomy where they actually cut you open. I call it open heart surgery, but my heart wasn't open. It was just exposed. They go all the way down to your heart, and they open up your chest, and they go in and they take a piece out.

Now, in a normal circumstance, you're supposed to be asleep for this. This is a major procedure. But because of the size of the tumor in my chest, the doctors were afraid that when my muscles relaxed from anesthesia, the weight of that tumor would crush my lungs and my heart, and I would die on the table. And so, they had to go in and do this thoracotomy, but they were not able to give me anesthesia.

So this is, again, now major surgery that I had to undergo while I was awake; and I'll tell you what, if having a bone marrow biopsy is in the top three awful things, having surgery on my open chest while I was awake, that's probably at the top of that list.

**Elissa:** That sounds awful.

**Cliff:** It was pretty gross. Nobody should ever have to experience that. As a medical student, I've done surgery rotations where you see the sights and the sounds and the smells and all of these things. Now, having those things happen to you while you're conscious is, it's inhumane if you're not dying of cancer. The only reason we would justify such a thing is because the benefit outweighs the trauma of it.

They finally got a piece of this tumor; and they put it under a microscope while I sat there and waited with my chest open. And they figured out, this is Hodgkin's lymphoma. We now know what to do.

And, cancer diagnosis is this terrible, sad, crushing thing for most people. When me and my family got the news that I had Hodgkin's lymphoma, we cheered. We literally cheered.

And the people thought we were nuts because we finally had a face on this thing that was taking me down; and we knew-

**Elissa:** Yeah. You finally know. Okay. Yeah.

**Cliff:** Yeah, I know now. And the not knowing is gross. So, then we had a diagnosis.

**Elissa:** You have a plan.

**Cliff:** We had a plan.

**Lizette:** Right.

**Cliff:** Exactly.

**Elissa:** Yes.

**Cliff:** That's exactly it, yup.

**Elissa:** Wow, what an amazing story of getting diagnosed.

**Cliff:** Yeah. The pulmonologist, I talked to him after the fact, and he told me I had about a week. If I hadn't seen him within ten days, I would have died because my lung function was down to about 15% of what it should be. The only reason I was able to keep going is that I was in such good shape from training for the marathon. And my heart and lungs were so strong from that it's the only thing that got me there, I think. So, yeah, it's a miracle if you believe in such things.



**Elissa:** Absolutely.

**Lizette:** It is, and we hear a lot from our blood cancer patients that a lot of their signs and symptoms are very near to a common cold or other things; and I know that they're doing the ruling out process, but we do hear of a lot of patients that it takes a while for them to actually get diagnosed with a blood cancer.

**Cliff:** Yeah, definitely.

**Elissa:** And this is very common in the young adult population as well that, nobody wants to believe that we're so young and we could still actually have cancer. But it definitely does happen.

**Cliff:** Yep, it's one of those things that you learn in med school is that there are cancers that are specific to young people. So, you don't know until you know; and, unfortunately, I know.

**Lizette:** Wow, so what happened over the next several months? What was the plan to treat the Hodgkin lymphoma?

**Cliff:** The plan at that point was pretty much the basic treatment for Hodgkin's, which is ABVD chemotherapy. I had six months of chemotherapy – once every other week, on Thursday, I remember. And then we did 15 treatments of radiation to my chest, and we did that like Monday through Friday for three weeks straight.

**Elissa:** Wow. How did that all go for you?

**Cliff:** Chemo, that's another one of those things that's inhumane unless there's a reason to do- It's putting poison directly into your veins to try to kill something that's killing you. And it's as bad as everyone says it is. And there are a couple of medications in my chemotherapy regimen that are worse than the others. The D stands for doxorubicin, and that is notorious for giving people a hard time. And I was allergic to it, and I didn't know that.

**Lizette**: Oh!

**Elissa**: Oh, no!

**Cliff**: And see, the problem with chemo is that everybody knows it's terrible, but it's terrible in different ways for everybody. And so I was going through all of these bad, awful experiences with the chemo; and I had no context, so I just thought that's how it was. But what was happening for me is that I would break out in these hives. And if you can imagine the worst itching that you have ever had in your entire life and multiply that by a factor of 100, maybe you're getting close. They tried everything with me from Benadryl to these higher-strength antihistamines.

But what would happen is that if I scratched the itching, it would instantly leave a scar. It would tear my skin. And I would get this fluid that would bubble out of that scratch immediately. And the fluid had a smell to it. What the fluid smelled like was the taste that you get when they put chemo in your veins. So anytime they put chemo in, there's a very specific taste you get in your mouth. So, you didn't have to scratch it hard. It wasn't like tearing your skin. It was just like rubbing it wrong would cause it to puff up and this fluid to come out of it. And it was the chemotherapy. It was the chemo coming out of my skin.

But what would happen is that it would cause that skin to basically slough off and die; and I have scars from this literally on every surface of my body now.

And the chemo, I lost all of this weight before I got diagnosed because I was working out and all of this stuff. They gave me some incredible steroids as a part of the regimen to prevent some of the bad things. And even with the steroids, I was still going through all of this.

But the thing that the steroids brought with it was this ravenous appetite. I literally could not stop eating. I've always been a stress eater anyway, and I don't know very many stressors bigger than, being diagnosed with cancer when you're 30 years old.

So it was just this process of eating, eating, can't stop eating so my health deteriorated even more. Most people think of an emaciated patient when they think of a cancer patient. I actually gained 100 pounds through my chemotherapy, just because of all the medication.

**Elissa:** Yeah.

**Lizette:** Right.

**Cliff:** And radiation was a lot more straightforward; but at that point, I had already been beat up from the chemo and the diagnosis. So it was just bad.

**Elissa:** Yeah, not to mention going through all of that without insurance.

**Cliff:** Oh, boy.

**Elissa:** That's a whole extra stress on top of this.

**Cliff:** Eventually, because I was of age and I was poor, I didn't have any money I was able to get state insurance. State of Michigan, they have Medicaid. But I was eventually able to get that. But by the time I had gotten approved, I had been in a hospital for maybe 20 days at that point. I had a \$200,000 bill-

**Lizette:** Oh.

**Cliff:** -with no promise of getting insurance. The insurance eventually came through, and all of that went away. But you're trying to fight for your life, and they're sending you bills every other day for \$200,000.

The one thing about that that was amazing to me, it was one of the best thing- it was moving, honestly, is that every physician that was helping me went outside of their way to tell me we're not worried about money. We're going to save your life. We're going to do everything we can to help you. We will worry about money another time.

Don't focus on that. We're not going to withhold treatment from you. We're going to give you exactly what you need to do what we can to save your life.

And that has stuck with me. That changed my perspective as a medical student for how I want to practice medicine. Yeah, medicine is a business and hospitals are businesses and you've got to make money. But that just kind of put into context what we're really after here. And so, that has always stuck with me.

**Lizette:** Yeah, we definitely tell our patients, caregivers to our patients that even if people don't have health insurance or the means to reach out, there's always help there because there is going to be somebody that is willing to treat a patient; and, yes, sometimes it takes time to get benefits, entitlements, insurance. But the one thing that you say, Cliff, is that, first and foremost, you have to be there to get treatment. And you're going to, hopefully, be well.

**Cliff:** Yeah.

**Lizette:** And, I know that you were diagnosed at such a young age and, again, Elissa is mentioning that a lot of young adults, doctors, the first thought isn't cancer, right? But I think one thing with Hodgkin lymphoma is that you said that the chemotherapy is very toxic. I know that nowadays, there are regimens that are a little bit less toxic for Hodgkin lymphoma. I know that they're taking away the bleomycin for a lot of folks because that's something that may have long-term and late effects which is really important when you're diagnosed at such a young age.

**Cliff:** I agree, yeah. I've been to med school twice now; and we learn about all these medications and what they can do. Bleomycin can cause pulmonary fibrosis. Doxorubicin can cause cardiac toxicity. It can cause all of these awful things, and you're right.

I was diagnosed at 30 years old, and hopefully I would survive, have a long life afterwards; and these things can come back and set you up for other cancers in the



future. So, it's good to hear that the protocols are evolving and that we're able to help people more with less toxicity and less long-term risk.

**Elissa:** Yeah, I mean you've been cancer-free now for ten years.

**Cliff:** I just celebrated ten years.

**Elissa:** And the cancer world has changed just dramatically in ten years. It's just exploded with so many new treatments and so much new research and really changing all those things so that they're trying to be less toxic; and they're trying to get those more targeted treatments. And so, yeah, there is so much hope for the future of medicine, of cancer.

**Cliff:** I love that. I love it.

**Lizette:** Yeah, and we love that, you can be there and you know both sides of the coin, right?

**Cliff:** Yeah.

**Lizette:** You've been a patient, now a doctor. So you know that patient experience, and I think that that can help a lot of patients as well as a lot of your colleagues to just realize what that patient experience is and how to be more mindful and thoughtful with the way that you provide treatment.

**Cliff:** Yeah, yeah, definitely. I'm still in training. I'm almost there. Not a doctor yet, but I'm walking up to it.

**Lizette:** Yeah.

**Cliff:** But there's definitely a different vantage point having been on both sides of this thing that changes the way I look at medicine, the way that I look at patient care, and I wish that everyone had that opportunity without having to go through what it took to get there.

**Elissa**: Right.

**Lizette**: Well, hearing your story, I think, is very impactful. Again, not just for patients and caregivers, but also your colleagues. Elissa mentioned that you even had to learn to walk again after treatment. Can you tell me a little bit about that?

**Cliff**: That was another fun story. When I was doing the 5Ks and the marathons and these sorts of things, I used to do all of these physical challenges. I would do Tough Mudder races, Spartan races, Mud Runs. And when I got done with cancer treatment, I wanted to get back to that as soon as possible.

Now, what I didn't know is that there are some things that chemo does to your body that take a little longer to heal. So even though I was cancer-free, I wasn't back to 100% yet. And so, I did a polar plunge.

They do fundraisers for Special Olympics, and you jump into ice water in the middle of the winter as a part of this thing. And it's great. I had done one before, and that was the first thing, challenge I wanted to get back into once I got done with cancer treatments.

And so I did one, and I jumped into this pool of ice water and fractured my ankle in three places because the chemotherapy had made my bones weak. I mean, it makes sense now. But at the time, I was just excited to be cancer-free and got back. I had my T-shirt on and everything. I was ready to go.

I had two surgeries. I still have plates and screws in that ankle; and I destroyed my ankle so thoroughly that it took me another six months to learn how to walk again. I had to go to rehab for so long just to learn how to walk again. And so that was directly related to cancer because I had already done one of these things. I'm a solid built guy; but at the time, I was still healing from this toxin that had been pumped into my body. And so lesson learned.

**Elissa:** Yes, oh, my goodness. Now, let's get into what happened after you finished treatment, after you were declared cancer-free.

So you were diagnosed only a few months left to go of medical school. What happened when you tried to go back?

**Cliff:** Okay, so, yeah, when I was diagnosed, I had finished my third year and a portion of my fourth year of medical school. Four-year program, and I had 16 weeks left to go. I had two board exams. The United States Medical Licensing Exam is broken into three parts. And I had taken the first part. And you have to do that to get into your clinical rotations. I had done my first part of clinical rotations, and all I had left was my elective rotations, which are supposed to be the fun ones that you can pick whatever you want to do. And I had another two boards to take.

When my school got the news of my diagnosis, they said, "Okay, go take care of your health. We're going to put you on a medical leave. You go take care of your business and get strong, and when you're done with all of that, come on back. We'll let you finish up."

Now, what happened is that during the year of cancer treatment that I went through, the school that I was attending was sold to someone else. And somewhere during that process, my information got lost. And so when I was cancer-free, I was excited to get back to school and finish up, move on with my life. I was good to go. I even had a rotation set up. I was excited. And when I called the school back to verify everything, they had no idea who I was.

And that takes the wind out of your sails when you're riding on such a high. This is before I broke my leg and all of that stuff. This is just fresh off of cancer treatments. You're cancer-free, great. Let's get back to it. I was fired up, and it just kind of deflates you a bit.

And what I'm sure of at this point is that the people that owned the school at that point, they had no protocol in place for such a thing. It was a small Caribbean school, and they had no protocol for this. They didn't know what to do with a guy who went down with cancer and had been out. So, we spent years figuring out, well what can we do now? We can't just let him go, but we can't send him back. He has done all of this work, so how are we going to fix this?

And so I spent the next year going from place to place doing different things. So, they wanted me to go to a workshop for several weeks to tighten up my skills, and then they would let me go. And then after that, they had another idea, and then they had another idea, and all of these things.

And at the end of it, we came to an agreement. They had a special counsel with the heads of the school, and we put it in writing. And it was- Okay, when you do your third year and there's six core rotations. At the end of each of those core rotations, you have a major test to take: internal medicine, surgery, family medicine, so on.

If you pass the tests, then you move to the next thing. Now, what they wanted me to do is go back and do those tests again. Now, that requires a certain amount of time and effort and work because these are major exams. They're not the board exams, but they're pretty close.

And so that was the final deal. They say you go back and you do these six exams and then you show us that you can pass these tests, we'll sponsor you because they have to sponsor you for your board exam. We'll sponsor you for your test. You take your test. You finish your rotations, and you'll be a doctor. Good to go.

Now the problem came in that the United States Medical Licensing Exam, the people that created that exam have a rule that after you've passed the first of three exams, you have seven years to pass all of the exams or everything that you've done expires. I had to take that first exam before I did my third year. So, I did my third year, then I was diagnosed with cancer in my fourth year. And then I spent another year doing





treatments, and then I spent several years going back and forth with the school. I broke my leg; I had to learn to walk again. And then we got through to this six-exam situation.

And I got to work. I went to work, and I started taking these tests; and I started banging them out. I did four of the six before my time expired. My seven years ran out, and so all the work that I had done to that point basically ceased to exist.

That was probably the most deflating after having beat cancer, after having learned how to walk again. Going through all of these different things to basically be back at zero was pretty hard.

And we had a plan. We had a plan before they lost my info. I had an arrangement. So yeah, yeah, that was tough.

**Elissa:** So, then what happened after that? So, you couldn't take that test anymore. All those tests kind of went away.

**Cliff:** So at that point, everything kind of stopped. I kind of went into this bad place for a while where I had to regroup emotionally and psychologically.

Having cancer is hard on you emotionally. A lot of people deal with depression and a lot of stuff that comes with that diagnosis and the changes that happen to your life. I had done okay up until that point; but that one really sent me to a bad space where I had to figure out, okay, well now what? And one of the biggest issues that cancer survivors have is that life goes on. Like just because your world stops doesn't mean that the rest of the world stops.

When I started medical school, I was doing that on loans. I was taking out loans, and when you're not in school, the loan companies think that you've graduated and you're able to pay your loans back. And so I went into this place of trying to figure out what was going on. I had this looming medical school bill over my head. And my school was having trouble with their loan program. It was such a small school that they



weren't eligible for like United States loans that people get here in the states. And we were dependent on private loans from banks.

When the economy crashed in 2009, the loans went away. The banks pulled out. And so, there was no loan program with the school anymore, and so I had already been to school so long, there was no money. I had to figure out what to do.

And so, what a lot of people were doing to finish up school was taking on a second degree. So, you join a master's program. You take the money that you were getting from the master's program, and you spend it on both programs. And our school had a partnership with Walden University, which is an online school that was doing that. They were allowing you to dual enroll, and so you could get two degrees for the price of one, essentially.

And so, I started a master's program in health education and promotion, and I was still working through that. And during that process, I was able to keep the creditors off my back until I could figure out what to do because I wasn't working. I was trying to figure it out and dealing with this emotional cloud of having my entire med school taken away from me.

I finished the master's program and I moved on to a PhD program with the same title, "Health education and promotion." And I was plugging away, just like, okay, I'm still doing something. I'm still making some progress. I haven't given up on the idea of med school, but I don't know how to proceed with that.

And so, I'm doing this PhD program, trying to figure out what to do. I remember, I was visiting my brother; and this is online program, so you get up, you check your requirements for the week or whatever, and you do your papers. You turn your papers in on time and that sort of stuff. And it's not a big deal. You keep moving.

I was visiting my brother with my family for Thanksgiving, and I got up to check my assignments for the week, and I had no access. My account had been frozen out. And



so, I called the school. "What's going on with my account?" It turns out that through some glitch in their server or something. They kicked me out of the program. Now, in order to stay eligible for these sorts of higher-level education programs, you need at least a 3.0. I had like a 3.5 or something at the time. I was doing fine in the program. My bills were paid. There was no reason for me to be kicked out of the program, but they kicked me out of the program.

And when they kick you out of the program, if you have loans, what they do is they take the money that you borrowed from the government, and they send it back to the government and then send you a bill for what they sent back. So, they did that without telling me that. So, several thousand dollars of money that I had to use for rent and for food and for tuition and things, they sent to the government and sent me a bill.

There was no reason to do that. I had not violated any of the terms of the agreement that I had made. And so, once they figured out what was going on, there was a lot of finger-pointing and trying to figure out well who's at fault for this. And I had now a, something like \$15,000 bill that just appeared out of nowhere that I couldn't pay.

And so now PhD program is gone. Medical school is also gone. I have no money coming in because there's no more loans. There's nothing else. And so now I'm trying to figure out, well, what am I supposed to do?

I had to find a job. I had to figure out how to survive really. And the problem I was having at the time is that I was too educated to do most things that were available, but I wasn't educated enough to do the thing that I had been wanting to do for my whole life.

So, I have half a PhD, and I have three-quarters of a medical degree; but you can't work in the hospital with those credentials. In a place where I lived, there was a lot of labor jobs and that sort of stuff. Nobody would hire you with all of this education because they know you're not going to stick around.

I applied everywhere I could find. And after weeks and weeks, and that's also very depressing when you're just trying to do anything. It doesn't matter. I just need some money to survive.

**Elissa:** Yeah.

**Cliff:** And no one will hire you. And they were straight up with it. You're too qualified for this job or I can't give you this job. And so eventually I ran across a temp agency that this lady had sympathy on me; and she said, "I'm going to find you some work." And she did. She found me a job at a landfill as a janitor. I was a groundskeeper at the landfill. And so, I was picking up the trash at the landfill, which is extra gross.

I did that for a couple of years; and it gives you a lot of time to reflect. And again, dealing with the emotional trauma of, I have all of this debt and all of this education and this dream and goal of wanting to do something with my life, and I'm picking up trash on the side of the road, not doing any of those things. And that was a tough time, but eventually we got out of that. That was pretty tough.

**Elissa:** At that point, I think I and most others would probably have given up. What kept you moving forward?

**Cliff:** I've explained this to people; and it's a strength and a weakness. I don't know how to quit. I don't quit. If there is a chance that I can continue forward, I am going to do so. I don't always know how, and that's what I was dealing with at the time. I didn't know what the path forward was, but I had hope that there was a path forward.

And I used to tell people, because medical school was incredibly difficult. And people know that it's hard. No, it's harder than that. And so there have been times when I wish that I wanted to do something as bad as I want to be a physician. That is my calling in life. That is what I am here to do.

And I wish that I had a Plan B. There is no Plan B. I can't do anything else. Also, I wouldn't say I'm a religious person anymore; but I was raised in religion. And I have hope that comes with my religious teachings that have given me perspective, especially after beating cancer. I'm still here. I'm still kicking. I've had to bury friends from the same disease that I've beat. So, if I'm still here, there is a chance for me to do something. So, just that that unwillingness to surrender.

Now, I don't necessarily know how I'm going to win; but haven't lost yet. So, I'm going to keep going until we see what happens. Just play it through to the end.

**Lizette**: Right. Now that has been quite a journey.

**Cliff**: Indeed.

**Elissa**: To say the least.

**Lizette**: So where are you now with everything?

**Cliff**: Okay, so, in 2020, I finally just kind of mustered up the emotional courage to try again for med school. I was still working in the landfill. I'd been there for two years, and it was like, "Okay, there's no future for me in this. I can't pay my loans back with this job. There's no way for me to move forward with my life if I stay here, so I have to go and do something." And I had to try med school again because there was no Plan B for me.

And so, I went back. I went back to the same school, and they said, "Okay, what we can do for you is give you another shot. We can let you start over from the beginning; and you can get a degree. But you've got to do it again." All right, well, that sucks I fought with them. I did.

At the end of the fight, it was their policies had changed during all of this time; and their hands were tied. Some of the licensing accreditation things had changed, and so



they were backed into a corner where they couldn't let me move forward. They could give me a chance to start over, but they couldn't move me forward.

And so, the conditions on top of that was, "We'll start you over, but you have to pay again." Now, I don't have any money. My job is minimum wage at best. I'm living below the poverty line, and I already have medical school debt that has been accumulating since 2007 when I started. And they had no financial aid program because of the bank situation, so I had to find something else.

This is a small Caribbean school. There are other Caribbean schools that are bigger, that are harder to get into, and because of their accreditations, they qualify for American loans. They're considered to be better schools.

And there's about five of them that, if you get in, it's technically considered an American school by the Department of Education standards. And so, I had to try to get into one of those schools, so I applied to all of them.

And one school, American University of the Caribbean, AUC, gave me a chance. The pandemic actually worked in my favor because enrollment was down. And so, I talked to the recruiter at the school and explained my story to her, and she was moved. And the school had loosened up some of its entrance policies because they were trying to keep enrollment up to keep the school moving forward during the pandemic. I was able to get in, and so I started medical school from day 1 right at the beginning of September in 2020. And since then, I have been moving fast and hard; and I've been doing everything I can to be the best medical student that I can.

And so, at this point, I just finished my third year for the second time. So, after I have another small exam to take and I'll technically be a fourth-year medical student again. So that's where I'm at currently.

**Lizette:** Wow.

**Elissa:** Wonderful.

**Lizette**: Congratulations.

**Cliff**: Thank you so much.

**Elissa**: That is so great. And I'm sure Lizette and our listeners will probably say the same thing, but just listening to your story and listening how you explain all that you went through in a way that's so friendly to patients and explain it with a lot of compassion and empathy, I think you're going to make a wonderful doctor that anybody would be so lucky to go to. So, I'm so excited for you to finally get to that point; and you better stay in touch with us because I'm sure we will be connecting with you later to see how things are going.

But our final question for you today, on our patient podcast homepage, we have a quote that says, "After diagnosis comes hope." Based on your cancer experience and everything that has come after, what would you say to other patients to give them hope, to keep going after a cancer diagnosis?

**Cliff**: You have a choice to make when you receive a diagnosis of cancer. Cancer is unlike most disease processes; cancer has only one end. If you don't kill it, it'll kill you. And so, you have a decision to make when you get diagnosed with cancer. Either you're going to fight or are you going to give up?

I say that if you're alive, there's a chance. It hurts more than almost anything. There's things that cancer patients go through that nobody else can understand unless you've been through cancer. But if you're still here, there's a chance for you to keep going. You might not always know how to move forward, but if you're still breathing, if you're still here, there's a chance.

And miracles do happen. You're listening to one right now, right? I should have been dead. And so just don't give up. Make a decision in your mind to see it through to the end.



And not everybody finishes on top, but I think that if you play it through to the end, if you decide in your mind to keep going and see what the end is going to be and you keep moving with everything you've got, then you win no matter what happens in the end. So, keep going. If there's a chance that this could turn around, then there's a chance for you to win.

I'm still here. I've been to med school twice. I've experienced pain and suffering that I can't properly express on a podcast. But I'm still here, and still have a chance to win; and you can too. I'm not special. There's nothing different about me. I just made a decision that I was going to play it through to the end.

So, play it through to the end. Keep going. Whatever it takes for you to get there. If you're still here, you have a chance. Play it through to the end.

**Elissa:** I love that. That is wonderful advice, and thank you so much, Cliff, for joining us today and sharing your incredible story of all that you went through with your diagnosis, with treatment, and everything after to keep pursuing that dream that you have.

I know that you have a bit of a unique story as far as what you went through, with your surgeries and everything; but I think a lot of things that you went through, certainly young adults are going to identify with. I know I did as a young adult survivor, and so I thank you so much for bringing so much hope to our world, to our podcast, and to blood cancer patients. And we really appreciate you being here today.

**Cliff:** Thank you so much for having me. I really appreciate the opportunity. Thank you so much.

**Elissa:** And thank you to everyone listening today. *The Bloodline with LLS* is one part of the mission of The Leukemia & Lymphoma Society to improve the quality of lives of patients and their families.





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We would also like to know about you and how we can serve you better. This survey is completely anonymous, and no identifying information will be taken. However, if you would like to contact LLS staff, please email [TheBloodline@LLS.org](mailto:TheBloodline@LLS.org). We hope this podcast helped you today. Stay tuned for more information on the resources that LLS has for you or your loved ones who have been affected by cancer.

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