

APPLES AND HONEY

by

Frank Meronk

As the Tican ambassador for *cirugía de la grasa*, please allow me to explain.

Apples and Honey were genetic mirror-images of one another, identical twin sisters from Pasadena who until the age of seventeen seemed all but indistinguishable. Then Honey flew off her boyfriend's motorcycle and landed in the Huntington Hospital ICU. She'd hit her head and lost consciousness, but X-rays and a brain MRI showed everything to be intact. Once she awoke, she recovered quickly except for one not so tiny problem.

Honey was always hungry. She would eat and eat and still crave more food. Five meals, seven meals, nine meals—it didn't seem to matter. All Honey could think about was how empty her stomach felt and that she must be starving.

After more medical testing came back normal, her perplexed doctors assigned a diagnosis that amounted to little more than a technical way of expressing what everybody else already intuitively understood. Honey suffered from "lack of appetite suppression due to traumatic ablation of the satiety center." While laboratory studies in rats had localized the main hunger thermostat to the hypothalamus deep inside the brain, no medical expert had the slightest idea how to tame it if ever it went wild.

And so Honey kept on eating.

Apples nursed along her sister and encouraged her to diet, but the more Apples became intrigued by the subject of weight loss, the more she (not Honey) internalized the goal. Her parents, distracted by the plight of daughter Honey, failed to notice that Apples had grown obsessed with exercise, curtailed her food intake, and begun practicing forced vomiting. Hence, Apples' eating disorder was in full-swing before it first caught their attention.

This time, the doctors had no trouble assigning a label: Anorexia nervosa.

Apples soon resembled a thin stream of honey, while Honey came to be shaped closer to an apple, an ironic transfiguration that nobody (except for the twins) found humorous.

Despite intense medical supervision, pills of every color, and visits to a UCLA psychologist specializing in eating disorders, by age eighteen the twins looked unrelated. Though both girls stood the same five foot three, Honey weighed in at two hundred seventeen while Apples tipped the scales at a mere ninety-eight.

Throughout their ordeal and most likely because of it, the girls remained best friends. Both agreed that their physicians were about as helpful to them as witchdoctors. After failing to teach each other how to binge or purge as needed, they consulted with chiropractors, hypnotists, acupuncturists, and homeopaths on their own. Apples came to wonder whether a visit to a fortune teller or even exorcist might be more productive.

It was Honey who finally realized that they'd been blinded to the obvious. If one twin possessed too much of a good thing while the other was extremely needy, the solution was to share the harvest. Liposuction and fat grafting were popular operations performed almost weekly on television talk shows. Remove fat from one body part and inject it into another. While fat transfer from one patient to another was a more novel concept, the girls were genetically identical and so immunological rejection should pose no risk.

The first doctor they consulted, a general surgeon in Glendale, brushed aside the suggestion and recommended that Honey have her stomach banded, Apples undergo more psychotherapy, and that they both pray intensively for remission. The girls had already found behavior modification to be worthless and discovered that prayer did little for the waistline. Moreover, if Honey's extra flab was shed naturally following obesity surgery, Apples (who was, after all, in her predicament because of her sister's accident) would irreversibly be left hanging not from a bountiful tree branch but a fat-free lurch.

Not willing to squander what might be her sister's only solution, Honey arranged for them to meet with a Beverly Hills plastic surgeon. While their suggestion intrigued the man at first, he began to hem and haw and then finally made his point. To accomplish 'this stunt', as he called it, would require not just dozens of major operations but upwards of a half million dollars or more. Liposuction was neither a practical nor approved approach for the treatment of obesity, and no medical insurer would touch the tab. Unless the girls were loaded (they were not), he would be

forced to respectfully decline their request (which he did in a hurry).

It was two weeks later that the *chicas* came to visit me in San José.

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Allow me to introduce myself. While I am known to my surgical colleagues and patients as Dr. Antonio Barejas Pascali Enriquez, there are three more names that fit between Pascali and Enriquez that I shall omit for the sake of brevity. “Dr. Tonio” will do fine, I told the girls when I first called them up in response to their misdirected plea for assistance in the *Los Angeles Times*.

Their human interest story (clearly, a paid ad) had been crafted to appeal to the public’s sense of sympathy, as if the girls were three year old conjoined twins instead of two teenage pimply oddities who more called to mind images of Auschwitz and whale blubber than teddy bears tearing at one’s heartstrings and wallet.

Predictably, I was their sole respondent. Not that I am a philanthropist or a pushover. On the contrary, I am an American-educated (Wharton School of Business, Class of 1992; Harvard Medical School, Class of 1996) business-savvy surgeon with the uncanny (and possibly inherited) ability to sniff out unrecognized opportunity. Perhaps you recall the wonders of Laetrile? Much of its appeal was due to the efforts of my now deceased Uncle Ernesto, a medical pioneer and entrepreneurial Mexican genius whose most recognizable surname just happens to be one of the three omitted above.

In any case, I was in Los Angeles attending an exclusive three day seminar for distinguished surgeons when I came across the girl’s request for help. My own practice is situated twenty-five kilometers northeast of San José (the city in Costa Rica, not California) in an area known internationally for its high concentration of plastic surgery clinics.

In my country, I have been called the Prince of Fat, which is not to say that I am one of those diet doctors concerned with such matters as saturated versus trans, poly-un versus mono, or torturing his patients into counting every calorie. Rather, I am a cosmetic surgeon who has devoted his full professional energy to the field of the adipose. I suck it out through cannulas or cut it out in chunks. I inject it, transfer it, graft it, and transplant it. I slim down the bloated young and plump up the deflated old. My patients run the gamut, from the corpulent to the cadaverous,

from the endomorphs to the ectos, from the twin-sized to the king-sized, ages sixteen to over ninety. Most of my clientele come from the north since Tican incomes allow few locals to indulge in such luxury.

In the news article I sensed an untapped potential, and so I phoned the twins and invited them and their parents south for a complimentary visit and all-expenses paid vacation to paradise.

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For most people, fat is just not their favorite subject. Even plastic surgeons sometimes snicker when told that this ester of glycerol with fatty acids constitutes the essence of physical splendor. The old adage about beauty being skin deep is only close to the truth; beauty actually resides in the next layer down, the padding. In precisely the right amount, fat primes the fountain of youth—too much can be embarrassing, not enough suggests illness and fatigue. Those yellow and white lumps go by many names, most of them vaguely derogatory, from lard and flab to grease and blubber. In Spanish, we call it *grasa* or *adiposo*.

Fat Fixers like me tend to think of it much like crude oil hidden underground. While an abundant natural resource, thank God it doesn't grow on trees.

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Because I pride myself on my honesty, I was upfront with the twins when they arrived at my office. Engorged and disgorged—the contrast was more than I'd expected. Honey was all cake, while Apples was purest celery, a case of XXL vs. XXS. Between them sat their parents, two well-dressed, well-contoured mesomorphs abnormal only for their high levels of anxiety and skepticism. Fortunately, the girls were beyond the legal age required to make decisions.

I think they were impressed that my English was flawless, our staff bilingual, and our facility spacious, architecturally modern, and sparkling clean. Their parents kept staring at the (rented) artwork on the walls. Despite superb training and skills, I explained, the plastic surgeons of Costa Rica were sometimes misconstrued as second-rate when compared to their United States counterparts for reasons of cultural prejudice and a gross disparity in public relations efforts. In fact, the region was a Beverly Hills to the south, a stable country offering state-of-the-

art medical care at a much reduced price.

What I wanted to do for Apples and Honey, I said, was to help them to again look like they'd derived from the same fertilized egg. What I requested in return was favorable publicity (which, for the benefit of their nervous parents, I termed "public education"). While my fee would be zero, this wasn't to be treated as a case of charity. Ours would be a business arrangement based not on a fee-for-service model but rather the trading of services. The twins' obligation to me would be to function as poster children (which again out of sensitivity to their guardians, I termed "patient representatives").

Their parents acted like they'd been through way too much already. Their questions were direct. Forget about the egg, they said. Have you ever done this before? Has anyone ever done it before? How do you know it will work? What about the risks? Could surgery make things worse? I sat through their grilling and waited for the question I knew would be coming: How do we know you're any good?

At that, I assumed a stern face of indignation, stood up calmly, and in my most stately manner informed the family that I refused to be insulted and that my offer to help was hereby rescinded. The expected ensued. The twins ordered their parents to quit treating them like babies and mind their own business and then ushered the hysterical pair out the door.

While I complimented the young ladies on their courage and willingness to help advance the state of medical knowledge, their parents' questions, I said, had not been without merit. There were indeed limits to all surgical procedures, and we would need to put such limits to the test. No problem, the girls said as their optimism seemed to build, we trust you implicitly. I took their lack of inquisitiveness as an indication that they really didn't want to know more, that they had already made that leap of faith that all patients must before going under the knife.

Over a dinner of *arroz con pollo* with black beans and sour cream and a bright bowl of exotic red and yellow fruits (Honey scavenged every scrap, while Apples molded her food into little piles), I outlined a plan while omitting the graphic details. I found the girls intelligent but naïve, clean-cut kids, no tattoos or body piercings, no wild hairdos or heavy makeup, just two polite and soft-spoken teenagers who were probably half scared to death. We took an immediate

liking to one another. Rather than risk dashing their confidence, I glossed over the subject of unexpected outcomes and assured them that they were going to look gorgeous. We sealed our agreement with a handshake.

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To a Tican, risk is not as scary a subject as it seems to be for North Americans. Gambling is one of our national pastimes, so second-nature that one can purchase lottery tickets on almost any street corner. Even modest hotels lacking a cafe may house a small casino and row of slot machines.

The same holds for limits, which are viewed as arbitrary or unnecessarily self-imposed by the unimaginative. Fraud and trickery are common and not on the whole that discouraged. Good fortune comes to those bold enough to take the risk of challenging limits.

But then, so too does disaster. I was raised in Costa Rica but educated in the United States and so have mixed views when it comes to caprice, calculation, and accident. This much I know for certain: when the risks are high, it pays to be prepared.

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Because I am a man of high principles, I wish to clarify an earlier statement. From May through November, the downpours here approach torrential, the rivers swell, and the cloud cover and drizzle can grow depressing, a good time to fit in continuing medical education. That noted, the Los Angeles seminar I mentioned earlier was devoted to medical marketing rather than advances in plastic surgery, which is okay because it was above and beyond what was required.

I also mentioned that it was exclusive, and it was, an assembly of but two, an accomplished mentor and me, his serious student, inside of a modern operating room filled with television cameras and spotlights. It was my tutor himself, Jorge Godinez, a former Brazilian surgeon turned Hollywood director, who not only first showed me the newspaper article on Apples and Honey but also arranged for the introductions.

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One surgery after another can extract a heavy physical toll on a patient's body. Following a detailed metabolic assessment by a dietician, the twins were begun on a regimen of regular

exercise, good diet, plenty of sleep, and a nutritional supplement customized specifically for each girl's needs. Electrolyte imbalances brought on by extreme catabolism or anabolism can kill a person, and so proper nourishment was essential.

Costa Rica, the 'World's Happiest Country', offers an especially scenic setting in which to undergo plastic surgery. My clinic is located near the foot of Braulio Carrillo National Park. Our patients recover on a ninety acre lush-green resort surrounded by tropical flowers, a coffee plantation, a butterfly farm, and magnificent views of dormant volcanoes. It's a short ride into San José, a cosmopolitan city with a respectable museum, a decent national theater, and, of course, our stone-ground, hand-crafted chocolates that many *gringos* fall in love with.

The twins seemed to most enjoy the colorful casinos, cantinas, nightclubs, and discos, where they could easily blend in among the tourists and freaks. Standing next to each other, they made an odd couple, one girl on her way to exploding, the other growing more invisible by the day, each having long ago shed any suggestion of attractive feminine form.

Outwardly I smiled but inwardly cringed as I watched them trying to shimmy to our hypnotic Latin rhythms, a roly-poly butterball beside a skin-and bones broomstick. Our local young men, typically flirtatious and amorous after even a single beer, ignored them.

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Despite my confidence in public, I found myself growing privately worried about the chances for success with the restoration. Perhaps Jorge had over-encouraged me out of self-interest. Perhaps I'd allowed machismo to overtake judgment. There were no published precedents to refer to, and so my stab at surgical rehabilitation would constitute a search and rescue operation of sort, not so much a proven restructuring of flesh and blood as a faith healing with a touch of magic. Relocating so much fat was going to be a slippery undertaking.

What had me most worried was not the surgical specifics but rather the nature of fat itself. Body mass remains stable because caloric intake matches energy expenditure, although even that is to oversimplify. Rates of metabolism, levels of appetite hormones, and the efficiency of the gut's biome are just as crucial in explaining why we all can't eat the same number of tamales and still fit into skinny jeans.

The quantity of fat cells in a person's body is of minor significance in this equation. Fat cells are storage depots that puff up or deflate but don't change much in number after adolescence. Although these two identical twins possessed the same number of such tiny honeycombs, Apples' had been drained down to almost empty, while Honey's were overstuffed and bulging. Adding or subtracting honeycombs with surgery would indeed alter the average volume stored within each individual compartment, but the total weight of honey would remain unchanged.

To make any difference in the total, what needed to change was the number of bees.

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The girls were measured and photographed from every angle to record their baseline starting points. The pictures were distressing. Apples might have served as a model for the study of the human skeleton, while Honey looked like a Sumo wrestler.

The first surgery (actually two separate operations performed simultaneously) was scheduled for one week hence, during which my staff worked at keeping the twins relaxed with day hikes into the rainforest, trips to the beach, and an afternoon of whitewater rafting. I began the girls on an antidepressant to counteract the stress of so many procedures and help blunt their inferiority complexes. Even before the first operation and undoubtedly related to our careful regimen of metabolic invigoration and psychological encouragement, I was delighted to learn that Honey had shed a pound and Apples added eight ounces.

As the big day approached, the girls grew noticeably giddy, so much so that I had to coach them to act more restrained (although I may have used the word "devastated") when in front of the cameras, at least until after their treatment was in full-swing . . .