

An abstract painting with a rich, textured surface. The composition is dominated by warm, earthy tones like ochre, sienna, and terracotta, interspersed with cooler hues of sage green, dusty blue, and muted purple. The brushwork is expressive and visible, creating a sense of movement and depth. Large, organic shapes are layered upon each other, suggesting a complex, multi-dimensional space. The overall effect is one of vibrant energy and emotional resonance.

THE

HUMAN CONDITION

An Exploration of Art and Literature

UCSD SCHOOL OF MEDICINE

VOLUME 16, 2011



La Jolla Shores Setting Sun. Aaron Rutman, MS IV



Foothills. Mohammed Suhail, MS II

THE HUMAN CONDITION

VOLUME 16, 2011

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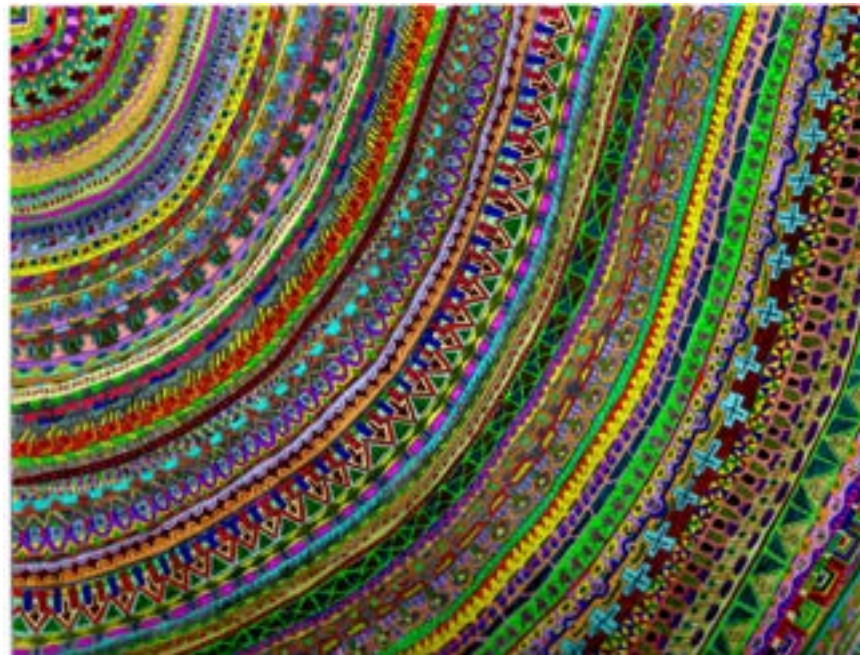
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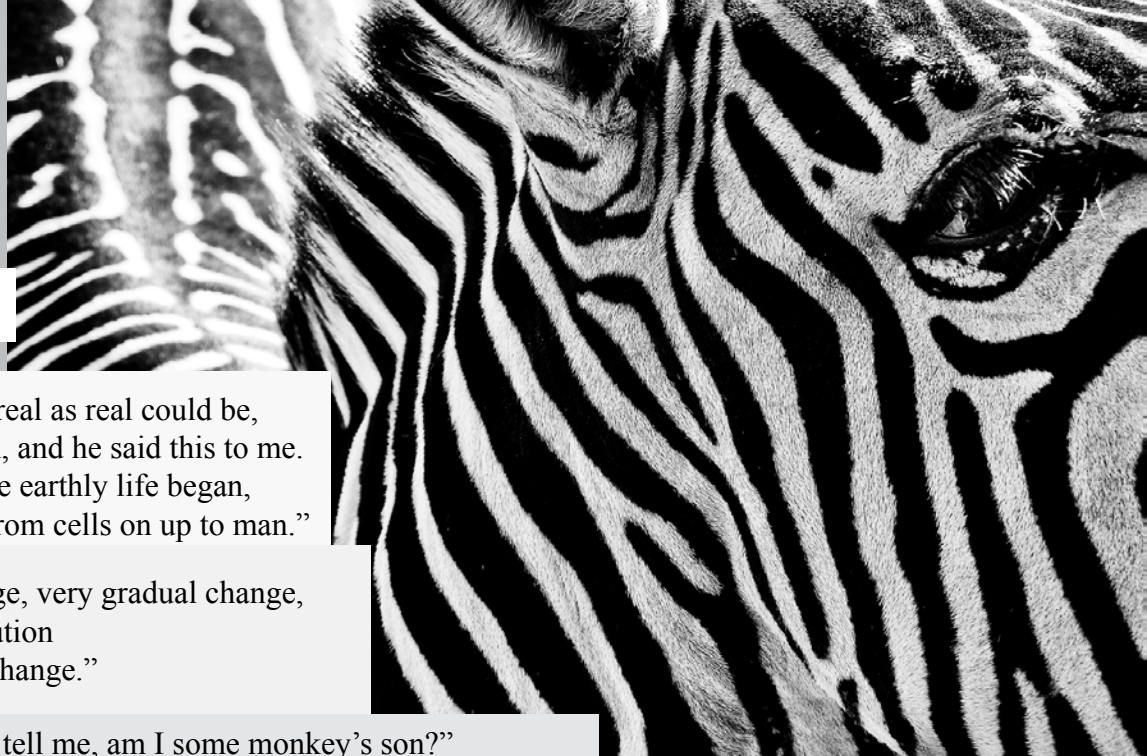
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VERY GRADUAL CHANGE

Last night I had a vision, as real as real could be,
The ghost of Charlie Darwin, and he said this to me.
“The Origin of Species, since earthly life began,
Results from tiny changes, from cells on up to man.”

“It’s very gradual change, very gradual change,
Evolution makes revolution
Through very gradual change.”

So I said, “Specter, tell me, am I some monkey’s son?”
He answered, “No, you’re cousins; that’s why you look like one.
The simians and humans, ten million years ago
Both had a common grandpa. Our genomes tell us so.”

“It’s very gradual change, very gradual change,
New instructions yield new constructions
Through very gradual change.”

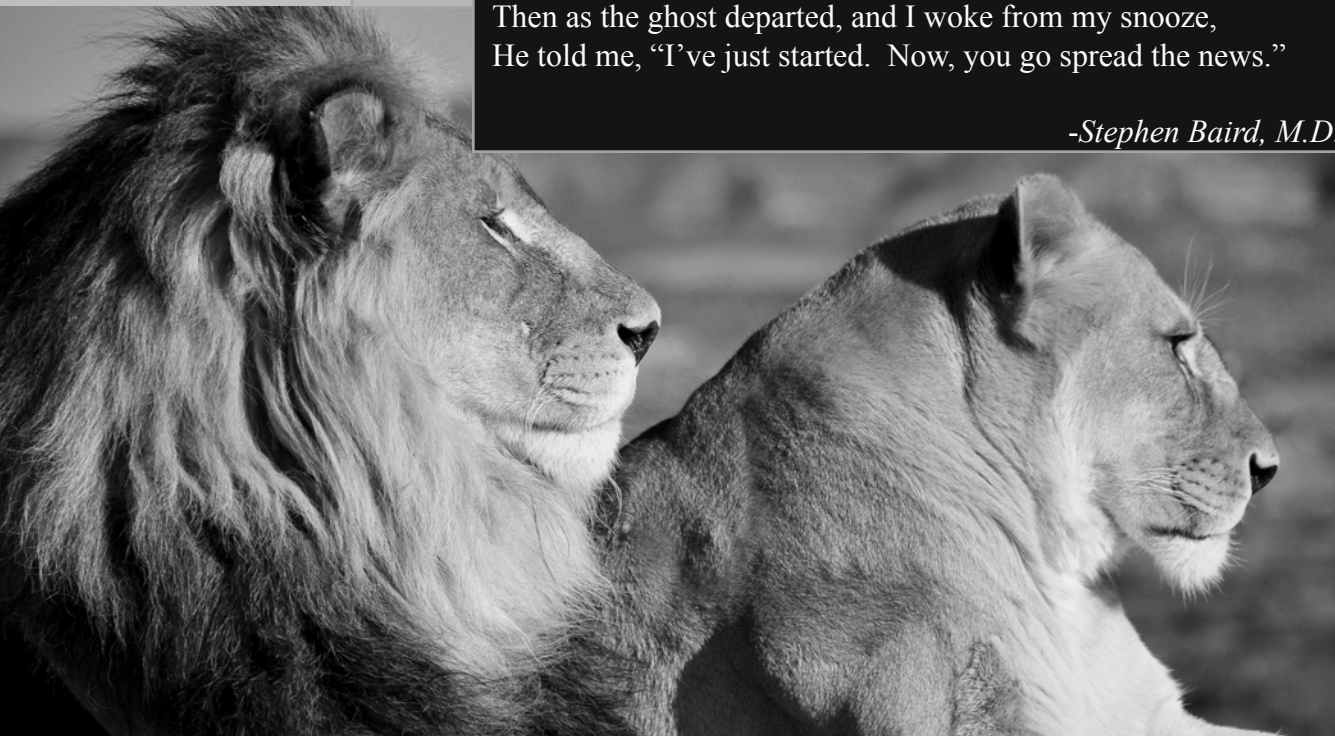
“All mammals come from fishes, the further back you look,
You’ll find we’re all related. It’s right there in my book.
We’ve traced our trail through fossils and DNA so far.
They show we share ancestors with sturgeon caviar.”

“It’s very gradual change, very gradual change,
Variation makes speciation
Through very gradual change.”

Then as the ghost departed, and I woke from my snooze,
He told me, “I’ve just started. Now, you go spread the news.”

-Stephen Baird, M.D.

Plains Zebra. Aaron Rutman



Lion and Lioness. Aaron Rutman, MS IV



Brenda Nuyen, MS II

SOME MEN

The sails are ripped to tatters now
And snag a hold upon the prow,
They flap and snap, their instincts stirred,
Their resistance hopelessly absurd.
They act as if they haven't heard:
Their fates are sealed to this heaving grave,
And knowing God, we won't be saved.

Some men scream, and some men cry
While I sit down to watch them die.

The ship's hull starts to creak and groan,
My first mate starts to softly moan,
Some men scream, and some men cry
While I pace 'round and watch them die.

The sea is angry now, and roils,
Its salty blood brought to a boil,
Some men scream, and some men cry
While I idly watch them die.

The sharks have now arrived in force,
They smile wickedly, of course,
Some men scream, still others cry
While I close my eyes and hear them die.

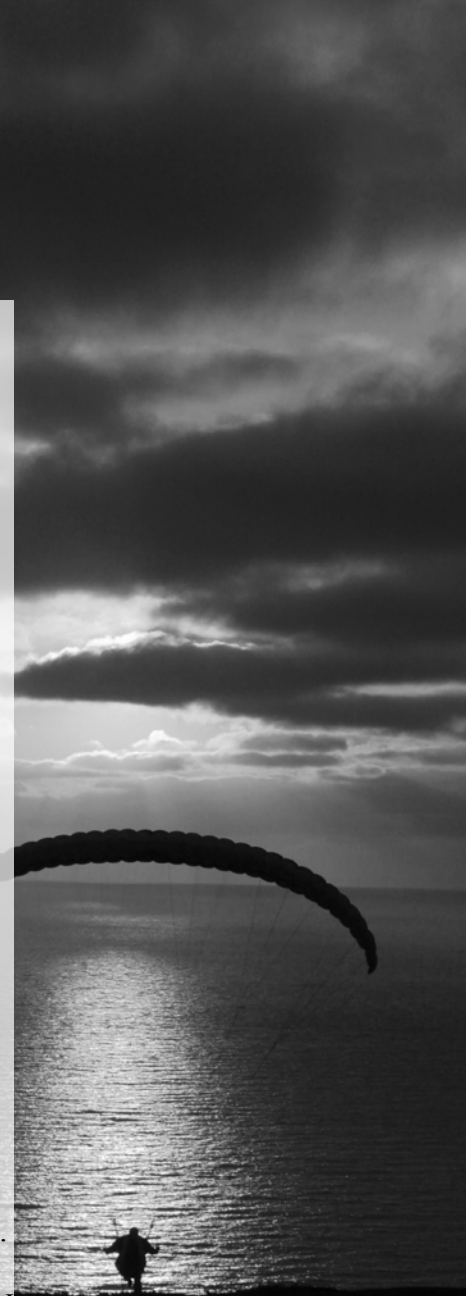
I take the gold coins from my purse,
Things couldn't really get much worse,
I laugh and count them, one by one,
Then toss them overboard for fun.
Some men scream, and some men cry,
While I close my mind and feel them die.

"Is that a lighthouse that I see,
Far beyond the raging sea?"
A pleading voice rings out to me.
No, dear boy, a trick of fear,
Not even God can save you here.

The lifeboats, from their shackles freed,
Sail off empty-handedly,
Most men scream, Lord how they cry,
As I step to the rail to dive.

The torrents singe my open eyes,
I leap off and start to fly
No more screams. I hear no cries
I gently feel my body die.
My soul, however, wings off in flight,
As my limp form plunges through the night.

—Francesco Dandekar, MS I



Brenda Nuyen, MS II

PROSE

Phases of an Illness

By Csilla Felsen, MSTP III

I look at two bony knees poking through the bathwater, and while I recognize them as mine, they feel foreign. The warmth of surrounding liquid fails to overcome the immense chill that has taken over my body, a coldness equilibrating with the icy winter air. As I push myself out of the tub, darkness momentarily crowds in from the periphery, narrowing my field of view, and my legs wobble beneath a frail frame. Gasping for air, my hands grasp the towel rack with whitened knuckles and then crawl along the walls, pulling me towards my dresser. I choose sweats to cover my still cold but now sweaty body and collapse onto the floor before inching my arms and legs through the velour fabric and then engaging them to crawl to, and then into, bed. Dragging the covers over my shaking body and resting my head against a mountain of pillows, my eyelids hang heavy over my eyes. Sleep, while welcome, does not visit. I am alone with my gurgling lungs, convulsive coughs, and feverish aches—a triad that monopolizes my thoughts. *I exist.*

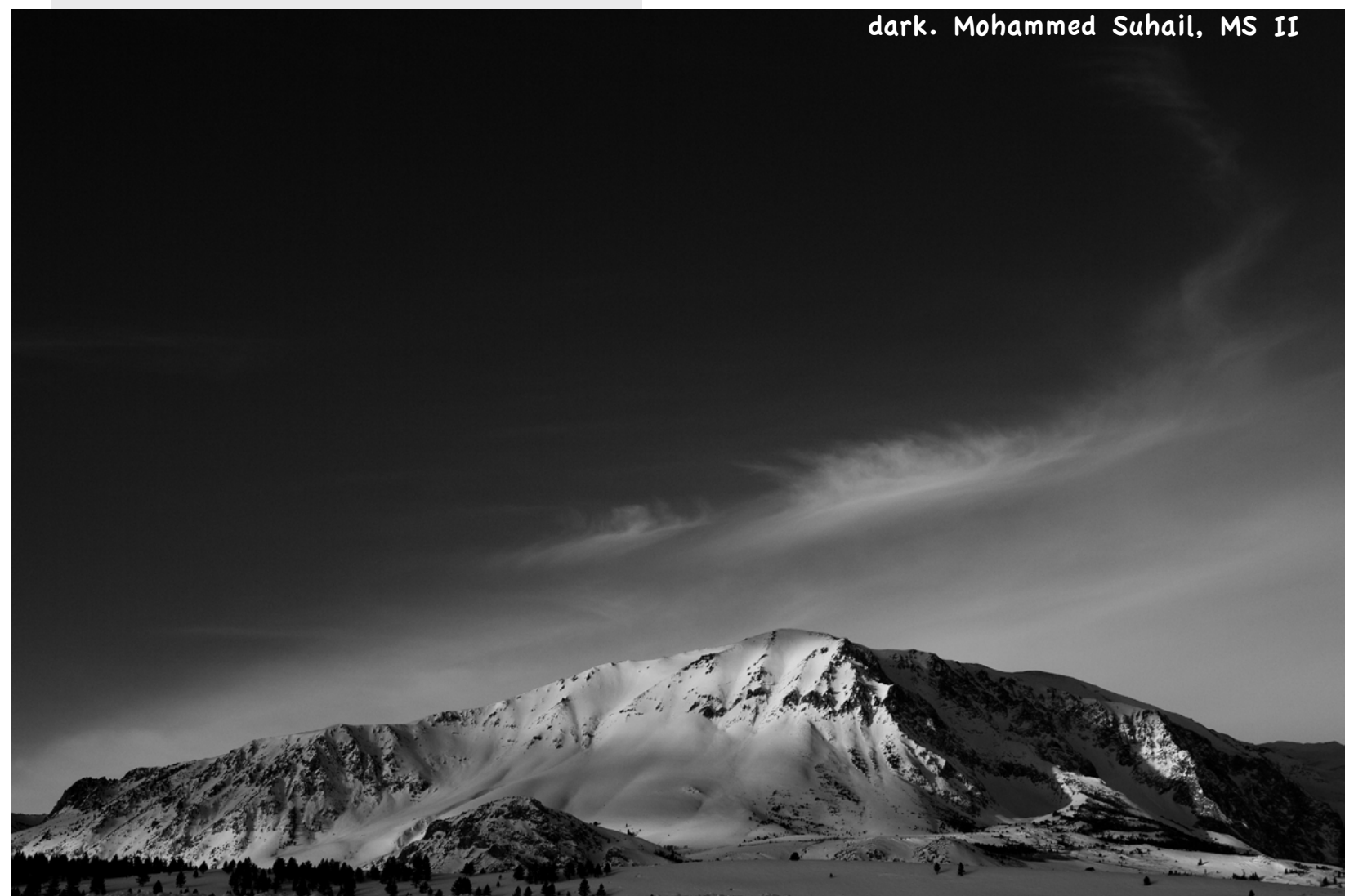
I nstead of a soft mattress holding me up, there is now a crinkle of stale clinic paper lining an urgent care bed. My face is hot from the expired air recycling through my mask. A cuff tightens around my arm for the third time, sitting then lying down then standing up. The values from each measurement are too far apart. My resting heart rate is racing, my resting brain still slow. Hydration is required but I have thrown up everything consumed in the last twenty-four hours; I take a Zofran, and then another. I wait. The doctor rests his hand on my knee and threatens IV fluids if I cannot drink enough Gatorade. One sip down, three containers to go, and that IV needle looks more appealing, but I keep drinking to fill the empty time. I stand up for a forced expiration test, but the nurse places me in a wheelchair to transport me one hall down for a chest x-ray, worried the exertion of walking would be too much. I walked a hundred times that distance from the car to the clinic just the hour before—thank you, nightmare parking—and will have to repeat the whimpering limp on my way back to the car. I continue waiting. Albuterol treatment and then another forced expiration test. More waiting. Blood work reveals a white blood count two and a half times higher than the normal range. Wait. The doctor returns with a diagnosis of bacterial pneumonia, two antibiotics, and two options: hospitalization or close outpatient monitoring. But the options are not mine to choose. He makes me wait again while he consults with other colleagues. In exchange for my promise to take all the required medications, consume endless fluids, and return the next day, he releases me. *I improve.*

As I regain ability to walk without clinging to the walls my heart starts slowing and my mind begins racing. Sleep is no easier, and when I awake each morning I cannot smile. I am angry for the time I lost to illness, but this is not the energetic kind of angry because I have no energy. Motivation has abandoned me; yet, I am finally gaining the strength to do more than lie in bed. I am jealous of the 98-year-old taking my Argentine tango class who is still healthy at such an advanced age. I am jealous that, in spite of already living a full life, he still looks forward to learning new skills, and here I dread going back to teach a dance that once gave me so much pleasure. But I return to teach, forcing myself back into the normal routine. *I strive.*

Sunshine smiles across my well-rested face and the warmth of happiness returns with the start of a new day. Enthusiasm swims through my veins and I greet my to do list by adding more items, including long-term goals. No more waiting. *I thrive.*

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dark. Mohammed Suhail, MS II





mighty earth. Mohammed Suhail, MS II

WHAT COULD IT MEAN TO DIE?

to stand at the edge of some great precipice
staring out at the infinite
with eyes towards that
endless horizon where
earth meets sea

to turn one last page
of the final chapter
the endless words that make up a life
brought to a close—
epilogue.
and no more

to pause onstage
before the audience,
fellow players,
the Director
for one last bow
one final curtain

or something less
something smaller

lone candle
burned through
to darkness,
fallen leaf
reunited with frozen earth

one final quiet whisper in the empty night

or something more
something greater

to return whence we came
to become to as we once were
to be Born
again

or something unknowable:

poised at the edge of
endlessinfiniteunknowable
to take the last jump
final leap
over the precipice
and into—

—Sapna Iyer, MS3

PROSE

On Anatomy

By Kathryn Winters, MS II

The glistening, waxy form that lay before us on the table looks enough like the living that the bag on its head, combined with the rest of the body's stark, still nakedness, and our imminent cutting of it, all come together to disturb me. It's the first day of Anatomy Lab—all I know at this point is that I don't want to be the one to make the first cut.

I'm not disturbed enough to want to run away, or vomit, or cry—like I thought I might—and like I so often find myself wanting to do in the course of regular, day-to-day situations. But I'm disturbed nonetheless. I feel sort of sweaty and out of place, in spite of the fact that we're all here together and I'm wearing nice new scrubs just like everybody else. I just don't want to cut this person. And, to be honest, I already have a sinking feeling that I am

not going to be able to learn everything we need to learn anyway—so, really, what's the point?

For a moment I get a reprieve from all this esoteric worry, though, as it dawns on me and the rest of my group, that we need to turn the body over—the first cut is in the back. We make an attempt to proceed gently—but it turns out to be impossible. The legs are stiff, ridiculously heavy, and peppered with long, bulging blisters. The fingers are cold and pointy, and the skin of the arms seems to peel right off if you try to grasp it too hard. Everything's wet and unbendable and nobody can get good leverage. We try our best, but the body slips and ultimately slams down onto the table in the prone position. Although we haven't yet seen the face, it's hard not to imagine some kind of a nose beneath that bag, getting smooshed now, mercilessly.

How bizarre... Who was this woman? Why did she donate her body? Did she know that she would be so utterly exposed in front of so many? That we would eventually open her up completely—piece by piece—muscle by ligament, by bone by organ? Even the eyeball?! I didn't know! Did she? Did she know and not care? How incredible.

I understand that cadavers come to the anatomy labs of medical students through decisions made by living, willful individuals who desire to give their bodies to science, but



Jennifer Hagstrom, MS II

I just want to know if she liked peppermint-flavored ice cream or dancing, or if she had a hearty laugh or a secret love. And why she did it—why she thought it'd be okay to have us look inside her this way, and take her apart. But I don't get to know these things, and never will.

What I, and all of my classmates, do get to know, for certain, for now and all eternity, is that the spleen is on the left and the liver on the right. That the flexor hallucis is way bigger than that other flexor in the back of the leg. That the pelvis really is a nightmare of a place (for more reasons than we ever dreamed!). And on and on and on with so many little likewise facts and clinical pearls, across the entirety of the body and all of its seemingly infinite parts...

Because, you see, it turns out that on that first day, and in all the days after, each of us found a way to begin—even me. Somebody made that first impossible cut, and then we simply proceeded. Trying, I think, to make the best of an experience that was sometimes arduous and ridiculously messy, but also sometimes extremely helpful for visualizing and learning some little slice of some body crevice I never even knew existed. And sometimes just plain amazing.

I was a complete sourpuss in the beginning—not wanting to start, suffering such a long list of my own little fears. So now at the other side of all that, I'd like to believe I've become a bit braver. Maybe I can count gratitude as bravery—the decision this woman made, even if I don't ever get to understand who she was, or why she made it—was such an act of selflessness and giving and optimism, I find it hard to fathom. I see the trust she put in us, her patience with us, with our fumbling, and our angst. And I think I finally get it, because I know now, absolutely, that learning everything was simply never the point.



Green Dress. Vanda Farahmand, MS II



PROSE

Anatomy Reflection

By Sapna Iyer, MS III

"you only make a fixed amount of vitreous humor
—as an embryo
and that's It.
which is to say:
What you're born with is what you die with."
-Dr. Mark Whitehead, anatomy lecture 12/2009

What a strange undertaking, to study the dead in order to understand the living. What a daunting challenge, to condense the unabridged workings of a vital, breathing entity into weeks of study, to presume to gain an understanding of both the way things are and how they developed to be. And to do so consciously, accurately, precisely, to preserve even as we destroy. We might be foolish to expect great discoveries, yet we proceed, modern day Da Vincis armed with tools and lights and words to guide us. We are perhaps simply emulating those before us, but the satisfaction of each discovery is uniquely our own. We become foremen, throwing our weight into pruning shears; sculptors, chiseling tunnels into our windows to the world; explorers, peeling away layers and pushing forward into the unknown.

It becomes too easy, at times, to lose ourselves in the tangible, to become caught up in these physical tasks. In some ways, we have no choice but to numb ourselves to the uncomfortable reality of the experience. We must guard ourselves from excess emotion, keep it from hindering all that we potentially have to gain. But the inescapable, underlying fear: with every cut, are we severing our humanity? Do we grow more distant as the focus of our efforts appears more like a body and less like a person? Does our sense of wonder become obscured, as we drive to complete one objective and move to the next? Or do we find new empathy, necessary compassion, revived appreciation, for the gift of another day? Do we see, somewhere amidst the many layers that work to constitute a being, the poetry of our humanity reflected back towards us? Are we stunned by this collection of fantastic, mysterious, innumerable parts, joining together to become something significantly more than their sum?

Moments of unexpected poignancy weave their way into our journey, jolting us every so often out of that latency that too easily hovers around routine. Who are we at the end of this experience? We are perhaps, in many ways, the same.

We are still driven, intelligent, fiercely curious, admittedly weary at day's end. But we have certainly seen more than many will ever see, and we are grateful for and inspired by this opportunity. We are emboldened by our own abilities, more confident in our strengths, more humbled by our weaknesses. We are overwhelmed by the sacrifices made for our knowledge, and hopeful that we can live up to the great expectations envisioned for our future.

The human body is often described as mysterious. Certainly now she has revealed to us some of her most guarded secrets, but the inescapable, humbling, exhilarating truth is that we can have only just scraped the surface.

What you are now we used to be; what we are now you will be...

- Crypto Capuchin Placard, Santa Maria della Concezione

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Vase. Niloufar Tehrani, MS IV

Sequitur Quodlibet

ANYTHING FOLLOWS

By Michael Caton, MSII



Elephants. Maryam Soltani, MS II

The Greeks liked to begin with entreaties to the Muses for inspiration, but mentioning that wouldn't impress you. You're a sophisticated reader, and you won't fall for transparent pandering to your obviously refined cultural sense. So instead I'll light some sage and start with a prayer to Coyote, Lord of Tricks: "Mighty Canis latrans, Father of Fiction, I hear your howls in Rose Canyon. Help me surround this story with disclaimer-brackets. Grant me the stamina to pile lies on these poor people until they don't know which end is up. Aid me in laying false trails. Help me get little thrills by writing things that are actually true but sound so ridiculous that no one will ever believe them, O pack-scavenging shifty one!" Remember, student or alumnus or faculty member: I'm lying to you, right now. Lying. Any kinship you feel, any uplifting sentiments, you indulge at your own peril!

notecards. My theory is that it's projections going from the hippocampus to the frontal lobes and crossing C2, and during heavy memory consolidation when those projections are busy, there's some ectopic depolarization in the middle of the optic nerve. Whatever it is, it's damn annoying.

The night before my most recent exam - histology - I dreamed. Unusual. Normally in my 90-minute beauty sleep before exams I don't recall my dreams, but this time I did, lucidly. I was in a conference room of some kind. Oddly enough, the dream-people were talking about neurons in what I later thought was a very self-serving way. The gist was: if 'you' is made of neurons, and some of those neurons die yet you remain conscious (which they do, and you do), then different numbers and arrangements of neurons can be conscious. And if that's the case, why aren't there millions of you's in your skull, each of them a slightly different combination of neurons? 'You' are in your skull along with billions of other combinations that are equally 'you'. How could it be otherwise?

I wasn't part of this discussion. I was being ignored. I was at first amazed at how lucid the experience was, but then I was terrified to even think this thought - that as I became aware of myself, this fact alone would call attention to me. I felt more and more that I didn't belong there, that I was an outsider and that the more conscious I became of it the more the - others - would somehow sense it, like vampires sensing a living human. These were half-beings. This room was a place of stunted selves, where people were their names, and nothing more. I was frightened that once they knew I was actually conscious, they would envy my complete existence.

Caveat lector: I wish someone would do a study on the effect of large amounts of memorization on cognition: do medical students or prolific actors experience measurable behavioral changes from this? You get locked into this way of thinking, and you wake up the morning of an exam and look at your cereal box and start thinking up a mnemonic to memorize the riboflavin and vitamin C on the nutrition panel before you even realize what you're doing. What worries me is that we're all getting conditioned during our preclinical years to vacuum up every little quantum from everything we read. We're forced to spin arbitrary connections between symbols until the whole world is obscured under strata of semantic dust, each mote caught in a sticky web of associations that exists nowhere but inside our own skulls. I wonder if it's time for a martini or three.

But never mind that, because here's my first piece of evidence. Have you ever experienced the following: after I cram the night before an exam I usually see flashing lights when I'm trying to go to sleep. At first it was enough to make me get up and see if someone had been shining a flashlight in my window. I used to think it was from staring at a computer screen for too long but it happens even when I'm studying exclusively from

Then my alarm was going off. I could hear it but I was still in the dream. And they could hear it too. Now they knew I could wake up and go out into the world, and I wasn't one of them. I panicked. "Wake up!" I shouted trying to escape, "wake up!" They all turned to look at me with blank stares, and one of them waved his hand at me, with slack disgust and resignation. "Go join the truncated in the next world." And then I was looking at the ceiling in my bedroom.

Here's the mystery: why this need to introspect in public, and in print no less? Most "reasoning" that humans do is confabulation - just narratives with a start and an end, and between them, a rickety bridge built of hot air and no real understanding of causality. Most of the time we don't notice it because we like the person doing the reasoning, or we share the confabulated belief, or we just don't care enough to think critically about what they're telling us. If this is the case, introspection must be an even purer form of mental wheel-spinning than other reasoning. Introspection rarely goes anywhere, or comes to any conclusion that changes the world outside the nervous system that entertains it. Perhaps not coincidentally, self-aware fiction often has the same problem - no climax, no product at the end. Yet believing this clearly hasn't stopped me from introspecting, or meta-introspecting for that matter. And frankly it makes me feel a little dirty to think that you're watching me do it. Are you getting some kind of thrill out of it? You're not even getting paid! What's wrong with you?

As for the histology exam, it came and went, yet another round of intellectual bulimia. As I handed in the scantron my stomach was growling. I hate the autonomic nervous system. I hate that it's not under conscious control. It's like having an alien inside you. In my sleep-deprived fog I left the auditorium to get food. Outside it

was pleasantly cool and cloudy for once. I discovered Spock sitting in front of the library eating lunch and studying (studying immediately after an exam? Are you kidding? I couldn't even read at that point.) Spock is the nickname I wished would've stuck to him because it means I would have finally invented a nickname that stuck, but no one ever calls him that. Nonetheless I announce myself thusly: "Commander Spock, the Fallopian's are hailing us."

Without looking up from his book or missing a beat, "On spleen."

"You think therefore you're fast. Cogitas ergo zoom."

"You lose. I've heard you use that one before. Now come up with a Star Trek mnemonic so I can remember pelvic anatomy and I'll be impressed."

"Darth Levator Ani?" He remained unenthused. Then I told him about the flashing lights and the "truncated" line from my dream.

"Say no to drugs," he offered. That's what I like about Spock. He's supportive.

I said "I probably had too much Mountain Dew beforehand, but come on, this is weird." Spock dripped some salad dressing on his shirt. "Nice," I said, observing this. "C.E.D."

"What?"

"Instead of Q.E.D. Clod erat demonstrandum." Still Spock refused to acknowledge my genius.

"I think you're making up that whole dream," he said, putting his book down to dab at his shirt. "A place where things are their names? When

you said that sentence I couldn't visualize anything. How would that even look?" At that I looked up too, and noticed that the wall next to us was tan concrete and the grass was green. A Norfolk pine and redwood stood a few dozen yards away. The sidewalks near us met at an obtuse angle. Too much information, too confusing; the narration is going back to being a-visual. I'll tell you what you should notice about the world instead of showing it to you. Easier that way.

"So what if you couldn't visualize it?" I said. "Maybe they're just semantic stand-ins. Dummy arguments."

"Just like most arguments you're in."

I said, "Hey, you're funny."

Spock chewed and swallowed. "Anyway, I'll grant it's odd enough to record somewhere. You should write it up and submit it to Human Condition."

"I'd have to spend some time on it to make it worth putting in," I said. "Maybe I'll even include this conversation where you told me to submit it."

"Don't do that. It would be too much like a Charlie Kauffman bit. Plus it would be unambiguous brown-nosing."

"Readers don't seem to mind that, so why would editors?"

He grunted. "I guess it's better than thinly veiled insults. Well, I hope they at least get a laugh out of it or you're screwed."

Strange but true: never am I late for an exam in my dreams. Not any more. Like most American adults, my dreams used to be populated with panicked searching through oddly familiar schools for the exam room, schools whose hallways were insistently familiar but scrambled as if reflected in a shattered mirror. Ironically, now that I'm back in school where I actually have exams to be late for, this particular brand of nightly perdition has ended and instead, now I'm frequently running to catch a mal-located plane - an actual experience I repeated all too often, but which never happens now that I'm back in school. Why this discrepancy between real-world and dream anxiety? I often wonder if there's some kind of consolidation process constantly reloading memories as low-level sense experiences. When we're asleep we might notice them, but when our waking attention is otherwise diverted they rattle around un-noticed, like stars drowned in daylight.

The afternoon after the exam I thought about surfing but they had just caught that weird plastic machine swimming around in San Francisco

Bay, that thing made out of stuff from the Pacific Garbage Patch, and sane people were keeping out of the water all along the West Coast until they figured out if there were more of them. So instead I went into clinic even though I wasn't scheduled. Pleasant surprise: I got to do a follow-up interview with an elderly patient who'd been brought in by his family for the first time last month. He was clearly suffering from dementia, but as is often the case the process had been so gradual that his family hadn't thought anything was really wrong, until there were catastrophes: bathroom accidents, inappropriate grabbing, hitting - and it was the former that initially brought them in. On this day his wife had brought him back for a follow-up interview and more blood work. I liked Mr. Harrison and his wife. His wife was about as sweet a lady as I've ever met. "That wasn't so bad, was it?" I asked Mr. Harrison as I walked slowly next to them.

"I'm in the Navy," he said to me insistently and gruffly. I looked over at his wife and smiled. Apparently Mr. Harrison had been in charge of handling torpedoes.

"Yes, I know, you and your wife

told me all about it."

"I'm in the Navy. Captain gonna have my ass if I don't...don't report on time."

"I think you're okay, Mr. Harrison," I said loudly and slowly. "We checked your schedule. Your wife checked your schedule. You don't have to be anywhere."

"What?"

"You're fine. No one's going to be upset with you, don't worry."

"Worry flurry...worry is blurry and furry."

Mrs. Harrison looked concerned. "He's been doing this kind of thing recently," she said.

"Repeating kind of meaningless trains of words that sound alike or rhyme?"

"Yes, that's exactly it."

"There's actually a name for this. It's called clanging," I told her. "He might get confused because the words sound similar and he thinks they also have some meaning in common because of that. We see it sometimes in other conditions but it's a little rare to see it here."

"So it's kind of like, he's making puns?"

"In a way, yes."

"What does it mean?"

"I couldn't really say but I'll be sure to ask Dr. Zimmerman."

It was a slow day; Mr. Harrison was the only patient I saw during my visit. At 4:30 I left. Walking to the bus stop, I saw what looked like a star in the deep blue late afternoon sky. It had to be Venus. The sun hadn't yet set. I never realized you could see any star during the day, but if you knew where to look, there it was. After I got off the bus I looked west again and there it was hanging over Rose Canyon, the evening star, shining unmistakably in the reddening sky.

* * *

Haet! Have you ever banged your elbow against something, and then gotten mad at the elbow for transmitting pain, and banged it again intentionally to punish it for hurting you? Okay, probably not; you always seemed well adjusted. But I confess I have lots of odd urges like this and it's for just these kinds of endearing habits that a friend once told me that I should study the mind-body problem, because I have it. Thus it was that after obsessing over my lucid dream, I decided the next time I had one, I wouldn't make such an undignified showing. I would go in against my own disobedient nervous tissue with guns blazing. Little did I know that my subconscious was ahead of me in the scare-game.

A few nights later I found myself panicked in a still and quiet airport, looking for a flight. (Of course.) I composed myself and repeated that there were no consequences to be feared. It's a dream! No danger of being truncated! Strolling the deserted concourse, at one of the gates I looked into the shadows behind a ticket counter and found myself staring up into the face of a terrifying creature. It could only be Grendel. It was the greatest night-evil, forsaken with Cain's kin. What did it look like? That's what's so odd about this dream. I can't describe it concretely. But the Old English bards never did either. Clear terms of direct sense experience would diminish it, just like every movie version of Grendel has made the monster less scary. Grendel's horror lives only in text. Staring up at the heaving vaguely insectoid reptilian thing, I calculated the worst curse I know for these dream-beings and spat it at him: "You're not real."

Grendel seemed amused. "Oh, I'm not real?" it hissed.

"That's right," I said. "You're not real. There's less grave about you than gravy."

"Dropping quotes to signal erudition, how subtle." Out the window past the monster I noticed, next to the silent plane, was a crumbling circular wall of stone. Grendel saw me looking. "Yes," it gurgled, "the Circular Ruins, who's the dreamer and who's the dreamed, we get it. You alluded to the same story in Butterfly Fission in last year's Human Condition. Has it not occurred to you that I necessarily know all the same things you do? You and I are both products of the same tissue."

Somewhere in the airport an annoying echoing buzzing sound began to grow.

"That's your alarm," it said.

"Why is it that I hear things in the outside world accurately, and you only hear them occasionally, this way?" I demanded. "It's because you're a figment."

"Are you sure the way your alarm sounds when you're awake is necessarily the way it 'really sounds'?" Grendel asked. "Is that even a meaningful question?" I listened. The sound echoed from far away and it was a higher pitch, but it was my alarm. "You're literally creating the experience," Grendel said. "Yes, that's your alarm going off, but you're not waking up. Maybe it's your turn to be one of the conscious bunches of neurons that doesn't have access to the motor cortex."

Once, walking from MTF to the VA for a meeting in the Psych Unit, it occurred to me that people in involuntary facilities often confabulate a story to explain how they got there. It's always something other than being ordered by a court, or being brought there by concerned family members. Maybe I was doing the same thing: I'd convinced myself I was in medical school and I was voluntarily going to the VA to meet with faculty when in fact I was about to be institutionalized and lose my freedom. In that moment it was actually enough to make me stop and think about it, standing on the sidewalk halfway between the VA and MTF. Not quite Paul falling down on the road to Damascus with a blinding flash. Still, epistemology is more compelling when you think you might have some skin in the game.



Satan. Maryam Saltani, MS II

stride. Mohammed Suhail, MS II





Sunset on Konocti. Katherine Blair, MS 1

Looking back at Grendel's literally nondescript face, I was glad that this particular cluster of uncooperative neurons had a bad attitude. It stiffened my spine. Like a banged elbow it made me want to punish them more.

"Punish them?" it asked, "how can you use third person?" Grendel shook its head. "You'll wake up soon enough," it said, "but it doesn't matter. Do you think I just evaporate when you're awake? Whatever patch of tissue is producing me, that sure as hell doesn't evaporate. I'm in here all day, riding around behind your eyes, even if I'm not front and center. I know you'll think about this tomorrow." And then it said with a wink, "I'm always in here, and tomorrow when you're awake I'm going to give you a sign." It raised its hand and spastically wiggled its fingers at me in a mock good-bye.

* * *

Ex contradictione, sequitur quodlibet: from contradictions, anything can follow. The next day I rode the shuttle to campus, furtively scanning the faces that filled the space around me. Are these people real? At least the ones my brain simulates comes from an organ that I'm sure can produce experience. If my waking hours are all a Matrix-like virtual reality these bus-people might just be code, non-player characters

the master computer adds to keep me from getting suspicious at the world's inconsistencies. Then again, consumers of the heavier-duty 5HT2a agonists like DMT report that their hallucinations seem more real than reality. Should I be sharing these thoughts? I can imagine a patient being less concerned about a few drunk pictures from a party in 2008 on Facebook than about several pages of doubts about the knowability of reality. But hey, I'm just kidding.

I really don't worry every single day about whether reality is a simulation, whether logic is anything but a language game, whether paradoxical or self-referential thoughts might collapse reality like a linguistic Higgs boson, whether from contradictions anything follows. No I don't have those kinds of thoughts, of course! This is all just a fun story!

The bus arrived on campus and I went to my locker. Anatomy lab. I changed into my scrubs. I realized my right eye had been bothering me for a week now. I was having blepharospasms all the time. Strange, because the other eye is the one that's been swollen. Downstairs, the fumes of the preservative hit me as I entered the lab and weaved between other dissection teams. "J.G. Ballard was a whiner," I muttered as I pulled a pair of gloves out of a box. Spock was at our dissection table with the cover off the cadaver, intently scanning through his notes. Richard and Arnold hadn't shown up yet. As I pulled on the gloves I said to him "Levator veli Palpatini."

"Huh?"

"Palpatini. Like Palpatine, the Emperor. In Star Wars."

"Your puns are really reaching now. I thought it was bad when you stooped to Latin."

"I don't know, maybe it's a defensive thing, like he knows Jedi are always coming after him and if they do a mind-choke attack while he's eating, his food will shoot out his nose unless he can raise his soft palate really fast. So he needs that muscle to be strong. Coincidence? I think not."

"Unlikely story. Plus we're still in the pelvis anyway. So watch out for Klingons." Then I told Spock about my latest internal escapade. His response, only half-joking: "And you're still thinking of putting all this in a story for strangers to read? I mean, I think you're usually harmless but right now I'm deciding whether to restrain you until the authorities arrive. Have you gotten a 'sign'? And what do you do when you get this sign? Does it have to do with John Lennon?"

"Hey, you're funny," I said, rubbing at my twitching eye. "I'm not the only person that's had bad dreams during anatomy," I said. "Lots of people have. There's a lot to get past."

"But in your case it's self-created," he said. "You fill your head with mnemonics and words instead of just seeing things. I think that's probably why you don't like anatomy. When you overlay everything with words you...you miss the actual relationships, and you oversimplify them but you still add arbitrary information. You start looking for relationships between the symbols instead of the actual things themselves. It reduces all knowledge to puns." Then he laughed. "Hey big guy, are you winking at me?"

His comment put me off balance. "No, my right eye has just been doing that. Come on, there are fifteen pages of dissection to get through, let's start."

"Whose turn is it to go first?"

"Mine." I said. I looked at the dissector to see where to make the first incision. I picked up the scalpel and dropped it. I bent down to pick it up. When I leaned over the cadaver to cut I dropped it again. The fingers of my right hand were wiggling spastically.

My eyes widened. I looked up. Arnold and Richard had shown up and were talking to Spock. No one had seen.

I could feel beads of sweat stand out on my forehead. With my left hand, I took the scalpel off the cadaver, set it carefully down on the steel table, and pushed it away from myself. I mumbled something to the guys about not feeling well and went outside.

* * *

Now pay attention: the anatomy exam came, as anatomy exams are wont to do. The night before, once I finally gave up on my lists of mnemonics I laid down for my little ninety minute beauty sleep. Somehow, with more pressing concerns, today I'm not so worried about my little episodes. Rhymes and lists and trick associations were pattering against the inside of my skull like rain, and of course when I closed my eyes there were lights flashing.

You sense we're nearing the climax, and you're right. What kind of climactic action could there possibly be in this overbearingly self-aware story, you're wondering? Will Freddy Kruger appear and slay me with some Zen-like pseudo-philosophical one-liner? No. I would very much like to tell you that the following nightmare is one of the made-up parts of the story, but it happened exactly as you read it here: I dreamed I was down in the anatomy lab, in the dark except for a single light over my team's cadaver. The cover was pulled back and it was sitting up waiting for me, its vessels constructed from a tangle of adjectives and verbs. Abstract nouns congealed like visceral fat; the few concrete nouns made up the axial skeleton. A mess of concept diagrams and acronyms revealed itself as the brachial plexus. The skin, superficial and quickly dealt with, was a multiple choice grid. How would that even look?

"I am literally a metaphor," it announced.

I said, "Hey, you're funny. And I'm sick of these pointless dreams."

It said, "No. You're awake. Right now. You've finally given primacy to signifier over signified. Your world is now fully semantic instead of experiential. You relate properties of symbols only to each other instead of the world."

I tried to argue, but could only say: "A shame to blame the name game."

The cadaver was pleased. "You're no longer one of the truncated. Now you are only your name."

"What can that even mean?" I asked.

"If two things ever have the same name, they are the same thing. Things cannot have the same name. Call it Pauli's exclusion principle of words, or linguistic minimal pairs as it suits you. Things cannot refer to themselves because then contradictions can arise. And from contradictions, anything can follow."

"I wondered about that when I put the Liar's Paradox right into the invocation of this story."

Text-cadaver frowned. "That was dangerous. Why would you do that? What did you think would happen?"

"I thought if we were living in a simulation it would break the universe. Then I wouldn't have to take Step 1 in June."

"That was dangerous. If reality is lawful then paradoxical reference is lethal. If you were to do that now, the universe will break."

And at that moment, over text-cadaver's rising shrieks, I scribbled out that last silly recursive haiku you see elsewhere in this issue. And what do you know - text-cadaver was right! The world has ended. We're all dead.

* * *

Hic sapientia est: So much for weak climaxes in structurally self-aware fiction! Here we have the end of the world in a text of dubious provenance: the apocryphalypse. Who knew haiku was so armageddonogenic?

I do in fact have clusters of uncooperative neurons, but their misbehavior isn't nearly as interesting as I've represented here. In fact, they cooperate too much, at least with each other: that is to say, I have temporal lobe epilepsy. The fact that I had to put you through page after page of B.S. to reveal this instead of just writing a three paragraph essay about it is classic Geschwind syndrome: hypergraphia, circumstantiality, obsession with philosophical ideas. I don't like even thinking about my condition because I can't help but view it as a weakness, so I intellectualize it. The real question is why did I feel this need to tell you?

The sun is setting, and cold still air settles in Rose Canyon. As the yellow brush starts to glow blue from the moon high overhead, the first yips and howls go up to the stars.



Jennifer Hagstrom, MS II



Boy, Maryam Soltani, MS II

THE ICU

I(don't)CU in the ICU
Lines and tubes and vents and drains
Gloved hands feel for patent veins
I record your PIP, your PEEP and your plateau.
Your problem list continues to grow.
You are Neuro, CV, and Pulm.
I check for pulses and then I'm done.
Bacteremic and hypokalemic.
Plan for the vent: Let's try to wean it.
500 cc of urine? Good work today.
Your wife in the corner continues to pray.
(Visiting hours end; she continues to stay)
More than his wife, she's now his DPOA.
I(don't)CU in the ICU.
IC-Lines.
IC-vents.
IC-drugs.
IC-drains.
And today- IC- that my effort's in vain.

—Mallika Dhawan, MS IV

Chaos, Maryam Soltani, MS II





Bosque. Sandhya Ravikumar, MS II

TORREY PINE TREE

Stone's throw from the ocean, sitting fine,
rises from the earth a lone torrey pine.
Whilst I return daily to this study nook,
she slowly became a friend of mine.

Eleven score years-old and of nobility,
deeply rooted in aristocracy,
too proud to know how indeed,
she's obstructing my vision of the sea.

Smugly displaying needles and cone
her roots grasp and weave through stone.
People ephemerally pass her by,
but she never noticed me -- she's so alone.

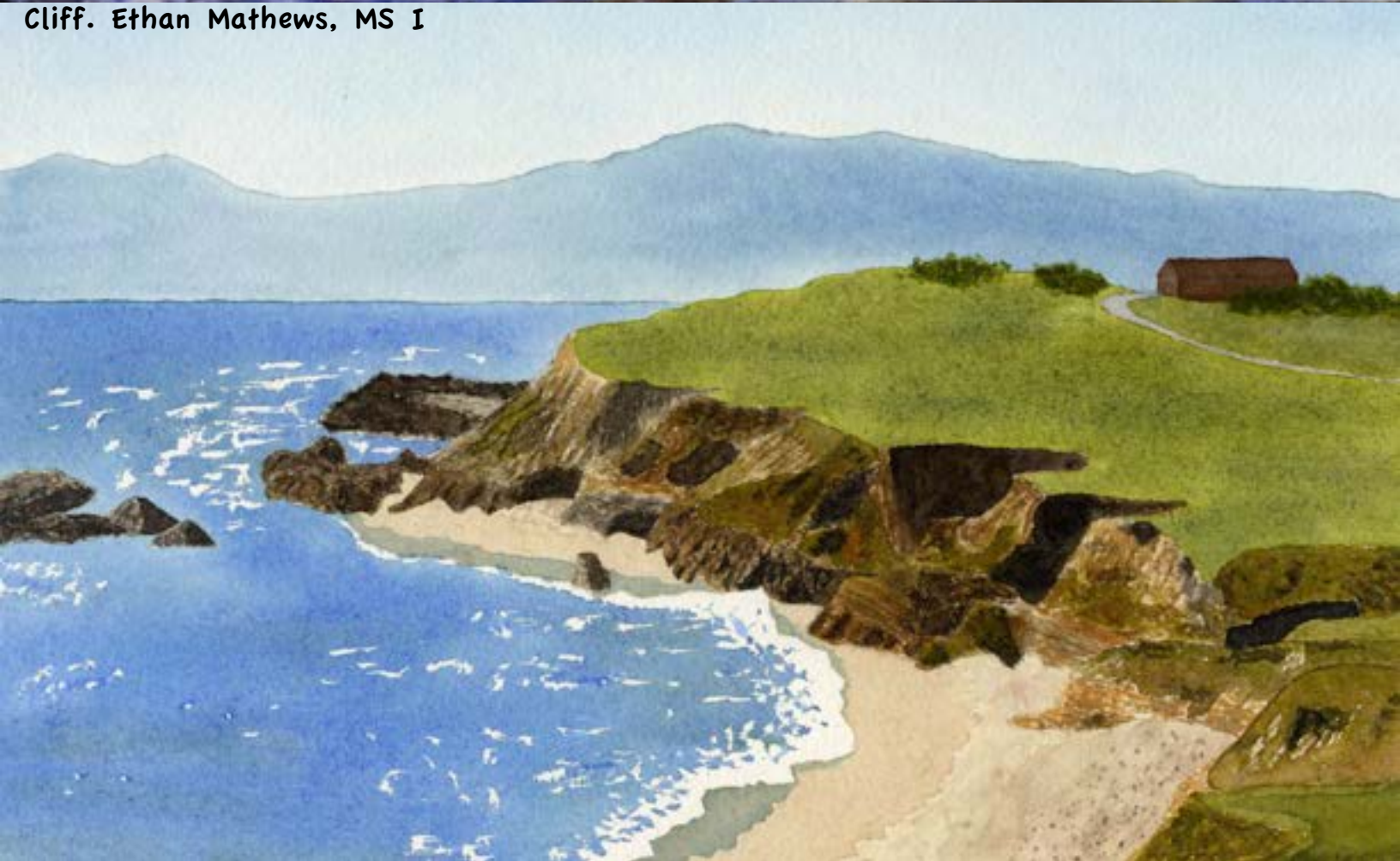
—Nicholas C. Kanaan, M.D.



Sandhya Ravikumar, MS II



Seascape. Benjamin Maslin, MS III



Cliff. Ethan Mathews, MS I



Scripps. Ryon Graf, Burnham

INTERVIEW

Refugee

How an Afghani immigrant became a champion for Muslim families.

By Hyuma Leland

On December 27, 1979, 50,000 Soviet troops invaded Afghanistan, killed President Hafizullah Amin, occupied the Presidential Palace in Kabul, and began a nine year occupation of Afghanistan. Millions of Afghani refugees fled to Pakistan to escape the war and persecution by supporters of the Socialist regime. Dr. Waheeda Samady and her family were among the refugees whose lives were forever changed by the Soviet invasion of Afghanistan.

Please tell me about your path to medicine.

Growing up there were several members of my family that sustained pretty intense trauma due to the war in Afghanistan. I grew up watching my dad go to a lot of hospitals for care and undergo a lot of surgeries. Growing up with that exposure to medicine, there was always a definite respect and awe for the career. Also, I knew that I wanted to do something in service where I could talk to people on a daily basis. Then, I began to fall in love with science early in college, but

continued to love the humanities as well. I went to undergrad at Berkeley where there was a lot of humanities courses, political involvement, and civil engagement that sparked a lot of interest in me, and I was torn between a career in medicine and civil rights. I chose medicine because it inherently has

years but it's a very invested and lengthy path. Pediatrics was a no brainer; it has the amazing ability to provide preventative care with incredible variety in physiology and pathology. You have a wide range of patients, from small babies to adolescents, who mirror adults physiologically.



Dr. Samady's UCSD School of Medicine graduation 2003 (from left to right): Dr. Samady's brother-in-law (Omar), father (Wahab), Dr. Samady, mother (Malalai), and two sisters (Rabia and Mezhgan).

the ability to provide day-to-day satisfaction. I felt like I needed a career where I was seeing the rewards of my career on a daily basis. Also, I think the combination of science, academics, and social involvement all in one career led me to medicine. Conversely, while civil rights work is a worthy career, you have a lot of challenges and may have a success after 5 to 10

house, though many others in the house were hurt as well. He was taken to a hospital in Afghanistan and was in a coma for several weeks. He went on to get intensive care and surgeries for several years. He had to travel to Germany and Pakistan for medical care. The bomb disrupted the bones in his inner ear and he even traveled to the US to have his inner and outer

Can you describe what happened to your father in Afghanistan?

My parents lived in an area close to where the President of Afghanistan lived, in a nicer area of town. When the Soviets began bombing, they bombed the entire area. One of the bombs landed in my parent's front yard about two feet from my dad and he was the most severely injured person in the

ear reconstructed. After 6-7 years of that intensive care, he enjoyed a few years of good life. He could work and support his family and didn't have any glaring neurologic disabilities. Then, when I was 10 or 11, things began to break down. He had a lot of shrapnel in his body and his tissue was becoming irritated because of the shrapnel. He had multiple pieces taken out of his arm and had his arm reconstructed, again. There was a lot of scar tissue in his lungs and there was concern for a Pancoast tumor. He had serial CT scans for surveillance and there was always a concern that all the shrapnel in his body was exposing him to other carcinogens. The person that carried most of that burden was my mom. She says that my father "slept through the worst parts of life." He was in a coma and getting surgery for the worst parts. My mom carried the emotional scars of war, which are probably a lot worse than the physical scars my dad carries, but my parents' attitudes really overcame it all.

How did your family decide to move to the USA?

I was born in Kabul three years after the soviet invasion when the war was going from bad to worse. My family had never thought about leaving Afghanistan and my father was an engineer from a well-to-do

family. My mother was a biology professor from a well educated family. My parents were really city aristocrats. My mom was 24 when the war started and my dad was 30, and they were just starting to get their lives going. But everything turned upside down in a 24-hour period. My dad's home was bombed and he fell into a coma. My mom found herself unemployed because she didn't support the Soviet takeover, and the Soviets took over the university where she taught. All of a sudden everything was upside down, but my parents continued to hope things would turn around for the better over the next three years. My family finally decided to leave while my mother was pregnant with me, but she started to labor and they literally had to turn around. Three

months later we were smuggled out of the country and we lived in a refugee community in Islamabad, Pakistan for three years. Those are my earliest memories. It was very hot and we lived in very close quarters. My parents went from a large house which they owned to living in a one bedroom flat in Pakistan with 13 people. In Pakistan the refugee men could not work because there was concern that there would be backlash if refugee men were taking the jobs of Pakistani men. My dad went from being highly educated and well employed to selling things on the side of the street. It was very humbling for him. It changed his entire perspective; he lived in a bubble that burst.

We had an uncle who was an anesthesiologist in the US, who had moved many years before and invited us to come to the States. My parents were able to move here under political asylum. When we moved, it was like a movie about immigrants. All 13 of us moved into my uncle's basement. My cousins made fun of us for how



Dr. Samady's mother (right) and two friends at graduation from Kabul University 1975. Photo courtesy of Dr. Samady

“You can be a professional but there is more heart involved in being a good person.”

dorky we were when we moved here. My mother used to make us carry an umbrella to protect us from the sun and my cousins used to call us the “umbrella people.” We grew up and learned English and eventually got along.

We moved to New Jersey and being only four years old, it was exciting for me. I was visiting new people and wasn't leaving a school, friends or family behind. It was exciting and new. For my siblings and parents and aunts and uncles it was different. One of my aunts had just started medical school and had to

leave it all behind. She came here and had to start at zero again. You don't move here with a graduate degree, you have to start all over again and work at McDonald's. That was the hardest thing...to see people who had established themselves and had to restart in high school to have a chance to go to college. When I was in high school, I just wanted to be like all the other people in school whose parents had professional jobs. We never lived in the best areas but on the line of the better school district with kids and parents from professional backgrounds. I could identify with them since our parents

all had expectations of where we would go to college, rather than if we would go to college. In that way we were the same, but the day-to-day realities of what our parents did was very different.

That sense of understanding grew after medical school when I was 25 and realized that was what my aunt had sacrificed when she came here; she lost everything. That is when my understanding of the person and not the profession fully developed. You can be a professional but there is more heart involved in being a good person.

Who are your role models?

It would take me three hours to talk about everyone who has influenced my life. I have been very blessed with role models. First, my parents who have always had the attitude that you have to keep going. Horrible things happened to them that would be hard for anyone to swallow, and they took it on as part of life and instead of being weighed down by disaster, they continued to see the good things in life and moved on. It's absolute gold to have that kind of outlook. Everyone encounters things in life that shock you and stop you and scare you, but to accept them and move on is key.

In medicine, Dr. Ellen Beck has been a great role model and I worked with her at the free clinic. I remember that she once asked at the end of a meeting, “tell me your dream.” No one answered because everyone is scared that his or her dream won't come true. But she asks the question in a way that makes it seem that you are supposed to have a dream and everyone does. So the small dreams inside your head often never become a reality unless someone encourages you. I love her and everything she brings to the university.

Dr. Georgia Robins Sadler is also a great role model to me for her work in the Deaf Culture Training Program. She is an outgoing and successful woman in her field. I remember going to a conference with her and we stopped at a poster to talk to a woman of color and Dr. Sadler asked her if she was planning on getting a Ph.D. The woman said she was thinking about it and Dr. Sadler said, “We really need you



Shipwrecked Amphoras. Seanna Grob, MS IV

to. Look at all the discrimination in health care. We need your voice and your opinion.” Dr. Sadler had no reason to do that other than her drive to see medicine be better and her desire to see change. The Deaf Culture Training Program is a perfect example of how she wants to see things be better and fairer. People like that blow you away because they put their heart into their work and want to see the world be a better place.

Everyone comes into medicine with good intentions until reality kicks in and bills and loans and other things in life keep you from doing what you thought you could achieve. But then you meet these women who do their work at 100% and still have lives and families and children. I always thought I would have to sacrifice something, but now I realize that with dedication and hard work, over time you can build something amazing without sacrificing your desire to help people.

You mentioned earlier that you had a difficult time deciding between careers in medicine and civic engagement. Did you find opportunities to become involved in community service in medicine?

There is a lot of advocacy in medicine and pediatrics in particular. I recently met with the San Diego organization Horn of Africa, where I talked to Somali refugee women about vaccines and autism to help distinguish fact versus fiction. There is a lot of literature that is difficult for that population to decipher. It was a very rewarding experience and we talked about how to recognize autism, what a vaccine was, and many clinical terms that these women had



“Silence is not the solution, preventing domestic violence in the Muslim community” conference 2010 featuring Dr. Samady (left) and domestic violence expert, Salma Elkadi Abugideiri.

never heard. I walked in thinking I would be teaching them and walked out realizing that they taught me, since they talked about what they had seen in Somalia. Many of them knew as much about these diseases as me because they had seen them in Somalia. They walked out with a real understanding of what vaccines could do and an understanding of what autism was and the risk to the Somali population. There is a definite role for civic engagement in medicine and education and empowering people.

Another project I am working on is a breast feeding teaching module for the deaf population to explain the benefits and realities of breast feeding. I was recently invited to a baby shower for several deaf women where I signed about breast feeding. These are very interesting things you can do because you are in medicine, not in spite of being in medicine.

“People like that blow you away because they put their heart into their work and want to see the world be a better place.”

How did you become involved in community service?

I became interested in civic engagement in high school with Habitat for Humanity. Anyone can go home and do homework or play video games, and those things are fun, but you need something that gets you going. Some people have sports, or school government, and for me it was community service. I found my friends there and clicked with those people. It was a social and a psychological boost and made me feel happy. I think it’s a good sign when you work your heart out and go home and feel happy.

At UCSD medical school, I became aware of the Deaf Culture Program. My dad is hearing impaired, but not deaf. So when I received a pamphlet, I identified with some of the information because my dad has always had trouble, but there was a lot I didn’t understand. There have always been a lot of opportunities to become involved in at UCSD as well. These opportunities made me tick and created a sense of well being despite the hours and hours of library studying.

What has been the most meaningful project you have been involved in?

One of the best learning experiences I’ve had occurred during residency. I started off initially with a very small goal: to simply translate some posters about domestic violence prevention. My goal was in pediatric prevention and awareness of how we raise our children. It was a nice small project, to translate posters into languages other than English and post them. But the project grew because the community wanted it grow. The approach that we as a society have taken toward addressing domestic violence has had an impact on how we raise our children, foster our communities, and allowed domestic violence to exist and persist. This is an ugly subject that is very taboo in many cultures, including the American culture, and people wanted to hear and know more about it because it affected people within and outside of the community and they didn’t want it to continue. It was humbling and amazing at the same time. It blew me away, and that is why a resident working 80 hours per week could still stay up to work on this project.

I remember after one domestic violence outreach talk, there were a group of women that approached me and one woman in particular fit the profile of an abused woman from a marginalized community. She was scared to death. She had talked to people within the community but refused to talk to anyone outside the community because she was afraid her kids would be taken away. Someone had implanted this thought in her mind. I felt like a bridge, on one hand I was part of her community and on

the other I was part of that outside community that was trying to help people. I could talk to her and tell her that the goal of these resources is not to remove children from their parents, but I felt completely unprepared and out of my element and that I was extending myself beyond my scope. I did my best to help her though and she ended up getting help from the San Diego Family Justice Center.

It also makes a statement about the authority, right or wrong, which is inherent in medicine. People respect your opinion as a physician; what you say has more weight. I don’t necessarily agree with this, but it is pretty amazing to utilize that ability. So these posters led me to begin speaking with youth groups where I was doing preventative work and speaking with young women about what is a healthy versus unhealthy argument. It’s very basic, but there are a lot of fallacies about what we think abuse is. If someone doesn’t hit you, how do they abuse you? These small domestic violence prevention talks grew into conferences and community forums, where we had a speaker from Washington, D.C., who is doing the only significant academic research on these issues. Our work was published by the Chadwick Center and I started receiving emails from Texas, Washington, and other states saying they wanted to do similar work. You could see this ripple effect and people were even talking about getting involved at an international level. I was invited to join the Muslim Advocates national group and was able to see things sweep across the nation and beyond just our little local community.

I also became interested in what

resources were available for domestic violence prevention and found that even San Diego has some resources including the San Diego Family Justice Center. But it also made me realize how the Muslim community had not had any outreach done toward it and they were eager for it. It’s a great feeling to fill that void.

What is the role of the Chadwick Center?

The Chadwick Center is a world renowned center that is known for its focus on child maltreatment from neglect to physical and sexual abuse and families in bad circumstances. They do diagnostics with forensic interviewing and also deliver therapy with psychologists and clinicians in addition to academic research and education. As pediatrics residents we rotate there to learn about forensic interviewing and child abuse. They have a strong focus on resident education. Also every year, they hold a conference which draws the experts on child abuse and maltreatment across the country to San Diego. It is a very multifaceted and team-oriented approach with therapists, law makers, police, physicians, nurses, community members and organizations, religious leaders all discussing child maltreatment and how to work on prevention and treatment.

What are your future plans for your work with the Muslim community?

The goal right now is to expand on youth programs and unify multiple different youth communities. There are Muslim student associations associated with multiple universities in the area and youth communities

associated with Islamic centers. We are trying to organize a system where similar resources and activities occur routinely. We want to change the current system where there might be a sermon on domestic violence with one youth group and the subject of that discussion is never again covered with the same students. We want to create a repetitive program where this discussion occurs every six months to a year. There has also been talk at the Islamic Center of San Diego of creating a shelter system similar to NISA (North American Islamic Shelter for the Abused). If other people become involved and are interested in talking about the same issues and giving the same training, we can create a sustainable and repetitive program. Empowerment and Education!

What have been the greatest obstacles you have faced in building resources and awareness of domestic violence in the Muslim community?

One of the greatest barriers I encountered was trust. It's the same as when you walk into a patient's room, you have to build rapport. For me, it was nice that I was a part of the community, but people sometimes needed more. They didn't know who I was or what I was talking about and though some people were interested, some people didn't want to discuss these issues at all. Sometimes they were ok with some issues but not others. For example, some people were interested in discussing physical violence but were not willing to talk about psychological or sexual violence, which inevitably came up. Initially, I would walk into these communities and think "of course we are going to discuss the sensitive issues and too bad if you don't want to talk about it," but it's never a good approach to walk into any situation

with that kind of attitude and it's certainly not culturally competent. I had to learn about cultural competency for a community I was technically from! I had grown up in America with a very different outlook than others who came from a different background and viewpoint. I had to step back and remind myself that my goal was to educate and not simply make *my* point, it's to make *the* point. It can happen in different ways and the most difficult part was getting people to be open to the entire message, but after working with people for a long time, they eventually became more open.

What advice do you have for someone interested in building resources for an underserved community?

Collaboration is key, especially when it seems that resources aren't available, because there are resources out there. When I was first started to become interested in this project, someone from the UCSD pediatrics department told me there are hundreds of grants to help achieve our goals in the field of domestic violence. I would have never known and as a medical student, I had never applied for a grant. There are many grants out there. Also in terms of collaboration, I worked with the Chadwick Center, which was already well established. I was a medical student and a resident and was very busy, so it was nice to use a framework that was already established. They already had a conference and could provide the resources for a speaker. It was already all set up and I could serve in my role as a bridge. Also for the San Diego Justice Center, they had a layout and just needed someone to help fill in some gaps. You can build



*Waheeda Samady, M.D.
Pediatric Chief Resident
UCSD Rady Children's Hospital
Photograph courtesy of Dr. Samady*

up internal resources and learn more and make contacts. I learned about NISA, which was initially a hotline women. You can work with others and collaborate and either break-off to build resources on your own or you can continue collaborating with others.

Dr. Samady will be the Pediatric Hospitalist Fellow at the Rady Children's Hospital next year and service that developed to fundraise and purchase a house and then turned the house into a shelter for abused plans on focusing on research and academic hospitalist care of children. Her goal is to pursue a career academic Pediatric Hospitalist Medicine.



To find out more, visit:

- <http://www.hornafrika.org/>
- <http://www.familyjusticecenter.com/>
- <http://www.chadwickcenter.org/>
- <http://www.asknisa.org/>
- <http://cancer.ucsd.edu/deafinfo/fellowships/train.asp>



Glider. Ryon Graf, Burnham

A SERIES OF HAIKU POEMS

Mt. Tamalpais, West Side:

Gray blankets damp earth
Spiderwebs sagging with fog
While moss and ferns drink.

Northern California River:

Bright moon, calm water.
Shadow-crane silent in reeds.
Glowing fog creeps in.

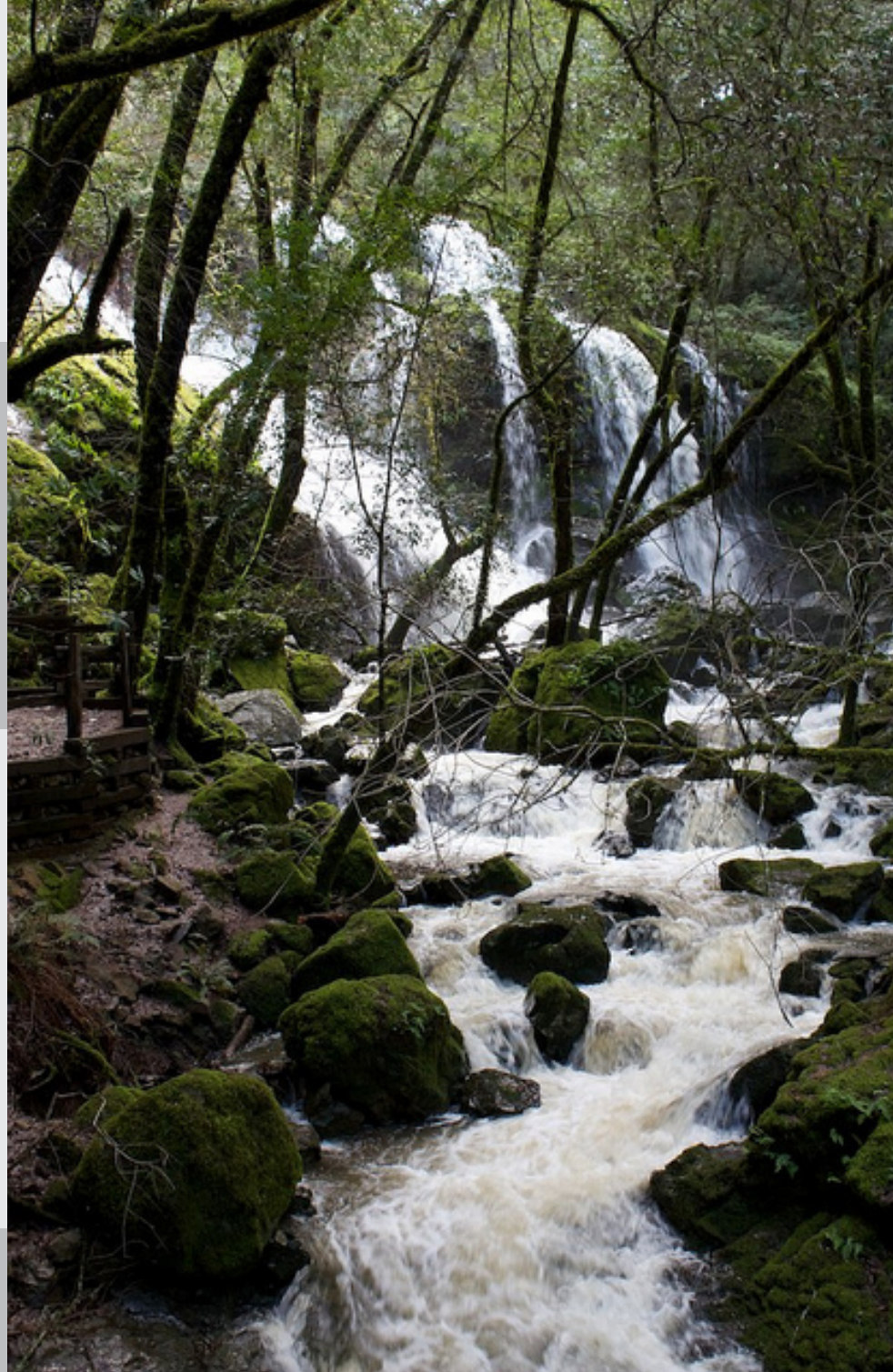
The Fujiwaras Wouldn't Have Liked Deserts:

Yellow summer grass;
All that remains past warm spring
From green winter rains.

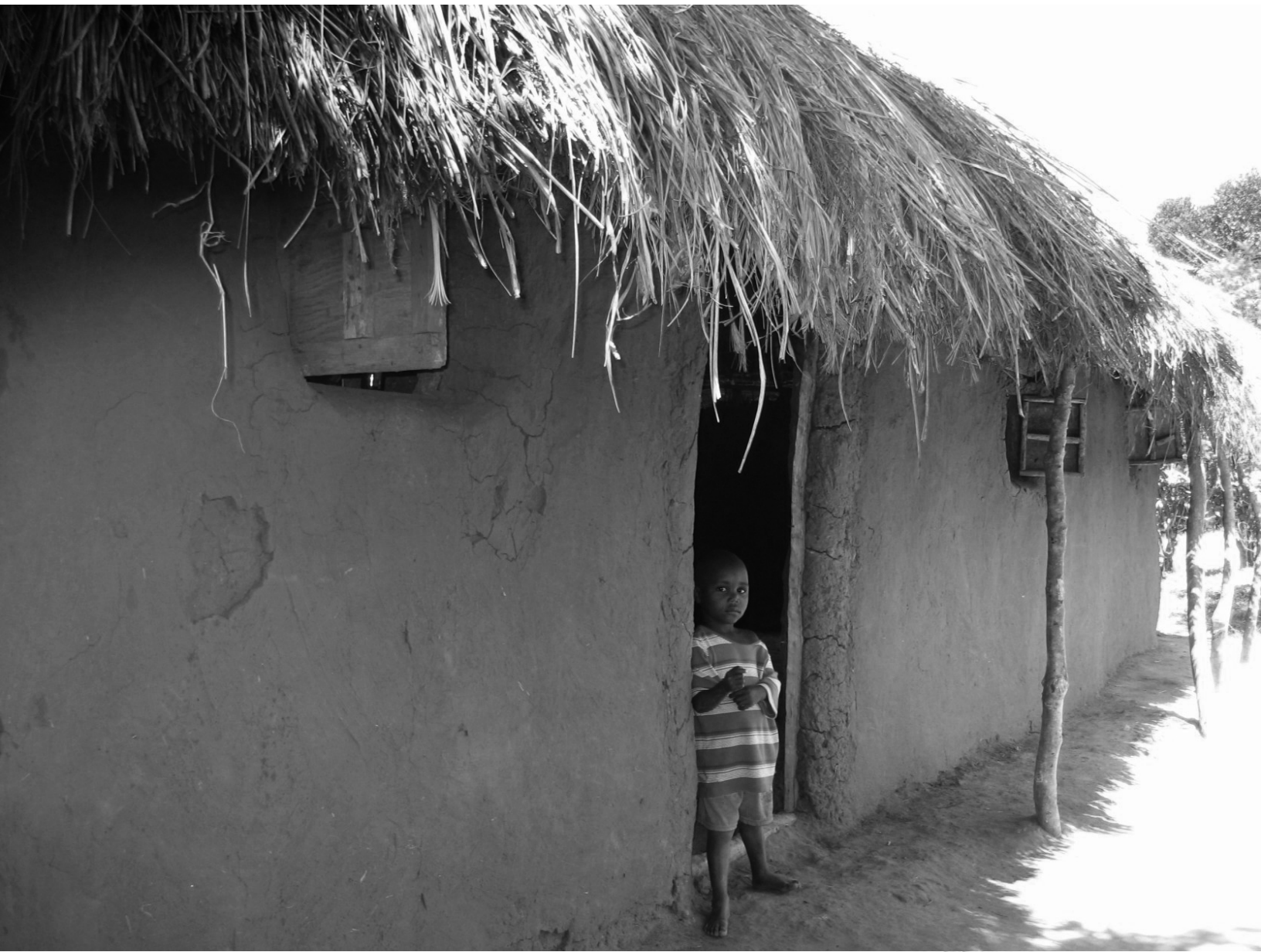
Now Bashoo and Bertrand Russell BOTH Hate Me:

Twelve more syllables
To make this stupid haiku
Self-referential.

—*Michael Caton, MS II*



Matt Barkovich, MS II



Shelley McCormack, MS II



The Essence of Eddie.
Maryam Soltani, MS II

Eskimo. Maryam Soltani, MS II



Jennifer Hagstrom, MS II



I'll be here, in sunshine...or in shadow

By Emily Fletcher

During my VA Medicine rotation, I admitted a patient with severe jaundice, his yellow, cachectic body giving an immediate impression of advanced cancer. During the admission interview he mentioned two sons: one living nearby, serving as his transport to the hospital, and the second long overseas, serving in Iraq.

We ordered a CT of his abdomen, but even before the radiologist had read it, it was clear to my little-trained eye that it was cancer, a cancer that had metastasized to his liver, lungs, lymph nodes and peritoneum, likely pancreatic in origin. Once we had received confirmation, I got a page from the nurse that his son and daughter-in-

law had arrived and were asking about the images. I remembered being on the patient side of this conversation as a teenager: leaning against the wall in the hospital room where my grandmother was awkwardly told her colon cancer was no longer resectable, me sinking to the ground crying while the doctor disappeared.

That memory drove my development in medical school, a commitment to never becoming a doctor who mumbled "I'm sorry" and then vanished. And here was a step in that development, a situation necessitating the communication that his prognosis was "weeks to months" rather than "months to years" —I was being given a chance to realize the doctor I wanted to be. I gathered

my courage and obtained permission to participate in the discussion with the family, something I'd had a little training on a month previous from hospice personnel. It was difficult and demanding, but I strove to listen and attempt to answer their questions, to be compassionate yet direct. I wanted to serve this family as I wished that mine had been served.

The next day, the attending physician and I returned to visit and examine the patient. While we were discussing the key findings on the patient's abdominal exam, the patient's son ran in out of breath, immediately followed by an army-garbed man. The name badge on his army uniform matched the patient's.

Here was the son the patient had



Touch. Brenda Nuyen, MS II

spent the last year worrying about, every day preparing for a phone call reporting his combat death. Here was the patient's long sought reunion, after a month of being horribly sick and after receiving continuous bad news about his chances at life. And here was a son, weary from war and travel, aware of his dad's disease but unconsciously expecting to see the same father he left light-skinned and robust, opening his arms for an embrace. Instead he found a discolored, emaciated man with tubes in his veins, helpless in pain. Both sobbing, the son embraced his father, who feebly grasped back at him.

I motioned to the attending that we should give them a minute, and outside the room explained that the army-garbed man was the patient's son arriving straight from the airport, returning from Iraq. The attending commented that we strive to save even one life in this hospital, yet send so many to die in wars overseas. Distractedly I agreed, but the scene I had just witnessed dominated my thoughts.

As healthcare workers, we are incredibly privileged to witness moments like this, and to have some oddly undeserved, and yet trusted role in it. But it was all a bit too much for an underslept, overstudied, socially isolated MS3 to take at the time, and I found myself, alone on the emergency exit staircase

between two floors, crying.

Downstairs my drying eyes drew remarks from the intern on the case with me. I shrugged off my tears, but thought to myself: the day that witnessing the reunion



Boy. Maryam Soltani, MS II

of a terminally ill patient with his long-missing son doesn't move me is the day I don't deserve a medical license. Once the humanism is gone, medicine is a dry field of which I want no part.

The day of the reunion I could not chase the Irish folk song "Danny Boy" from my mind. Though I had been required to sing it in choir class a hundred times before, the lyrics suddenly had much deeper meaning, as something my patient may have sung to his son upon his

deployment:

But come ye back when
summer's in the meadow

Or when the valley's hushed
and white with snow

'Tis I'll be here in sunshine
or in shadow

Oh Danny boy,
oh Danny boy, I
love you so.

And if you
come, when all
the flowers are
dying

And I am dead,
as dead I well
may be

You'll come
and find the place
where I am lying

And kneel and
say an "Ave"
there for me.

And I shall
hear, tho' soft
you tread above
me

And all my
dreams will warm
and sweeter be

If you'll not
fail to tell me that
you love me

I'll simply sleep in peace
until you come to me.

Epilogue:

The patient passed away less than a week after the reunion with his son, shortly after he had made the decision to forego further treatment and be transferred to a hospice ward. His sons—both of them—were at his side.

Sleep in peace, sir, and may your dreams be warm and sweet.

◇ ◇ ◇



Imperial Beach Light. Aaron Rutman, MS II



AND SO GOES THE GLUE

Bountiful baskets of food, bumping into each other,
Bumping elbows of bustling people shoveling mouthfuls towards their final resting place.
Food shoveled in words burped out,
Loud, loud words unmuffled by food that quiets the groaning stomachs.

Quiet room of warm, white light robbing his dark resting eyes,
Watery eyes watching his withering body from afar.
Farther and farther he sinks away into the starched, spotless sheets,
Rustling sheets louder than the muffled voices but not than his groaning stomach.

Groaning voices erupt from the darkly clad crowd;
Crowded claims on a full fortune fractures.
Fractured family splitting down the middle;
Down fall the blinking cheerful holiday lights, now illuminating the sewer.

—Csilla Felsen, *MSTP III*

PROSE

Pragmatic Optimism

By Ryon P. Graf

SBMRI Molecular Medicine Class of 2013

"I AM NOT OPPOSED TO OPTIMISM, BUT I AM FEARFUL FOR THE KIND THAT COMES FROM SELF-DELUSION." -MARVIN DAVIS, *NEW ENGLAND JOURNAL OF MEDICINE*, DISCUSSING THE QUEST FOR THE "CURE" FOR CANCER.

I fear unrealistic expectations for the cure, because not reaching them cuts off hope and motivation for those fighting the disease. Pragmatic optimism is hard to come by. It requires technical expertise, courage, and will. For those out there that can and will make a difference in improving the lives of cancer patients, I would like to share with you a story

Joanie's cousins recount her trademark charisma and wit set to the mesmerizing tone of her flowing blonde hair. She was a fan of The Who, big dogs, and all things that grow from the earth. She fled to San Diego to escape a tumultuous childhood, fell in love, and started a family.

In late March 1990 she was almost due to give birth to her second child. It was then that she discovered several lumps in her breast. Her doctors were so concerned that her labor was induced early to begin therapy as soon as possible.



Mark Bernardi, MS IV



Jennifer Hagstrom, MS II

She lost her flowing blonde hair. She went through more than a dozen rounds of chemotherapy and accumulated a colorful collection of bandanas. She lived with the unrelenting pain of bone metastases for at least five years and would eventually have to go in every 10 days to get accumulated fluid removed around her lungs (with a very big needle through her back) so she didn't suffocate.

Joanie was my mother. She battled advanced breast cancer for over a decade.

I was that wide-eyed kid in the lobby.

Cancer. Sucks.

I could go on for a while about her condition, but what really set Joanie apart were not the grizzly details about her condition. It was her attitude. She never made excuses for herself. Not once. There were always more avenues, sharper resolve, and more depths to her stamina. As scientists, physicians, and empathic laypeople, we owe it to exceptional souls like Joanie to advance better therapies for cancer. She never made excuses, so neither can we.

With so many fighting cancer and not making it, with all the red tape for funding, and with all the bureaucratic hurdles that hinder our progress, we must not allow ourselves to become jaded. We must continually look inward and ask ourselves if we are doing all we can. Various things have and will continue to get in the way of progress, but unless we keep moving, cancer will continue to burden the human condition.

Twenty years later, that wide-eyed kid is working on his Ph.D. thesis research at the nearby Moores Cancer Center



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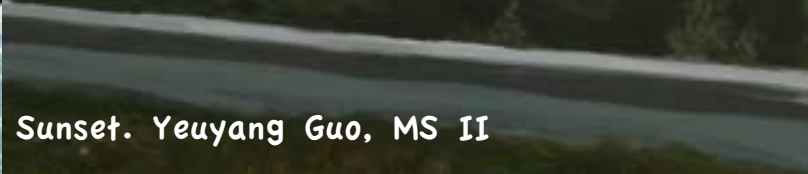
HUMAN CONDITION STAFF PICTURE WILL BE INSERTED ON THIS PAGE



into the void. Mohammed Suhail, MS II



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