

FOCUS

Degrassi reunion brings international fan base



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BY STEFAN DUBOWSKI

TORONTO (CUP) — Remember Degrassi? The sometimes painful and often poignant television show about a group of teenagers who attended the fictional Degrassi Junior High, and later Degrassi High?

Sure you do. So does Natalie Earl. The difference between you and Earl, though, is a few thousand kilometres. She was living in California when she saw her first episode of Degrassi Junior High.

And, unlike Earl, you probably don't feel a passion to stroll through the "real" hallways of Degrassi — the show was filmed at Toronto's Centennial College.

Earl, however, has a strong Degrassi drive. So strong, in fact, she helped organize a conference this past summer at Centennial that saw some of the show's stars come out of retirement.

"The convention basically evolved out of the Degrassi Web Ring websites and the Degrassi

Digest Mailing List," wrote Earl in an email interview.

"Fan participation became so high that we decided to invite the mailing list subscribers to a party in Toronto."

Earl and her cohort, Mark Aaron Polger, rented Centennial's Bell Centre — the building where the show was shot — for an afternoon.

The event was pretty amazing, considering it was organized by someone who wasn't even in Canada when they first saw the show.

But unbeknownst to Canadian teens, Degrassi made a splash down south via KCET, a public television station in Los Angeles which aired the shows.

"Degrassi was relatively obscure in the United States," wrote Earl. "However, Americans are brain dead when it comes to educational programming. Degrassi was sort of a cult alternative against American fodder such as Beverly Hills 90210.

"I became an obsessive Degrassi fan because it was the only program that portrayed teenagers in a realistic and gutsy sense. I mean, back in the 1980s, what other teen drama featured skinheads, punks, and goths as main characters? You did not see teen pregnancy, suicide, or child molestation addressed on *Saved by the Bell*."

One Degrassi website said 90210 was largely based on the Canadian classic.

The author claimed Fox Television courted the makers of Degrassi for some time, but when Fox discovered it couldn't tamper with the show's hard-edged formula, the company decided to make their own teen drama instead.

In other words, we can thank Degrassi for Brenda, Brandon, et al.

When Degrassi High went off the air in 1991, Canadian fans got their fix from Degrassi talks, a talk show based on the trials and tribulations of the average teen-

ager.

Earl had to be more creative.

"I spent years trying to find information about the show at the library and on the Internet," she wrote. "Then in 1998, when the episodes went into syndication on Showcase Canada, TRIO Network in the United States, and on Australian Broadcasting Corporation, the fans developed a revival on the Internet."

This revival has sparked new debate about 10-year-old episodes, and even includes new adventures, written by fans with an awful lot of time on their hands, for the attendees of Degrassi.

Unfortunately, the revival has also dragged some interesting characters out of their desk chairs and into the light.

While Degrassi stars have always had to deal with a certain amount of attention, some fans crossed the line between fanaticism and terror. In September, the Toronto Star reported that former

Degrassi star Sarah Ballingal had been stalked by an Australian fan for a number of years.

This mess made it difficult for Earl to get in contact with other Degrassi members for their reaction to the convention.

Polger, Earl's partner in organizing the convention, shed some light on the situation.

"I think the Degrassi stars probably want to keep their privacy," he wrote in an email. "This was a show that was on so many years ago."

"[Yet again] there is such a large fan base in the USA, Australia, Israel, and of course Canada, because the show was so realistic, and entertaining at the same time. Kids seemed to click with it, understand it."

While neither Earl nor Polger would stalk a former Degrassi star, Earl has her eye on the show for her own, devious purposes.

"Ultimately I want to develop my own television series that is very similar to Degrassi."

A day in the life of a medical resident

BY VANESSA OWEN

Dr. Michel Samson, Dr. Trefor Nodwell and Dr. Roy Cheung are three of Halifax's brightest up-and-coming surgeons.

They are residents at the Queen Elizabeth II Health Science Centre.

The road to becoming a Doctor is a long one. It takes brains, dedication, a large time commitment and a lot of money. The average medical school graduate has in excess of \$80,000 in student loans, depending on which school you attend. This does not include residency tuition.

"It is really expensive to go to med school," said Dr. Cheung, a second year, ear, nose and throat resident. "They even charge you tuition when you are doing your residency."

So why the appeal?

Dr. Samson, a fifth-year plastic surgery resident explains. "I decided on medicine after talking with some of my colleagues at the university. Every medical doctor I talked to loved what he was doing and would do

it all over again. The people with Ph.D's that I talked to had reservations. Some even said, in hindsight, they would have made other choices. There are so many options available to you in medicine, a lot of independence."

The others agree.

"I love medicine," added Dr. Nodwell, a first year general surgical resident. "I feel such passion for my work."

There are many positive aspects of being a doctor. Not the least of which is the ability to help people and improve their quality of life.

"The best part, to me, is the interaction with people," said Dr. Samson. "We have the ability to give [the patients] high level care. Even though the procedure is pretty routine to the surgeon, it is spectacular to the patient."

But, as in every profession, there are some drawbacks. According to Dr. Nodwell, the time commitment and fatigue is something the residents' face on a daily basis. Lack of personal and family time is another.

"I work between 80 and 100 hours a week. It definitely cuts into my personal time. There are

times that I get so tired. Like now, I haven't slept in over 35 hours. I feel waves of leaden heaviness coming and going."

But Dr. Samson says it is possible to juggle a demanding career and still have a family.

"Of course you always hear about the stereotypical surgeon that neglects his family. But really, having a family is possible. It takes planning and hard work, you just have to set your priorities."

There are other drawbacks that sometimes can come too close to home.

"I once had a guy call me at home," said Dr. Nodwell. "I was doing a rotation on the psych ward and he had been a patient of mine. I have no idea how he got my phone number, especially on that floor. He was threatening to kill himself and made threats against me. It was pretty scary."

The average surgeon goes through 12 years of intense training, including residency, before being able to open a private practice. That is on top of any fellowships or sub-specialties they may partake in, which can add two or three more years onto the training time.

In such a training-intense program, the bond and comradeship of the residents is paramount. They support and succour one another. Dr. Cheung details one of his experiences.

"I was on call when one of our nurses was struck and killed by a car last summer. I was completely shocked. I had seen her on rounds only a couple of hours beforehand. It was hard, but everybody was so supporting and we were all there for one another."

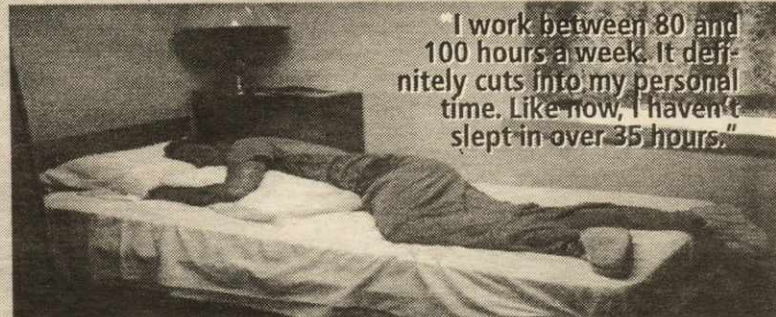
In the middle of the emotional intensity of the hospital, humor is readily available in large doses. Cracks about the hospital food are abundant. "Man, that is where they really getcha. The food, it is friggin' bad," said Dr. Cheung.

Also professional witticism

and quips are common. Each speciality makes light-hearted humor at another. Dr. Nodwell relays his favorite joke, "How many surgeons does it take to change a light bulb? None. They would wait for a suitable donor and do a filament transplant."

The future holds endless possibilities and opportunities for each of these young men. Halifax is but a stepping stone in their medical careers.

Dr. Nodwell sums his future up nicely, "I am not going to be a world class researcher, you won't see my name published anywhere, but I am really good at what I do, and I am only going to get better as my training continues. I will have a practice that is able to help a lot of people and improved the quality of their lives."



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