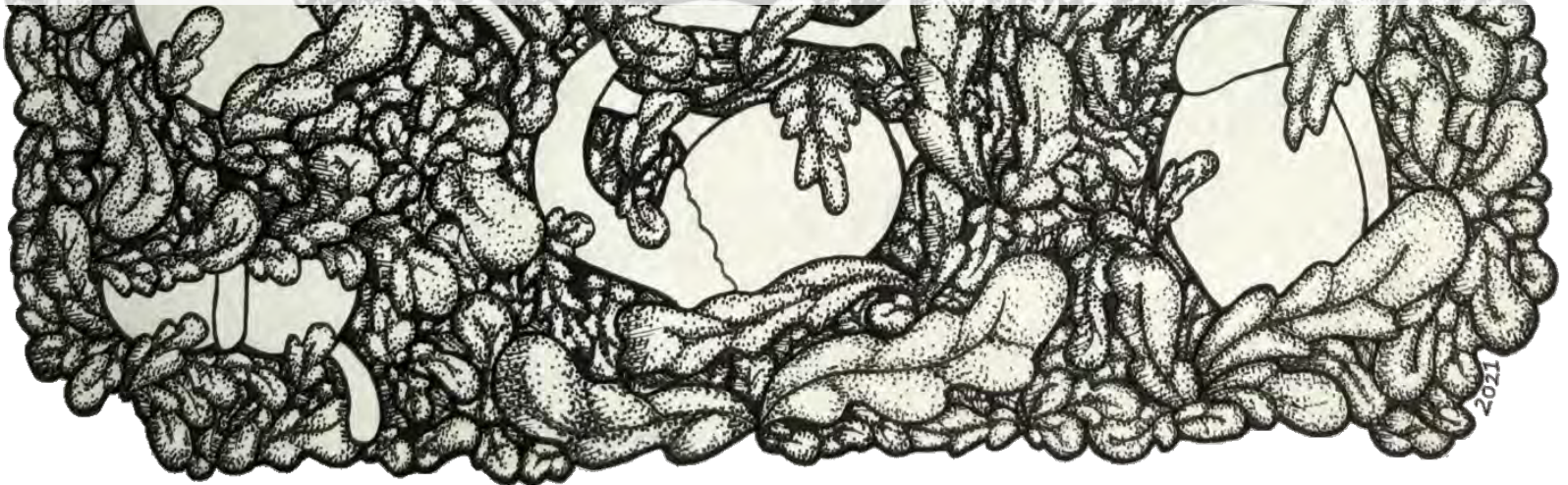


The Human Condition

AN EXPLORATION OF ART & LITERATURE | UCSD SCHOOL OF MEDICINE | VOLUME XVI



2021



Dear Readers,

More than a year has passed since we abruptly shifted into one of the most tumultuous times in our short history. While many things have changed, some have not. Art in medicine continues to thrive -- amidst the challenges of this year, we received a record number of submissions for the magazine. It's been said that art helps us to find ourselves and to lose ourselves at the same time, so perhaps this is unsurprising. In a year in which this community has been isolated like never before, the written word cast light on those unseen things that connect us. In a year charged with tragedy, art offered the power to spread messages of social change as well as the solace of escapism every so often. Together we transformed the sterility of the virtual space into something multidimensional and interactive for our first-ever Virtual Art Show, and virtual editing committees completed the one-of-a-kind 2021 Human Condition Magazine. Despite our physical distance, we came together to complete murals, to stand up for Black Lives, and to reflect on this defining moment in our experience. While we all look forward to closing that distance between us, we take with us the gratitude for our collective growth, the courage to stand up for justice, and the lifelong reminder of the resilience that is...The Human Condition.

With Admiration and Gratitude,

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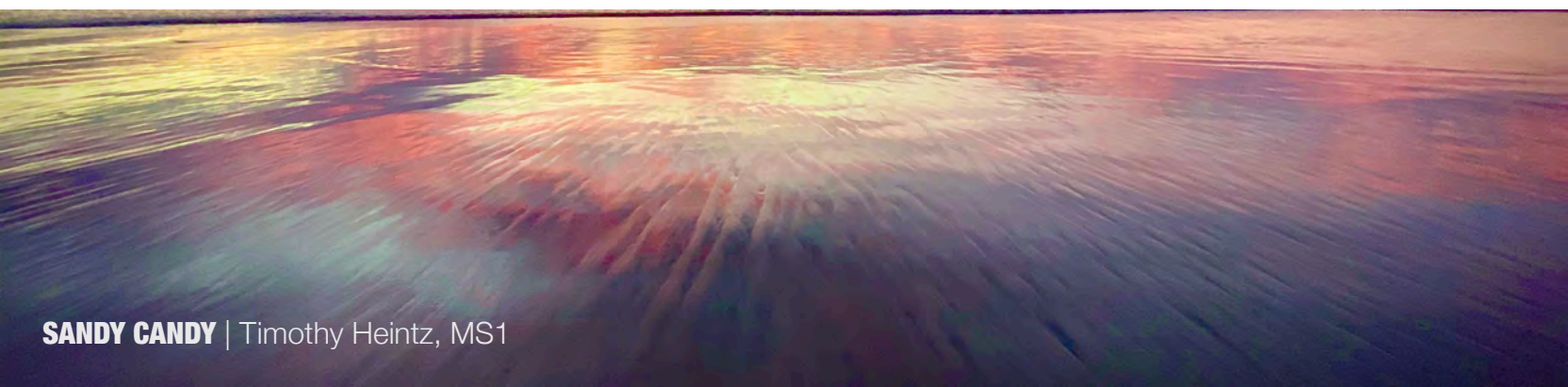
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THE LAST DROP

Katja Lazar, MS1

Here on the lily pad
I float, heart beating
salt through my body

The sunlight sinks into the waves
of your hair, cresting your cheekbones
I am parched
I want

To invite thunderstorms
and see the shape of
raindrop rivers along
your body

But instead
I close
 my eyes
Sunspots laid upon my retina
and slip

into the water

The horizon tilts
and rights itself
A cloud's lesson in saying goodbye

RAINDROPS | Anushree Dugar, MS2



PERSPECTIVE | Lucia Lin, MS3



SAGACIOUS SEDIMENTARY | Timothy Heintz, MS1

GUARDIAN OF THE LAND | Timothy Heintz, MS1





Jess Mandel, MD

HINDSIGHT

Visesha Kakarla, MS1

I wish I could go back
And tell myself
To take one last glance at familiarity
In a world where we were
Bound by physical touch

Your whole world is about to shatter
Into millions of indiscernible specks
And each speck progressively moves
Further from the rest
Until one day a wind of solemnity
Will sweep them all away into non-existence,
And a new isolated reality is born



A WOMAN FROM THE KAREN TRIBE | Lucia Lin, MS3

AN INTERACTION

Nicole Basler, MS4

I walked down the bustling hallway and stepped into the patient's room. I noticed the patient's eyes fixated on the TV screen along the opposite wall.

"I wanted to say goodbye before you left," I said. "I understand your daughter's picking you up tomorrow morning." He didn't answer and continued to stare at the screen. I wondered if he had heard me.

Instead, he nodded towards the TV screen and asked, "Have you seen this movie?" I had not.

We watched the movie in silence for a few moments. The frantic commotion on screen starkly contrasted with the quiet calm of the hospital room.

He continued, "I used to watch this movie with my granddaughter." He paused and finally looked at me. "It's actually her birthday today. Would you help me figure out

how to video call her?" he asked.

He grasped the cell phone with his right hand, but visibly struggled to lift the phone. His arm was weak from the metastatic brain tumor.

The expression on his face was not one of surprise, but rather concentration. And a flicker of hope. His determination to overcome the physical limitations of his condition was clearly written on his face.

He could not muster the strength to raise the object beyond a few inches. And his right hand, shaky from the weight, eventually dropped. He sighed, frustrated.

I quickly tied my hair with the hairband on my wrist and reached out to take the phone. I explained how to video call his granddaughter.

He thanked me, then paused and said, "My wife used to have

long hair, you know, just like yours." He looked sad and added, "She passed a few years ago."

His words stayed with me. I sensed the weight of his emotions. I heard the pain in his voice when he spoke about his cancer. I saw the joy in his eyes at the mere mention of his grandchildren. And I felt his persistent strength in the face of an uncertain future. He was, I thought, a truly kind soul who didn't deserve the illness he was dealt.

And in that moment, I wondered if he was scared. I wondered what memories he clung to most in those times of fear. And I wondered whether he had made peace with the reality of his situation.

I said goodbye and shook his hand. As I left the room, I faintly heard the sound of a girl's voice. "Grandpa!"



MONKEYS OF BALI | Natalie Oberhauser-Lim, MS4



BE THE TREE, SEE THE FOREST

Sahit Menon, MS1

The mind is a tree
Every thought a branch that is fleeting
Communicating a language
Though not every mind-word may be a greeting

Some branches may be rough, callous or brittle
Others may be tender
No branch should be belittled
When you consider how each branch is rendered

All branches have branches before them
The earliest sprawling tree-pieces are bound to a trunk
You can now see the stem
For every thought that is thunk

No tree is the same
And nobody chooses their roots
But together the trees become forests
Bearing shade, oxygen, and fruits

The forest is unknown if you only grasp the tree limbs
Loosen your grip and you can hear nature's hymns
One day the branches will disappear and your tree will decay
But the forest you are part of will not go away

HOLDING FEET

Britt DeVore, MS4

I sit beneath the trees,
Surrounded by pairs of feet
That patter by with ease
While I feel incomplete

Surrounded by pairs of feet
My mind turns to another
While I feel incomplete
He wakes and must recover

My mind turns to another
Whose flesh I helped to slice
He wakes and must recover,
One leg lost to a knife

His flesh I helped to slice
To save the rest of him
One leg lost to a knife
That heavy, deadweight limb

To save the rest of him
Who could not be consoled
We cut that heavy limb
That I was last to hold

He could not be consoled
Though he at last agreed
And I was last to hold
What was a pair of feet

Though he at last agreed
I sit beneath the trees
And watch these pairs of feet
That patter by with ease



SURGICAL CURE

Neeharika Namineni, MS4

Trauma by ground: suicide attempt
I sprint to the bay sweating
"Wear shoe covers" my resident says
Blood pouring out of her arms
But I only hear her screaming
"Please let me die"
In the OR, I touch years of purple scars
On her arm
I stitch up the newest one
Did we fix her?

A MIDNIGHT PRAYER

Heidi Banh, MS2

Let me drift placidly on the waters
Of the sea of tranquility
Let me have faith that the strength of my sails
Has carried me the length of each day's journey.

Let me look up and fall under the spell of the stars
And be reminded that there is beauty and art in chaos
Let me trust that no matter how darkness wraps us
There is permanence in our ability to shine.

Let the wounds of past failures
Humble me in my path ever-winding, ever-forward
Let them be a gentle touch to my hand
By a mentor whose faith is my candlelight.

Let me gain the clarity to see my faults
Such that I can pursue peace and progress
Let me strive not to be more than I can give
But just to be better, kinder.

Let me look into the eyes of each person before me
And notice if they are green or brown or blue
Let me listen and search always for truth
For people's stories have infinitely more hues.

Let me make time for souls who are hurting
For what are we, without our shared humanity
Let us seize moments together, as they are fleeting
And always love deeply and fully.

Let me remember that for every page turned
Others are turning their last
Let me embark on a never-ending journey to learn
And never lose sight of its privilege and beauty.

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Let my silence find its words
Releasing all fears with the next expiration
Let me inhale inspiration and confidence
So that my new voice is one of conviction.

Let me not push love away as if I am undeserving
But rather, let me love and be loved
So that the next time I speak
It will all be music and poetry.

Let me run towards my dreams with the spirit
Of a child who knows nothing but how to dream
Let me be bold to tread at my pace
For no matter how slow, it is my own.

Let me bury a piece of my mind and heart
In my family's history and in every step I take
Let me turn my head back, often
To remember the roots from where I came.

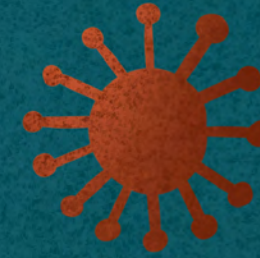
Let me lead a simple but valuable life
Never questioning if the simplicity was a result
Of a lack of bravery or ambition, but knowing
It was a commitment to fulfillment.

Let me courageously blend rhyme with reason
And mix doubt with hope
Let me be guided only by the flame in my heart
So that my compass follows my calling.

Let me open my eyes to life's generous gifts
And, this time, accept them with arms open wide
Let me wake to find that I have docked
On the shores of my home, where I am meant to be.

ACUTE SUICIDALITY | Tonya Lee, MS3

THE THIRD WAVE | Sumana Mahata, MS2



MULTIVERSE

Alan Aung, MS1

Every person, a Universe
Filled with Galaxies and more
Planets and Stars, so much to explore
Impossible to get bored

Every story, a Galaxy
People's dreams like Stars, waiting to be revealed
Secrets like Nebulae, all neatly sealed
Their struggles and pains, like Black Holes, not fully healed

Every Experience someone shares is precious
Every Thought they give you is a world
Every Person they mention has their own

You'll never fully explore a whole Universe
Maybe not even your own
But every detail is a Planet, all with craters, summits, and more
Their dog's name, their favorite game, their father's cane

You may never get off one Planet
But cherish those Planets they chose to share with you.

Every person, a Universe.

ATOMS

Harpreet Gill, MS4

did you know
there are more atoms in your eye
than stars in the universe?
how does it feel to know that your creator cares more
about a fraction of your being
than the entirety of her skies?

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TORREY PINES STATE BEACH OVERLOOK | Liam Fitzgerald, MS1

DÉJÀ VU

Britt DeVore, MS4

I start my one-mile loop like any other day
And life prepares to repeat itself
But the strong breeze that follows unseasonal rain
Does more than keep Californians in their homes
Hair whipped back, I travel to Hurricane Ridge
The ranging peaks and distant water and the way it makes you feel as expansive as the view
The touch of your hand jostles me back
But for a moment we were there together



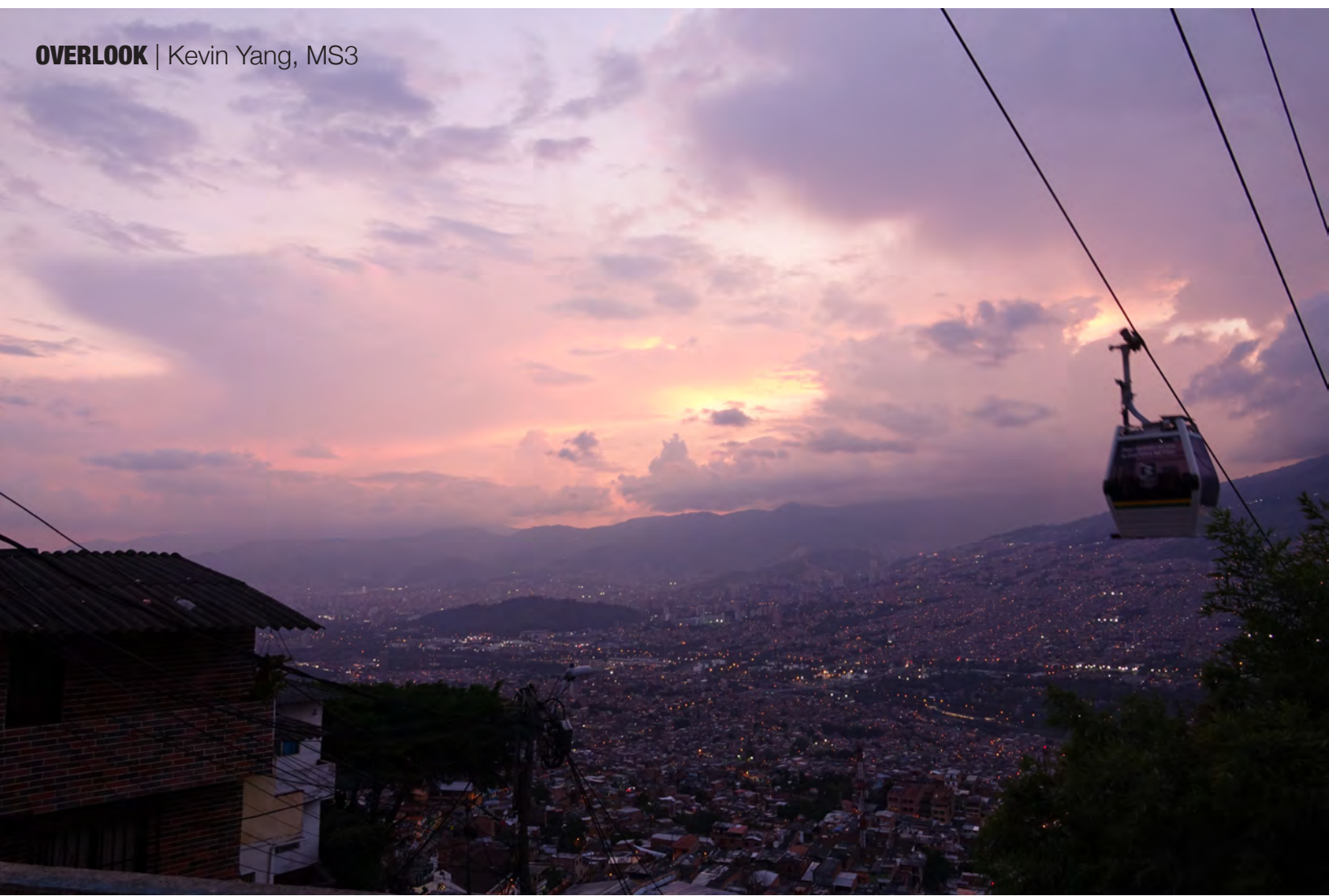
PEND OREILLE

Simone Phillips, MS4

Early this morning
I was intent on fog
expectations are heavy
and I wore mine
up and down the valley
Without warning
the sky gave up
its density
and sunshine like
you wouldn't believe
came barreling down
the mountain



GOLDEN HOUR AT BLACKS BEACH | Liam Fitzgerald, MS1



HAVING A COFFEE WITH YOU

Christina Huynh, MS1

Is even more fun than playing Blokus, Blackjack, Cranium,
 Codenames
 Or being sick to my stomach after losing my lucky leather
 Triangle
 Partly because in the crowded bustling café you look
 At home
 Partly because of the little teal bus on that
 Porcelain cup
 Partly because of the Austin meme we use in heavy
 Rotation
 It is hard to believe that when I'm with you there can be anything
 As entertaining
 As consuming, as if my vision had entered
 Portrait mode

In the breezy Bird Rock 3 o'clock sun, we are chatting back and
 Forth
 Between each other like childhood friends after a year
 Apart
 And the café seemed to have no faces in it at all, just
 Shapes
 I suddenly wondered if crowded places and people even bother me anymore
 I listen
 To you and I would rather listen to you than all of the R&B songs
 In the world
 Except possibly Marvin's Room occasionally and anyway it's my man
 Drake
 Which thank heavens you understand the lyric references when I
 Drop them
 And the fact that I appreciate Indie Folk more or less highlights our
 Differences
 Just as I would never have listened to the Mariás
 Or
 On my bus ride home, bop my head to No Vacation
 But now they wow me
 And what good does a friendship serve me if
 I never got the right person to give a different perspective whenever
 the sun sank
 Or to discuss when Ariana Grande didn't deliver an album
 as infectious as her singles

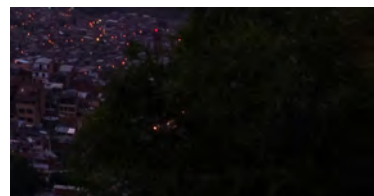
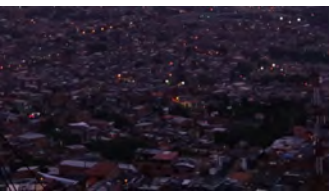
It seems that we can all be cheated of some marvelous experience
 which is not going to go wasted on me
 which is why I'm telling you about it

SOFTER SKIES

Harpreet Gill, MS4

I felt the anguish of the sun and moon
 as they mourned you
 knowing they did not succeed
 in showing you reflections
 of your own light
 knowing that you succeeded
 in giving it up

the stars shine
 quiet and faithful
 they tell me you're safe now
 promising
 they will care for you
 in a softer world





SMOKE AND WATER | Tyler Kirchberg, MS2



SLOT CANYON | Tyler Kirchberg, MS2

FOR A SECOND TIME

Christina Huynh, MS1

I thought my white coat could save me
Across the globe it is saving folks
From carcinomas, cancer of epithelial cells
From sarcomas, cancer of mesenchymal cells
From lymphomas, cancer of immune cells

I thought my white coat could save me
But I still get asked
When will you get a boyfriend?

From anyone else I would have rebutted
But I bit my tongue & tasted
 The sweet fruits you cut for me
Tasted
 The hours poured into your oxtail soup &
Theorized
 About your refugee experience

I thought my white coat would save me
But there is no cure for heteronormativity
There is no anki card for coming out
To your parents
A second time

EARTH RISE

Abyan Mama-Farah, MS1

The earth,
Mother who has cradled me life-long,
Floats remotely in my distance.

Extracted from the womb I drift.

Amniotic fluid evaporated

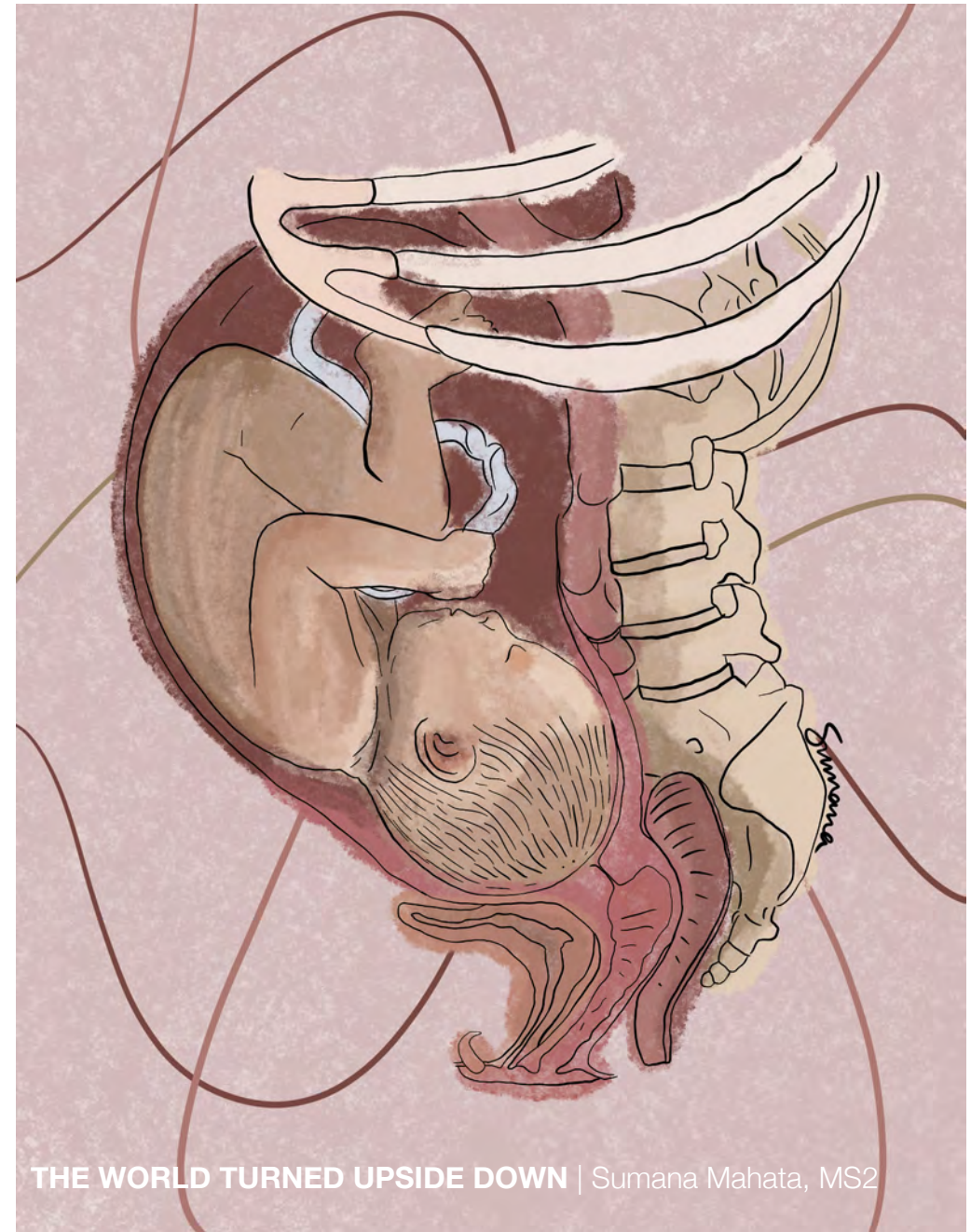
I gasp
in a silent desert.

The earth, my birthplace.
The moon, my grave.

EXHALE

Julie Çelebi, MD

Is it Dead?
she asked, lying there on the table,
face strained,
eyes stricken.
Her last pregnancy, a flash in the pan,
left her guarded and frightened.
We don't want to hope
when our dreams have been dashed.
I felt so helpless for her then
but today I had my magic wand.
And with a wave of the probe,
a flicker of hope happily danced in her belly jellybean
to the tune of 160 bpm.
Oh my darling, it's very much Alive.



THE WORLD TURNED UPSIDE DOWN | Sumana Mahata, MS2



I Just Want to be Like Her

Chase Morgan, MS2

"Oh wow, he looks really sick. You sure you want to do this?" the doctor asked me.

"I have to learn sometime, don't I?"

I led the patient to the exam room. He walked slowly, his wife carrying their stuff behind him. Gently, he lowered himself into the chair. His wife laid down on the exam table, clearly exhausted. He was gaunt, thin, emaciated. Everything was yellow. His skin. His eyes. Everything.

"What brings you in today?"

"I want to be like my friend. I want to be like her."

"I'm sorry. What do you mean?"

"She came and saw the doctor here five years ago. Same cancer and she is still driving her kids to school, but they tell me I am dying. They tell me there is nothing more they can do for me, that it is time to give up. I just can't accept that. I want to be like her."

"I see. Can you tell me more about your cancer?"

The cancer started in his gut. By the time they caught it, it had spread almost everywhere, so they threw the kitchen sink at him. All the chemo available followed by multiple experimental treatments. He rattled off all the meds he had been on. Each successive treatment only bought him another couple months before the cancer would grow or spread somewhere new.

"We all have different nicknames for the drugs. 5-FU doesn't need one though. It's already in the name. It fucks you up five times over."

We laughed together.

"Now they tell me there is nothing more they can do for me. I want to be like my friend. She saw the doctor here and she is

still driving her kids to school."

He told me about his three kids. His oldest was only in middle school. He said he wanted them to grow up to be doctors.

"You have to be smart to be a medical student. I bet you were a whizz in school, got straight As your whole life, didn't you?"

I laughed.

"Not quite. I was too busy riding my skateboard to care about my grades back then."

"You're kidding?"

"No, sir. I barely scraped through high school. It wasn't until college that I decided I wanted to be a doctor."

"You hear that babe!" he yelled to his wife who was asleep on the exam table. "You hear that! He rode a skateboard in high school and now he's going to be a doctor!"

He told me how his oldest rode a skateboard and didn't really care for school. He was worried how he would turn out.

"I bet your father is really proud that you are going to be a doctor."

"Actually, my father was never really around. My mom raised my sister and I."

"Did you hear that babe! He was raised by a single mother and he's going to be a doctor!"

His wife grumbled a bit in her sleep.

"Well I am sure your mother is really proud of you at least."

"I'd like to think so. Sadly she died about 8 years ago. Lung cancer."

"Babe, wake up! You have to hear this."

"Huh?"

"Listen! This guy is going to be a doctor! He grew up without a father. His mom died of cancer. He rode a skateboard. Now he is going to be a doctor!"

"Erm... that's nice." she grumbled still half asleep.

"No. Listen! Our kids. You and our kids. You are going to be okay if I'm gone."

"Let's get back to your medical history."

"I looked at your scans and test results. The yellow in your skin is called jaundice. The cancer has taken over your liver and your liver is no longer working. I agree with your doctor's recommendations. Any drug we give you may kill you with no liver to detoxify it. There is nothing I can offer you that you haven't already been given. I wish we could do more, but there are no other options."

"But you helped her. You helped her. I just want to be like her. We had the same cancer. Can't you help me?"

"I can't talk about another patient's treatment, but I promise you I treated her with the same guidelines that your doctor treated you. Sometimes it just happens this way. We don't always understand why one person's cancer grows and another person's doesn't."

"I just thought I'd have more time. Do I have much time left?"

"I can't predict the future. I don't know what is going to happen to me the moment I walk out this door. That being said, I think we have to be realistic. The truth is, I have never seen a patient with your level of liver disease live more than two weeks. Likely, we are probably looking at a timeline of about seven days, maybe ten."

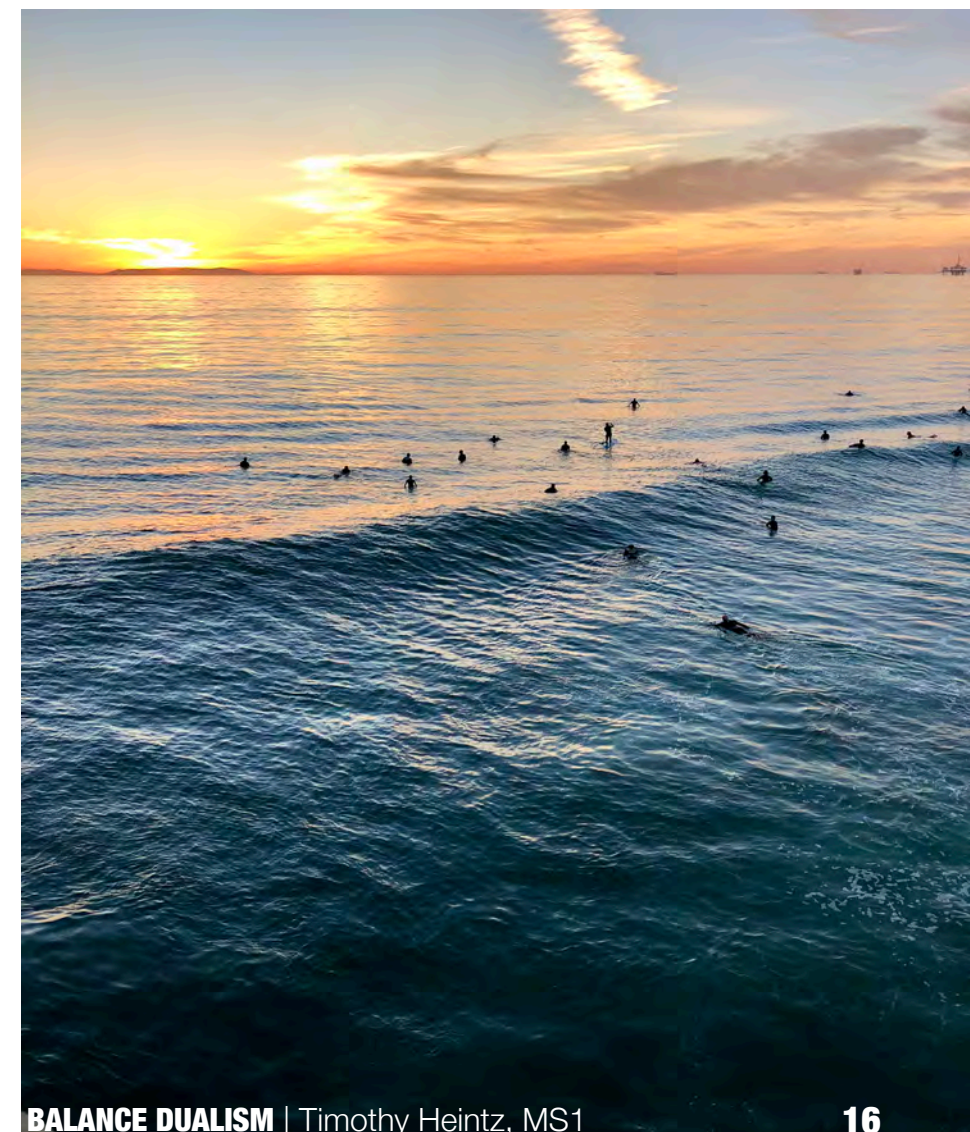
"I just wanted more time. I just wanted to be like her."

I can count on my fingers the amount of times I have cried in my adult life. I remember each and every one of them. As I drove the 5 freeway home, tears poured down my face. I thought about him ecstatically telling his wife about me, about how relieved he was to hear that someone who grew up without a father, who had a parent die of cancer, who slacked off in high school, could go on and become a doctor. I thought about his kids, barely beginning life and watching their middle-aged father rapidly deteriorate from cancer. I thought about how much I wished there was something more we could do for him. Then I thought about how he left the office with just a little bit more acceptance than he walked in with. I hoped that our conversation made his last days a tiny bit better. The tears slowed as I approached my apartment. I walked in and saw my roommate, a fellow medical student, in the kitchen.

"Hey. How did your first ACA go?"



MOUNTAINTOP | Britt DeVore, MS4



BALANCE DUALISM | Timothy Heintz, MS1

MORAL MAYDAY

Mokhshan Ramachandran, MS2

There are two situations where you don't want to hear the word "Mayday." The first is on an aircraft, and the second is on a fireground. Just like the first situation communicates a potentially catastrophic malfunction, the latter signifies that a firefighter is trapped and does not have access to an egress point from the fire. When a firefighter calls a Mayday, all radio operations on the fireground are immediately cleared and the only two people allowed to communicate are the Incident Command and the trapped firefighter. Protocols like this were born out of the 9/11 attacks and reformed the Fire Service to emphasize safety and minimize physical injury. My time as a professional firefighter taught me many things, but perhaps most importantly that moral injuries are equally as devastating as any physical wound.

About three months into my career, we were dispatched to respond to a gentleman who was having suicidal ideation. The police were already at the scene and had attempted to build rapport with him in the hopes of diverting his self-harming intentions. As soon as my Chief and I walked through the door, we saw a distressed man standing in the hallway. The home was in shambles and the tension in the room was palpable. He turned around to walk into his bedroom and all the officers drew their weapons. Calmly, he returned to the living room with a pistol in hand. He placed it under his chin and discharged the weapon. We were standing six feet away.

When a call is determined to be potentially traumatic to a first-responder, they are occasionally removed from active service and arranged to meet with a behavioral health professional to clear them again for duty. During this meeting, I was introduced to the concept of a moral injury. Much like a physical injury follows some insult to a person's body, the experience of something traumatic can cause insult to a person's conscience. Moreover, in the same manner that repeated physical injury



COTTON CANDY CLOUDS OVER NORTH PARK | Liam Fitzgerald, MS1

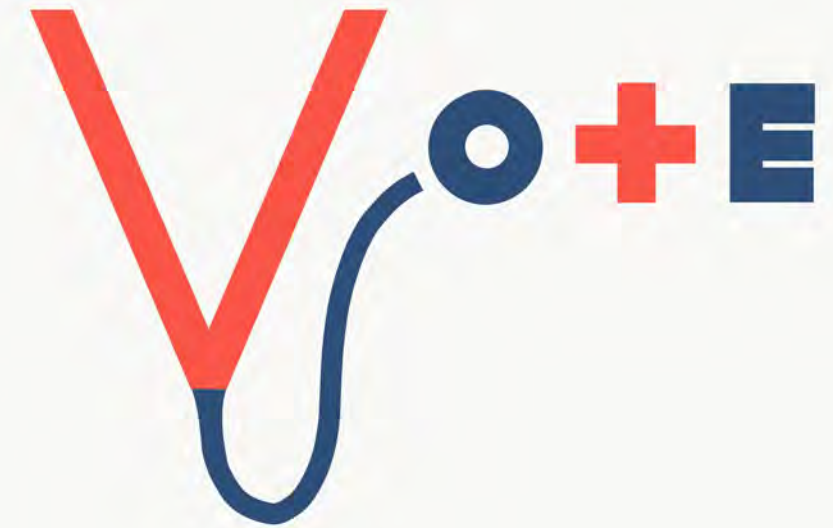
can cause debilitating pain and death, so can repeated moral injuries. I began to question then, why even the potential of physical injury is designated greater importance than the certainty of a moral injury. After all, protocols for a Mayday are prepared to focus the attention of every responder on one individual in need, yet protocols for a 'Moral Mayday' are nowhere to be found. The more I thought about this problem, I realized that physical injuries are worn as a badge of honor and a representation of experience, but moral injuries are regarded as a mark of shame which require repression at all costs. This mentality builds an environment in which a responder that expresses difficulty with a trauma, gets labelled as weak or incompetent.

The culture of silence in the fire

service often centers around phrases like "shake it off" or "man up". What I learned, however, is that "man up" invariably leads to a man down. The truth is, firefighters are 1.5 times more likely to die via completed suicide, than in the line of duty. What this means is that in one of the most dangerous professions, the biggest killer of firefighters is moral injury, not physical injury. Though tragically unacceptable, the nature of the profession lends itself to explain why this is. No one calls us because they are having a good day. Chances are that if they are requiring our services, they are having one of the worst days of their lives. So after a long career of working in and around trauma, it becomes easy to see how moral injuries can persist long after any physical injuries have resolved.

Although this is a common pattern in the Fire Service, it is by no means unique to the profession. Everyone is susceptible to moral injury, and because it is easier to mask than a physical injury, sometimes it festers to a pathological degree. Being a firefighter showed me that although some may view mental trauma as a dismissible factor, it is crucial to treat any moral insult as seriously as a physical wound. The concept of a Moral Mayday takes this one step further by allowing those trapped by mental anguish to receive the same amount of directed care that one would expect if they were trapped in a burning building. In this way, ringing the bell for help ceases to represent weakness and begins to demonstrate responsibility for one's holistic health.

VOTE | Alicia Asturias, MS4



WOMEN IN MEDICINE | Alicia Asturias, MS4

UNTITLED

Michael Lauricella, MS1

“tell me, do you know why we are taking a biopsy today”
a long syringe in trained, ready hands
the walls of Jacobs hospital surround these two people
“I think so, doctor”

“Mrs. Garcia, tell me what brings you in today”
“tell me, how often do you use condoms”
“please sit down, I have some bad news”
“okay, can I tell you what I think is going on”
my own voice and the voices of my classmates
each in separate apartments scattered across a few square miles of La Jolla

we are suddenly very close
she lies naked on the table
her vagina respectfully covered
a plastic bag over her face
masks over our mouths
gloves on our hands
plastic aprons over our bodies
to stop small bits and pieces of her from getting on our scrubs

on my first pair of scrubs
I wanted to be wearing cool scrubs but these are too baggy
too loose
they make my neck look weird
a nameless woman lies naked on the table
her vagina respectfully covered
our gloved hands lift off her plastic bag mask
to reveal a charming, beautiful, generous, kind, and anguished dead face
Katja, Nick, and Nicole, I barely knew you when we first cut into her
to try to find the retromammary space

what're we doing tonight to get to know each other
what games should we all play
where should we meet in grad housing
sitting six feet apart
as Jacobs stands behind us lit on the night's horizon
our futures closer than ever but still apart
but still distanced
still distant

as doctors,
we believe in the retromammary space and we do not believe
we believe in the beating heart and we do not believe
we remember everything but we forget

we understand everything but
we are confused
we are afraid
we aren't afraid
we are biased
we aren't biased
we are arrogant
we aren't arrogant
we are impulsive
we aren't impulsive
we are depressed
we aren't depressed
we believe
we do not believe
we believe that we are doctors and we do not believe
and most of all, we do not believe in Medicine, but we do

“tell me, Mr. Lauricella, what exactly is your chief belief”
what do patients desire
what do journals need
what do hospitals crave
as Jacobs stands behind us lit on the night's horizon
as my friends complain about the histology quiz

we are bound together by a deep insecurity that beats in our bones we haven't seen that radiates across our faces in hollow cavernous spaces while pulsing in vessels in between it is a deep insecurity that swallows

Medicine
that shakes and breaks our tightened grip on all that we hold dear
a twisting, gripping, grasping fear then from our hands we let all slip
we tell ourselves that this insecurity all around us doesn't matter
Medicine matters
when I look in the mirror, I see my classmates
incredibly determined
when I look into their eyes, I see myself unbroken and undeterred
out of touch with ourselves, but reaching out to touch others
incredibly strong
because we each have been carrying a burden for so long that we no longer see it
carrying these burdens slowly towards Jacobs
always still lit on the night's horizon
it never closes
it's always open, always ready for more
someone I can't see is crying alone in that building
someone who is dying
someone whose family loves them
someone who was once beautiful and strong
someone who is now sad, angry, and afraid
someone who we will try to understand, cure, and save
I reach out
I'm not ready to reach out

in lecture halls, in our rooms, in the MET on the walk to campus on the blue bridge
smiles behind masks
stifled chuckles
muffled laughter
and eyes flashing with delight and love
six feet apart
getting too close but not close enough
the words of a thousand doctors between us
should not
must not
will not
“obligation to be safe and professional” the email read
“promise me, Michael, promise me”
should not
must not
will not
“look at me in the eye and promise”
“look at Jacobs standing lit on the night's horizon and promise me”
should not
must not
will not
alone in my room, I type out again for the ninth time on my ninth exam that I swear I will not cheat

the swirling morning fog of right and wrong
and of beliefs
billowing and blowing over and around grad housing
how do I gather it all up
how do I bring it all together
how do I end the vagueness
how do I move past the superficial
how do I tear down the walls of graduate housing and practice medicine in the rubble
the full moon in the night sky above me
my patients on beds of straw
I sing to them and pound my powerful chest until they open their tearful eyes
their blood once again red
their cancer cured
their pain and fear forever gone
I want to practice the moon's medicine
I want the rubble around me
where is this enchanted fairyland



CHADWICK | Shelby Warren, MS2



SELF PORTRAIT 2020 | Adarsh Kadoor, MS3

TELEMEDICINE: PROMISE AND PERIL

Adam Braddock, MD

I squint my eyes and move closer to my iPad screen as I try to make out the rash on the nine-month-old infant squirming in her parent's arms on Zoom. Is this eczema? Contact dermatitis? The morphology of the rash is difficult to appreciate over Zoom, and the pictures that her parents send through the electronic medical record are only slightly more helpful. Meanwhile, the patient's video stream becomes choppy and I lose the audio connection. Another patient is waiting for me, so I better make a plan quickly before I get too far behind in my pediatric primary care clinic.

Telemedicine (or telehealth), which has been adopted on a massive scale as a result of the COVID-19 pandemic, aspires to the quality of in-person medical care with the ease of remote communication. It is in some ways similar to more traditional forms of health care communication and delivery. Like telephone calls and messages through electronic medical record portals, telemedicine involves giving medical advice to patients not physically present in clinic. Like traditional clinic visits, it allows for visual observation, nonverbal communication, and some components of the physical examination.

The challenge of telemedicine is that its limitations are being worked through in real time as providers and patients navigate a health care system with significant reductions in face-to-face care during the COVID-19 pandemic.

Besides technical difficulties due

to poor connections or lack of technological savvy, the most obvious limitation of telemedicine is the inability to perform basic maneuvers of physical examination such as palpation, auscultation, and otoscopy. The physical exam has long been under threat in medicine by the development of new imaging technologies and laboratory tests. However, the physical exam remains indispensable for diagnosis of conditions such as acute otitis media, pneumonia, and asthma. While technologies have been developed to address some of the limitations of telemedicine exams



REFLECTION | Anushree Dugar, MS2

(such as smartphone-enabled otoscopy), it is unlikely that virtual exams will be as useful as traditional exams for most providers in the near future.

There is also the non-diagnostic value of the physical exam, which includes building trust in the doctor-patient relationship, providing reassurance to patients, and the healing power of touch. While these aspects of the exam are difficult to quantify, they have remained important traditions in the practice of medicine even as technology has

threatened to reduce the relevance of the physical exam to clinical practice.

Another concern is that telemedicine visits may result in overtreatment such as prescribing antibiotics for viral respiratory infections in children.¹ Because most pediatric telemedicine providers do not have the ability to examine the ear for acute otitis media or do rapid throat swabs for streptococcal pharyngitis, they risk prescribing antibiotics inappropriately, perhaps to increase patient satisfaction or avoid missing a bacterial infection.

As my experience with telemedicine has increased since the beginning of the COVID-19 pandemic, I find myself alternating between optimism and concern over the massive telemedicine rollout. For my patients with behavioral and mental health disorders, telemedicine has been successful for the management of chronic conditions, but evaluation of new behavioral and mental health patients has been challenging. For my patients with acute concerns such as constipation or rashes, virtual visits have been useful as a first step but do not always

eliminate the need for an in-person visit. If a parent or patient is reluctant to schedule an in-person appointment, a virtual visit might be the only option, even if I am not comfortable bypassing the traditional visit. Telemedicine visits are sometimes far from perfect, but they may be the best we can do given the circumstances of the pandemic.

The adoption of outpatient telemedicine in the setting of the COVID-19 pandemic is obviously warranted given the ability of virtual visits to preserve access to care while

avoiding potential viral transmission between patients and health care workers. However, the rapid transition to telemedicine creates its own risks. My hope is that as the field of telemedicine develops, new best practices will provide guidance on the right balance between face-to-face and virtual care so that we can maximize the value of telemedicine without sacrificing the benefits of traditional in-person care.

1. Ray K, Shi Z, Gigengil C, Poon S, Usher-Pines L, Mehrotra A. Antibiotic prescribing during pediatric direct-to-consumer telemedicine visits. *Pediatrics*. 2019;143(4):e20182491



SNAPSHOTS OF FIRST YEAR | Shreya Banerjee, MS1



SUNSHINE ON SUNFLOWERS | Shelby Warren, MS2

VICTIMS OF WAR

Heidi Banh, MS2

The psychiatric patient
Vietnam War vet
Whose task had been to sit in a tower
Away from the warzones
And press buttons to release bombs.
Half a century later
Still haunted by guilt
From images of the lives
His actions may have taken.

My father
Vietnam War refugee
Only a teen when his family's home
Was invaded by troops
And used as a watchtower
Then soon bombed by enemies
The night before the fall of Saigon.

His former home
Now partially obscured by Bánh mì shops
Stands tall today
Built upon and patched up
Wounded and resilient
Like the souls of the humans
Who survived and stayed
Families fractured
Rebuilding their lives, delayed

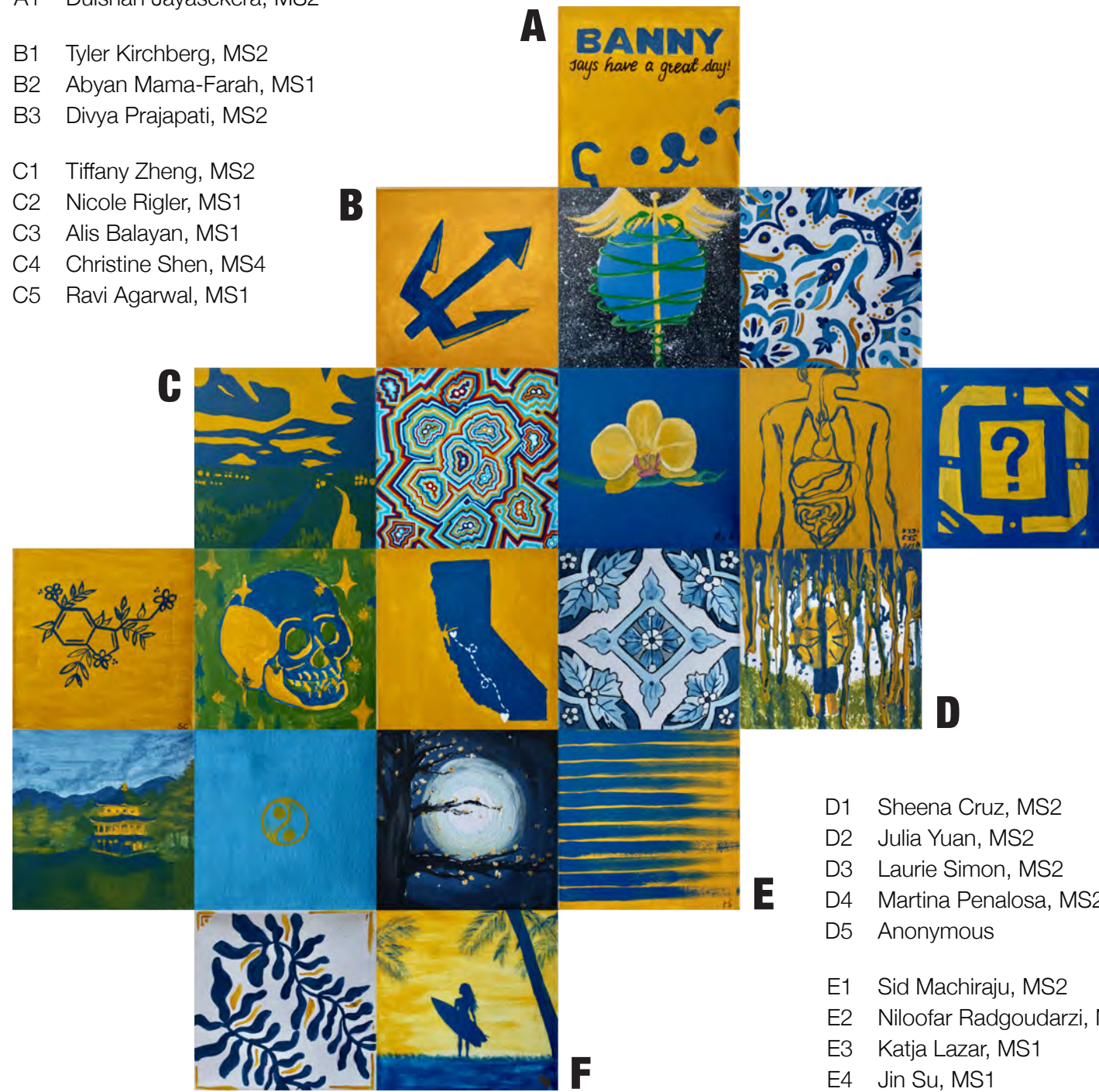
And those like my dad
Who fled by boat for thirteen days at sea
Gaunt and dehydrated
Hoped and lived
Worked and restarted.

When my father tells this story
There is no hatred
He recalls no room for fear
Just numbness from flames
And too many lives claimed.

The vet spoke with genuine guilt
Eyes lowered, voice shaking
But I wish he knew
My father and others
Saw US soldiers for their service
That there was never hate
Only acceptance that they were part of
An unfortunate time in history
That forced them to escape oppression
And gave him and other families
A chance at a new life.

QUARANTINE YELLOWS AND BLUES: AN ARTISTIC EXPERIMENT

- A1 Dulshan Jayasekera, MS2
- B1 Tyler Kirchberg, MS2
- B2 Abyan Mama-Farah, MS1
- B3 Divya Prajapati, MS2
- C1 Tiffany Zheng, MS2
- C2 Nicole Rigler, MS1
- C3 Alis Balayan, MS1
- C4 Christine Shen, MS4
- C5 Ravi Agarwal, MS1



C2 “Happy Place”: This painting is inspired by the work of a local artist, Kelsey Brookes. It features serotonin molecules suspended in an interconnected web. This piece is the first thing I've painted since starting medical school. The whole creative process for it reminded me of how important it is to take a step back and make time for things that ground you + make you happy.

C4 “One-Liner”

E3 From her cosmic perch
She pulls the tides of my blood
Petals flutter down

F1 thank you for reminding me to breathe!

- D1 Sheena Cruz, MS2
- D2 Julia Yuan, MS2
- D3 Laurie Simon, MS2
- D4 Martina Penalosa, MS2
- D5 Anonymous
- E1 Sid Machiraju, MS2
- E2 Niloofar Radgoudarzi, MS1
- E3 Katja Lazar, MS1
- E4 Jin Su, MS1
- F1 Gabriela Sendek, MS2
- F2 Rhia Buchholz, MS1

FAILURES AND FACADES

Connor Grant, MS3

Failure has and always will be a dirty word in academic medicine. The competitive nature of medical school has made the struggle to become a doctor often feel like a fight to me. Not a physical fight, but an intellectual fight to continually prove to my peers, my evaluators, and myself that I belong and will not enable or embody failure. I truly believe that my peers feel the same way and that it is this familiarity with competition, and more importantly our familiarity with success when competing, that has created a community where openly discussing and admitting failure is a completely foreign concept. This is made evident by the United States Medical Licensing Examination (USMLE) Step 1 test. Most medical students, myself included, border on neurotic when it comes to trying to plan every step of our life and career. It is that fact that makes taking Step 1 so challenging. I certainly felt overwhelmed and fearful of what a poor outcome on Step 1 could mean for my future, but due to the hypercompetitive nature of medical school and the constant fear of looking any less capable than my classmates, I didn't share that trepidation with anyone except my closest confidants. They would express similar fears and worries, but too much talk of failure may have brought it into existence, so discussions focused on underachievement were limited.

If taking a test you deemed to be the single most pivotal exam in your life is not stress inducing enough, in the months leading to Step 1, the world began to feel the full impact of COVID-19. All I wanted was to be useful. I wanted to help but was supposed to put that out of my mind and focus on drug interactions and uncommon diseases. I felt selfish. My fear of failure on Step 1 drove me into isolationist studying like many other medical students. Even in unparalleled circumstances, Step 1 was all-consuming.

Step 1 testing centers were closed causing testing appointments to be cancelled, rescheduled, and cancelled

again. Even with everything that had happened, I felt I was prepared to take the test. I was achieving scores I was comfortable with, and dare I say even proud of, on practice exams and hoped to replicate that on test day. The overwhelming sense of importance surrounding Step 1 naturally created anxiety, but I thought I was ready. That feeling quickly changed once I actually began my test and pure panic ensued.

I'm not sure what set it off, but less than five minutes into testing my mind and body exploded into a panic attack. At the time I had no idea what the sensation was I was feeling. I had never had a panic attack and hope to never experience one again. The tachycardia, tachypnea, and racing of my mind were debilitating. I was completely shattered in that moment. I felt defeated before the test had really

I wanted to share my failure to hopefully normalize it and allow for conversation, especially in the academic medicine community in which it is so rarely openly discussed.

even started. Just focusing on trying to breathe felt all-consuming. At one point I even began to feel faint. Looking back, things may have actually turned out better if I had just fainted.

As the physiological aspects of the panic attack eventually subsided, I now had six hours left to confront my own psyche in trying to make sense of what had just happened. The thought I had just destroyed my future kept creeping into the forefront of my mind. I finished the test a shell of the normal confident, driven version of myself.

My worst fear had come to fruition. I had failed and knew I wouldn't score anywhere near what I felt I was capable of. It would turn out that my score was actually not a “fail” but instead fell so low below the national average amongst medical

students that it may have been more beneficial to fail, thus, being able to retake it. The sickening feeling of failure was hard, but even harder was accepting that I wouldn't get back this opportunity to show residency programs the type of student I had worked so hard to become.

I don't yet know the scope of the ripple effect from my failure, but my biggest fear moving forward is that I will now be a tainted member of the physician and future-physician community. I fear that my score from a single test on a single day marked by a singular anomalous experience may define what I am capable of in the eyes of those deciding my future. Although I can't control the perception of others, I won't let that one test define me as unworthy or unfit to help others the way I know I can. Knowing my experience is not unique and that there are many other students who go through exactly what I did, I wanted to share my failure to hopefully normalize it and allow for conversation, especially in the academic medicine community in which it is so rarely openly discussed.

I was humbled by my failure in a way I now know I needed. Everyday I get to work with amazing peers and mentors devoted to helping others and all I was focused on was competing with them, impressing them. I didn't take time to appreciate them for who they are. I didn't make time and space to connect with them and be vulnerable with them. I've been amazed by the immediate barrier that is broken down between my peers and I when sharing my experience and confronting my irrational fear of being seen as inadequate. If anything, it has allowed for the facade of perfection to be knocked away revealing an unencumbered opportunity to connect as normal humans with common goals. I won't continue to let my fear of failure, or of being marked as lesser than others, prevent me from accomplishing those goals. Be kind to yourself and, when needed, don't be afraid of trusting your peers to break down that facade together.



LETTING GO

Visesha Kakarla, MS1

The scariest thing about letting someone go
Is that you are shunted into a world unknown
Where old friends and faces feel unfamiliar
And their voices cold as winter

Before, you were donned with a cloak of warmth
A soft, warm coat that was adorned
By the person you thought protected you,
Sheltered you from the things you once knew

The things you loved and cared about deeply
Things that, in that snug coat, felt unknown completely.
But in this cold, newfound world you are in,
People and passions you once treasured reawaken

The world is not so frozen, you remember
A spark of life inside of you resuscitates an ember
And suddenly your body is enveloped by a soft heat,
Made up of the love from friends you thought

DAD

Sydney Dong, MS1

Steps pummeled downstairs to the offbeat of my pounding chest. I raced to my mom in disbelief. It couldn't be. This can't be it. Not now - please. However, as much as I would try to squint and rub my eyes to a different reality, the months leading up to this day depicted otherwise.

The changes started off small, but they started nonetheless. My older brother and I began waking to the grinding gears of a blender. Puréed foods were all he could eat. Toilet seats were swapped with more modestly circumferenced cushions. Direct contact with his bones caused discomfort. Doorbells rang from every couple of days to every other day to every day. These chimes signaled the arrival of his nurse. Muffled words turned to written exchanges, and sporadic naps turned into frequent sleep. He was in pain. There wasn't a grimace too mild to let this go unnoticed. I may have not fully understood these changes as they occurred, but this is how he lived. This was the reality.

Hospice.

I lost my dad to neuroendocrine cancer when I was 6. From the cultural tendency to shrug off seeking medical treatment in spite of illness, my dad uncovered the gravity of his symptoms at Stage 4. Only after 3 different opinions did 1 fact consistently remain clear. At 38, he had just a few months left with us.

I grew up crying unexpectedly throughout my childhood. Father's days passed, and I continued to make crafts for no one. I would crumble when unsuspecting friends asked me where my dad was. I used to look at the picture of the 4 of us at Legoland perched bedside in my mom's room and sob - one, for me, as I had yet to process loss, and two, for my mom, who now had to parent us alone.

Of course, there's no one to fault. There's nothing we could've done. Eloquence aside - cancer sucks. It wasn't until 8 years later that we, as a family, even addressed it. From then, it became a matter of how we proceeded, not just as a family but as individuals. I attribute a lot of who I am to who I thought my dad was. My rationale, perceived purpose, and want to care for others in this life - all him.

Granted, I wasn't old enough to know him. I hear about him, and I construct an image that encapsulates the remnants I'm given. After all, that's all I have. However, by holding on, I hold onto the prospect of hurting on. Memory is not selective.

This is how he lived.

This was the reality.

Hospice.

I don't want to remember the staples that lined his neck following his lymph node dissection. As a testament to his good humor, he joked that these metal shards made him a member of the Bionic movies he loved so much. I don't want to see pictures of our last birthday together because I didn't understand that that would be our last one. I don't want to visualize my dad next to his hospice nurse - his eyes sunken, body emaciated, and knees caved into his frail chest. The juxtaposition haunts me to this day.

However, these last moments weren't all that he was. My dad was a gentle husband, a good-humored brother, and a dotting father - a fixer of all sorts. Name what was damaged, and he could repair it before you could feel the ramifications of 'broken.' My mom pesters my brother about not having this quality, but I think there's much more to why she cares about this. She

stresses she misses the 'fixer' in the household, but maybe, just maybe, she misses him.

Above all, my dad was a loving son. I'm reminded of this sentiment every time I visit my grandma. The instance that inspires this reflection is the story of her youngest son, as a toddler, pointing to a random boy's back in the distance. "Anh hai khìa - There's brother." At 17 months old, my uncle didn't know my dad was en route to a new life in America. He didn't know how afraid, brave, or worried his 15-year-old brother felt, trekking into the unknown. He just remembered his anh hai.

As a toddler, my dad woke up before dawn to help my grandma sell coffee. They couldn't afford not to. As a child, my dad snuck into a pool with his friends and accidentally dove on someone. He couldn't hide the fact he might've incurred a concussion from his all-knowing mom. As a teen, he raised his younger brothers until the move to America. He was on the verge of homelessness until Grandpa Larry, a serendipitous neighbor, extended his kindness. My dad was hardworking. He was mischievous. He was soft-spoken. He was intelligent. Most importantly, he was human - someone I wished I had the chance to grow up with and learn from.

From loss, I've gained a deeper appreciation for the people in my life. I've learned to listen with genuine intent and treasure moments, good or bad, as lessons. And, I've nurtured a beautiful relationship with my grandma - not just for him, but because of him. With my dad in mind, I hold these truths to my core. I was brought into this world to care for my family. I was brought into this world to do as much good as I can possibly do. And, I was brought into this world to live life with a richness I wish we could've had.



PASTEL PEACE | Timothy Heintz, MS1

MOM

Sydney Dong, MS1

It wasn't supposed to be like this.

Celebrating the 'good' days and braving through the 'bad' were never what we thought our lives would be. As your brow furrows from worry and teeth grit from pain, know that I chose you.

I always will.

As a mother, you've done nothing but provide. Adolescence to adulthood, you've never failed to put your kids first. It pains you to need me, but I don't see it like that. I want to be close to know you're okay. I want to be close to care for you in any situation. I want to be close because I love you.

And, I always will.



PINK GINGER | Neeharika Namineni, MS4

THE LITTLE MED ENGINE THAT COULD

Madison Chakoumakos, MS1

The red light flashed
The little med engine thought “Oh! the Conductor must be here”
Away the med engine went

Chugging chugging chugging

The Conductor’s voice sent reverberations down the tracks
“You must be resilient!”
“Yes, Conductor! I will” said the med engine with a smile

The humble engine passed by a billboard
1.85 million dead.
The med engine looked away

Chugging chugging chugging

The voice shook the mountains and the rocks
“Smile more!” said the Conductor
“Yes, Conductor! I will” said the med engine with a bigger smile

The med engine looked at the next station
No passengers were there.
The med engine thought I must pass through this station quickly

Chugging chugging chugging

“We value your opinion!” said the Conductor
The med engine was getting tired and tried to alert the Conductor.
Maybe something was wrong with the sound system?

But the med engine pushed on
She must she thought

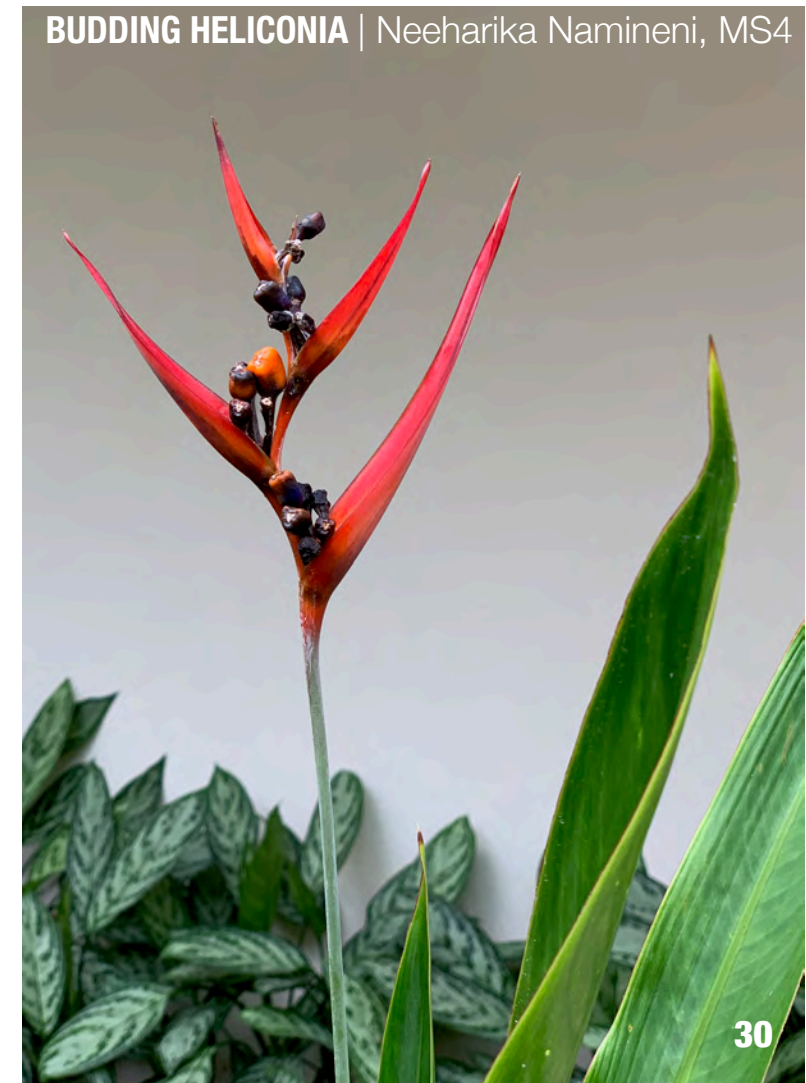
The red light stopped flashing
The little med engine looked around and she was utterly alone



RAINBOW MOUNTAIN, RAINBOW PEOPLE | Lucia Lin, MS3



DEW DROP | Neeharika Namineni, MS4



BUDDING HELICONIA | Neeharika Namineni, MS4

WHERE'S THE WAGON?

Brett Taylor, MS1

Defining addiction is slippery. Like grabbing at a wet fish, the more I try to grasp it, the more my conception of it wriggles free and challenges me. Perhaps it is ineffable. Regardless, I can say that drug addiction started shaping my story before it even began. Thirty years ago, my mom left her husband whose addiction to cocaine prevented him from being a present father and husband. My mom would go on to meet my dad, and so, I wouldn't be here had an addiction not driven a wedge between a man and his family. Two decades later, my mother would pose a new but now familiar ultimatum: "Get sober or I'm leaving." This time, though, it was addressed to my dad.¹

Luckily for me, my dad shortly started his journey towards recovery,² and I have been getting a distilled version of the Twelve Steps ever since. During my teenage years, my hikes with him often explored questions like "what values do you live by?" or "how do your actions impact others?", embodying Steps like Four and Ten. Many of these conversations directly relayed different facets of addiction

according to Alcoholics Anonymous (AA) canon. Like a game of telephone, this understanding of addiction was mediated through my father and now me, but one way we continue to think about addiction is a problem at the intersection of the **mind** (obsession with substance use), **body** (an 'allergy' or abnormal reaction to substance use), and, most fundamentally, **spirit** (a low grade dissatisfaction with life that drives one to cope and/or escape with substance use). A mouthful...to say the least. A simpler question often posed is "can you control and enjoy your drinking?" yet this question usually provokes more questions than answers. And then those questions produce more questions ad infinitum expanding into an undecipherable fractal of question marks. More clear and pervasive than the rest, though, is understanding addiction as a disease: something that afflicts someone and is outside of one's control. And like many diseases, this one could be genetically inherited.

Arcing through my family tree, addiction has plagued as many relatives as it hasn't, whether

manifesting in something as obviously dangerous as meth or something more innocuous like food,³ but I had not fully considered its implications until 2019. While addiction was making its way into some of my medical school applications,⁴ addiction was uprooting and, frankly, threatening my brother's life. Given the baggage and biases of the rest of my family, he'd often talk to me, but I had my own training – "Can you enjoy and control your drinking? Are you okay? Do you think you're coping?" – and affirmed what I took to be honest, literally sobering, reflections that he made.⁵ My brother often flipped these questions and insights back onto me: "We're the same. The same genes, character traits, and feelings drive you to escape through work and achievement – a bonafide workaholic." Whether or not his words rang true, they demanded a pause: am I an addict, too?

Being accepted into medical schools that year, I experienced elation at what felt like the culmination of my efforts (and luck), but I started to reflect back on what fueled these efforts. Do I have 'addictive'

personality traits? Surely some. At what point does having certain traits define someone as an addict? In (the first year of) medical school, we have been taught that screening for addiction is largely about the degree to which a behavior impedes one's ability to live a healthy life. While a sensitive heuristic at the extreme end – someone no longer eats due to drinking – it becomes murky as one's lived experience becomes milder. Understanding the point at which behaviors become pathological is unclear,⁶ and the bounds by which we classify addiction may be too narrow.⁷ In a world where someone is more likely to have a mental health disorder than not⁸ and technology is engineered to be habit forming, who doesn't seek respite, whether unconsciously in a string of TikToks or in something more well-adjusted. At the very least, it seems like the ways in which many act are merely a hop, skip, and jump away from addiction. Therein lies a beauty. By learning about and discussing what moves people,

the pervasiveness of dissatisfaction with life,⁹ and the methods by which people cope with this dissatisfaction, we learn more about the human condition in general and how to treat others not only medically but in our routine encounters. I am beginning to understand addiction less as a disease and more so as a feature of being human.

¹ I always think about whether this – my mom marrying two men struggling with addictions – was a coincidence: was there something about these personalities inextricable from their 'addictive' traits that was attractive to my mother?

² Even this language prompts a litany of questions: Is recovery something one can 'achieve' as some final state; i.e., can you be *recovered*? Or is it a way of being that people with addictions can align themselves with? In his memoir, Dr. Paul Kalanithi talks about perfection in the context of neurosurgery as something unachievable but something one can strive for, and perhaps I can appropriate it here: "You can't ever reach perfection [complete recovery], but you can believe in an asymptote toward which are ceaselessly striving."

³ Many may '*harumph*' at an addiction to food, but my grandfather died in his early sixties from heart failure facilitated by *morbid* obesity. He was also a physician who often advised his patients to lose weight. How else can we reconcile this cognitive dissonance without evoking something similar to addiction?

⁴ From one essay: "AA is an institution that embodies reflection, service, and personal spirituality, and the values of AA that I received throughout my upbringing have profoundly shaped my life and become, in part, my own."

⁵ I would later be taught this technique (motivational interviewing) explicitly in the Practice of Medicine course. As an exercise, the lecturer asked us to snap and clap whenever we heard positive or negative change talk, respectively, in an acted scenario. The thought of clapping and snapping with my brother is fantastic.

⁶ In fact, my brother's comments suggested that some manifestations of addiction are not only societally tolerated but selected for and reinforced. Conventional success in certain fields or careers are bound with behaviors like obsession, unbridled energy, and stubbornness (...medicine?). Addiction is nearly always negatively connoted (even in this brief essay), but does it have to be?

⁷ We can make the previous AA addiction definition more general: "Addiction is a problem at the intersection of the **mind** (obsession with ~~substance use~~ X), **body** (an 'allergy' or abnormal reaction to ~~substance use~~ X), and, most fundamentally, **spirit** (a low grade dissatisfaction with life that drives one to cope and/or escape with ~~substance use~~ X)."

⁸ What does 'neurotypical' even mean?

⁹ This dissatisfaction is what AA regards as a spiritual problem (as mentioned earlier) and what medicine may understand as depression or a different mental health disorder

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