

THE HUMAN CONDITION



AN EXPLORATION OF ART & LITERATURE
VOLUME XV, 2020 | UCSD SCHOOL OF MEDICINE



DEAR READERS,

There is no denying the unfathomable impact the COVID pandemic has had upon our school, our outlook, and our way of life. Daily news updates highlight growing cases in cities around the country—cities where our peers will soon embark to start careers as resident physicians. We have lost our grasp of normalcy for the foreseeable future, and must now find a new way of living. How are we to navigate these challenging times?

Author Kurt Vonnegut has suggested at least one way forward. “The arts are not a way to make a living,” he writes. “They are a very human way...to make your soul grow.”

We are amazed by the top talents of our medical students, residents, and faculty in the UCSD community. The creative works in this year’s volume remind us, during a time we may be prone to forget, that we are more than medical students: we are artists and authors, poets and people of vision. And this is deeply important, because there are times in medicine when medicine can only get you so far; the arts & humanities shine a light on what it means to be human.

We hope that the twenty-fifth issue of the Human Condition will remind you of all the simple and beautiful moments that may, for now, feel few and far between. It also touches on the complexities and tragedies that will still wait for us on the other side of this strange time. Let us take all we learn about what it is to be human in the midst of a pandemic, and carry it with us to become better doctors and better people.

Sincerely,

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RISE
ALICIA ASTURIAS

BACK COVER:

COSMIC EPITHELIAL CELLS
ASHLEY OTT

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FORCED PERSPECTIVE

Andrew Park, MS4

I know better.
I know nothing, and I am useless.
So don't throw words at me insinuating that I am knowledgeable.
I know the truth.
Because at the end of each day
I have nothing to contribute to my patients
And I'm not going to dwell on the lie that I can make a difference in their well-being
Because who am I kidding?
I'm just a med student.
Even though
The patient appreciates my effort
I am still reminded of the fact that
With each suture thrown or dosage drawn
I slow down the resident and the attending
Regardless of whether
I try my best
So
It's hard to believe that
I'm here to learn and grow
Nothing will change the fact that
I think of what lies ahead in the wards as a hindrance
Each morning when
I ask myself
What am I doing here?

(It's so easy to think a certain way when you're feeling DOWN.
But don't forget those days when things are looking UP.
How you read it is all a matter of perspective.)



BREATHE DEEPLY | Alicia Asturias, MS3

LANGUAGE BARRIERS

Gauri Shastri, MS3

It's oddly poetic when I think about it now—that the first time I told my grandmother I loved her was also the last time I ever spoke with her. It was my first week of college and I stood outside my dorm in the cold evening air, phone pressed to my ear as I paced along the concrete walls. My grandmother was lying on a hospital bed in India, her body rapidly deteriorating after being diagnosed with advanced breast cancer a few weeks prior.

My mother had placed me on speaker phone after quietly telling me that my grandmother was no longer able to speak.

The static-filled silence that followed was overwhelming, and I hesitantly began.

"Hi Patti. I just wanted to, uh, tell you that I miss you very much." I paused. "And I love you very much."

There was more silence, followed by a soft groan. I imagined my grandmother lying in her sterile hospital bed, hooked up to an amalgam of tubes and machines that thrummed in their effort to keep her alive. Or perhaps she simply lay wasting in a thin hospital gown, settling to embrace the great unknown with dignity. She had always done everything with dignity.

"I love you, Patti," I repeated, hoping my words could bridge the thousands of miles that separated us geographically, that spanned the gap between generations and clashing cultures.

Weeks later, I forgot that she had died. Perhaps this was because I was not there when the thrum of ventilators was finally silenced, or the cremation pyre turned my grandmother's body to ash and acrid fumes. Perhaps

that was another way of expressing my love—that unwillingness to acknowledge or fully embrace that my grandmother simply was no longer there.

I was very privileged: my grandmother spoke and understood English fluently and I was able to see her almost every year. Yet, it still felt as if we never were able to form a connection—we rarely spoke beyond polite small

talk, and our brief conversations mainly revolved around technology. She

would slip on her reading glasses,

their frames a translucent rose-tinted plastic (so

old-fashioned it was

soon to be back in style again), and

then pull out a

notebook to

record, step-

by-step, how

to check

her email

or use the

internet. She

only wore

saris and

prayed daily,

offering

to God the

j a s m i n e

flowers she

picked from the

upstairs terrace

every evening

when the weather

was cooler. She also

listened to music on her

iPad, taught grade-school

math, and got married at 27—

quite the modern woman for her

time.

In my family's culture, we express our love efficiently, through home-cooked meals, financial support, and belief in our children gift-wrapped with heavy expectations. Perhaps vocalizing that love any more explicitly would cheapen the sentiments behind those actions, rendering those sacrifices meaningless. There I was, phone in hand and armed only with words, suddenly faced with the insurmountable task of communicating everything a cherished grandmother should know.

And I don't know if she ever did.



LISTEN | Alicia Asturias, MS3

BICYCLE DIARIES
Simone Phillips, MS3

A teenager with a timeless haircut
is riding a bicycle
with a seat on the back
white faux leather quilted
for comfort and
sized for a kitten
this is the bicycle
you always wanted to ride

A month apart, no more, no less,
the same heart failing in separate chests
Two daughters bedside, another gone
awake to tend past dusk, then dawn

I missed the first, unknown to me,
too buried in solemnity
no time to grieve, to think, to sit,
too caught up in the mess of it

The first had been a body dear,
the second no one I was near
in heart, only proximity
And yet he opened doors for me

A space to pause, to breath, to sit,
to weep and feel the weight of it
finally introduced to me
beginner's thanatology

THANATOLOGY
E. B. DeVore, MS4



SUMMIT AT 16000 FEET | Rachel Hartsell, MS2

MOUNTAINS

Harpreet Gill, MS3

I did what they said
picked a mountain and climbed it
only to find there was another peak,
a higher peak,
waiting.
so I climbed that one too
and then another
and another
and another.
it has been years
and I have grown weary
I am young but my mind is graying
for ahead of me lies an endless range,
each summit higher than the last.

they always say to take time
to celebrate each conquest
but it is difficult to feel such joy
knowing this victory has been achieved
in the shadow of tomorrow's climb.

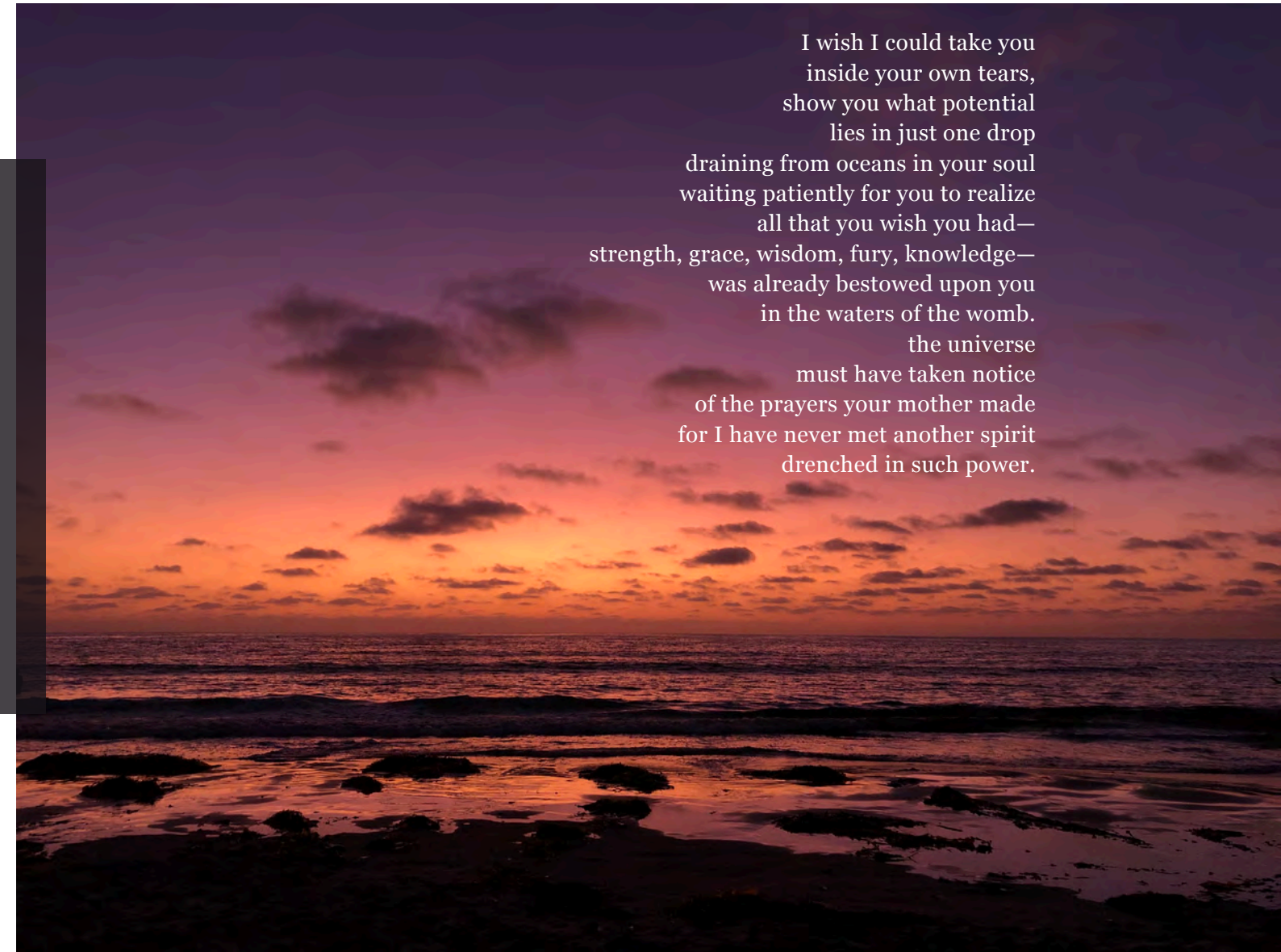


1010 | Lucia Lin, MS2

WATERS OF THE WOMB

Harpreet Gill, MS3

I wish I could take you
inside your own tears,
show you what potential
lies in just one drop
draining from oceans in your soul
waiting patiently for you to realize
all that you wish you had—
strength, grace, wisdom, fury, knowledge—
was already bestowed upon you
in the waters of the womb.
the universe
must have taken notice
of the prayers your mother made
for I have never met another spirit
drenched in such power.



REFLECTIONS | Tyler Kirchberg, MS1



sleep and the Student

Emelia Stuart, MS4



SLEEPY FOX | Sumana Mahata, MS1



OUTDOOR RECESS | Kevin Yang, MS2

Sleep is an enigma to medical students. For so much of our careers, it's our greatest desire. We covet it, long for it, think about how soon we can dive into it and how late we can stay floating in it. Leading up to our Step exams it escapes us, leaves us stranded on the desert island of wakeful dread. After twenty four hour calls it swallows us up, a dark sea of silence and stillness. When we oversleep on a rotation it is a morass of sticky horror, trapping us in bed when we should already be

treading through hospital halls and peering into dark patient rooms, interrupting others' sleeps.

I didn't dream during third year. Something about the constant low-level exhaustion made all my sleep heavy and blank. I fell asleep as soon as my head hit the pillow and I didn't remember a thing upon waking. Not a sight, not a sound, not an echo. This held true through my summer of surgical subinternships as well, when my drive home from the hospital was just a twilight prelude

to the few hours of sleep I could manage. But now that applications are in and I find myself outside the hospital for weeks at a time, my dreams have come thundering back. They rollick and roll with the pent-up energy of a year's suppressed subconscious. They're disturbing, wonderful, fearful, and bizarre. I sometimes wake and feel as if I've already been through a day's worth of experiences, strange and yet familiar.

HAVE TO WAIT

Shelby Warren, MS1

“You need health insurance, Dad.”
 My daughter tells me.
 And I think I need it, too.
 I started thinking that
 'bout when I started getting winded easy
 -three months ago-
 And there's been this ache in my chest
 -since last week-
 Hopefully it's just arthritis.
 I tell myself.
 But I'm not so sure.

See, I've been going to this free clinic.
 That's where I found out about my sugar problem
 and pressure being too high.
 And my cholesterol is high too, they say.
 They keep pushing my appointment back,
 Cause there's not enough doctors.
 So I wait.

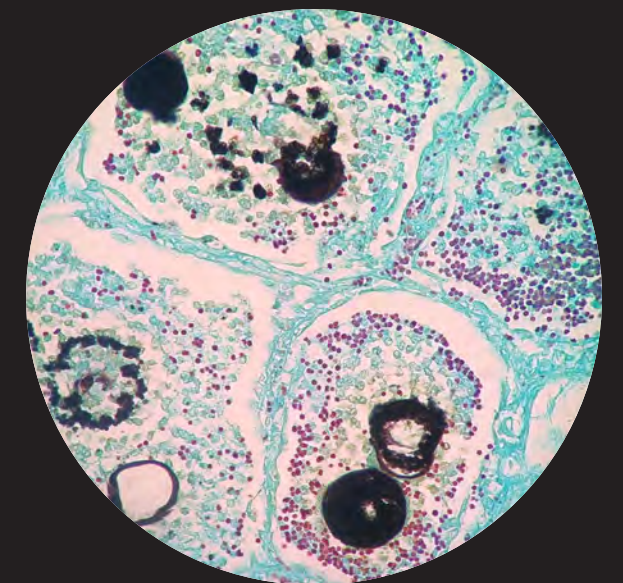
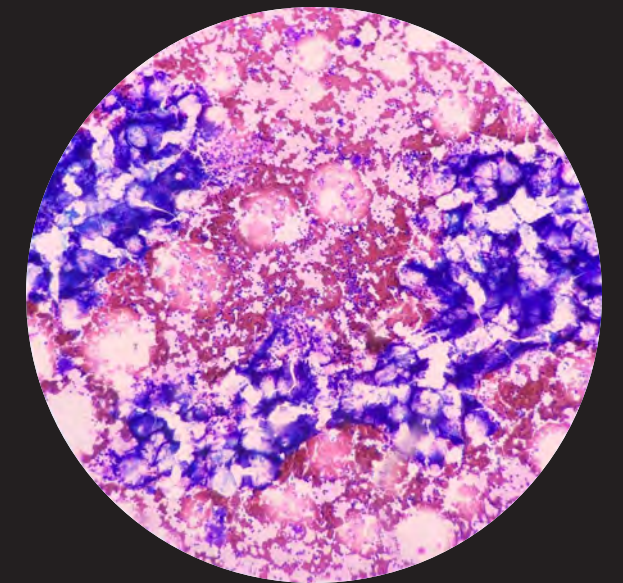
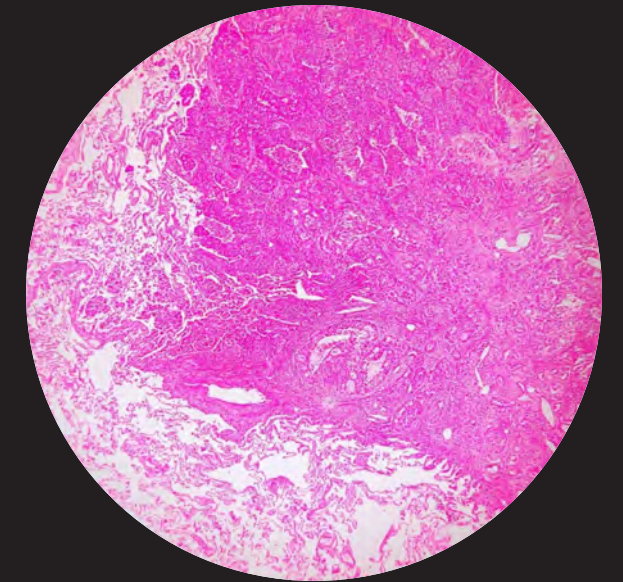
My daughter helps me, though.
 See, I make too much for Medi-Cal,
 but that Obamacare?
 My daughter says she'll help me get it.
 So she calls me from afar,
 And helps me fill it out.
 I qualify!
 Maybe I can see a heart doctor now.
 That's what my daughter says I need,
 And I agree.

I feel so reassured.
 Finally, I'll be able to afford it.
 That premium is good, too.
 It'll be tight. But I can do that.

But wait, there's that... deductible.

“\$7,000?”
 Per year?
 Well I can't afford that.
 How do they expect me to pay,
 More than 3 times my name,
 Just to get that heart workup she says I need?
 When I can barely make ends meet.
 When I am afraid of being forced onto the
 streets?

Why am I so breathless?
 I guess it's just the stress.
 And I know I probably shouldn't,
 But I guess I'll have to wait.





6:00 AM

Simone Phillips, MS3

These days mornings require
a fluency of effort

I crack eggs over cast iron and without
words you anticipate salt pepper lid

the toast making ritual has its
own grammar; you warm two

pieces of coarse bread (probably from the loaf
you made last night) and I run butter over the surface

so much between us is unspoken, our knowledge
of one another encyclopedic without words

LOVING HER DEARLY

Andrew Park, MS4

When the love of my life started medical school, I knew she would need all of my support to get through it. I knew this because she told me.

“Sam,” she said. “I will need all of your support to get through this.”

I smiled, kissed her face, and she stroked my hair the way she always does. “I’m serious,” she said. “This will take a lot out of me, and I don’t know if I’ll be the same person coming out.” She turned my head until her eyes levelled with mine. “Don’t lose me, okay?”

“
I WISH I COULD
COOK SO BADLY TO
MAKE HER HAPPY.
BUT I DON’T KNOW
HOW.”

I nodded in agreement. But I didn’t know how much that would entail.

“I love you,” she’d say in the morning. “I’ll see you when I get back.”

I never know when she’ll be back.

There are long days, days when I find myself waiting for her to return, running in circles, almost driving myself crazy with worry. Is this worth it? Who am I? Who is that strange man coming to the doorbell? What if she leaves me for someone else? She never does, though.

There are days when I know she’d be too tired to cook. I wish I could cook; I wish I could cook so badly to make her happy. But I don’t know how. One time I gathered my favorite things for her to eat. She picked through it, smiled politely, and made both of us dinner.

I wish I could cook, so that I can



SAWYER | Rachel Segal, MS1

love her more.

There are days when she cries. These are the days when she needs me the most, to listen, to just be there. Days before exams.

Days after exams.

We don’t lie in bed and cuddle anymore like we used to. There is no more time for that.

We have fights.

“Let’s go out,” I’d say. “We should really go out, blow off some steam.

Come on, we’ll have a ball.”

“I can’t. I have Renal.”

“Rough.”

I knew that she would be suffering, but to this extent, I did not know. Her mind wanders; am I losing her?

Never. Her heart is tethered on a leash to mine.

During these times, I can only wag my tail, await her return, and give her all of my love.

It’s the best a dog can do.

BLOOD

Jacquelyn DeVries, MS3

It seemed like a fairly straightforward case. Putting in the trocar is the easiest part, but he thought we hit bowel. Time to open, just to be safe.

Blood.

Pulling clots out hand over hand. Her belly is full of blood. Massive transfusion protocol. Everyone adding laps in, trying to identify a source, holding pressure, trying to keep her alive.

Where is the blood?

“We need vascular in here now. Call them, call gen surg. Call everybody. And find that blood” Anesthesia keeps reporting her blood pressure, even though we all know it’s bad. “We’re maxed out on pressors.”

Where is the blood?

He sounds desperate. “There is no hope for her without blood.” I watch a competent surgeon reduced to holding pressure and loudly praying that his patient survives this. Chills.

Where is the blood?

At least twenty people in the room. Two other attendings show up. All three scrubbed in and working to repair the bleeding vessel.

Blood showed up.

Things calm down. Her injury is repaired and she goes to the ICU. Her family is coming to see her, in case this is the end. As she is wheeled out, I took a look around the room. At the floor, our gowns, gloves, and shoes.

I found the blood.



FIDELIA AND ESPERANZA'S DRAGONFLY | Megan Wood-Hellfeld, MD



PRESENCE | Joebert Rosal, MS2

REFRACTION

Haven Nisly, MS2

The contrast of the bright midday sun leaking around my window shade becomes unbearably stark against its opacity and I know something is wrong. In the early morning gray it was easier to pretend that the slowly invasive leaking glow was dusk, a time when window shades should be drawn. Now pretending is impossible. I've left my bed twice all day: once for water, once for the bathroom. Attempts at distraction are futile; my interest, normally rugged with grips and handholds for ideas to grasp readily, is smooth and frictionless. Thoughts slide off like water off a raincoat. My mind is waterproof, impervious. I am alone.

On a new day, I am out of bed and white-coated, appearing competent. Here, the experiences of my anger at the knives of sunlight, my apathy toward food or activity, my slippery raincoat-mind all pull at the edges of my lens, changing its shape. I see that you are different from other patients whose eyes and mouths and hands I have studied through this lens.

You are different because you too wear a suit of lead when you walk through the world. You too use more energy to move each of your leaden legs, one then the other, one then the other, while those around you appear to glide unburdened. You too endeavor to push aside the gray murky fog covering your eyes to try to take in sunshine and people and trees and computer screens. You too have been alone.

My lens is now a different shape than it was before I first laid in bed all day and before I cried rainstorms. Through this newer rounder tinted lens I see the effort behind your words and the channels your tears have eroded down your face. This changed refraction allows me to read stories between the black formal lines in the DSM-V. When we ask you questions and you answer yes I know that you too have hiked with leaden boots back again and back again to bed and its false sense of shelter. I know that you too have felt small and crumpled and fragile in the face of the world and its sharp edges and its pain, not just your own but that of cities and nations. I see you differently – your effort, your fatigue. I see you here, out of bed, trying. I see you as I hope to be seen – as a human with purpose and love and value and strength and also a suit made of lead. I see you and I am grateful for my altered refraction because it has brought you into focus.

Third Year: A Case Report

Andrew Park, MS4

Article Figures/Media Metrics

134 References 0 Citing Articles

Presentation of Case

This is a 25-year-old male with no prior medical history presenting to morning neurology rounds with acute relapsing, remitting cognitive changes lasting seconds in duration. At the time of initial evaluation, he was providing a case presentation on a patient when he began to stumble through his speech. As the attending physician asked him questions about optimal treatment plans, he began to exhibit gaps in knowledge. When assessing his orientation, he endorsed mild nausea and lightheaded dizziness, which he described as “blood vacating his face in hurry.” No loss of consciousness, no vomiting, no headaches, no chest pain. He has not recently left the country. He does not have a family history of diabetes.

Vital signs:

Afebrile
Tachycardia
BP slightly elevated
RR 18
SpO2 99% on RA

Physical Exam:

General: Alert, well-appearing male in no acute distress
HEENT: PERRL, OP clear
CV: Tachycardic, regular rhythm, no m/r/g
Resp: Lungs CTAB from door
GI: Nondistended, nontender

Neuro: On exam, he exhibits decreased executive function, perseveration with stutter, decreased fund of knowledge and verbal apraxia. Remarkable word-finding difficulty. He exhibits slight resting tremor as he holds up his notes. He exhibits latency of verbal response to questions. Bradykinesia present. When rounding with the rest of the team, he shuffles in the back with awkward movement, and intermittently bumps into the hand sanitizer machines on the walls.

Psych: Normal mood and affect. Disorganized thought processes. Occasionally laughs at puns and jokes that are not funny.

Labwork:

CBC unremarkable
CMP unremarkable

Imaging:

Deferred

Assessment: Dx: Relapsing, transient cortical degeneration with parkinsonian features vs. less likely lupus.

Plan:

- Reassurance
- Repeat affirmations.
- Recommend having patient study neurology
- Reassess in the morning
- Management per primary team

A PHYSICIAN-PATIENT CONNECTION

“Sometimes, we don’t have a clear explanation. Most miscarriages are due to some kind of chromosomal abnormality.”

I heard the sounds of sniffing as the patient grabbed a nearby tissue and blew her nose.

The physician continued softly, “There isn’t anything you could have done differently.”

She paused, as the patient bit her lip and cast her eyes downwards, visibly lost in her own thoughts.

Several moments of silence passed as the patient deliberated her next few words.

The silence was deafening, as it was a quiet afternoon in clinic that day, and while the exam room itself was rather small, even I sensed the air of heaviness and melancholy.

I looked at the two women in the room. The patient was seated on the exam table, staring at the rays of sunlight spilling through the window on the opposite wall.

The physician herself was several months pregnant, her bulging belly visible underneath the white coat she was wearing. She stood next to the exam table close to the seated patient.

I slowly shifted my weight from one foot to the

other from the corner of the room, trying not to disturb the interaction before me.

The patient finally said, “It took me a while to come to terms with it. But I realized that my body was telling me I wasn’t ready. If my body wants me to wait, then I guess I’ll wait.”

The physician placed her palm over the patient’s hand and gripped it tightly. The physician’s other hand instinctively came to rest on the side of her own belly.

Both women locked eyes as they held hands.

One mourning the loss of a baby, the other a few months away from giving birth to new life.

One radiating pain and sadness as she attempted to find peace in her situation, the other consoling her with

an outpouring of compassion and empathy.

The interaction lasted a few powerful seconds, but I felt a deep energy between them.

An emotional connection that transcended the physician-patient relationship. Two unique outcomes during their shared journeys to motherhood.

by Nicole Basler, MS3

“ THERE ISN’T ANYTHING YOU COULD HAVE DONE DIFFERENTLY. ”



UNTITLED | Paige Ruiz, MS4

A NIGHT ON TRAUMA

Stacy Ma, MS3

Who am I to be there for these moments?
 Standing in the corner, feeling even more useless than I usually feel
 (as a third-year medical student)
 Twenty people whirled around him, above him, in him, trying to save him,
 Him, whose name we didn't know,
 Whose story we couldn't learn in seconds
 All I can do is watch blood pool on the ground
 And throw a towel down so that people don't slip
 But otherwise, I'm just there
 As a hand massages his heart
 Through a slice in the chest
 So far from the careful surgeries I'd seen before
 So far from the time I held a beating heart in my hand
 And felt how strong it contracts
 To keep us alive
 I wonder if anyone else sees the blood trickling from his ears
 I wonder who let me into this room,
 If I had the right to walk in,
 If I should even be there
 What did I learn?
 Other than what it looks like
 When you fall forty feet from a ship deck,
 What did I learn?
 It was really for his organs
 They knew he wouldn't make it
 They knew,
 But I didn't
 Yet somehow, I was there

IT'S MY KOBE YEAR. FROM AN AVERAGE JOE [JELLYBEAN] FAN.

Andrew Chang, MS1

The first basketball game I ever watched was when Kobe and Shaq destroyed the 76ers during the 2001 NBA finals. I was five years old, and instantly, my favorite sport switched from soccer to basketball, much to my current 5'5" stature's chagrin. Since the peak of the Kobe-Shaq era, nineteen years have passed, and a lot has changed. But I still play the game I love. I still lace up whenever I get the chance. And I still turn on the tele to cheer on the best players in the game. This year, I turned 24. This year is my Kobe year.

Kobe Bean Bryant. I can't tell you how many hours I've spent watching his games, his YouTube highlights (shout out to the OG's who recognize "Kobe Bryant Clinic" and "Mama, there goes that man"). It was the footwork, it was the limitless skillset, and the buzzer-beaters that became regular occurrences (paired with the Lakers' proclivities for blowing 1st, 2nd, and 3rd quarter leads).

Like so many others, I was drawn, by Kobe, to the game like flies to a golden and fiery light. There is nothing that illuminates the world's imagination like a blazing pursuit for greatness. In fact, it leaves me no doubt that—with the boon of the Internet—Kobe broadened basketball's international scope farther than any other player in the world. Global icon, lion figure, basketball's truest savant. These labels accentuated the lore of his first title: the kid from Philly.

This past week I've spent hours reading articles and watching tribute videos of the late superstar, dousing myself with the last of Kobe material before it slowly and inevitably evaporates with time's progression. But as all the media outlets have alluded, the basketball glory that put Kobe on the global map isn't what made him the cultural anchor that shot waves of grief across the world over when it was so unceremoniously ripped out. In fact, the core values that made Kobe, Kobe, would be the first to question my deep dive into nostalgic remembrances. Because, in the end, it just really doesn't matter.

Trying to encapsulate Kobe's abounding cultural and psychological impact, I would say this: He was intimately adored for his alien and almost unrelatable approach to life. In other words, he was the original creator, investor, and proprietor of the Mamba Mentality.

It could be both ironic and fitting that a man who was first unintentionally isolated as an American kid living in Italy and then again as a teenager in an adult, professional league would end up making a career of self-induced solitude. Hundreds of stories recount his relentless isolation, how he was cordial but often already beyond the present with eyes set distantly on a midnight or 5am work out. How he augmented his game by cold-calling

“ GLOBAL ICON, LION FIGURE, BASKETBALL'S TRUEST SAVANT. ”

the greats in every field of work from business to theater only to call a few of them true friends. One can debate about whether his spear-headed drive attenuated his basketball career's maximum potential (eg: the Shaq-Kobe spat, maybe throw in beef with Smush Parker ... jk, who am I kidding with the latter one), or if it was really the only way through and that it defined his entrance into basketball's "Mt. Rushmore conversation." To be honest, it was probably both.

And that's his paradox. That's his controversy. I've never put tremendous stock in celebrities. Maybe it's just who I am or maybe because of my Christian upbringing and faith, I see this life as a mist. Celebrities and normal civilians alike enter and exit this world naked. Possessions—even most

immaterial legacies—are lost to the moths of decay. Time wins, and Kobe, like the rest of us, is just one singular person. Simultaneously though, Kobe pushed against my self-proclaimed ambivalence. Focused solitude was the cradle of his success, but his success manifested itself by entering and altering the lives of millions.

For all my hours of foraging into the commemorative ESPN articles these last couple weeks, Kobe would've been the first to object. He would've been the first to tell me to get on and move on. No time for sentimentality. Why? Because it did nothing practical for my goals. Admittedly, I have very different life pursuits (I let go of my NBA dreams some time in elementary school). But I do have goals. They sit in serving the one I call God and Father, they exist in mastering the physician's art, and they exist in building bridges between the professional, suburban communities I call home by default and the underserved, marginalized enclaves that I feel called towards. One goal we share in common though rests in inspiring those around us. That's why I have a humble photo-writing blog. And that's why Kobe had a juggernaut multimedia, multi-million dollar production company, Granity Studios. Go figure.

Time in and time out, understanding what this man was about introduced scrutiny to my own approach to relationships. Do I hang out with friends, or do I remain recluse this afternoon, honing a skill, whether it's running, writing or my studies? Do I dive deep into present relationships and relish them now, or do I privately generate an investment for the future where I can inspire through the product of my work? In hindsight, while Kobe's path created greater friction, it's hard not to acknowledge that compassion rested pivotally—at least in his best moments—in his internal drive. Yes, on the surface there was an abrasiveness that quelled many. But I believe it could be more adequately interpreted as an invitation to rise up

[continued on next page]



COPENHAGEN



STOCKHOLM | Ashley Ott, MS4

and join him in the pursuit of elevated excellence. Perhaps that's why Kobe not only developed relationships with the greats, but also with certain role players too, from Carmelo Anthony and T-Mac to Derek Fisher and Matt Barnes. It was never about the giftedness or the talent. It was always about the process.

Legends are built on pillars of character. Honor. Courage. Spirit. But legends are also colored by controversy, and Kobe was no exemption. The 2003 sexual assault case surrounding Kobe mystifies because the accuser ultimately refused to testify. Kobe's scandal was fiercely brought into public scrutiny and then just as quickly allowed to be swept under a wave of athletic accomplishments. Journalism accomplished its work covering the case, but fan-based enthusiasm for

the game and a nostalgically non-inflammatory Internet environment eventually evaporated the dark blotch it would have left on a person of any lesser public status.

There is a clear and urgent need for more justice, accountability, and discipline, but the exact circumstances of that day and therefore the appropriate legal steps will never be known. Looking back, happenstance and time exhibited what a rehabilitative justice system, not a punitive one, might actually look like. Because in the storm of his own personal wrongdoing, Kobe deepened his faith as a practicing Catholic. He dodged human justice, but personally encountered the crucible of God's wrath. And out of this fire evolved what we celebrate most about Kobe Bryant. He became a "Girl Dad" of four beautiful kiddos, someone who self-taught himself Moonlight Sonata to serenade

his wife, and a champion for the WNBA and children empowerment. Could this personal reformation have been achieved by someone besides Kobe? Definitely. But did the fuel to improve exist because it was Kobe? Definitely.

To close my thoughts, I would reflect on this last, unexpected realization. Kobe's reputation preceded him more than most. But an obsession for personal accolades, competition, and legacy wasn't his ultimate mark. Instead, Kobe loved his daughters. Fiercely, joyfully, and honestly. Telltale signs included the cleanest transition out of a Hall-of-Fame playing career we've ever seen (is there an ESPY's award for that?), The Wizenard Series, and a zealous protection of family time. And maybe this is why the grief strikes so deeply, why it tears at the heart. Because for all his distancing, all his

lone-wolfing, and all his single-minded ambition, in the end, he was relatable. He was just a dad, a Girl Dad, taking his daughter to her basketball game.

Kobe Bryant was hyper competitive. No doubt about it. But in retrospect, his most notable idiosyncrasy must be that he had priorities and that he actually stuck to them. This, I think, is infinitely more admirable. In palliative (end-of-life) care, it's appropriate to engage and ask your patients what makes life meaningful to them. This oft-neglected conversation is a major determinant of not just medical outcomes but of the dignity, honor, respectability and peace a patient keeps as their life declines. I would've loved to have met Kobe. To ask him about his basketball exploits. But this other conversation would've been triaged to the very top. What makes life meaningful for you, Mr. Kobe Bryant?

What are your priorities? And I think he would've enjoyed this conversation too. He would've tackled his understanding of religion, faith, and core beliefs like his life depended on it (because it does). He would've engaged the significance of building a career not out of basketball or writing, but out of a deep desire to inspire. And he would've meditated on what it meant to love your wife and to love your daughters with limitless passion and through all the mistakes.

It hurts to see the tragic end to nine beautiful lives. It hurts to see a productive, impactful, and prolific future cut short. It hurts to lose your childhood hero. It hurts to be born the year that he was drafted and to lose him during my own Kobe year. And as a fan and a human being, I desperately wish I could have enjoyed that one conversation with the icon, to pick his curious brain to see

what he thought life was really all about. But I can rest easier knowing this journey of self-exploration must have resolved for Kobe quicker than most. Fearless initiative was his mantra. Meaning was his ultimate game. And doing the work to figure it all out early, well, that was his modus operandi. The shot clock ran out all too fast. The buzzer rang all too loudly. But confidently, I trust that in those final moments, Kobe Bryant's soul unshakably retained that dignity, honor, respectability and peace. That he hugged Gianna close, kissed her brow, and said a prayer.

3, 2, 1. Mamba out.

And all the crowd can do is rise to a standing ovation. The crowd has found its legend. Standing at 6'6", from Lower Merion High School, #24. Kobe Bryant.

THE CRAWFISH

Rachel Hartsell, MS2

*I should have been a pair of ragged claws
Scuttling across the floors of silent seas.*

— T.S. Eliot, "The Love Song of J. Alfred Prufrock"

I don't remember my mother.
Before I could cry and curse God with tears,
The Earth yawned and swallowed me whole.
Preferring quiet,
She filled my mouth with dirt.

A little ugly mud baby,
I lie swaddled in loam.
Until one day,
She grew bored of me in Her womb,
And wretched me into the sea.

MOTOENCARHUAPAMPA | Rachel Hartsell, MS2



WHERE THE GRASS SITS GREEN AND YELLOW | Andrew Chang, MS1



Mute and ignorant,
I have floated for years to find my place
At the edge of the world
Perched atop a forgettable shrub.

I don't know how to speak.
But I feel my lips shape the words of awe each night
When a lonely toad trills into the abyss.

Undeterred by silence,
He will try again tomorrow.

55-WORD STORIES

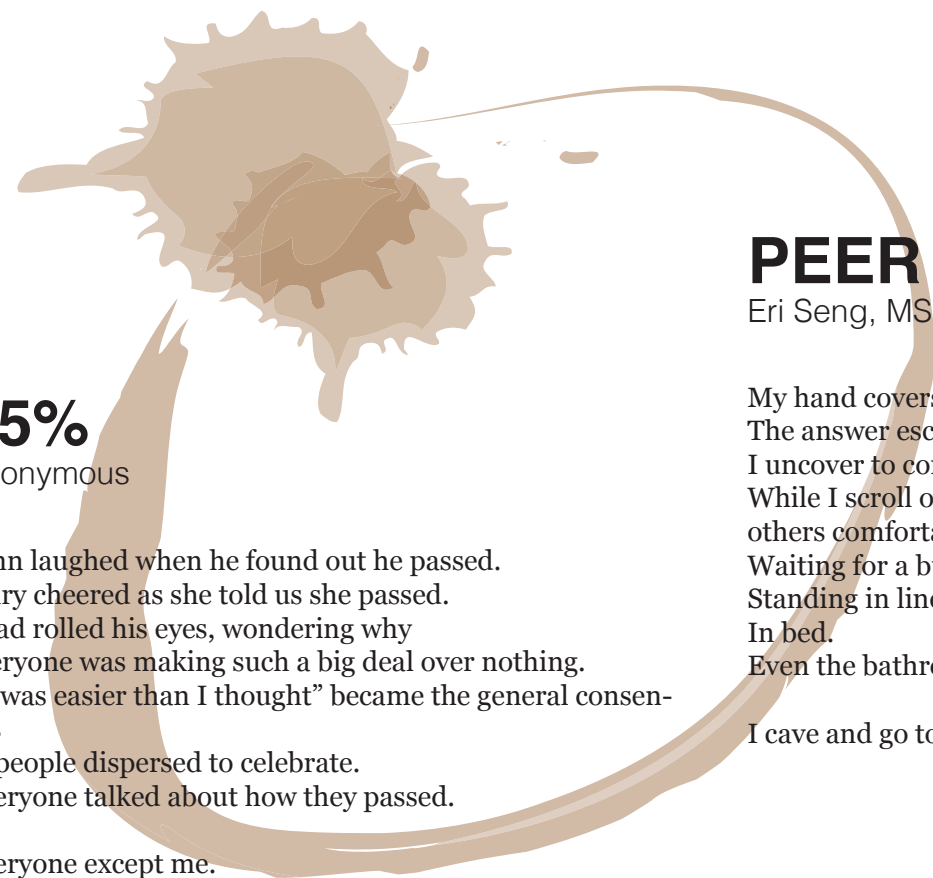
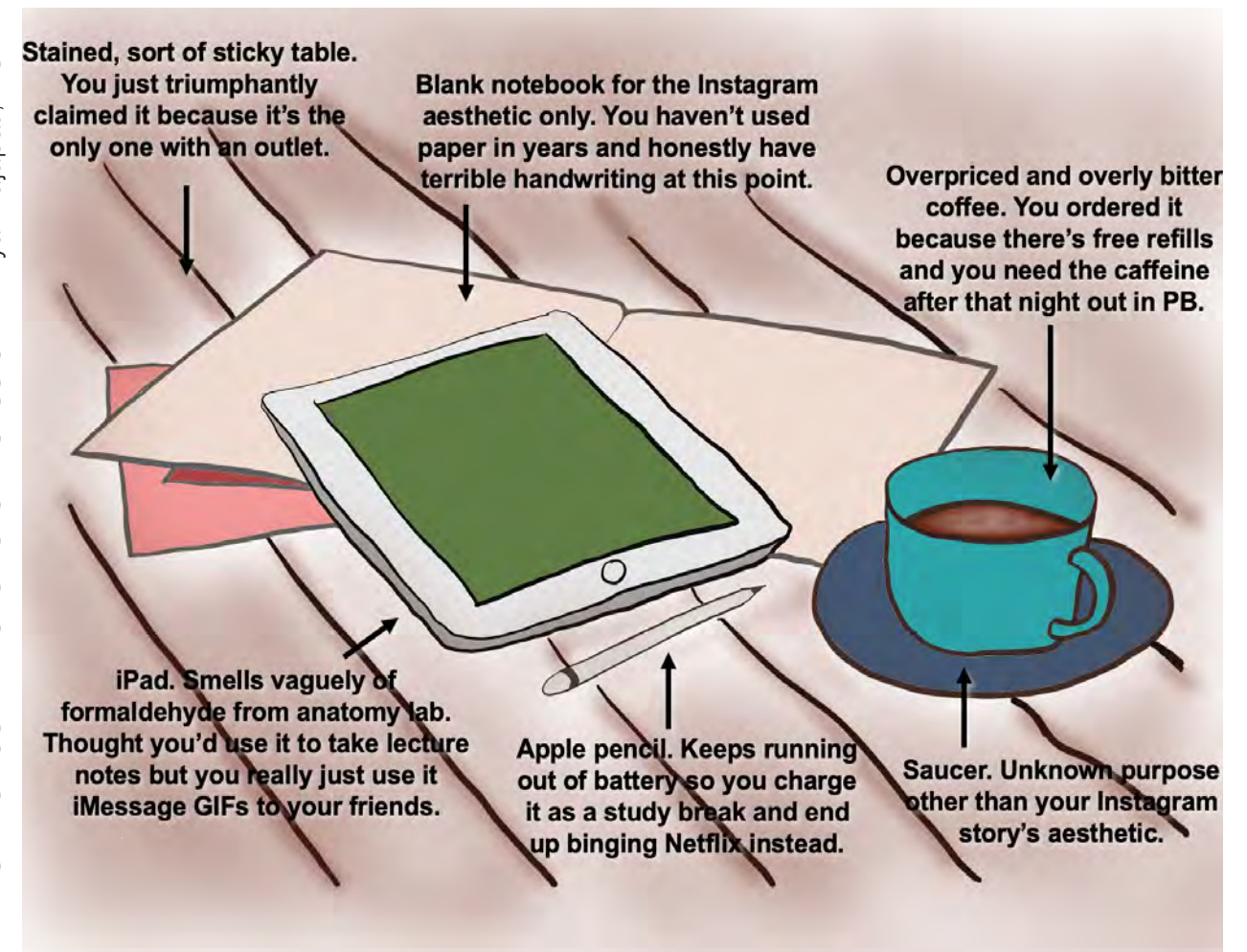
The 55-word story has cultivated a sizable presence in narrative medicine, inspiring publications in prominent academic journals including JAMA and Journal of Medical Humanities. Each story is, as the term suggests, fifty-five words, and the brevity of this format is perfectly suited for the busy medical student lifestyle: short to write, quick to read. And yet, they are deceptively deep, capable of capturing the most meaningful moments in medicine. As part of my independent study project, I developed a workshop curriculum to teach medical students how to craft these stories as reflection tools and bulwarks against burnout. The following are submissions from these workshops.

— Andrew Park, MS4



WELCOME | Tonya Lee, MS2

ANATOMY OF COFFEE SHOP STUDY SESSION | Divya Prajapati, MS1



PEER PRESSURE

Eri Seng, MS1

65%

Anonymous

John laughed when he found out he passed.
 Mary cheered as she told us she passed.
 Chad rolled his eyes, wondering why everyone was making such a big deal over nothing.
 "It was easier than I thought" became the general consensus as people dispersed to celebrate.
 Everyone talked about how they passed.

Everyone except me.

My hand covers the screen.
 The answer escapes silently from my lips.
 I uncover to confirm.
 While I scroll on to the next page, others comfortably tap away on their phones.
 Waiting for a bus.
 Standing in line.
 In bed.
 Even the bathroom.
 I cave and go to the app store. \$25 out of pocket.

GREAT WRITERS STEAL

Andrew Park, MS4

“World-class thief, huh?”
“Yep. Believe it.”
“I don’t. What do you steal?”
“Words and phrases, mostly. Literary devices if I’m lucky.”
“What about diamonds?”
“Nope—”
“Cash?”
“Never.”
“Pack of gum?”
He shook his head.

She sighed. “So nothing valuable.”
He stole a glance, then a kiss,
pilfering the moment from a bank of memories.



IN BLOOM | Jacquelyn DeVries, MS3

THE BEAUTY OF PRECEDEX, LASIX, AND LOVE

Jacquelyn DeVries, MS3

Found down in a stairwell.
Skull fractures, TBI.
I held his hand on the rare occasions his husband could not.
So swollen, he doesn’t look like the pictures warming the SICU walls.
I changed service, they changed rooms.
I stopped in. He said, “thank you,” we hugged.
The man from the pictures walked away.



HAPEE WEDDING DAY | Neil Levine, MD

SUGAR COATING

Emily Yang, MS1

Spanish-speaking patient from a completely different world
Middle-aged woman with uncontrolled diabetes, hypertension,
depression
Beaten down by poverty and exhaustion

Asking through the interpreter
Do you check your blood sugars at home?
No
Do you ever check your blood pressure?
No

No

Oh, what did she say?
Yes, your smile looks like her niece's

HUMAN DECONSTRUCTED I Jessica Erlich, MS4

A STRANGER'S HAND

Heidi Banh, MS1

My gloved hand rested
On the cold, stiff hand
Of my donor.
This was the hand that held
The wheels of a car
Which helped him make a living,
The hand that held
A loved one's
As they created a memory together,
The hand that held
Cigarettes that fed his breaths
But stole his last.

AN ODE TO FAT

Sophia Xiao, MS1

One hand grasps the scalpel like a fruit knife,
trimming fat off skin
like melon off rind.
Another set of fingers sinks into the abdomen,
slipping and,
not-so-gently,
tugging away the glistening yellow to reveal organs underneath.

But I think of how it had served him so well
and find it harder to let go.

OPEN ART SURGERY I Kevin Yei, MS3



SO YOU WANT TO BE A SURGEON?

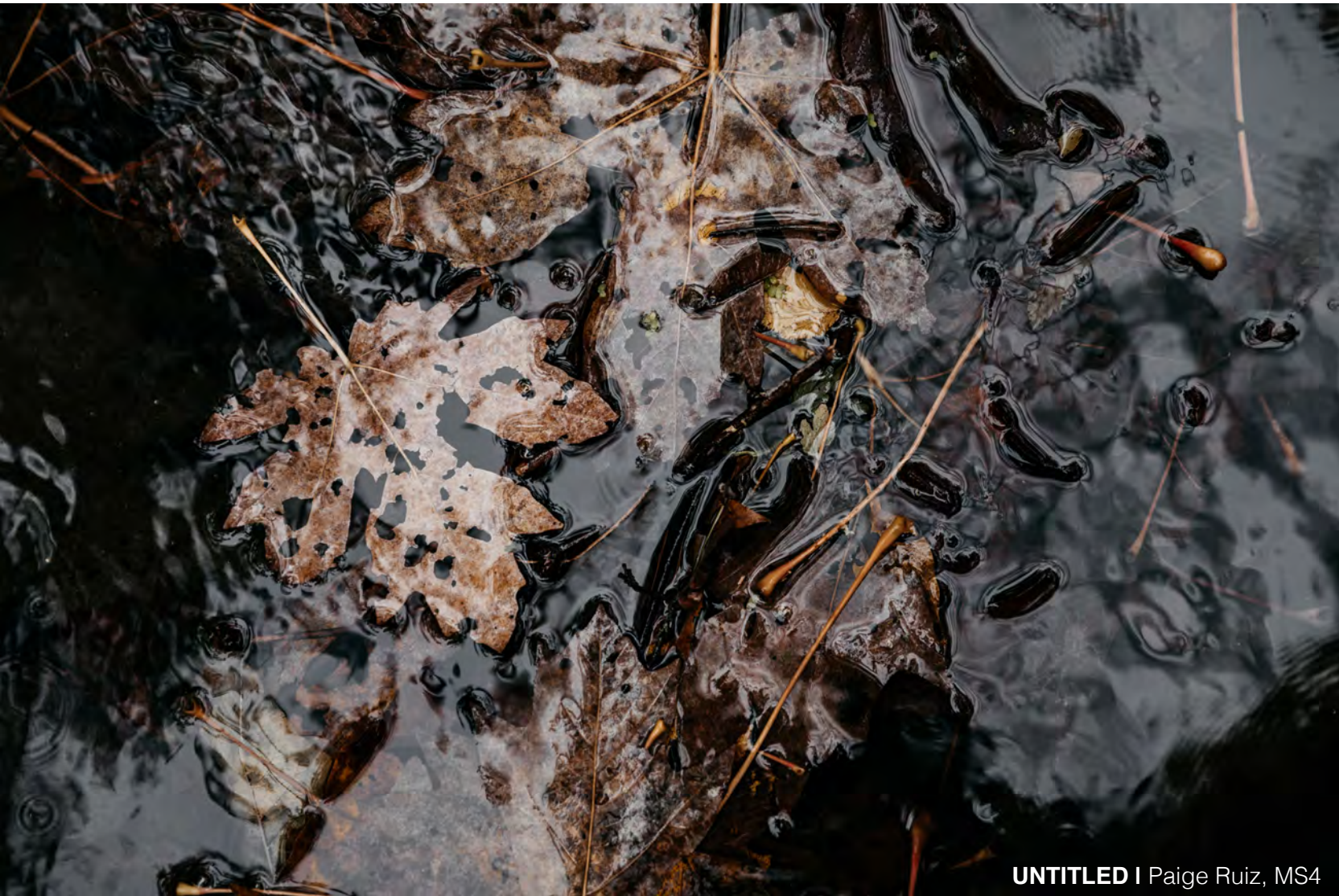
Divya Prajapati, MS1

Skin, fat, and fascia slid off her body.
The scent of iodine, alcohol, and
cauterized flesh mingled
under the bright lights.
But she couldn't smell it,
and suddenly I couldn't either.

Maybe I should sit down.
Yeah, that's a good idea...

"You okay? You passed out. Get some water.

Maybe the OR isn't for you"

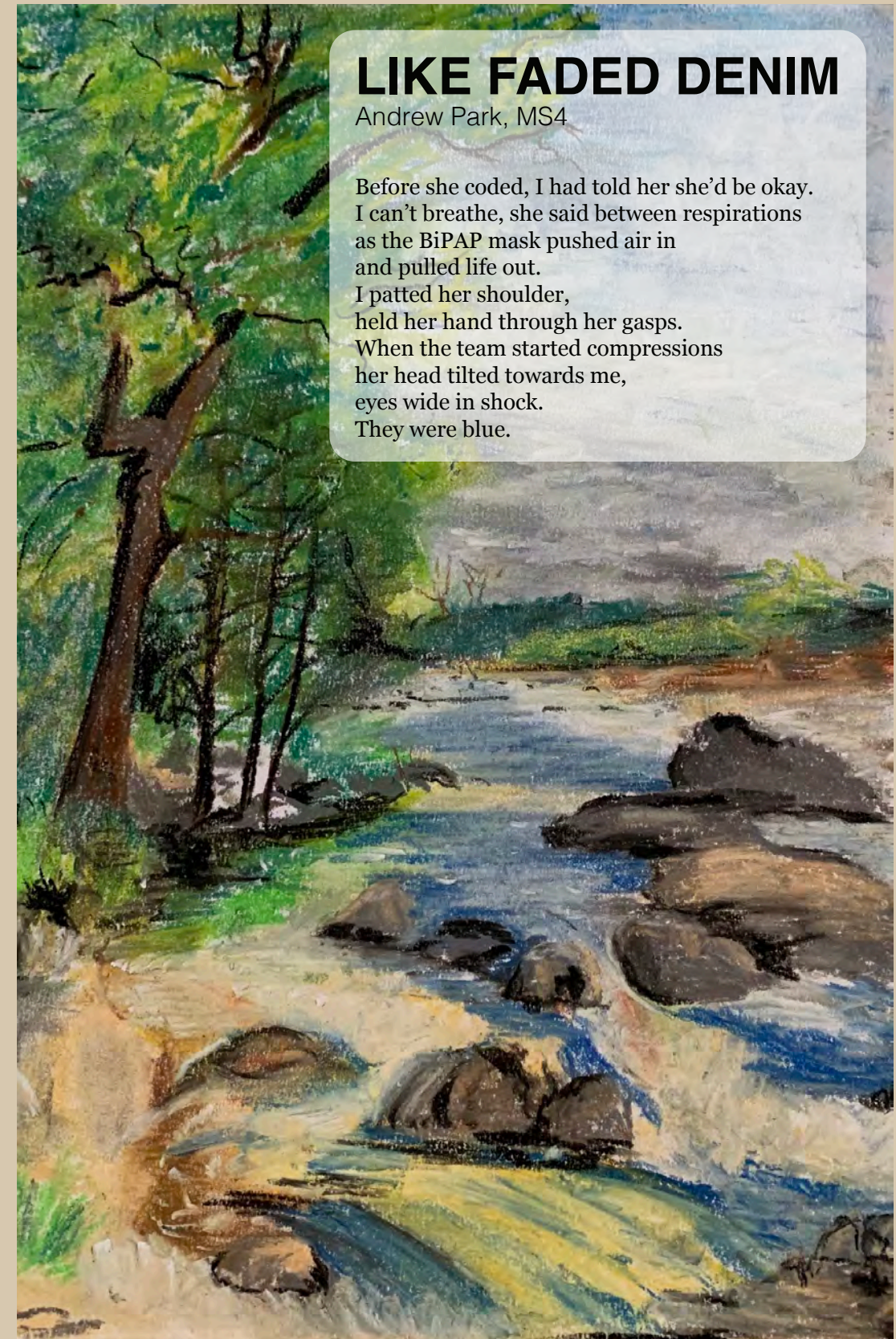


UNTITLED I Paige Ruiz, MS4

BY THE NUMBERS

Anonymous

She'd lost the privilege of walking about the unit. This was her 30th admission, at least—her family wasn't sure. Years of therapy, dozens of failed medications, and a wish to be made DNR. Instead: four-point restraints, three feet of plastic tubing, two glass walls, one camera. Because half a slice of avocado was too much.



LIKE FADED DENIM

Andrew Park, MS4

Before she coded, I had told her she'd be okay. I can't breathe, she said between respirations as the BiPAP mask pushed air in and pulled life out. I patted her shoulder, held her hand through her gasps. When the team started compressions her head tilted towards me, eyes wide in shock. They were blue.

LIVE STREAMING I Abha Singh, MD

GOALS OF CARE

Micah Fry, MS4

“Your team is worried about you”
“I am hearing that spirituality is a big part of your life”
“We wish there were something we could do”
“We just want to make sure we know what is important to you”

Lines delivered, we walk back out into the sun, wondering
Do *I* know what’s important?

LOST IN TRANSLATION

Tommy Chiou, MS1

Debilitating pain had plagued her for the past month. She tried hard to communicate that through the translator—but her words only translated to “patient is a poor historian” on the charts. She tried again in front of the attending, but her pleas for help were only seen as a teaching opportunity about “overreacting patients”

THE AQUARIUM

Tyler Kirchberg, MS1

The wave approached fast, rising up over my head
It carried the board, and me with it.
My stomach drops. I push up and plant my feet hard, as practiced.
Slicing through the water, I escape the explosion around me
I look down through the glassy surface.
Stingrays swim below, unaware of the turbulence above

BOY & THE OCEAN | Lucia Lin, MS2

COLD COMFORT

Kathryn D. Winters, MD

Disgust is a cue
I'm burning out

I learned this in residency
When the image of my patient's

thick
red
peeling

weepy

calf

Kept showing up

Behind my closed eyes
And I felt myself
recoil

The remedy is rest
Or – a mint chocolate chip Klondike
Eaten on the drive in
For my next ICU shift



ELECTRIC TIGER | Joebert Rosal, MS2

CARTOON CAPTION CONTEST



Drawing by Micah Fry, MS4

*Yet he quietly and happily noted that his coat reached down
just as close to the floor as anyone else's.*

— Mason Price, MS1

FINALISTS

Wonder: something that is so often overlooked in hopes to know more.

— Kiley Rucker, MS1

Damn, these coats must lengthen in the wash

— Sophie Goemans, MS1

I have no idea what I'm doing.

— Nader Badri, MS4

*Someone said 'If I have seen further, it is by standing on the shoulders of giants'...
but how do I get up there?*

— Bard Cosman, MD, FACS, FASCRS

