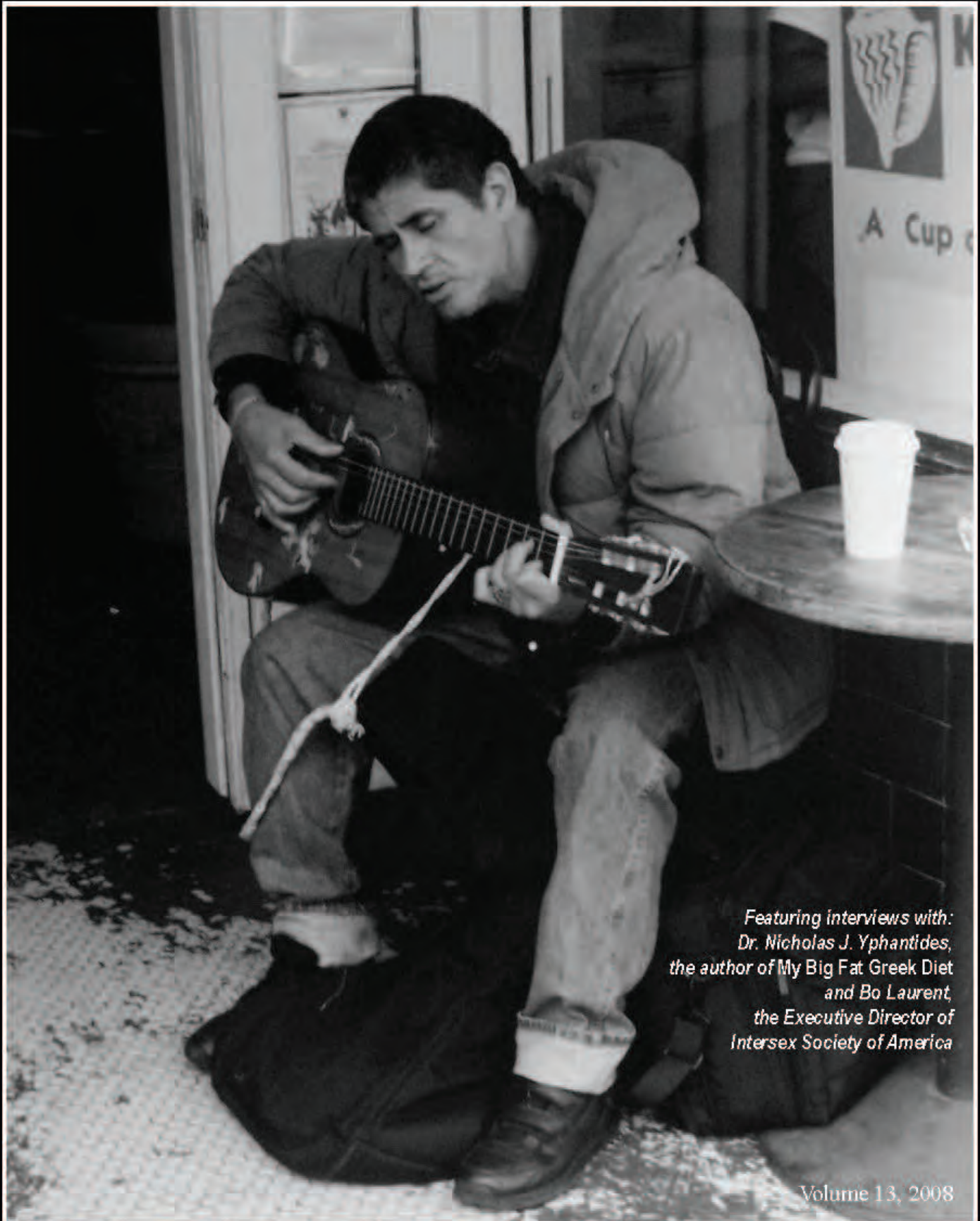


UCSD School of Medicine

The Human Condition

An Exploration of Art and Literature



*Featuring interviews with:
Dr. Nicholas J. Yphantides,
the author of My Big Fat Greek Diet
and Bo Laurent,
the Executive Director of
Intersex Society of America*

Volume 13, 2008



Monkey Brothers, Nicholas Kanaan MS III

THE HUMAN CONDITION

Vol. 13, 2008

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Jacob Harter

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Chelsea Hodgkiss-Harlow

Jana Simonds

Matthew Brockwell

Steven Ngai

POETRY

Matthew Brockwell

Jacob Harter

Niousha Moini

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Front Cover: *Street Musician in San Francisco*, Michele Lee MS II

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Right: *Scripps Pier at Sunset*, Ariele Greenfield MS I



THE HUMAN CONDITION

VOLUME 13

2008

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Editors' Notes

Reza Kermani likes to think *en français* when he walks. SunMin Kim sometimes forgets that he is Asian. Kimberly Kanada laughs in her sleep. Jacob Harter is away right now; leave a message at the beep. Michele Lee is eating apricot-mango yogurt. Lakshmi Ganesan dreams in cartoon sometimes. Bansari Shah would like to be anonymous. Geena Wu comes from trees. Hyuma Leland enjoys poetry and long walks on the beach. Irene Wong has too much relish for alliterations. Karen Wooten tries very hard to see the good in every person. Kathy Pan hums whatever was playing five minutes ago. Kristina Adachi loves coffee, clouds, and the color green. Maika Onishi would like a mini kiwi. Nicholas Kanaan likes it when everything comes up Millhouse. Ninad Athale is finally admitting that he is also Anand Karsan. Niousha Moini is still seeking a husband. Omeed Saghafi doesn't look good in hats. Wesley Gifford says, "No glot... ..C'lom Fliday."

LETTER FROM THE EDITOR

The Human Condition started twelve years ago to showcase the imaginative stories written by medical students in the elective "The Good Doctor: The Works of Anton Checkhov." It is an annual outlet for the creative work of medical students, alumni, residents, staff and faculty of the UCSD School of Medicine. In this thirteenth volume, the editorial staff is proud to publish nine pieces of prose, thirteen poems, and over forty pieces of art and photography submitted by a wide spectrum of our community.

Upon querying the "Human Condition" on Wikipedia, one learns philosophically that, "the human condition encompasses all of the experience of being human. As mortal entities, there are a series of biologically determined events that are common to most human lives, and some that are inevitable for all. The ongoing way in which humans react to or cope with these events is the human condition..."

As a wise friend once told me, "Medicine and art are the same in that they both deal with the human condition." On one hand, medicine strives to keep us physically alive. On the other hand, art allows us to reflect upon the reasons for why we live—the experiences that make us human.

This year's pieces deal with the personal challenges the authors confront as they make the transition from student to doctor. Also emphasized in this year's magazine are the importance of societal issues and the role of activism. Both of this year's interviews showcase activists who have used their own personal experiences in overcoming adversity to confront those challenges in a public forum with the intent of affecting change on a global scale. I am confident that you will find their stories both informative and inspiring.

As care providers to the sick, we are all too familiar with the "biologically determined events common to most human lives." One can consider this magazine as our opportunity to collectively pause and reflect upon our reaction to those experiences. With this publication, our community chronicles the hope, the sorrow, and the bravery we all come across as we experience the human condition in our own lives.

Reza Kermani MSIV
Editor-in-Chief



Focus, Lakshmi Ganesan MS I

FICTION

SOWEHA, MY SISTER

BY DEWAN~SYED ADNAN MAJID MS I



Girl, charcoal, Michele Lee MS II

The children march down Liberty Street in dance, like flowers fluttering in the summer breeze. I see them on the television year after year, encircled by their ribbons of blue, green, and marigold. Their voices lift to the words of the anthem; the waves of their lines surge forward in celebration at the drummers' every beat. But I, I cannot walk upon Liberty with joy, for in each visit there I am shackled by memories of my youth and enslaved by a sin committed there long ago.

Fifty years have since passed. I was twelve then, a young girl who stood alone upon the muddy road as the train rolled away behind me. Liberty Street was then known as Talbhion, the windows of its storefronts boarded up with wood as though bandages on

bloody wounds yet to heal. As I walked along beside those storefronts, my boots would disturb the serenity of the puddles that had formed from the midday rains. Below me, the ripples from my steps obscured the images of me standing before the white winter sky.

I had been sent to the city with an errand, and on my return I stopped for a while, standing silently beside a wooden pole to study two figures approaching from a distance. Neither was more than seven years older than I, and the black bandanas tied across their eyes betrayed the torture—the blinding, the undoubted castration—of the four-year Occupation long before. One swung his walking stick back and forth across the sidewalk, flinging drops of water into

every direction. He held the other's hand tightly, their fingers intertwined as they supported one another around the twisted metal poles that impeded the path.

And then they stopped and crouched to the ground near the opening of a side alley formed between the walls of two abandoned buildings. I neared slowly in curiosity, hoping to gain a better angle by which to glimpse the object of their attention. As I approached, one of blind boys felt through a makeshift bag he was carrying, pulling out a half-eaten sandwich which he placed into the palms of two pale hands that reached out from the narrow alley. The other asked for the beggar's name, and a coarse yet juvenile voice responded from behind the building corner blocking my sight, "Metaelnu." I had yet to see the beggar's face, but the voice was that of another girl, so eerily familiar in its tone. Metaelnu ... the Forgotten. The closer I came, the stone veil that had obstructed my view would move further aside until I finally grasped sight of her face and gasped as our eyes locked—Soweha!

Soweha is my sister. I was five when the Occupation ended, and she was a year or so younger. I don't have many memories from before the Liberation, except that she and I would dress our straw dolls with whatever scraps of cloth we could find and would cuddle together through frigid nights. I remember we'd sleep with our fingers in each other's ears, drowning out the world that spun around us—the laughs of the visiting Okkai soldiers and the cries of our mother through the thin wooden wall.

But those haunting sounds ended one day. I remember noticing the silence as I sat with Soweha upon the street curb. The eerie quiet, undisturbed by the drone of military trucks that would usually patrol the streets, was broken by a woman who came running, shouting, waving a gun, claiming that the Okkai were dead. Suddenly, the women began calling one another from

their windows, first in whispers, then in shouts: Is it true? Are we free? In our home huddling upon our bed, our mother held us both tightly and kissed us. My mother had never kissed us before.

Days wore on, and an elderly woman named Mettul began frequenting the house spending close company with my mother. She would take me upon her lap running her fingers through my dark hair as Soweha would skip and sing alone outside. She would always mention how pretty she thought my face and green eyes were. “Deep in color,” she would say of my complexion, “not pale like the Okkai.” Once she brought two cubes of sugar and placed them in my mouth one by one. I rolled them around with my tongue, and they so pleasurably melted away in my mouth. But when I asked Mettul for another two sugar cubes to give to Soweha playing alone upon the pavement outside, she said she had brought no more. I was more beautiful, she claimed; I was more pure.

The sun had yet to rise one morning as Soweha and I slept wrapped in

“ *Yes, I had forgiven my mother for what she had done and even came to support her decision, but I knew well that such support was a betrayal of our sisterhood.* ”

our blankets. I suddenly awoke from slumber to find my mother shaking my sister out of bed to get dressed, and though I rose as well, Mother’s stern words repelled me to the corner of the room. Her eyes stared at me without relenting, and I felt bound by an unspoken command to be still and silent. Though they left, I kept standing in the corner shivering until the morning twilight began casting eerie shadows upon the far wall.

Mother returned that day alone. I called out for Soweha, nowhere to be seen, but Mother would not answer for her. “Soweha!” Mother remained silent, her eyes bound to the floor. “Soweha!” My hands pulled upon Mother’s clothes, tugging her dress until her shoulders became bare. I could see her

face—a tear ran along her nose, and her voice crackled as she spoke, “There was never Soweha.”

I paused in shock to look up, searching for words but all that came out of my mouth was an incomprehensible squeal. My hands pulled on my mother’s clothes until I could hear them tear. My mother turned with her hand lifted, her eyes so wide that I could see the red of her veins overwhelming the white. Her hand fell down across my face, and I fell back hitting my head upon the table leg. She continued relentlessly, her open hand clenching into a fist, shrilly screaming as she beat me. “There was never Soweha.”

I was but six then, and later that day Mettul arrived with a group of other women bearing clothes and fruit.



Mary, Aaron Rutman MS I



Proud Grandmother
Katherine Rice MS I

Tears still in my eyes, I stowed myself beneath the wooden bed frame refusing to come out, dazed and confused as to why they sang joyously and were congratulating my mother. I could not understand when they assured her she had purified herself and her family. I could not understand when they told her things had changed for the better.

That night in a ceremony inside a candlelit room, my mother bound herself to Mehin Anakan as a concubine—one of seventeen—the eldest of whom was Mettul. Anakan was one of the few living males who had escaped castration during the Occupation; some say he fled to the mountains while the resistance was slaughtered, others say he endeared himself to the Okkai commanders, an informant. But on that solemn night, he stood high above his growing harem to proclaim himself the sole Defender of the Nation's Purity, reminding each soul present of the great responsibility he had taken upon himself of siring the rebirth of a new society untainted by Okkai blood.

I grew older under the light of a faint lamp, lit in a large room rowed with beds. There, each night, the women who were not slated to cohabit with Anakan would teach the young to never forget the tumult of the Occupation and its daily horrors. I forgave my mother for what she had done that fateful morning, for how could I not begin to hate the

faces of those who used to bind her, those who used to beat her, those who used to rape her again and again until her own blood would cake her thighs together. The Okkai soldiers were dead, but their pale faces continued to prance freely upon the sidewalks of the city roads.

But as I stood there upon the sidewalk of Talbhion that day fifty years ago, the blind boys oblivious to how Soweha's stare was suffocating me, I tried so ardently to see that detestable paleness of her skin and the brown of her eyes. Yes, I had forgiven my mother for what she had done and even came to support

FOR ASMA

Your name makes us laugh, little one,
here with a diagnosis of asthma,
as if your parents set out to tempt fate, rolled the dice, and lost.

'Asma' is the name inked on your birth certificate,
and now, the world is inscribing asthma into your small lungs
in an ink perfused with diesel fumes, pollen, and dust.
But one day, you will write your name
back on the world, and it will mean what you choose it to mean.
One day, your life will be as full grown as a city,
and you will inhabit it as your own Asmara,
like Alexander in Alexandria -
you will walk its streets, and your lungs
will draw in scents of berbere, cumin, cardamom;
Others will call your name as you pass—and one day,
to the name that your parents chose
because it means 'precious,' you will add
further definitions of your own choosing -
perhaps 'beloved,'
maybe 'woman who runs marathons,'
'revered grandmother,' or
'my friend whom I will follow to the ends of the earth.'

But for now, you watch us, your small cage
rising and falling with each labored breath,
as if we could promise you that one day,
it will be you,
you who will be the one
who tells others what is
the true meaning
of your name.

—Matthew Brockwell MS III

her decision, but I knew well that such support was a betrayal of our sisterhood. And there I stood, on trial for treachery before the one I had joined my mother in abandoning. I tried so ardently to see in her the Okkai features I had been conditioned to hate, the features I could reject with disgust and leave behind without care or conscience. But no, no—while I stood there gagging for air, I saw in her no other face but my own.

Wrenching my eyes off of Soweha's, I sprinted down the street, kicking back water in splashes as I ran. I slipped once into a puddle and fell upon my bare knees, but I felt no pain. My body was



Untitled, Fred Baik MS II

numb, but my mind was overwhelmed by the incident that had just befallen. I would not turn back nor attempt to catch the train I had arrived upon, so I committed myself to run the distance home, hoping that maybe I could just forget what had happened.

The waxing half-moon began to set as I stumbled back to Anakan's aluminum-walled compound; only in the faint lamplight of its sleeping hall did I notice the blood that had run down my shins, covering both in a browned crimson that shocked the compound's women and children. My mother was absent from the congregation that night, her two youngest children by Anakan under the care of another concubine. Wrapped within my blankets, I put my fingers in my ears to drown out the women's questions, but nothing could block the memory of that day.

And many nights thereafter, my tears would keep me awake in regret—that maybe I could have made amends or embraced Soweha as though we were children again. I never mentioned the incident to my mother, who grew far more aloof as time progressed until I could not envision what distance lay behind her blank stares towards me.

Her hands began to quiver incessantly as she would reach for her medications night after night. And though she began to speak to the newer, younger concubines openly about her deed, proudly recounting the extent she had gone to rid herself and her family of Okkai impurity, I knew her two younger children sired by Anakan could never free her of the memory of the daughter she abandoned. Beside my mother's bedside some forty-three years ago, as she turned in her blankets wrestling with death, I heard from her but one word as she forfeited her struggle: "Soweha."

I returned to Talbhion one day; I cannot tell whether my courage had increased or whether the guilt had overwhelmed me. I wandered the streets calling for my sister, praying that some mere coincidence would join us together once again. I wanted nothing more than to stand before her beseeching her forgiveness, atoning for her pain. Soweha—twice abandoned. I wanted nothing more than to embrace her as we used to those days long ago, huddled together with our fingers in each other's ears. I would return to the city month after month, year after year,

asking whoever I could find for any information. And I posted signs on the wooden poles that line the streets like soldiers, but I have never received any response.

I saw prosperity bloom upon Liberty Street. The two abandoned buildings before which the blinded boys knelt became reborn with color. One became a barbershop, the other a bakery, yet the alley between them remained. And as I approach that alley in which Soweha had taken refuge that day, the memories of guilt overwhelm me, and I fall upon my knees nauseous. There, I become the beggar, my tears mixing with my vomit, my hands raised to the sky just hoping that the Omnibenevolent would forgive me for that which I cannot forgive myself. There, I cry out, "Soweha—Ko-metaelnu—Never Forgotten—For I see you in my dreams and waking thoughts—Oh, to love you, to embrace you, to never again leave you as I left you, as I fled from you—My Soweha—Never forgotten—For your memory haunts my nights and days, and when I look into the mirror, I see only you. I see only you."



THE MYSTERY OF RANCH AND CIGARETTE SMOKE

BY JACOB HARTER MS II

I drove by Red Robin the other day. It sits on the corner of La Cumbre Plaza in Santa Barbara. About everything else in the mall has changed in the fifteen years since I last set foot in Red Robin, filling up with shi-shi boutiques to cater to the Montecito crowd. Instead of a Mrs. Field's cookies, an Anne Taylor now flanks Red Robin, a miasma of oil-scented steam rolling down the roof from the industrial scrubbers causing the noses of the pashmina-clad ladies to wrinkle.

Every mall in Santa Barbara has a Spanish name. I never learned the language well though. I took drafting class freshman year, the perfect geometry of straight edges and parchment substituting for the order others sought in parts of grammar. By sophomore year, when I had to enroll because of the district requirement, I had a copy of the teacher's guide passed down to me from a friend who had taken the course a year before. I got straight A's in the course and, because my copy, an older edition, lacked two new chapters tagged onto the end, two inexplicable F's to close the year. People in my class would hide the educational videotapes from our teacher, Mrs. Tafoya, who would mutter angrily under her breath that her students were "wily like foxes." She kept plastic lawn chair beside the classroom door. They would get stolen every other week, but she had a stack in the back of her Volvo and would occasionally send me with her car keys to get another. Her car smelled of perfume that somehow I never noticed in the classroom.

In don't think I made this clear: Red Robin is a restaurant, a chain of restaurants actually. I remember seeing another Red Robin off the 101 on a family trip and experiencing a total mental collapse, for a split second

fearing that my beloved restaurant had relocated north along the highway. I guess the shock came partly from the intimate place the restaurant occupied in my mind. It couldn't exist away from that corner, marked by backlit block letters and a garish red bird, perched upon it, leering at any passerby with a cocktail in one hand and a boater hat on his head.

the exotic names: Kahlua, Bailey's, Curacao. Mudslide was my standard order, with chicken fingers and ranch. New waiters would shoot my dad a panicked look, but he would be ready and mouth "milkshake" back.

I'd sneak over once per dinner towards the two arcade games. Jammed next to the hosts-stand at the front of the restaurant, it afforded me a glimpse



Untitled, Lindsay Frost MS II

Red Robin was one of the few restaurants in Santa Barbara and the only one my parents ever took me too, where people could smoke. It would billow out from the bar, a converted sunroom dimmed by blinds and bedecked with red neon uncomfortably bent into the shape of birds. The room brimmed with men teetering upon pleather stools holding deeply ribbed milkshake glasses, what would have been vases in my eight-year-old hands. Alcohol as an idea didn't exist for me yet; I'd study the drink menu, admiring

“ *Alcohol as an idea didn't exist for me yet; I'd study the drink menu, admiring the exotic names.* ”

of the bar, that and “Bubble Bauble.” A line extending out from the game’s cursor predicted the flight of the bubbles, shot by pixilated dinosaurs, tracing exact angles of reflection across the screen. When they’d meet another bubble of the same color they’d burst: upside-down Tetris with dinosaurs and a rapidly collapsing ceiling.

Perhaps my sense of the exotic simply isn’t what it used to be. None of my teachers since Mrs. Tafoya eat their lunch out of Tupperware in plastic lawn chairs outside of their classrooms. I’d worry if they did. If it wasn’t gone before, living in New Jersey and now San Diego has only helped to deflate the strange and inviting air from places like Red Robin. Places where middle-aged couples would whisper over drinks unnecessarily shaded from the dim lights by an umbrella on a toothpick. I could recognize the strangeness of such a scene, then as I can now, but by some alchemy—maybe the same transformation that breathes exoticism into mayonnaise when mixed with parsley and thereby becomes ranch. It all felt important beyond its rough composition of cigarette smoke and fried food. That same bird still sits precariously over the restaurant, though he’s gotten younger. He no longer holds the cocktail either. Even still, as the steam rolls down the roof and as all of this flutters through my head, I can’t help but wonder if all of this still exists for some other child, smiling in anticipation of the chicken fingers that make the shi-shi ladies wrinkle their noses.

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TRAVEL

AN EXCERPT FROM “THE LABOR STRIKE TOUR:
AROUND THE WORLD IN 44 DAYS”

Account of an adrenaline-filled trip in Bora Bora.

BY ELIZABETH A. REED MS I



Death Valley, Wesley Gifford MS I

Dad is distracted, adjusting the straps on his backpack carrying each of our two allotted liters of liquid, when Crazy Boy mentions this is a *climb*, not a hike. Crazy Boy throws a coil of rope to the reckless young French man named Fabianne, who shoulders it with ease. Dust billows and then disperses. It is wretchedly hot. Crazy Boy smudges sweat across his black fu-Manchu and off his neck into a sloppy black ponytail. “I am sorry for my English. I think in French and translate to English,” he says scrappily. My eyes take in his sinewy body, lean with the muscles of a marathoner and draped in light-weight clothes. There is a wild glint in his eyes.

Crazy Boy is Bora Bora’s only guide, solely responsible for reckless tourists. He explains that the first part of our journey to the sacred cave will be difficult; no trail has been cleared because he does not want ruffians finding their way to his cave. “Last year someone found it and made graffiti. It made me angry. Very angry!” I half expect him to spit in the ground with typical French disdain. He eyes each of us, methodically and unhurriedly: my family of five, a honeymooning couple (Caroline and Gottfried), and four French twenty-somethings, including Fabianne. “Does anyone have health problems?” Crazy Boy asks in a calculated voice. “Not yet,” quips my

dad, the realist. He has seen the ropes; I hear it in his voice.

Blood hardens in spider webs across my hands and legs as we blindly scrape our way up the base of Otumanu, sautéed by hellish heat. I stumble behind Crazy Boy who is whacking his way with a machete as he nimbly leaps from boulders to tree limbs along the edge of a serpentine, black cliff. My legs are raw with red bumps and fresh blood. A piece of bamboo catches my left shin, low near the top of my blackened sock line, and slices a fresh cut. I feel the sting and then the gritty pain as sweat and dirt seep into the soft pink of exposed flesh. Crazy Boy yells over his shoulder at me to not step on

“I realize that the real difference between us is psychological; he has lost all fear. Mine is healthily intact.”

a certain wild vanilla vine that he has planted. I want to kill him. And his wild vanilla. “Now it is easy,” he says. He lies. There is no trail.

I see the boulder at a distance, thirty feet above me, racing toward us and picking up speed with each bounce. Two feet in diameter. Now it is in free fall, soaring with maniacal speed. I scream. Dad jumps. It whizzes past his ear and smashes into the French girl’s leg, just above the knee. She is lucky: her femur is strong. The girl slumps to the ground in tears, her face twisted with fear. Crazy Boy yells at us from above, somewhere out of sight. “Is everyone OK? Everyone OK?” Fabianne screams at us to look up. “Watch for rocks!” His expression is cold. Heartless.

I grab hold of the thin rope, feeling its rough fibers across my palms. Somewhere above us, out of sight, Crazy Boy has tied a knot. “You must watch your footing. First your footing, then the rope,” says Fabianne, a veteran rock climber. “Do not trust the rope. If you don’t watch your footing and the rope snaps...” he doesn’t finish the sentence. But I have no option but to trust the rope. My feet slip on the black rock and loose dirt. It is impossible to secure my footing, and I dangle on the rope, afraid, as my body is pressed against the vertical ascent. If the rope snaps...

Three hours and ten minutes pass. Our climb is slow. We move along the rope like lemmings, one at a time while the others grasp at tree roots in desperation, praying the roots will not snap. Then the rope is

untied, moved twenty feet higher, and the routine resumes. We cling to each other, and to the mountain, with a terror so vicious it binds us. We try to calm each other in the unbearable moments of stress. Fear is a funny thing: it brings us together now in an intense camaraderie but there must be a point at which the motto changes and becomes “each man for himself.”

The final ascent into the cave, a dark hole near the peak of Otumanu, requires that we slice perpendicularly across a ramp of sand, bordered by the cave at its apex and the sky at its base. My feet slide toward sky with each step, but I cling to the rope. I pause and look to the rope’s end; it is foolishly tied in a

loop about Crazy Boy’s waist. He sits, wedged between two boulders, like a fool caught between a rock and a hard place. Fabianne runs across the slope in a high arc, perfectly executed so that he is at the far side of the cave by the time he has slipped to the cliff’s edge. Granted, he is more athletic than me and has more experience, but I realize that the real difference between us is psychological: he has lost all fear. Mine is healthily intact.

The descent consumes three-and-a-half nightmarish hours... I hear a branch crack and look up in time to see Dad falling toward me, his limbs sprawling and scraping sand, rock, roots. He manages to grab hold of the rope, and



Bryce Hoodoo Tree, Nicholas Kanaan MS III

NATURAL TRANSFORMER

I snap my fingers once.
I snap my fingers twice,
And feel the same.
Years pass and I feel myself
Shoot up from my toes.

Bones hum with industry,
Arching, flattening,
Clicking cog-like into their
Natural resting places.

Limbs whip through the air,
Skin and fascia stretching
In proportion, and then mid arc
I hear a crack and a whine.

The sound rends the air thick
And indistinct, and at the edge
Of the horizon I see bronze blebs
Swarm: life lytic,
Teeming and belching, consuming
The sound and light
Stretched at the edge of sight.

—Jacob Harter *MS II*

It is day forty-three of our so-called, family “labor strike;” the forty-fourth will take us home. Tomorrow, we will complete our circle about the globe. I consider how I have changed in the past six weeks, when days have passed with no responsibility but to write. There have been superficial changes: my skin is tan, and I think in terms of kilometers on the treadmill and kilograms on the scale (although I still find myself dividing by five, multiplying by nine and adding thirty-two when it comes to temperature). There have been forced changes: I have learned to cope with having minimal alone time and wearing the same few clothes six weeks in a row. There have been deeper changes: a craving for adventure, an appreciation for home, a better understanding of cultures and most importantly, an intimacy in our family. And as tomorrow nears, I am curious how home has changed without me.



there is a moment of stillness as his body jerks to a halt... We are delusional, laughing inappropriately, controlled by our own fear. Dad's backside is brown, stained like a cow pasture, and soaked with hours of sweat. Gottfried's voice wafts up to us from below, saying to his wife, "Honey! Remember that castle we went to on the Rhine? Remember how they sit to make poop? That is how I am sitting now"... Mom screams. Thud. She is somewhere beneath me on the rope; I cannot see her. We yell to her, asking if she is OK. Silence. And then, "I'm not sure." Her back is mauled, bruised and bleeding, but thankfully intact... Caroline calls to her husband every sixty seconds: "Gottfried, are you ok? Be careful, Gottfried! Be careful!" *Honeymooners...* I ask Crazy Boy if people climb the last few hundred feet beyond the cave to the peak of Otumanu. He says it's impossible: the black rock is volcanic and unstable.

Three have died trying.

Somehow, we live. The adrenaline does not quit even after I stand on flat ground, but it subsides enough to make me realize I am starving and badly dehydrated. Seven-and-a-half hours of mental anguish has left my mind spinning, and it does not stop as my brothers and I seek refuge on a hobie cat, sailing through the evening on a brilliant sea the color of Windex. Behind us, Otumanu softens in the evening, appearing almost benign.

Another fat yellow moon rises over the pointed thatch of bungalows. I see the black indent of Otumanu's sacred cave. *We climbed that.* A gray sky, navy water, the gentle light of tiki torches. I hear the soft lapping of water, the beat of a drum across St. Regis. I want to be alone, so I descend the wooden steps to our lower porch and sit on the edge, face peering into the sea where fish and rocks cast shadows in the moonlight.



Coca, Jamie Nicole Heinzen *MS III*

FROM THE WARDS

MY LAST DAY ON SURGERY ROTATION

A student's perspective on organ transplantation.

BY JANA SIMONDS MS III



Dead Vlei, Aaron Rutman MS I

It is my last day of transplant surgery and surgery clerkship. I just had two days off, and today is a half-day anyway, I am basically done. I will leave UCSD Medical Center at 12:30 or so to get to campus by 1:30 p.m. to attend primary care seminar. This sounds really good since my surgery orals and shelf exam are in two days. Great, at least I will have a little time to study tonight.

I get to UCSD Medical Center at 6 a.m., drop my scrubs in a dispenser machine and at the very same moment, I am paged by my intern, already... To my great surprise, he is letting me know that the attending surgeon has

requested I accompany the team to Idaho on a procurement later today. What? Idaho? Today? My easy day, my last day, when my rotation ends in 6 hours anyway! What do I do? Not sure. The intern says that he has no other information about the procurement and no other members of the team are in the hospital yet. My first reaction is, no way! I am not going; that means all day, and I will be really tired by the time we return, and I will not be able to study, and I have primary care seminar, and I have no jacket with me... Without any additional information on the planned trip, I decide to round on my patients.

Seven o'clock comes and I am

writing my notes when a transplant fellow shows up. He looks at me and asks, "Are you going?" At that moment all my unconscious desires surface and I produce this joyous "Yes, I'd love to! I am so excited about this!" I actually feel the emotions; this is awesome! His next question is, "Do you have a jacket? It's freezing there." Of course I don't. After I learn all the details of the trip I realize that I have about forty-five minutes to drive home, fifteen miles each way in traffic at this time of the morning, notify my primary care leaders, call my husband and even take my son to school as the time is right. Well, I would rather leave out the details regarding my

I placed my fingers on the right ventricle of Monica's heart, feeling and seeing her myocardium twitch in fibrillation as all the visible and apparent signs of life were vanishing from her body.

driving speed, but I make it right on the mark. And just like that the attending surgeon, the fellow and I are on our way in a private jet to Pocatello, Idaho. This is my first trip in a private jet, and after our landing in the serene snow-sprinkled scenery of the little airport in Pocatello follows my first ride in a limousine. Thirty minutes later we are in the hospital getting ready to carry out the procurement of the organs.

The intent of this procurement was to obtain a liver for our sixty-year-old patient I will call June, who suffered from end-stage liver disease as a result of alcoholic cirrhosis. She was first transplanted about a year ago, at which time she received a split liver transplant that was complicated by hepatic artery thrombosis, and the transplanted liver ultimately failed. She had spent the last year in and out of the hospital waiting for another transplant. Just as her body was progressively deteriorating, a new liver became available and her second transplant operation took place only six days ago. June was weak but stable when taken to the operating room. During the surgery, she started bleeding from all open surfaces of her body. She lost a critical amount of blood and required several units of replacement throughout the surgery. By the time the new liver was anastomosed (connected) and perfused with blood, twenty percent of it had already necrosed (died). That was bad news. It meant that this liver would not work and that she would need to be re-transplanted soon or she might die. Due to her extreme instability during surgery, the fear was that she might die even that very night. To keep her alive, keep her blood pressure at a

reasonable level, she needed a lot of vasopressors. Vasopressors constrict vessels including the vessels carrying blood to the newly transplanted liver, further compromising its perfusion and potentially worsening already present necrosis. There was no ideal treatment; the prognosis for June's survival was bleak.

That night, the residents, the ICU team and I received exact instructions on close monitoring of the patient and administration of proper amounts of vasopressors, fluids, clotting factors, blood transfusions, to keep June alive. We watched her as she fought for life that night, the day after and again the day after that. Her body was beaten; it was stressed to the limits, yet she was very strong. In light of her critical and uncertain condition, the wishes of the family for her were changed from full code and full care, to no resuscitation (no code) with full care being provided. Full care included the option of re-listing her on the transplant waiting list should her condition stabilize. To everyone's astonishment, she improved and stabilized four days following the surgery. It was determined that her condition permitted another transplant surgery and she was re-listed. She became "status one" in the region (the patient in greatest danger of dying unless transplanted within hours). Now, two days after re-listing, came the call from the Regional Transplant Coordination Center offering June a liver, giving her another chance. And that was the reason I was paged this morning and for the first time in my life set foot in Idaho.

The beautiful middle-sized town in Idaho, with its small, three-story hospital, held a promise for June. In the operating room on the second floor lay the body of a forty-five year old woman who I will call Monica. Monica was a blond woman, her long hair woven into a beautiful braid. She was very pretty. Her face had soft features, prominent lips, a few freckles throughout her face; she had traces of make-up on her eyelashes and eyelids. Her body was thin, average height. She looked healthy and athletic. As she was laying there I could not help but wonder about her life, about her parents, about her husband, her job, school, friends ... Why did she die? Why her, a healthy person who had not seen a doctor in years? Sinusitis? Did the doctors do something wrong? Did she do something wrong?

Monica had *Streptococcus pneumoniae* sinus infection that unexpectedly and rapidly progressed to meningitis. She came to the hospital just five days ago, underwent a sinus surgery at that time, but unfortunately without benefit. Her state deteriorated further and she had been pronounced brain dead just several hours before we arrived. Monica's husband agreed



Transplant surgeons Dr. Srinirav Chava (left) and Dr. Ajai Khanna (right) returning to San Diego with procured organs. *Photography courtesy of Jana Simonds MS III.*



Bee in Traffic, SunMin Kim MS I

to donate her organs. Our job was to retrieve them: liver, pancreas and kidneys. The fellow made the incision from the top of the sternum to the pubis. He cut vertically through the sternum and there was Monica's heart. We clamped the aorta and watched the heart stop. I placed my fingers on the right ventricle of Monica's heart, feeling and seeing her myocardium twitch in fibrillation as all the visible and apparent signs of life were vanishing from her body. We proceeded with procurement for the next five hours. When it was time to close the incision, the body was evidently lifeless. There was no tone to the muscles, no turgor to the skin. There was no monitor beeping, there was no anesthesiologist, no extubation. Monica was not only brain dead, she was dead. I was profoundly touched and saddened by this surreal scene. After we closed the incision, we removed the endotracheal tube and a nurse phoned the morgue. The liver, the kidneys and

the pancreas that once belonged to Monica were cleaned and placed nicely in carefully labeled iced buckets. Her pancreas was on its way to Chicago; I am not sure about the destination of the kidneys, and the liver was on its way to June in our hospital in San Diego.

The very day that death had met Monica in Pocatello, life was offered to June in San Diego. June is alive thanks to Monica and her husband. I wonder how different were the lives of these two women that were brought together in the most intimate and mysterious of ways. Why the two of them?

As I was sitting in the jet flying back to San Diego, my mind was racing. I was replaying the events of the day in my head. I remembered the discussion I had with the attending surgeon while waiting in the operating room lounge in Pocatello. I told him that life was not fair! Why did some people have

strength to recover from being on the verge of death while others disappeared unexpectedly, without notice in the briefest of moments? I was happy for June, yet I was so angry that Monica died in front of my eyes! I wanted an explanation, a reason. I felt there was chaos and injustice in the world! The surgeon listened, nodded and said, "Yeah... what I have learned from my job over the years is that you must be nice to people, every day, all the time, to everyone, because life is unpredictable and you just never know." I thought about it. The answers, the reasons, the logic, the fairness of life, all of that is beyond me. I could ponder, question, doubt, dwell, feel angry or sad, but in the end I had to accept the unpredictability, the chaos. What was left was to live in the moment and live right.



LA MUJER DESCONOCIDA

Who is that lying in the bed? *No, no lo reconozco.*

¿Quién es?

¿Es una mujer? Yo no veo los senos.

Espera. Estos ojos, estos labios, esta línea del cuello.

She reminds me of myself, yet a disfigured image of what I used to be lays helpless before me. Is that really me?

How did I get here *mama?* I cannot smell your familiar onions frying in the saucepan. Where is the loving sound of you calling me *mija?* *¿Papa, porque usted no está aquí conmigo? Papa recuerda cuando estamos en Michocán. Recuerda cuando nosotros íbamos al parque y veíamos el mariachi.* A happier time, when was that? I vaguely remember now.

Piensa, piensa Juana.

¿Cuándo?

Ah, claro! The time I recognized and sensed that I was a woman at last. My hips shaped, my plump cheeks softened like my mother's, and my breasts that gave me that final approval of womanhood. *Chica hasta señorita. El transición.*

Oh, how important it was for me to feel grown up. To put on my first shade of lipstick, to fasten my first bra, and to coyly smile at an admiring passerby.

Three brothers, that is what I grew up with around me.

Alto, fuerte, masculino.

All the more feminine next to their intense masculinity.

Then he came.

I suddenly saw myself playing the role of housewife.

Obedient, law-abiding wife. Opinions? Desires?

What were those that I once knew the meaning of?

Look at me, do you see? Look deeply. I am a woman who has no voice.

Oh yes she speaks, she nods, but they are not her own words.

She does not own, she is owned.

Dos hijos, dos hijos guapos. My blood, my bone. My first son, *mijo* oh David, you did not like *leche*. How awful I felt that I could not give you a part of myself to feed you. Oh, David, you who have stood by me to this day. What words can a mother express at this moment in my life. *Gracias mijo.*

Hijo número dos. Oh mi Segundo, oh how you were hungry. You drank from me without being quenched. How I loved that at last I was able to fill a child of mine with a part of me. I nurtured you, I fed you from my own.



La Bailarina, Lindsay Frost MS II

Now, I come to a land whose dirt is a different color, a language that I am unfamiliar with. Here in a land unknown to me I will die and be buried. *Oh, Michocán* how I long to wrap myself in your warmth as I lay here cold and in pain.

In this foreign land I had parts of me removed. *Los senos. Mi Segundo, mi esposo.* Oh yes, I was an abused wife all my life. Oh yes, I faced verbal and fist. I had *mi Segundo* look the other way and follow his father's footsteps when we divorced.

Pero mis senos. ¿Por qué? Why was this happening to me? The part of me that defined my femininity growing up, the part of me that allowed me to feed my child. Both now gone, like *mi Segundo*.

That is me. That woman lying in that bed in pain.

I am far from home. *Oh mi Dios,* take me back to what I once knew.

Michocán does not envelope me here.

—Niousha Moini, MSIII

INTERVIEW

LETTING DOWN THE GUARD AND REACHING OUT, BIG FAT GREEK STYLE

UCSD alumnus Dr. Nicholas Yphantides describes his parallel battles against obesity and poverty.

BY REZA KERMANI MS IV

Many medical students start their careers with idealistic hopes of reaching out to the poor and disadvantaged, and finding ways to make a large impact on patients and communities. For many, this ambition will eventually be realized in their medical practices. Yet, UCSD Class of 1992 alumnus, Nicholas Yphantides, serves as an example of how physicians can make an impact in their community not only one patient at a time, but also on a massive—even global—scale.

Growing up in a Greek household in which eating was often as much a form of comfort as nourishment, Dr. Yphantides grew to develop unhealthy eating habits. From the pressures of medical school and residency to dealing with personal tragedy, Dr. Nick (as he likes patients to call him) would turn to binge eating to seek refuge from the stresses of life. By the time he was a practicing family physician at the peak of his career, he weighed four hundred and sixty-seven pounds. After battling cancer and helping his dad recover from a heart attack, he finally decided that he had to take some steps to lose weight.

To tackle weight loss, he decided to start exercising and to go on an all-liquid diet consisting only of protein shakes until he reached his ideal body weight. Such endeavors often require drastic measures, and Dr. Nick's actions were no less difficult. In order to provide himself with a pleasant distraction from the pain and discipline associated with this task, he decided to take a sabbatical. He quit his job as medical director of an Escondido family health center, a clinic

that provides care to the uninsured, and he left his elected position on San Diego County's Palomar Pomerado Health Board. He took out a loan and bought a converted van, appropriately named the *USS Spirit of Reduction*, and set out on a cross-country tour to visit every Major League baseball stadium and to attend over one hundred baseball games.

In his book, *My Big Fat Greek Diet*, he poignantly shares his experience with us as he makes his transformation from obese to healthy. From humbly expressing the feelings of shame, guilt, and sadness that accompany obesity, to openly describing the hard and painful process of dieting and exercising, Dr. Nick gives us a window into the obstacles obese people face in dealing with and overcoming their condition. Instead of handing out a one-size-fits-all diet plan, Dr. Nick shares his "Seven Pillars of Weight Loss" to explain how one can personally channel their pain, hopes, and ambitions to find the courage and encouragement needed to overcome obesity.

His book has inspired countless readers all over the world and has afforded him opportunities to promote health in a more public forum. He is currently an active public speaker and the co-chair of San Diego County's Childhood Obesity Task Force, where he is battling the growing epidemic of childhood obesity using a multidimensional approach. This year, *The Human Condition* interviewed Dr. Nick in order to learn more about the role writing a book has played in his own journey and the opportunities it has provided him to affect change.

How did you go about chronicling your experience into a book?

Rather than me pursuing the book, the book pursued me. Ten years ago, I had cancer and it rocked my world in terms of my attitude about my life and my health. It was the cancer that motivated me to change my life and do something about my obesity. I knew I had to do something radically life-changing -- not surgical, but radical. So I took what I call my "radical sabbatical." When I got back from my trip, word had gotten out and there were articles written about me in *People* magazine, *National Enquirer*, and *Reader's Digest*. When my story had reached a national level, people started



My Big Fat Greek Diet by Dr. Nicholas Yphantides and Mike Yorkey. Copyright: Thomas Nelson Publishing, 2004. Image courtesy of Dr. Nicholas Yphantides.

approaching me to write a book. What I did in agreeing to write the book was to tell my story—and if you've read the book you'd see that it is very honest and sincere. People respond to authenticity and therein lies one of my core beliefs that I try to share with medical students and people in academia. Much of what we do in academics is behind a veil of professionalism. However, being a physician who is willing to be honest, open, and transparent is therapeutically strategic. When people read how honest I was, they were more receptive to what I had to say. Some people in the publishing world thought, "This guy is not your everyday doctor with a diet of, 'do this' or, 'don't do that.'" Rather, the book is a story of personal change using my own life as a parable and a testimony.

What do you think medical students can learn from reading your book?

What I share with people is based heavily on my personal experience regarding what I went through and honestly telling my patients, "Hey, learn from my life." That is one of the things medical students need to be aware of: the importance of being authentic. There is something inferred or implied in medical education which dictates that we have to be extremely professional. As a result, sometimes students or young physicians lose

their sense of authenticity. One of my passions is to bring that authenticity back to medicine and I hope I show that through my book.

No matter their specialty, physicians must take personal inventory and do what they can, no matter how brief the interaction, to be authentic. The day you take away your authenticity is the day you become a mechanic rather than a physician. The trust, the rapport, the word of mouth, and the empathy that you can show all make a big difference.

How has writing the book added to the experience of your accomplishment in losing weight?

Writing the book expanded my exam room. I really have now what I would call a *global practice*. My contact information is available in the book and every day I get emails from Korea, Australia, England, all over the world. I'm so thankful that I have had the opportunity to put my story out there, because I enjoy giving people hope, inspiration, authenticity, and accountability. By writing the book, I expanded my target population and now my patients are not just the people who made time to come see me in clinic but also the ones who, by my willingness to put my story out there, are able to interact with a piece of me that is out there on a global scale.

I had an interesting experience last summer. I was invited to speak at an event at Qualcomm stadium in front of about thirty thousand people. As I was about to get on stage, I looked at the crowd and realized that had I never changed my life or put myself out there, then as just a doctor with a stethoscope around his neck I would never have been able to see or influence thirty thousand people. By changing my life all of a sudden, I could have an interaction with thirty thousand people at once. I said, "I'm going to have a one on one consultation with thirty thousand people at once."

I believe that in medicine, there are some of us who look at the position we hold and appreciate the opportunity that we have to influence human behavior in a way that goes way beyond what one could do in the exam room. I love seeing patients, but my focus is no longer on just taking care of sick people. For example, the county board of supervisors appointed me to be the chairman of San Diego County's Childhood Obesity Taskforce. Now, a lot of my time isn't just spent taking care of people one at a time, but rather looking at issues such as public policy, the environment, and other things that will allow me to have a greater impact.

You deal with the plight of the uninsured on a regular basis and you also know



“ I believe that young physicians and students need to know that if all you do is hide in an exam room or in the Ivory Tower, you are shortchanging yourself from the opportunity to have a great impact. ”

about challenges facing obese people. Do you feel that poverty and socio-economic factors play a role in creating obesity or fighting obesity?

Absolutely. That is a big part of what I currently spend time advocating for. Unfortunately, some of the cheapest food in the country is the unhealthiest food. Some of the most convenient food is the least nutritious food. There is no doubt in my mind that those who are socio-economically disadvantaged are also disadvantaged in terms of their choices. The fact that there are a lot of people, even in San Diego County, who do not have access to fresh fruits and vegetables, who use a 7-11 as a grocery store or a liquor store as a grocery store, is part of the problem. Do I see myself as wanting to advocate making healthier food choices more available to the poor and indigent? Absolutely. Therein lies a lot of the approach with the initiative that I'm chairing. It involves an ecological or environmental approach. For example, there are neighborhoods that do not have access to healthy foods or where law enforcement is an issue.

Law enforcement? What is the relationship between law enforcement and childhood obesity?

What happens when poor kids live in gang infested neighborhoods without a safe place to go out and play? Public safety is a key component. Most people do not see that association, but once I say it, it is easy to see: If Johnny grows up in an unsafe neighborhood or in a neighborhood without access to good food, then you end up with Johnny eating Cheetos in front of the television because that is what is easy to eat and that is what is accessible. One of the consequences of being an author is that I am now more able to be not just a physician, but also an activist for these issues.

I believe that doctors and medical students are really shortchanging themselves in terms of the potential they have for influence by hiding in the exam room too much. People still respect us. If people make time and are willing to be an advocate and be involved with community initiatives, wellness initiatives, or for providing expert testimony, they may potentially

make a significant impact. I believe that young physicians and students need to know that if all you do is hide in an exam room or in the Ivory Tower, you are shortchanging yourself from the opportunity to have a great impact. I really want to encourage each medical student to look at himself or herself as more than just a scut monkey who writes prescriptions. Doctors need to be reminded to get out of the exam room and look at the community as their patient.

How important do you think attending baseball games was to your dieting plan? Why do you think attending baseball games was important?

The idea is a simple one but one with which I'm very strategic now, especially when dealing with children. It is the idea of combining pleasure with benefit: having fun while doing the right thing. A lot of people view a journey to lose weight as, "Well that'll be hard," but baseball served as a distraction from deprivation. There are a lot of activities that people enjoy that can be strategic in combining with things that



are more obligatory. Why not combine pleasure and benefit? Why not have fun doing something good? Why not have fun changing your life? Baseball was my way of bringing fun into something that was otherwise a grueling journey of change in my personal behavior and habits. One of the things that happened in medicine is that we have developed a black and white version of promoting what could be a fun experience.

What do you wish you had known back when you were a medical student?

During my surgical rotation, I remember we were rounding and one of the residents was a really sarcastic guy making fun of patients, just between ourselves. It was one of those “one-of-the boys” moments. I remember laughing nervously and thinking, *What the heck is happening to me?* I really felt that I was losing a grip on some of my enthusiasm. To deal with that, I took a break from my routine and took an adventure, just like I did with my weight loss.

I split my fourth year into two years with the expressed intent of telling myself, *I need to take a break to see myself doing the medicine I had*

fantasized myself doing. I spent time in Central America, Africa, and Eastern Europe. I got reconnected with the ideals that brought me into medical school. I don't know if everyone needs a year off, but we all need time to refresh ourselves. Somewhere along the med school grind process, we need to take a season of self-nurture. Whether it is purely fun, altruistic, or for your personal benefit, it does not matter. I think when I look back on my experience in South Africa, I think that UCSD is where I studied medicine, but Africa is where I *became* a doctor. I recommend everyone take some time to do rotations overseas, in Mexico, at some free clinic, something. We have a flexible fourth year curriculum -- what a beautiful time to do some exploration. So get out there and explore the medical world. I did it as a student, and it changed my life.

What do you think are ways medical students and young physicians can properly address or fight the social and commercial ills that promote unhealthy lifestyles, to address them at large?

For much of my life, I was board certified in Medical Hypocrisy.

Everyday, I had to tell patients to “do as I say, not as I do.” The one thing all students must know is that they are ambassadors of health. They don't need to be perfect, but the way you take care of your own body, not just your weight, but also what you eat, what you smoke or don't smoke, what you drink or don't drink, what you do with your own body makes a difference. We have to be ambassadors by not just talking about health but by living it. Students should set the example in their own life. It gives you credibility and integrity for other people to listen to you better. I am so much more effective today than I was with my former lifestyle. As a physician, saying one thing and then doing another in your personal life will not work.

I am most proud of the fact that I have never seen a patient with insurance. I insist that students view medicine as not just an opportunity to make an impact, but to make a *powerful* impact. Taking care of the uninsured, doing primarily volunteer work, and doing things that aren't just non-traditional but also things that inform people of how they can take care of their own health. That is something the medical



Chobe River Sunset, Aaron Rutman MS I

Dr. Nicholas Yphantides, before (left) and after (right) his radical sabbatical to lose weight. To motivate himself through the experience, Dr. Nick visited every baseball stadium in America and attended over one hundred games.

Photography courtesy of Dr. Nicholas Yphantides.



school curriculum doesn't do a good job teaching as well yet.

I would summarize that what I'm out there doing as a physician and someone with a testimony is refocusing on the need for some people to make changes in their life. It can be summarized in one sentence: you have to change the way you see before you can change the way you live. When I decided to change my life, I didn't go on a diet. To change my weight, I had to change my behavior. To change my pounds, I had to change my lifestyle. To change my look, I had to change my outlook. What I'm doing now as a physician is putting myself out there. Not everyone will get diagnosed with cancer like I was, but they can still learn from *my* life

experience. In helping patients now, part of the therapeutic intervention is *myself*, not just my medications. People need help and hope; they need instruction *and* inspiration. I see myself in a position to offer both of those things. The typical American doctor can offer help and instruction, but is lacking in the sentiment that tells people that they care about them and want to improve

their quality of life. Part of what I hope to do with the medical students I meet is remind them of how much potential they have to make a difference.

*To learn more about Dr. Yphantides and his projects, please visit:
<http://www.healthsteward.com>.*



AUTUMN IN SAN DIEGO

Weeks ago
on the eve of the Ninth Month, I stood
upon the sandy beach
alone
and waiting
to greet the ruddy dusk
as it approached me.

I wasn't looking for any overt sign
nor expecting the slither of a new-born
moon
to pursue the sun for slumber below
the roaring purple waves.
I couldn't really tell what I sought
but flung the sand from upon my shoes
and watched the sea race up then flee
to leave upon on the moistened shore
an evanescent chain of foam.

I've never numbered my slips and falls,
or spent time counting all those foams
or grains of sand that built the earth beneath
my feet.

And were the trees but wooden pens
and the oceans, their blackest ink,
I'd never complete the books they'd fill
or recite each word addressed to me.

Under the banner of a violet sky,
my face in rest upon the grass,
I knew of no one
as loved as I,
and left to climb the towering hills -
left behind the weights I bore -
having found what I came looking for.

—*Dewan-Syed Adnan Majid MS I*

WHEN SYMBOLS CRASH

When we arrived
They wrapped us, like promising
gifts
In magnificent white
Coats to reflect the required ideals
We happily aspired
To that metaphoric meaning
To that symbolic sense
And welcomed the long wait
For significance

A type of pride possessed me the
day
I first assumed the sacred costume
But was laid to rest the very next
When a textbook preceded a test
When my world view
Reduced to micro slides
And SBS became my human side
When my lab partner bled through
the tourniquet
Cause I didn't know how to draw
blood yet
When old-fashioned words gave
way to acronyms
Wisdom absurdly trimmed
Into three-letter revelations
Chanted daily in the auditorium
Where April explained the medieval
ways of nature
And I heard the voice of God in
every lecture
(It was Ron, the man behind the
projector)
Every time my answers were wrong
I bade myself remember
Dr. Savoia *said* that I belonged
I erased old memories to make way
for new
Learned how to get by
And the coat? Well, I'll admit
It felt like a lie.

It did open doors
When I hit the wards
I had symbolism on my side
The stethoscope round my
shoulders
Spoke more than my name tag
I had escaped Liebow and Garren
Could try my fare at real caring
And I had this game in the bag!
That's what I thought...
Until the scrub nurses and
attendings informed me
I did not
They didn't *tell* that to me
They yelled it at me
Without so much as tipping the new
bellboy
Of their emotional baggage
I could have used the cash...
But thanks to unsubsidized loans
At least I own a set of wheels
It's parked in front of my place
(I couldn't afford a parking space)
I had to steal moments to eat, drink,
or sleep
Survive on granola bars for
breakfast
And long "blinks" during Grand
Rounds
I even tried to make time for
relationships
With my girlfriend, I wasn't a fast
learner
She said I never listened...
I put the stethoscope to her lips and
said,
All I hear is the same old murmur

But somehow, we all thrived in
spite of the challenge
With a little help from the OSA
Whenever we stumbled, confused
by a choice
Never to worry: we would just ask
Joyce

And the path would be clear at last
Success would be in sight
And you might almost forget
That when we arrived
They wrapped us
In magnificent white
Coats to reflect and represent
A life that made sense
The achievement of significance

How those symbols
Seemed important back then
I put on the coat, the stethoscope
And musical notes tinkled around
me
As if the orchestra which was to
play
The soundtrack of my life
Finally found a tune
But behold, we are nearing the
finale
And when I hear all of these
symbols crash
It sounds like a symphony
For emblems don't carry this
melody anymore
A coat, or a cap and gown
A scope, a tag, a little black bag
These can't hope to capture
The magnificence achieved
It's in your voice, in your eyes
The way you naturally uplift
And you must know, as you leave
Yours is a gift that only you can
unwrap
Continue to compose this intricate
melody
And voices like mine will always
accompany
For though this epic journey now
ends
We will be doctors, we will be
colleagues
And with the proudest note of all
We will be friends.

—Rishi Doshi, MD
Alumnus, class of 2007

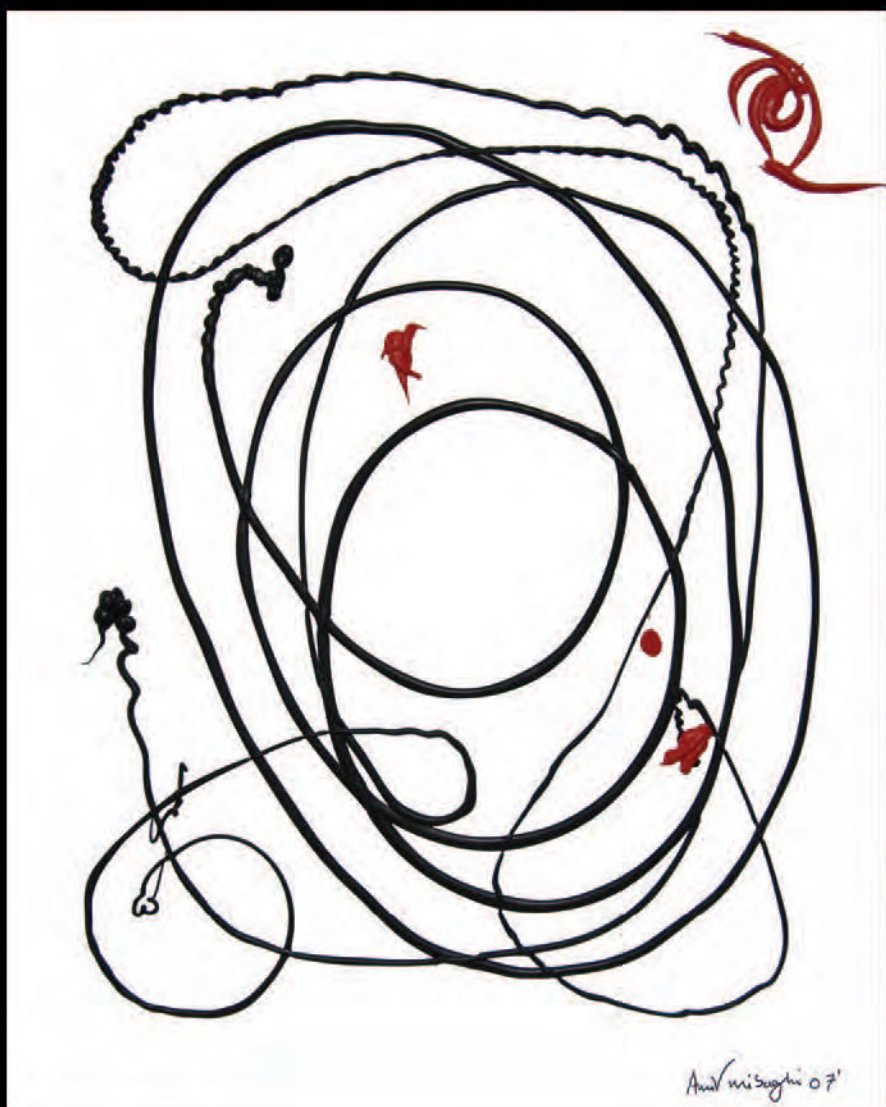
Clockwise: *Masai Girls*, SunMin Kim MS I
Clogs, Jamie Nicole Heinzen MS III
In Another Life, Bansari Shah MS II





Clockwise: *Untitled*, Fred Baik MS II
Dance, color pencil, Niloufar Tehrani MS I
Soft Places, water color, James Henry MS II

Clockwise: *Fruit*, acrylic, Jeffrey P. Harris, MD
Snow Bridge, Nicholas Kanaan MS III
Untitled #32, acrylic, Amirhossein Misaghi MS I





Civil Disobedience, oil, Tom Chao MS III

FUNDING THE OCCUPATION

Dedicated to the family of Iman al-Hams, who at 13 years-old was shot 17 times while on the ground by an Israeli soldier at the Rafah refugee camp on October 5, 2004.

we are bullets that pierce
Palestinian children
kick petrified soccer balls hugged by old socks
we breathe shadows
that leave bones of infants
in exhalation

we blindfold tanks
that rampage through farms
never seeing the farmer
suffocate under rubble, rubber,
and steel wheels
we are bulldozers
that pave paths of freedom
into family homes
leaving lingering songs of martyrs
carried through the winds

we are bricks
to concrete fences
that surround camps of the indigenous
vandalizing views of ancient olive groves

we strip the EMT
naked like Adam
bridge bare backs of medic to
sweaty palms of Israeli soldier
with gunpoint rifles
we are the delay
that stops ambulance
as mother remains only wife once more
holding familiar figures of
spoiled fruit
plucked from trees of life
we are the occupation

—Mohamad Raad MS II



India Reverence, Nicholas Kanaan MS III

TRAVEL

DIAMOND HEAD

One woman's journey to the top.

BY CHELSEA HODGKISS-HARLOW MS II



Snow Climber, Wesley Gifford MS I

I am not much of a hiker. It is not for lack of ability, nor a lack of appreciation of nature. It is just, well, the heat, allergens, and—a personal favorite—dirt. Why then, did I find myself at the base of Diamond Head in Oahu, Hawai'i, ready to climb to the top? I suppose I could pretend that I had a burning desire to get in touch with my inner naturalist, or that I thought rising with the sun deserved a celebratory hike to complete the morning, but that would not be honest. In truth, it was an act of kindness to my darling dad, who had planned so much of the vacation to be exactly what I wanted.

Dads are good at that sometimes (Moms are too, but that does not fit into this story). That is, secretly planning things to work out *exactly* the way their children want, and yet pretending it is what they themselves wanted all along. Most of the time, the “kids” (yes, even the adult ones) just happily go along with this game. I knew that parasailing off the shore of Waikiki was not first on my dad's list of things to do when we

landed. Somehow, I could imagine that arranging a trip to Kauai and organizing a day of ziplining and rope swings over waterfalls was not in his top ten either. I, however, had mentioned how phenomenally exciting and entertaining I thought these activities would be... and lo and behold, they were planned!

Parasailing had already happened and ziplining was in the near future. I awakened early one morning and glanced at the postcards on the table. There, gleaming in the background was Diamond Head. I looked out the window, and there it was again. I knew, deep down, that the only activity that my dad secretly wanted to do was climb that shell of a volcano. It was neither a desire I particularly shared, nor understood, but somehow that was not important. My dad looked up from his tour book and said, “Do you want to go to the International Market? Or try to get tickets to that magic show?” Hmm, “yes and yes,” said my internal dialogue, but instead my treacherous lips betrayed the words, “Why don't we hike up Diamond Head?” He tried

to deter me, but I had made up my mind (and he really did not take much convincing). So, I did what any self-respecting non-hiker would do. I found lightweight clothing, good hiking shoes, lots of sunscreen (fortunately, I had not yet taken second-year epidemiology so I did not face the mental quandary *to sunscreen or not to sunscreen*), water, sunglasses, and a hat, and we were on our way!

The hike started easily enough. There was a cement walkway and even a handrail. My dad laughed, and commented on the “urban hiking.” The walkway was deceptive, though. It lasted just long enough to put the hiker sufficiently on her way (and out of sight of the entrance) before it disintegrated into rock and dirt. There was occasionally an old, rusty “handrail.” I use the term “handrail” loosely, because I sincerely doubt anyone was meant to put a hand on it. I think instead, it was a thinly veiled attempt to subdue any desire to leap into the crater after tripping over a rock (which would happen to anyone without the coordination of a billy goat at some point along the trip). Fortunately, I kept my footing, but I was amused when I happened to notice the “trip/jog” spectacle. For those unfamiliar with this phenomenon, it occurs when an able-bodied person trips accidentally over apparently nothing, and then begins to jog, as if the act of tripping was an intentional beginning to a hastened pace. After about three or four steps, the tripper proceeds to casually glance around and resume a walking pace.

“ I developed a newfound love of hiking and dirt! Ok, not really, but I did appreciate the beauty of the moment. ”

FOUR REASONS

If he left
the bench would stay smooth and white

the hospital cafeteria is a settling place.

If he left
the coffee would cool by the clock

opposite to equal without delay.

If he left
we have nothing left but time

pockets full of wooden dimes.

And if
nothing stops moving, once it started

never leave the smooth white bench.

—James Henry MS II

If you have not seen this singularity before, I suggest you watch for it. It is moments like these that make life so entertaining.

To make a long, rock-filled journey short, we made it to the top of the volcano in about an hour or so. Fortunately it was very early in the morning, so the stifling factor was only about a seven out of ten. I have to admit, after suffering the trail, the tunnels (that part actually let me get in touch with my inner James Bond), the stairs (did I mention there were stairs?), and the crawl through an “observation slit” to ascend to the true viewing deck, I was amazed by the view. Leaning against a bunker with the shore of Waikiki laid out below me like a photograph was truly a breathtaking experience. I made extensive use of the camera because who knows when such insanity might overcome me again? In all seriousness though, the happiness on my dad’s face and the memory of sharing that view (I could have done without the hike, but since they were a package deal, I shall focus on the positive) is something

that will stay with me forever. I hate to sound like a Mastercard commercial, but the moment was priceless ...

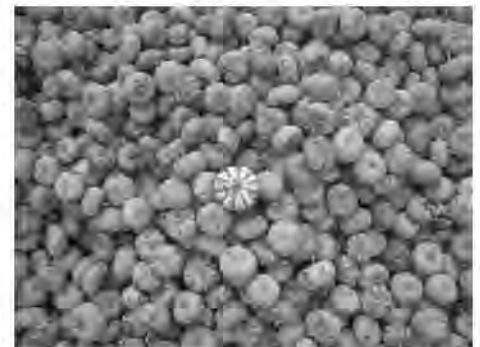
Did I mention there was a certificate? Just when I thought I had climbed those bunkers for the solitary joy of pleasing

my dad and accomplishing a feat few expected, Christmas came early! There at the very top, a poor Diamond Head State Monument employee (can you imagine hiking every morning to get to work, poor soul) produced a beautiful certificate, that was dated, and officially gold-sealed.

This will certify that (insert name here) has successfully climbed to the summit of Diamond Head. Mount Leahi rises 760 feet above sea level and 560 feet from the crater floor. I have officially ascended the 0.7 mile long trail which is unpaved and has an uneven rock and dirt surface that may be loose and slippery in places. It leads through a dark tunnel and involves climbing 271 steps through a narrow spiral staircase inside an unlit bunker... My reward for accomplishing this feat was a panoramic view of south Oahu from Koko Head to Barbers Point.

Silly monument certificate writers—my reward was so much greater than the view! I developed a newfound love of hiking and dirt! Ok, not really, but I did appreciate the beauty of the moment. I also made fantastic memories that I will surely cherish forever. Oh yes... and I received a certificate. Now that made it worth it!

◇ ◇ ◇



Four untitled pieces, Melissa Lorange MS IV

VAMPIRE DREAMS

BY JACOB HARTER MS II

When I was five years old I'd dream of vampires and robbers. Even with the sheets pulled tight over my head, and stowed away against the wall on the top bunk, I never felt safe. I'd lay still, the sheets fluttering from my heartbeat. My breath would collect beneath the vacuum seal of my flannel sheets and I'd grow hotter and hotter. Eventually, whether driven by the humidity, darkness or curiosity, I'd chance a peek. My pupils widened from what felt like hours buried still and silent beneath the covers, I'd scan the room. Seldom did I see anything, but it felt even worse that way—it meant that a robber must have stolen into the closet or beneath the bed in the interim, waiting until I returned to my flannel tomb.

Eventually I'd grab a blanket and sleep on the floor my parent's bedroom. Even today I can only sleep on mattresses firm enough to make others toss and turn.

This habit of skulking down the hall to their bedroom in the middle of the night infuriated my mother. I'd hear her roll over and whisper angrily to my father. Even with the knowledge that I'd be scolded in the morning, I'd sleep soundly—I'm not sure whether I felt safe out of confidence that my parents could scare away the vampires, or simply because I knew the one in three odds were a vast improvement if a vampire did in fact choose to attack.

Naturally, my parents tried everything: returning me silently to my own bed, yelling and the old go-to, bribing me. For every month that I managed to sleep in my own bed, they'd purchase me a Nintendo game.

I only recall ever purchasing one game out of this deal. The game had an odd-shaped cartridge. Not the usual

Then one night my dreams of vampires and robbers came to an abrupt end. I found myself standing in the dark outside of my parent's bedroom door. I could hear the walls creak and moan as the house cooled. I took a deep breath and stepped silently into their room and curled up in my usual spot. For about thirty seconds nothing happened. Then my mother whipped back the sheets and descended upon me. She snatched me up and instead of taking the usual path back to my bedroom she went out the door, down the hall and out through the front door.

The fine hairs on my legs stood on end. My heart raced. Without speaking I felt my mother's mood soften and her step slow. As my eyes adjusted I took in our yard in the dark, clinging to my mother's arms.

"Do you see any robbers?" she asked.

I shook my head. I saw gray tree branches and their shadows stretching across the grass. I saw Orion in the stars. I did not see any robbers. A part of me wanted to scream out that she'd scared them

away. To tell her she'd feel bad only once one had snatched me from my bed and fled through the window. I knew my mother was right though, so I could not say those things. And it was cold.

"Do you want to go back in?" she asked.

I nodded.



Murciélagos por la Noche, Niraj Patel MS I

clunky grey affair, but a tapered, golden case. Even the exotic title boded well: Shinobi. I imagined ninja stars and hulking bosses on the way home from store. I played 15 minutes into the game and it froze. I immediately restarted the system and tried again, but then as it always would, it would hit the same electronic snag. I probably didn't sleep in my own room for weeks afterwards.





Firestorm, Lindsay Frost MS II

DEVOLUTION

Born under the tyrannical sun with little more than dark pigment to protect me from the light
Terrified when the sun went down, for my predators could see far better at night.
I made my home among the rocks, shaded by branches torn from trees
And still I could not hide myself from the claws of enemies.

Then, escaped into the darkened depths of concrete factories
My fallen sweat, caked in ash, fueled the flames of black machines.
Above us, cash flowed clean like water, filling nooks in fortified vaults
The rich grew rich and the poor died young, and the forest gave way to asphalt.

With strength in numbers change was in the air
But all we got was nine to five and an ergonomic chair;
And there I sit while typing eight to six
Then drive a boxy car home: cubicle to duplex.

At home, I'm stuck indoors. These days
I have depression, or so my doctor says.
Twice a week I go to an office
To absorb light from boxes.

Seasonal melancholy
Claustrophobia
Languid
Pale.

—*Hyuma Leland MS I*

LESSONS IN MATHEMATICS, SURVIVAL, AND COURAGE

Life lessons from patients of the VA.

BY MATTHEW BROCKWELL MS III

It is an oft-repeated cliché among students at my medical school that the patients at the Veterans Affairs hospitals all tend to look the same after a while. Men, usually in their 40s or older, with chronic health problems brought on by lifetimes of smoking and alcohol use — casebook presentations of hypertension, diabetes, high cholesterol — these patients are the bread and butter of our rounds each morning.

Clichés have a way of hiding more than they reveal, though, and this proved to be true for me over the nine weeks that I spent on the VA’s surgery rotations. Perhaps it started with my conversations with Al, a homeless Vietnam vet who spends a lot of his time in the vicinity of the hospital.

In what was perhaps my second conversation with him, Al let slip that he was interested in mathematics. This caught my attention right away, because my dad is a mathematician, and I grew up studying math. Al explained that he was interested in the repetend problem.

If you take the reciprocal of any prime number expressed as a decimal, it will repeat itself. For instance, if you write “ $1/7$ ” as a decimal, it will be “ $0.142857142857\dots$ ” with the last six digits repeating endlessly, ad infinitum. But for any given prime, is it possible to predict how long the string of repeating digits (the “repetend”) will be?

Al had been hanging out on campus, attending the occasional campus event, eating the cheap food offered by the

Hare Krishnas, and thinking about this problem. He explained to me that when he solved a math problem he felt completely unfettered and free—that his mind could relish a triumph that depended on nobody else’s approval, that he felt ecstatic and blessed. By the

of length $(p-1)$. In other words, expand $1/7$, and you will find a repetend of length 6. Expand $1/19$, and there will be an 18-digit repetend. And so on. Apparently this follows from a theorem that Pierre de Fermat came up with in 1640, known to mathematicians as “Fermat’s Little Theorem.”

It gets more complicated, though. There’s no way to tell if that repetend is itself composed of smaller, repeating strings of digits. Take the number 13 — it’s supposed to have a repetend length of twelve, as Al and I predicted — and it does. But those twelve digits consist of a doubled-up string of six digits. Neither of us has yet discovered how to tell in advance which primes do that.

But we’re working on it. And I have a feeling that it will be Al who will figure it out first, sitting outside somewhere on campus, homeless, living among the elements, but nonetheless a king in his own domain, for a moment, privy to the thoughts of God in a way that few people ever can be.

As I left Al to navigate the mysteries of the mathematical phenomenon, I came across

another veteran who wrestled with his own personal mystery. In the same nine week period, I met a Czech man in his 50’s, I’ll call him Ludvik, who was in the hospital for surgery. My attending surgeon explained, “If you meet a Czech who came here in ’68, they came here because of the Prague Spring.” Ludvik was a teenager in 1968 when President Dubcek launched the reforms that were answered months later when Brezhnev ordered Soviet



Authority, acrylic, Lakshmi Ganesan MS I

time he shared his problem with me, it became apparent that he had grown sophisticated in his mathematical thinking.

For the next few months we played tag team, meeting occasionally at the VA cafeteria, to discuss the problem. Neither of us figured out the answer, but we did discover something interesting.

In mathematical terms, for a given prime p , the decimal expansion of $1/p$ will always include a repeating string

“...symbols, posters, and empires may all eventually fade, but people will survive. By hook, by crook, and sometimes by the concern of complete strangers, still they survive...”

tanks to roll into the streets of Prague. Three hundred thousand people fled, among them Ludvik, who never saw his parents again.

He'd tried to join the resistance. Who could blame him? He was probably like any other teenage boy at the time: he had heard stories of Molotov cocktails being thrown in the narrow streets of the Czech capital, saw his uncles and older brothers and friends taking up arms, and wanted to contribute to the defining struggle of his time.

But when he lined up to receive a weapon, he reached the front of the line, and the man handing out weapons looked him up and down and said, “Kid, I appreciate your spirit, but you're too young for this,” and turned him away, probably saving his life.

He fled, made it to the United States, and joined the army because that was what the other new arrivals were doing — one sure foothold in a foreign land for a newcomer who barely spoke English. He made it through Vietnam, survived, returned, and now, forty years later, was being wheeled on a hospital gurney through the VA for a minor surgery.

After surgery, patients are returned to the post-anesthesia recovery room, and the nurses have six slots to put them in. They put a travel poster over each slot, to make it easier to roll the beds to the right place. “Hip replacement done—put him in Hawai'i!” they call out, and the gurney is rolled over underneath the big poster of Hawai'i.

When Ludvik came out from his surgery, guess where they sent him? That's right, into the slot marked by a kitschy poster of dancing Russians, the kind you'd see in a high school Russian classroom. Which just goes to

show: symbols, posters, and empires may all eventually fade, but people will survive. By hook, by crook, and sometimes by the concern of complete strangers, still they survive, and move on to a new chapter.

And then I met one of the greatest survival stories of all. I'll call him Bill. Bill was in his mid 90's. Bill had served in World War II, and he was, to the best of his knowledge, the oldest still-living Marine Corps survivor of the battle for Iwo Jima. He'd gone out in March of 1945 — not part of the initial assault, but to take part in the fierce battles that followed. He'd returned to Southern California after the war, and opened a barbershop.

When the attending surgeon walked into the pre-op area to introduce himself, Bill looked him up and down and said, “Young man, when this surgery is over, I'd like to give you a haircut.” This is really only funny if you happen to know that the surgeon in question, while not completely bald, doesn't have a whole lot of hair. He took the ribbing well, and told Bill he'd be happy to take him up on the offer.

We went over the details of the surgery with Bill. We all stood in a circle around his bed—the pre-op “huddle” of nurses, surgeons, anesthesiologists, and medical students. For a moment I wanted to take a picture of the scene and send it, a single time-defying postcard, in violation of all of the laws of physics, back to the younger Bill, as he sailed across the Pacific in 1945.

He must have been terrified. Who wouldn't have been?

Lying in the belly of a troop ship, the throb of diesel engines around him, surrounded by salt, sweat and fear—he knew exactly where he was going. In



American Sector, Jamie Nicole Heinzen MS III

some units, as many as three out of every four marines were killed. Those were the men he was going to relieve.

The U.S. Air Force had bombed the islands until they looked like the surface of the moon. In response, the Japanese had retreated to a network of tunnels that gave them complete cover as they picked off the Americans who were scrambling on the rocky surface above. This was their destination, and they all knew it.

I wanted to send a message back through time, telling him: look, this is how it ends — not cut down by a bullet on the surface of the moon, but instead, more than sixty years later, in San Diego. Here, a team of compassionate and dedicated people will care for you, you will go home, and one day, you will experience a dignified, peacetime death.

But then I realized that there was no need. If Bill had faced Iwo Jima the same way he did his surgery, he already

knew. It didn't make a difference—he had no control over how things turned out, but in his imagination, he was already giving a haircut to the attending surgeon. Maybe that is what let him survive Iwo Jima—in his imagination, he could already see himself on the other side.

Because in the end, we don't know what fate has in store for us—but if we live *as if* fate will be kind to us, at least we can make the most of every moment that we are granted.

And perhaps, in the end, that is what makes all of us fundamentally human: In the space between what we know and what we do not know, there is a gap. How we navigate that gap and stay afloat within this mysterious balance, determines how we live and how we survive.

For Al, exploring the space between knowledge and mystery in mathematics blessed him with his greatest feelings of freedom. And for Ludvik, his life was

probably saved by an anonymous man whom he'd never be able to thank—the mystery of that would remain with him forever. And for Bill, the very definition of his courage was in the divide between what he knew, and what he did not, and how he faced that division while confronting danger.

And for me? From my experience with VA patients, I have learned that old words such as freedom, compassion, survival, and courage, could mean more things than I ever expected. And when I hear people say, “the VA patients are all the same,” I know that I will never agree.



A sidelong glance:
breathtaking eyes momentarily
mesmerize me.
A tress of silky hair falls gently to her temple.
“So how’s med school?” she asks me.
Contemplating a response, my mind wanders to
last night’s ER patient
breathing heavily, struggling to stay alive.
The bloodied fetus
withdrawn from her uterus and held
between forceps.
The embryo’s black slit eyes stare at me
through the walls of a plastic urine cup.
28 weeks.
Her voice startles me:
“What are you thinking about?”
Bass from a slowly passing Cadillac
shakes the window. My heart beats.
Some time has elapsed.
My left brain offers a disarticulate reply. I stutter.
One cannot impose on such beauty.
Remember, Kazim, glutamate is excitatory.
I shoved the ER deep into the back of the brain,
Away from the frontal cortex,
where I am. Right?

—Kazim Narsinh MS II

ANNALS OF ETYMOLOGY
THE STORY OF Η.

An essay on the origin of 'polycythemia.'

BY STEVEN NGAI MS III



Stone Tower, Kevin McElroy MS II

P*olycythemia*. To hear it unearths memories of hematology, of summer mini-block afternoons on the shores of La Jolla. Digging deeper into the recesses of the medical student mind turns up a few more useful associations: myelodysplastic syndrome, therapeutic bloodletting maybe, or that peculiar phenomenon of itching during hot showers. Well done, you student of polycythemia. But in the name of the disease—in the very letters themselves—is an ages-old story that is less commonly told.

You exclaim: Spare me the etymology! I can handle that myself! *Poly-* for *many*, *-cyt-* for *cells*. And, following the pattern for *hyperlipidemia*,

hypernatremia, and all the other *-emias*, *-emia* for *blood*. Ergo, *many cells in the blood*.

Fair enough. But you've failed to account for one letter—what about that Η?

Okay. Perhaps it's not just *-emia*, but *-hemia*. And that's a sensible proposal: after all, we're talking about *hematology*. But that answer only raises a new question: what about the *-emias* without the Η? Why the inconsistency?

Late one night in January 1982, a contingent of rogue parliamentarians voted to break Greece from millennia of its written heritage. Five different diacritical marks bit the dust—among them, the acute (ά), grave (ὰ), and

circumflex (ᾶ) accents. In one sense, the purpose they served was no longer necessary; over the centuries, Greek had replaced its flowing musical accents with a blunt stress accent. Only one accent mark, the *tonos*, was now necessary. Greek had finally gone “monotonous” (well, the official word was *monotonic*, but still, same idea).

Gone too were the two comma-shaped marks called the smooth (ᾰ) and rough (ᾱ) breathings. In bygone classical days these marks had indicated whether an initial vowel had been preceded with a feeble and dying Η. And in the eventual demise of that sound lies the first hint to the mystery of the intermittent Η. For the last one-

and-a-half millennia, it turns out, there has been no H at the beginning of *hematology* (or any other Greek word, for that matter). Indeed, when Greeks two millennia ago developed a device to measure distances, they dubbed it the *hodometer* (from ὁδος, *way*), but when the same concept was reintroduced and renamed in the eighteenth century, it became the more familiar *odometer*.¹

While still in its heyday, the H had also become incorporated into two of Greek's "aspirated" consonants, TH (theta, θ) and PH (phi, ϕ). These letters had entered into existence not with their English pronunciations (which admittedly make little sense given the separate sounds of T , P , and H). Rather,

the TH was simply T followed by the extra puff of air otherwise known as H ; likewise for PH . Effectively, they were the stronger, H -reinforced forms of two other Greek consonants, T (tau, τ) and P (pi, π).² So in these two letters the elusive H had built a little phonetic stronghold for itself. But over the centuries this H also began to lose its hold. It did not surrender on its own, like the H 's at the beginnings of words. Rather, TH and PH resorted to treachery, reinventing their sounds until there was no true H left at all. A word that once sounded something like *Ppiladelpia* we now pronounce as *Filadelfia*. Any H we write in such words today is just a farce.

In fact, the classical Greek H would have no direct phonetic legacy today were it not for a morbid accident. The Greek TH had been borrowed into Latin by the Romans, who also adopted its classical pronunciation. But as Latin declined as a primary language, its phonetics entered into semi-stasis even as Greek phonetics continued to evolve. A few upstart languages, like French and German, later scavenged the gist of the old Latin sound along with the spelling (e.g., *théorie*). Other languages, like Spanish and Italian, swiped the sound but disposed of the evidence by unceremoniously offing all the H 's (e.g. *teoria*). But while the sound of TH was relatively well preserved, the

My Dog, Jonathan B. Peterson MS IV



PH fared much worse. It had already begun mutating into F by the time Latin got hold of it. None of the European languages preserve the spelling or the authentic H-bearing sound.

Yet in Greek itself, the sound of the genuine H—though down and out like a third-nerve palsy—had never truly died. Classical Greek, much like today's scientific pseudo-Greek, had a penchant for building complex words from roots. At the beginning of these roots often lay weak initial H's, like the one in *-hemia*. In the process of combining, such initial H's might find themselves buried in the middle of a word. Prohibited except at the beginning of a word, and already weak to begin with, these H's typically



“ But in the name of the disease—in the very letters themselves—is an ages-old story that is less commonly told. ”

involted without a trace.

The curious anomaly occurred when an H would snuggle up next to a T or a P. The new compounded word could retain its aspirated H character through a trick of judicious respelling: the T or P could absorb the H and as a result upgrade to the stronger theta or phi. Because these letters could appear in the middle of a word even though the H could not, these kind (yet self-serving) aspirated consonants rescued the H from middle-of-word oblivion. And thus while the H of *hyper-kal-(h)emia* went the way of the dodo bird, the H of *poly-cyt-hemia* achieved salvation and immortality, all thanks to the T of *cyt-*.

This phonetic phenomenon was known not just to biologists and doctors. When scientist Michael Faraday consulted a Greek scholar to name the two terminals of a battery, he started with the word *hodos* (meaning *way*, remember?). Prefixing it with *ana* (άν[α], *up*), he produced *anode* (άνοδοσ), in which environment the H could not and did not survive. But prefixing it with *kata* (κατ[α], *down*) yielded the word *cathode* (κατ + όδοσ = κάθοδοσ). By helping a tau upgrade to a theta, this H survived—and entered the annals of scientific history.

We see this phenomenon manifesting itself occasionally wherever Greek works are found. Etymologically, a *cat-hedral* is merely a *sitting down* (κατ[α]+ έδρα, *seat*); an *ep-hedra* plant apparently *sits upon* (επ[ι]+ έδρα). An *ep-hemeral* object is one

that lasts merely *upon a day* (επ[ι]+ ήμέρα). Because theta and phi have lost their original pronunciations, these etymologies are less than apparent to modern ears, either American or Greek. Only with classical insight is their secret revealed.

And so the lost H still wields over the Greek language that one last mysterious power, despite a history of misfortune. To be sure, the word-initial “rough breathings” are long gone. The sign indicating where they once flourished? Legislatively abolished. And the H that we write in the modern TH and PH? Merely an empty gesture. But the shifting consonants of words like *polycythemia* are an undeniable mystery... that is, until you know the story of H.

But after all this fuss, what do the modern Greeks have to say about polycythemia? At some point, modern Greek scientists decided that *kutos* or *cytos* (κύτος, *vessel*)—the word originally chosen to denote a biological cell—was not good enough for the job, even though the rest of the Western world had already run off excitedly with it. Thus for in-house scientific Greek, they quietly replaced every last occurrence of *cyt-* with a related word denoting a cell of a honeycomb.

So they don't even say *polycythemia*. They call it *polycyttaraimia*.

Funny, that.³



¹ An illustrative example, but at the same time, a bit of a surprising choice, since even in the age of modern Greek, scientific nomenclature continues to follow classical Greek, eg hematology and not “ematology.”

² Actually, the third and final letter pair of this type is kappa and chi. This pair is omitted for simplicity's sake.

³ How *-aimia* became *-emia* is a short story in itself, one that leaves vestiges in British polycythæmia and German Polycythämie. Constraints of time and space do not permit fuller explication.

FICTION

PAPER MONEY

BY MICHELE LEE MS II



Gypsy, pencil, Niloufar Tehrani MS I

Wednesday morning Maria unlocked the metal gates of the corner store and opened the glass doors behind them. She set her backpack on the counter and wheeled the carts of pears and oranges onto the city sidewalk in front of scratched and postured windows of the storefront. She worked slowly, savoring the cool summer morning before the first customers would burst through the entrance, before the sun would heat the fetid aroma of spoiled fruit from the dusty cement floor.

She opened the refrigerator behind the counter and took out plastic-wrapped bouquets of burgundy roses to

display right outside the entrance, next to the rickety red newspaper rack that propped the door open.

The black minute hand reached the six on the soiled white clock on the wall. Maria pulled an old stool out from under the counter. She lifted a copy of the morning's newspaper and began reading. Business usually did not pick up until later in the morning.

Local Man Wins Lottery. Maria nodded and sighed. Another day running the store. Another day exchanging cigarettes, gum, and lottery tickets for pocket change, and occasionally, paper money. Another day receiving sympathetic stares from businessmen

picking up *The Wall Street Journal*. She straightened the jars of beef jerky and peanut butter that lined the ends of the aisles stocked with candy, potato chips, and beer, and depending on the time of year, perhaps pencils or lighters or masking tape.

She leaned back against the plastic cigarette rack that hung from the window frame. A stack of pink plastic *Thank You* bags hung beneath the decade-old cash register on the painted counter. To break the silence, Maria reached down to a radio beneath the cigarette rack. The tape player no longer worked; it had stopped working three years earlier. A wave of static rushed out and Maria quickly pounded on the box. The noise quickly stopped, as did any sound that had been coming from the speakers. Silence did not return. Maria noted the sounds of downtown traffic whizzing by outside.

She peered out the window through the space behind the cigarette rack. She eyed men and women on 53rd Street walking with briefcases and pictured the insides of their cars with leather seats, CD players, and tin mugs of espresso resting in cup holders next to car phones. She watched commuters come out from the train station across the street wearing business suits and leather shoes. While others went to college and found real jobs, Maria had been opening the family's S&B Market every morning since the Monday following her graduation from high school thirteen years ago. She spent the day from seven to five behind the counter, staring at faded Lotto ads and torn theater performance posters. Her mother used to come down in the afternoons, but now age had overcome her ability to run the store. The customers grew impatient with her counting, and shoplifters were more confident with the old woman's eyesight.

She stared down at the dusty floor. On warm days, the store was always stuffy. On cooler days, it seemed damp and chilly. This morning she could already feel sweat clinging to her skin. She tapped the oscillating fan to her



Masons' Work, Wesley Gifford MS I

right, which was next to the furnace that glowed with red wires in the winter. The breeze of the fan blades stirred up the dust and paper in its presence, but quickly relieved Maria of the heat.

The hands on the clock moved through the morning slowly as customers made their purchases. Business slowed after ten, as it usually did once people were at work or school. Sometimes she sketched. Sometimes she hummed. Sometimes she just stared at the wall. Today, Maria engaged herself in a fashion magazine that she grabbed off the shelf. She studied the clothing in the photographs. The fabrics would flow lightly like water against skin. Maria did not know the difference between rayon and cashmere. She had never touched silk.

"Excuse me."

Maria's thoughts were interrupted as a young woman approached the counter. Maria's eyes focused on the crimson lipstick and fingernails, accented by a small diamond ring on the left hand.

"Where might I find some napkins?"

Maria looked up and pointed to a shelf near the entrance.

The woman glanced at the shelf and shook her head. "Oh no, not those. My husband doesn't like that type. He wants those white cocktail ones."

"Well that's all I got," Maria

replied.

The woman shrugged and walked into the beverage aisle. Her musky scent of vanilla and wildflowers drifted around the store, between the glass vodka bottles and cases of imported beer. Her ash blond hair twisted neatly into a knot at the nape of her neck. Her brushed wool dress suit seemed out of place in the liquor store.

Maria looked at her reflection in the glass refrigerator door. Her dark hair lay in clumps against her scalp. The thrift store lipstick she wore clashed with the natural color of her lips. Maria watched the woman through a convex security mirror hanging from a back corner of the room. The suited woman stopped in front of a pyramid of soda, as though lost or surprised at the sight. She stood there for a moment, as though contemplating her next move, then continued onto the shelves in the aisle. Maria spoke.

"Picky husband, eh?"

"Huh?" The woman looked over. "I'm sorry, what was that?"

"Never mind," Maria replied. "Could I help you find anything?"

Maria returned to her magazine as the woman scanned both sides of each

aisle. When she emerged from the last aisle, she was holding a package of crackers and a crisp twenty-dollar bill. She set the package down on the counter and turned to scan the magazine rack.

"Liss, did you find the napkins?"

Maria glanced up and saw a man standing in the doorway in front of a green convertible parked in the loading zone. He had gold-rimmed glasses and clean bark colored hair. He was holding the car keys in his left hand.

"They don't have the kind I want," replied the woman without looking up from the rack.

"Well, then let's go. I'll pick some up from the health food store," the man responded.

"Will that be all for you ma'am?" Maria interjected.

"What are you buying?" The man peered onto the counter. He shook his head. "Oh, come on, you don't need that. Come on, let's go."

There was a moment of silence as the woman frowned and scanned the entire selection of magazines. The man gestured impatiently towards the door. The woman bent over as though she was interested in the tabloid headlines. Finally she sighed.

TO DYLAN THOMAS: A SONNET

"Do not go gentle"—so the verse will say:
To rage and buck against that coming night
Whose bailful tread has never turned away,
Nor ever failed to claim the mortal fight.

And thus in abject failure ends each day,
The fiercely raging, thinking he is right,
But dies amidst chaotic disarray
With eyes subdued that could have been so bright.

If he had ceded worldly stakes to pray,
And fearless, weighed his soul's impending flight—
Then, liberated by his brave survey,
Gained peace to see the day's declining light.

For rage against the night that's soon begun
But clouds the beauty of the setting sun.

—Steven Ngai MS III

“Fine.” The woman looked up and forced a smile. “Let’s get out of here.” The woman picked up the package of crackers from the counter and tossed them onto the magazine rack and dragged her feet through the dust on the floor as her husband pulled her by the elbow. She held the crisp twenty-dollar bill loosely between her pointer and middle fingers. As they stepped out onto the sidewalk, she casually swung her left arm backward and smiled as the bill slipped from her fingers. It floated in the air briefly before it landed beneath the newspaper rack that held the door open.

Maria watched as the bill settled flatly onto the cement floor. She jumped up and trotted to the door. She bent over to pick up the bill and examine it. It was a crisp twenty. Customers usually paid with pocket change or dollar bills. A fresh scent of newness drifted from the green paper. Maria looked out the doorway. The woman was smirking. Once outside, the man had released her arm and they were walking slowly toward their vehicle.

Maria knelt by the doorway and watched them. Suddenly she stood up.

“Excuse me, ma’am! You dropped something!” She waved the bill at the couple. The woman turned abruptly, as though surprised. She slowly walked back to the store entrance and made eye contact with Maria

“Thank you.” The woman grasped the money in her palm and casually returned to the car, where her husband sat in the driver’s seat. “Thanks a lot,” she mumbled under her breath.

Maria turned around and walked toward the store counter as the couple drove off in their green convertible. She smiled and sighed. She didn’t need that woman’s pity. She didn’t want that kind of life.





INTERVIEW

CONFRONTING GENDER

A conversation with Bo Laurent on the past, present, and future of Disorders of Sexual Development.

BY JACOB HARTER MS II



Orchid, charcoal, Michele Lee MS II

I had the privilege of speaking with Bo Laurent at her home in Sonoma County. Since 1993, when she founded the Intersex Society of North America using the pen-name Cheryl Chase, she has established herself as one of the most influential advocates for people born with ambiguous genitals. This quest for improved medical care for individuals with Disorders of Sexual Development grew out of personal experience. Born with ambiguous genitals, she lived as a boy for eighteen months until doctors found she had ovaries and a uterus during an exploratory surgery. After undergoing a

clitorectomy her parents renamed her Bonnie and moved to a new town. At ten years of age her parents first told her about the clitorectomy. At age nineteen, hoping to learn more about her condition, she found her medical records hidden by Columbia-Presbyterian Medical Center where the surgery had taken place.

After attending college and working at a tech company for nearly twenty years, she began her second career in advocacy. Her long campaign for medical reform for DSDs as the founder and executive director of the ISNA has been profiled in the New

York Times Sunday Magazine. In 2006 she was one of two adults with DSDs who contributed to the “Consensus Statement on Intersex Disorders” in the medical publication *Pediatrics*. In addition to completing an M.A. in Organizational Development, she currently sits on the executive board of the Accord Alliance, a new organization promoting integrative and patient-centered approaches to medical care for DSDs (<http://www.accordalliance.org/>).

At what point did you realize you wanted to get involved with advocacy for intersex individuals?

In 1989 or so I had my second nervous breakdown that was caused by the misguided kinds of ways that health care professionals dealt with my family when I was born and with me as a child. I came to realize that the most harmful thing they had done to me wasn't even the clitorectomy, it was creating a sense of shame around who I am. That is not actually an issue of biology or medicine; it's a socially constructed issue. And it's a meaning that human beings construct together, and it doesn't have to be constructed that way.

That culture of shame is a profound thing. Where do you even start in trying to change that?

Well, I was left with the impression that I was the only person this ever happened to and nobody told me exactly what I had. They hid my medical records from me—I doubt that they were very forthcoming with my family. Eventually, I went into medical libraries, this was before the internet—and studied medical literature, and I read articles that said that I was one of only a few dozen people ever born like me in recorded history. But when I started talking about what happened to me, pretty soon other people who had extremely similar experiences came to me, even if they didn't have the exact same anatomy or diagnosis. They had been born with something that brought

attention to their sexual anatomy, and that resulted in their bodies being treated as shameful and frequently being subjected to surgery, but not always, and I think that the shaming is actually a lot more destructive than the surgery and that the surgery is actually an outcome of shame.

I think a lot of people would be surprised to hear you say that, at least in medical terms, Disorders of Sexual Development (DSDs) are fairly common. I've read that one in two thousand people are born with a DSD, which puts it on the same level as Cystic Fibrosis, which everyone knows about. So why don't more people know about this? Is it just that culture of shame?

Yeah. When I started to talk about it, I talked about what happened to me, and in the course of a year I found six other people. And they weren't necessarily six people I talked to that had this experience, but some people said—and I wasn't using media yet, just acquaintances—some people said, “Oh, that happened to my cousin's child, or that happened to my brother or someone I went to school with.” I also remembered someone that I had had a sexual encounter with decades earlier who had a really large clitoris, and I looked her up and asked her about it, because part of the thinking in medicine was that nobody could possibly live with a clitoris this big. And she was, so I asked her about it. It turns out that her family had actually had interactions with health care professionals in which they said surgery was not only recommended, but insisted upon, and her mother resisted it. There's a lot of tension in health care over what counts as intersex, but I think it's a very unhelpful word. It was never clearly defined in medicine, and the words that do have clear definitions in medicine are all based on “hermaphrodite”. And those words are especially non-helpful. There has come to be an argument among health care professionals about what intersex means and for the large part it means “I don't know what sex

you are, I don't really care what sex you think you are, and if I do know what sex you are, you are not intersex.”

You brought up the issue of nomenclature, and it's interesting because it seems like a lot of effort goes into trying to use the correct terms and some of the terms like DSDs seem relatively new. Is it important to use the new terms because they are more scientifically accurate, or because as new terms they avoid the stigma of previous terms?

I was involved in an effort to change the nomenclature, and some people think that it's an effort to escape the stigma of the previous terms, but that's not actually the case and that could never work. The stigma just comes

with you to the new term. The terms that were available in medicine when I started the Intersex Society of North America (ISNA) were “hermaphrodite” and all its conjugations like “pseudohermaphrodite”, and those terms are really freakish and they invite a lot of unwanted attention from people with sexual fetishes. We get a lot of correspondence at the Intersex Society with people that want to have dates with hermaphrodites.

The term hermaphrodite is somewhat scientifically specious. It comes from a 19th century medical theory in that true sex lies in gonadal histology. That we could just look at your gonadal tissue under a microscope to see what sex you really are regardless of what you look like, what you act like, what



Bo Laurent (left), founder of the Intersex Society of North America, at home with her wife, Robin Mathias, and her dog Scout. *Photography courtesy of Bo Laurent.*

romantic attractions you have and who you think you are. That it's all in the gonads. And that is obviously not true. Its very analogous to today when we talk to audiences—and even medical audiences - about this issue and they say, "What chromosomes do you have?" as if your true gender sex resides in your chromosomes. But sex development is governed by many genes and most of those genes are not actually on the sex chromosomes, there are already a couple of dozen identified genes not on the sex chromosomes. When you have altered function or mutations or deletions in any of those genes it affects sex development.

You're now working for a new organization. Can you tell me about it?

It's called "Accord Alliance" and it thinks the stakeholders it wants to bring together are patients, parents, providers, payers, and researchers. One of the problems is that the kind of research that has been done around DSDs has mainly been unhelpful. Intersex individuals have been used as a convenient sample for providers doing retrospective research on their patients to demonstrate that the surgery

that they did was appropriate and beneficial. We think that much more nuanced and systemic research can be helpful, looking at the health care team, the family system, the mechanisms of attachment and the stigma and social development. Accord Alliance just opened its doors, it has a website at accordalliance.org, it has \$300,000 startup grant from the California Endowment, and it is going to be collaborating with two institutions that have DSD teams to help them work out a model of care that's articulated in detail and figures out how to deal with problems that we hear from providers: "Oh of course we should invite counselors, but we cant pay for them," or "Of course we should work as a team, but nobody pays us for the team time." So we are collaborating with these two institutions to actually get around those institutional obstacles.

It is refreshing to hear that there is that kind of a collaboration going in medicine today, though it seems rare. Do you feel that because doctors relied on anecdotal evidence for so long that it has now opened the door to patients and parents actually having more say in developing a new protocol in dealing

with DSDs?

I think that patients forced the door open and I think that there is acknowledgement that better kind of care has to be provided, but there hasn't been anybody with the system view or the strategic resources to make it happen. It requires a lot of change starting with building functioning teams. I think a lot of people in health care have limited understanding of what an effective team looks like, and that's really completely aside from any controversial thing; you need an effective team, where as professionals you come to understand each other's perspective and get them to do joint problem solving, in order to provide better care. I think part of the problem is that people are really uncomfortable with ambiguity of any kind, especially sexual, and the health care providers' impulse has been to say, "I will make it go away." And in fact you can't make it go away and you can't tell who your child is going to be until your child can tell us. We're not opposed by any means to sex assignment. Children should be labeled male or female, and legally registered and named and treated as a Boy or girl. But except for a couple of conditions, there is always



the possibility that you get it wrong.

Because there's a real need for research—we talked about how physicians relied on anecdotal evidence to the detriment of patients and their families—are there more research opportunities being created today?

Guess what? We have such a strong feeling that much of the research done has been misguided and unhelpful that—and there's been some research that's been more careful and helpful that hasn't had the power to change practice—we're collaborating with the University of Michigan to hold an invitation-only research innovation meeting in April of 2009. We're going to invite those five stakeholder groups—patients, parents, providers, payers, and researchers—to engage in really out of the box thinking about what kinds of questions could we ask whose answers would be available relatively quickly with small funds and small numbers of subjects, would not be too invasive and would likely lead to better outcomes for families and patients, including not only researching the patient or the genes or the surgical technique, but researching the behaviors of the health care team and physicians and way that

health care is delivered.

There is always a face to a disease—someone famous taking up the cause—and that's been a problem with DSDs. You can't do for DSDs what Smile Train does for kids with cleft palates and send out pictures. So how do you raise awareness on a grass roots level with most Americans?

Well some of us went on Oprah last year. I think if we're telling people that this isn't something shameful, then some people need to be willing to speak about themselves. Did you know that epilepsy before World War II was dreadfully shameful, that if someone in your family had epilepsy you probably couldn't get married to an eligible spouse and you would be subjected to forced sterilization?

THE ANCESTRAL PARADE

If poppa, grandpa, great-grandpa came walking through our doors
At one a second 'til there's one who's walking on all fours,
In just a week of seconds that small quadruped appears:
Six hundred thousand poppas in about six million years.

They could write for just a minute, maybe talk for sixty more.
For two hours they would be furless, then as hairy as a boar.
In three days they'd look like Lucy and be dumb with pint-sized brains
And they wouldn't be tool-makers or build shelters when it rains.

And if that line kept coming through the door for days on end,
In ten days we'd meet the poppa of the ape and human blend.
Then sixty weeks of walking would change to a squishy swish.
In not much longer than a year: Oh look! Here comes a fish!

—Stephen Baird, MD
Darwin Day, 2007

“ I think part of the problem is that people are really uncomfortable with ambiguity of any kind, especially sexual, and the health care providers' impulse has been to say, 'I will make it go away.' ”

And now it's like being told you wear eyeglasses—it's so odd to even think about that. So how did that change then?

I'm not sure but it's an interesting problem. The main thing that it tells me is that the stigma around conditions is something that changes.

When did you actually turn the corner and decide that you weren't just angry, that you wanted to change things?

Well things haven't actually changed a lot, I think. They have changed a lot in one way: there is a lot more visibility now. But what actually happens to patients and families now hasn't changed. I was just on the phone with a nurse with a perinatal emphasis and she says they see a lot of these patients at her hospital and when I asked her what do they do, she said, “surgery.” So though people may know better, things don't necessarily change.

A lot of people aren't aware of why surgery shouldn't be an easy solution out of this.

Because when we ask adults who have had surgery what they think of what was done to them, it is extremely common for them to say that it was extremely horrible, has damaged their self-esteem and interfered with their ability to be sexual, which has in many ways impaired their ability to create relationships and have lasting partnerships and a family.

With the exception of some of the specific conditions, where there really is an emergent threat to the child, it seems odd that the parents want to do

REFLECTIONS ON DISSECTION

Our lessons began with her back.
Dropping fist-fulls of fat
into the discard container.
Is this
what she had in mind
when she signed?
Her beautiful gift of self
that I might learn to heal,
it makes me feel so guilty
for my
disgust.
And still,

My dread grows until
the next cutting day
when I try to play sick
but am forced to attend,
if only to watch
other students begin
to isolate vessels.
Bloodless.

My own heart explodes in protest
as they crack open the chest
exposing motionless masses
no longer cycling
with internal tides of breath.
And I too am paralyzed with
regret that I must
study life through death
because these still spongy lumps
do not teach me about

her laughter.
Was it jolly and raucous
ripping inappropriately,
into solemn moments.
Or gentle and flowing
like wind-chimes?

I want to believe
that she would be amused
watching this future doctor

grow frustrated
and confused
while she rests safely
on the other side.
I am her specimen
being dissected alive.
This corpse teacher
challenging me to uncover secrets
beyond the flesh.
Such thin sheets separate
life-less-ness.

And through this discovery
of projected intimacy,
I learned to
Love
Lessons of anatomy.

—Karen Wooten MS II

surgery because it's not as if there is a heart malformation where the child won't live. These are completely normal babies, just with genitalia that don't resemble male or female genitalia.

Or sometimes they do look male or female, but also look unusual. It's not that common that a child has genitalia that you can't tell what sex they are. A lot of times we're talking about someone with clitoral enlargement, labial fusion, or a penis that is smaller or has significant hypospadias. I think that rather than talking about why surgery rather not be done, I'd rather talk about what careful decision making would look like and that hasn't really happened that much when thinking about genital surgery. People aren't old enough to be choosing for themselves or participate in the decision at all. There hasn't been much clarity about what is the problem we're trying to ameliorate. There isn't clarity about whether surgery has the power to ameliorate that problem and how you would know what type of surgery would ameliorate the problem. I talked to a family recently that has a

young child that has Congenital Adrenal Hyperplasia with significant clitoral enlargement and a vagina that doesn't have an external orifice, and opens into the urethra. The family thought that they wouldn't want any surgery done to the clitoris because they thought that wouldn't be safe or necessary but they did want surgery on the vagina. They went and consulted several hospitals and were told, "this isn't something you get to choose, we think that we need to do surgery on the clitoris and the vagina and if that's not what you want to do, we can't help you."

It seems that these stories are the real reason for the focus on patient-centered care. Because that is one hundred and eighty degrees from what care has been like for these families.

Well there is this false sense of urgency concerning surgery and I think that a lot of families could benefit from realizing that genital surgeries, except for—for instance an imperforate anus when there is no opening—genital surgery is not an emergency and no one

should be putting pressure on them that the surgery has to be accomplished now. Even if they feel that the surgery ought to be accomplished during the child's infancy, infancy lasts a long time and anyone that pressures them to make this decision now, whether the baby is a few weeks or six months old, is making that decision unnecessarily difficult and stressful for the parents and interfering with their ability to learn how to live with this and enjoy their new baby

With the doctors that make these decisions, do you ever feel that it's their personal politics getting in the way or do you think that they just don't have adequate training?

I think many things in medicine are governed by the rule of "this is the way we've always done it," rather than by critical thinking and evidence and this changes slowly.

What do you think is the greatest impediment to changing that medical culture?

I think that a lack of a systems



Three Cadaveric Senses, charcoal, Steven Ngai MS III

approach is probably the biggest impediment. Changing minds one at a time results in people thinking they can't change the system they're in and they become frustrated. Medicine is a big complex and slow changing system and you really need to take a high level strategic look at all the parts to figure how to get things to change.

So you want to create a larger structure for doctors to work within, so that they feel comfortable making these decisions?

At the core, we want to create a system that supports people to create and share best practices, monitor the practices and document outcomes. We don't want to tell them what to do, but we want to help them do their jobs together. It's more than just practice. It's about payment, data systems, peer interactions. We're very excited about what we're doing. What we're trying to accomplish in DSDs, if it works, we may be able to use this model for other conditions. Let me show you our mission statement: "Our mission is to

promote comprehensive and integrative approaches to care to enhance the health and well being of people and families affected by DSDs by fostering collaboration among all stakeholders." The focus on health and wellbeing, when I tell this to some of the healthcare policy people I work with, they say, "Well, that isn't what we do in any health condition." Even in diabetes, we normalize certain measures as proxies for wellbeing, but to go directly to well being, that's...

That probably scares doctors that there is a less tangible measurement that is not a lab value or an anatomical appearance.

I think that it may be easier to do this in DSD because these people aren't sick. They don't need to have their glucose levels normalized.

I know that you have an appreciation for a systems approach but on a doctor-to-doctor basis do you feel that there is a lack of education? What piece of information would you like to share

with medical students that may affect the future care they provide?

I want to say that intersex has been treated unlike anything else in medicine. This has been reflected in practice. In the rest of medicine, we don't think it's good to lie to people or to withhold their diagnosis from them or to perform risky unnecessary surgery to them in infancy.

Unless you're House...

There was a really horrible episode in House about intersex. It was despicable, it was so terrible that it was laughable; you couldn't imagine such a terrible thing could be put together. But part of the idea of the nomenclature "disorder" is that it actually normalizes these disorders in the mental context. These are disorders like many other disorders and with other disorders I think physicians are able to understand that chronic conditions are something physicians are supposed to help you live with, not make go away. You know, cancer used to be something that it was the physician's job to hide from you and make decisions in your stead and we've come to understand that this is wrong. The shift in medical thinking has been late to come into DSD because it is pediatrics and it deals with sex.



I think that rather than talking about why surgery rather not be done, I'd rather talk about what careful decision making would look like...



Torrey Pines Mist, Kevin McElroy MS II

NOT KANSAS

Charlie's Hwy 101 rows into Las Olas
 And VG donuts smoothies and boards surf
 Railroad ties into campfire hotdogs
 Diving gulls soaring real estate
 Interest in latte addictions and a
 Flag over an LBJ postal Bond near
 Flying guitars and library writers

Beach sand and tide pool fields seeking
 Yogi's sports biker bar's Kraken of Oz.

Tethered prisoner of red-taped broom-flyers
 High on Pipes and Seaside market wetsuit
 Encased sea lions surf yellow dappled

Sunsets that reward the straw guys with
 Eclectic hillsides tumbling a wealthy
 Asylum onto homeless tin men Toto and

Cascading waves shod Dottie's naked feet
 As the ocean returns home—tap your heels

—*Sandy Barber*
 Office of Student Affairs



The Human Condition staff. From left: Karen Wooten, Ramon Aldecoa, Kimberly Kanada, Orneed Saghafi, Lakshmi Ganesan, Michele Lee, Bansari Shah, SunMin Kim, Hyuma Leland, Reza Kermani, Wesley Gifford. Not pictured: Jacob Harter, Geena Wu, Irene Wong, Kathy Pan, Kristina Adachi, Maika Onishi, Nicholas Kanaan, Ninad Athale, Niousha Moini, Sanjay Nigam.



Untitled, computer collage, Brendan Kidder MS IV



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