



*the human condition*

— an exploration of art & literature —

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UCSD School of Medicine





# DEAR READERS,

The path to becoming a physician is constantly evolving, but in many ways it remains long and winding, and not without hardship. In this literary magazine's 17-year lifespan, the well-worn steps of 8-hours-a-day lecture have been replaced by the meandering trail of small group learning; river crossings that once consisted of slippery stepping stones have been replaced by sturdy bridges of clinical curriculum revision; and the weather, which has featured dark thunderstorms of pandemic proportions for the past two years, has since begun to clear. And yet despite—or perhaps because of—this constant state of change, the views remain spectacular.

In this aptly-named “exploration of art & literature,” each submission documents the journey of another traveler. Some pieces explore the aspects of medicine that make the climb worthwhile, which are often the precious moments of human connection that we find amidst the suffering of illness. Others explore the journey itself, describing the many switchbacks of third year or the unique challenges of summiting the mountains we call Step 1 and Step 2. This year, we also included audio submissions in the form of QR codes as a nod to the musically-talented members of our community.

We hope you find something within these pages that speaks to your own path, reminding you of the humanity that inspired you or the trials and tribulations that helped you grow. We hope you find something new, something different to admire or ponder about the path that someone else took through the woods. In the world of medicine, no two journeys are the same—and therein lies the beauty.

Thank you for sharing this journey.

Sophie You, Editor-in-Chief

Tonya Lee, Managing Editor

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## “...cancer...”

Akilesh Yeluru, MS2

“...cancer...” I knew it. My face burned bright, and an empty pit formed in my stomach — a dark abyss almost as bleak as my now hazy future. “...cancer...” How could I have not seen it coming? The signs were all there. Oh, what to do now. What will my family think? How will they feel?!? Oh, how terrible, this harbinger of death with one fell swoop of his scythe has brought me my sentence and dispatched me into the world...with...with...

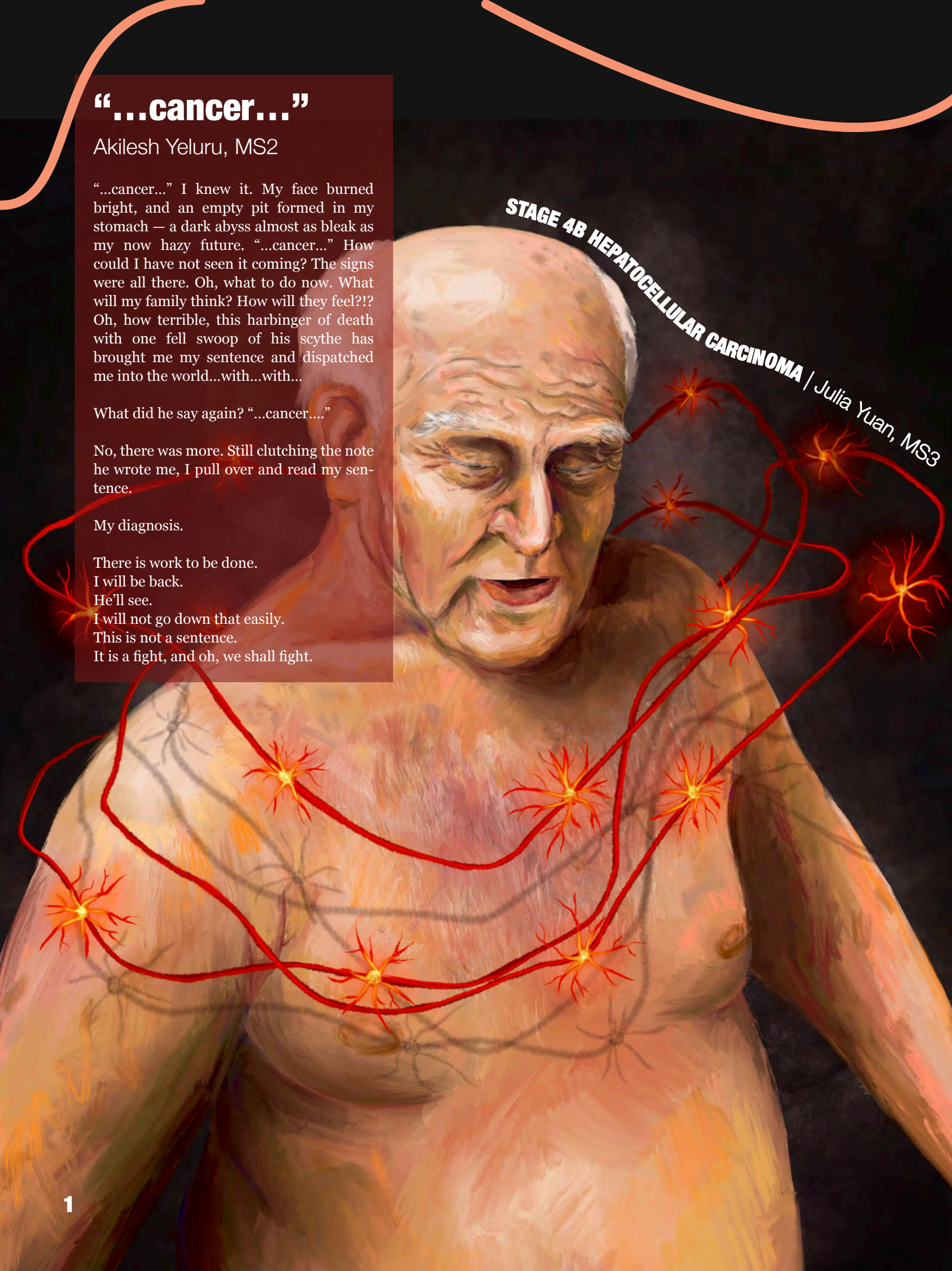
What did he say again? “...cancer...”

No, there was more. Still clutching the note he wrote me, I pull over and read my sentence.

My diagnosis.

There is work to be done.  
I will be back.  
He'll see.  
I will not go down that easily.  
This is not a sentence.  
It is a fight, and oh, we shall fight.

STAGE 4B HEPATOCELLULAR CARCINOMA | Julia Yuan, MS3



## beyond the teardrops

Ishan Saha, MS1

There is a place beyond the teardrops,  
Where acceptance and peace are found.  
A little nook carved out as shelter,  
To save myself from being drowned.

A space hidden behind the waterfall,  
Where my past's pain and guilt fade,  
Leaving sounds of our endless laughter,  
Echoing behind the water's cascade.

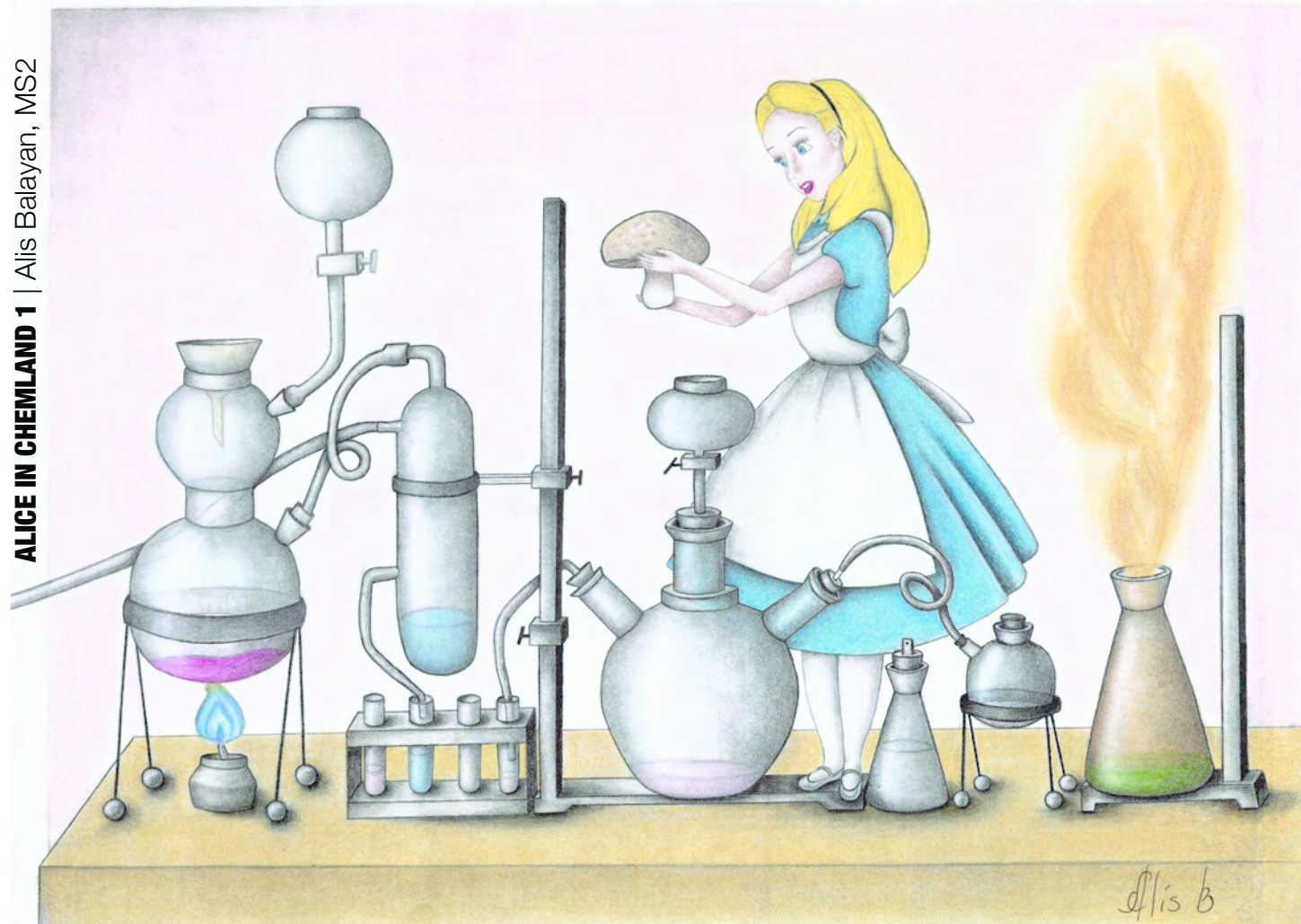
It's in this place I hope to be,  
Filled with hope, forgiveness and cheer,  
Where hell comes to a standstill,  
And heaven lingers near.

This place exists only in my head,  
A desperate plea for my mind to rest,  
In reality, I must keep on living,  
And just hope all turns out for the best.



RED FLAG SYMPTOMS | Julia Yuan, MS3





## IDDM

Jessica Kang, MS1

Be-beep, be-beep, be-beep.

My heels hit the hardwood floor so fast my head spins. Blindly, I feel around the top of my dresser for my glasses—cling clang clink! “Oops.” I slip to my knees and squint in the darkness, looking for the telltale hint of silver.

Be-beep, be-beep—

Glasses-less, I pull myself to my feet. Muscle memory closes my bedroom door behind me with just the right amount of tension so the hinges don’t creak. I cross the drafty hallway and creep into my parents’ room, tiptoeing expertly on my pajama pants so as to muffle my steps.

The beeping is louder now. I turn off the monitor.

“Appa.” I gently shake his thick arm, slung comfortably over the blanket. My dad always sleeps on his side, just like me.

“Appa.” I wish I didn’t have to wake him. “Ap-pa....” I shake just a little bit harder.

“HUH?” He awakens, brown eyes wide and panicked. I suppress the urge to laugh; despite the fact that waking up

has happened at least once every single day for his whole entire life, my dad still acts utterly shocked every time it happens. “What? What’s going on?!”

“It’s just your monitor, Appa.” I slip the tiny black device into his hand. “Your sugar is low again.”

“Oh....” He takes it, doesn’t even look at it. He tiredly rubs his face. “I’m sorry. Go back to sleep.”

“I wasn’t sleeping,” I lie. I tug the blanket over his bare arm. “Want me to get you something to eat?”

He turns back onto his side. The monitor gently tumbles onto the bed. “I’ll eat in a little bit. Go back to bed.” He yawns. “Thank you....” And within seconds, he is snoring once again.

I yawn, too, and sit down on the side of the bed. I pick up the monitor and hold it in my hands: it’s a small, handheld thing; my mom affectionately refers to it as our Tamagotchi. I was the one who helped him set it up when he first got it. “This will help Appa check his sugar,” he explained to me when we first picked it up from the pharmacy, as if I was still a five year old who didn’t understand why her dad was always pricking his fingers, forcing cereal down in the middle of the night, and taking injection after injection after every meal—rather than a twenty-something

year old well on her way to medical school.

I unboxed the kit. Along with the continuous glucose monitor came a thick, gray disc, pronged with one giant needle. I stared at it. “I have to stick this in you?” I asked, horrified at the mediocrity of it all.

“How else do you expect it to check my sugar?”

“Appa, that needle is huge.”

“You’re being silly,” he said sternly (this is his favorite reproach for whenever I start to worry too much). “Do you know how many needles I’ve stuck in me over my life? This is much better. I can keep it on for two whole weeks.”

My dad turned out to be right. The old glucose monitor was akin to a vicious mosquito: several times a day my dad would have to prick his fingertip and allow the test strip’s proboscis to slurp at his bright red blood, only for it to tell him bad news.

Too high: guilt, regret, shame. “Crap. I know I shouldn’t have had sushi for lunch.”

“But Appa, you love sushi.”

“It has too much sugar. Doctor won’t be happy with Appa.”

Oh, screw that. Doesn’t she know how much he loves sushi? That he hasn’t had it in years? And that today was

special because I had the day off from work and we got to have lunch together, like we used to do when I was in high school? Can’t she just cut him a little bit of slack—doesn’t she know what it’s like...?

Too low: go eat something sweet, even though it’s the last thing he wants; force it down, fast, before the sweating and shaking sets in—before his brain goes so foggy that he can’t think straight anymore.

Too high, again: another injection of insulin. He’s pierced his stomach so many times over the years that he now injects it through his thigh.

And while the bad news has stayed the same, the new monitoring system is a lot more convenient than finger sticks. The sensor sits on my dad’s shoulder, and he scans it with his monitor every time he needs to take a reading. It’ll even detect his glucose levels from a couple of feet away and alert him if it runs too high or too low—the trouble is, neither of my parents have the best hearing anymore.

This is why nocturnal hypoglycemia is so terrifying. Of all the perils that accompany this frustrating, stigmatized, destructive disease—neuropathy, nephropathy, retinopathy—this is the one that scares me the most. I worry to no end about what might

happen if that little be-beep, be-beep, be-beep wails throughout the night but no one hears it because I’m the only one who can, and after all I’m 2,300 miles away in California so why should I be able to hear it?, and what if he doesn’t feel his blood sugar plummeting in his sleep—

Kkwaa-shoo. Kkwaaa-shoo. Speaking of sleep: of course, he’s snoring again. I suppress the brief flutter of panic—what if I wasn’t here to wake him up?—before I shuffle downstairs, pour a glass of apple juice, and stick a pink straw inside.

“Appa. Appa.” I shake his arm, a little more forcefully this time. “Drink some of this. It’s just apple juice.”

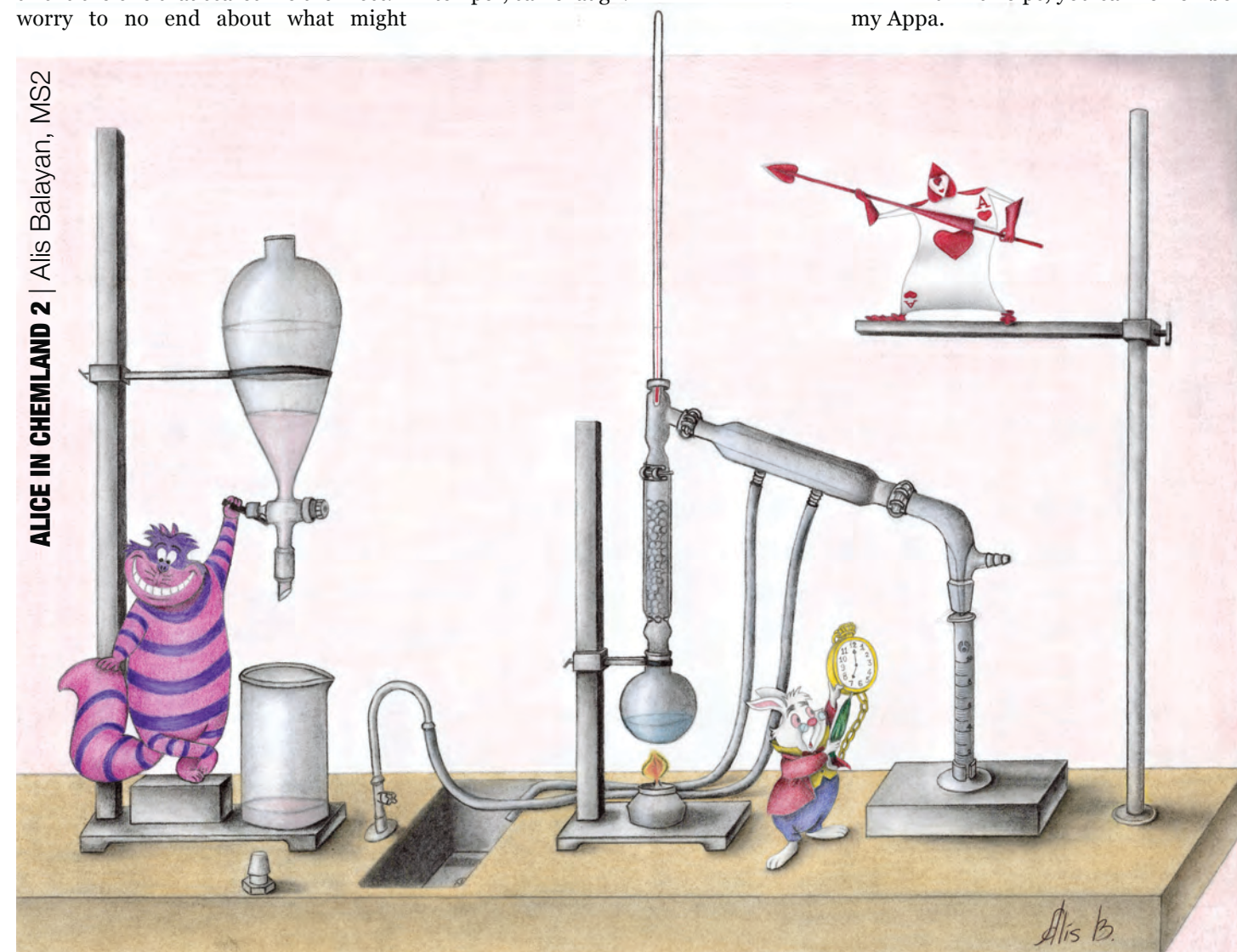
He obliges. “Thank you,” he mumbles, patting my hand. “Go back to sleep. Appa’s okay.”

I put the glass in the sink and check on my dad one more time before retiring to my room. I inherited almost everything from my dad, something we are both distinctly proud of: we share the same wicked sense of humor, brown eyes that darken to black when we concentrate, and need to be alone when the world gets to be a little too much. We have the same initials, same quick temper, same laugh.

There’s just one thing I didn’t get from my dad—one terrifying, chronic, complicated thing that could have changed the course of my entire life. I sometimes wonder about the twists of genetics that saved me from a lifetime of needles, stringent dieting, and expensive medications...a lifetime of people telling me to work harder at avoiding the foods everyone else gets to enjoy or do better at managing something they’ve never had to manage.

Because, despite the scientific advancements being made in the treatment of this disease, it is one that is still uniquely stigmatized, cruelly judged, and vastly underestimated. So, when we learn about it in the spring, or when we are launched into the world to treat the over thirty million Americans who share this diagnosis—I urge my classmates to please be gentle. Please remember that no disease is deserved: not addiction, not HIV/AIDS, not alcoholic cirrhosis, not lung cancer...and not diabetes. No disease is a moral failing. And every patient—no matter how they ended up before us, no matter what road led them to where they are today—deserves our grace: I ask you to extend it.

And if it helps, you can remember my Appa.





## THROUGH THEIR EYES

Julie Çelebi, MD

He's not an alcoholic—  
she pleaded,  
tears streaming,  
blinded by a mother's love.  
His eyes, yellow.  
His face, unconcerned.

It's been a hard year,  
hasn't it?  
You have to cope somehow  
but the body  
carries it all.  
Months of desperation  
and heartache  
sublimated into  
scarring and failure.

He didn't complain,  
even when he was  
gasping for air, and  
whisked off to the ICU.  
They call them Liver Bombs.  
How cold and unforgiving.

The odds were against him  
but sometimes all you have is  
Hope.  
DNAR absent from his vocabulary,  
he fought, and we fought,  
and he fell.

Those yellow eyes  
follow me in my dreams.  
His family,  
heavy on my heart.

How do we do this,  
day after day?  
The memories sting,  
but we must remember.  
Even in heartache,  
it's a privilege,  
sitting with suffering.  
Sometimes, we can stop it.  
Sometimes, we just hold space.

It's heavy work,  
but we must not harden.  
May we always remember  
to see things  
through their eyes.

GEORGE | Sarah Harasty, UGME Staff

## PERSONAL STATEMENTS (A rant about medical school applications)

Ishan Saha, MS1

They told me to write my story,  
And yet if I told it, it would bore me  
Because the tale they want to hear is a lie  
That depicts nothing of my cries,

Instead it paints a pretty picture,  
Of the life I should have lived  
If I was never in fact injured,  
Of a person who only gives.

Why is it that when I'm not a block,  
You think I'm completely bizarre?  
Why do you chain me in your locks,  
When I go outside your radar?  
Why do you contain me in a box,  
When I am meant to be a star?

BOXES | Maria Klingler and Ryan Hsu, GS2



## insomniac

Ishan Saha, MS1

To the little bird who keeps me up at night,  
Why do you chirp 'til I see the light?  
Why is it that as I shut my ears tighter,  
Your dreadful chirps only gets brighter?  
Why do your chirps bounce 'round in my head,  
Long after your last note's been sung?  
How long will you make me lay in my bed,  
Until this battle is won?  
To the little bird who keeps me up at night,  
don't you see preparing is a fruitless fight?  
Can't you feel your concerns and anxiety,  
Well up and cry inside of me?  
Why do your chirps ring down the streets,  
Without your calls returned?  
Don't you see now lying in these sheets,  
That those bridges are gone and burned?  
But oh, little bird that sings to me,  
Please do not stop your song.  
For if you do decide to flee,  
I fear I've been alone all along.

JOURNEY | Navtej Grewal, MS4



## ABOUT OUR DADS

Janet Crow, MD

Sept 24, 2020

Dear Andrea,\*

Your brother lost a colleague in his department this week. He was 41 years old and had recently been diagnosed with a congenital heart condition. He had been having a few problems, but had been doing pretty well; he was teaching virtually as well as building cabinets (for us) in his shop as a way to relax. One day while on Zoom with a student, he collapsed, went out of view from the screen and was gone. His wife was home at the time, but despite her and the EMT's efforts, he was gone.

You may or may not know this, but that is essentially what happened with my dad. He was a bit older, but he had been at work for the day, had come home and finished the receipts, had taken mom out for coffee at their favorite truck stop and was actually driving them home

when he collapsed at the wheel as they were driving back into town. I am thankful for my mom's ability to keep her cool and steer the car to the side of the road or the event could have been more tragic.

Before that occurred, we had developed the routine of talking to Mom and Dad every Monday night. I had just

Even as I sat with him and sang to him that night, I knew he was already gone. I wished that I had more time with him, but I was grateful for the time we did have.

had a conversation with Dad 2 days prior to this event. The content of our discussion was not different than usual, but I do remember that he had been to the ENT where they had cleaned out the debris in his ear, allowing him to hear better than usual. We talked about life

and normal stuff but we were able to talk a bit longer.

Because Dad was resuscitated at the scene of his collapse, they had put him on life support. In reality, this was to allow all of us to get home and say "good-bye." Even as I sat with him and sang to him that night, I knew he was already gone. I wished that I had more time with him, but I was grateful for the time we did have.

Thankfully, we still talk to Mom every week. She has done remarkably well these past 9 years without Dad. She has always been a strong and independent woman and has instilled that in her daughters as well. I know she misses Dad, but she is also joyful in her community, her church, and in her ability to spend time with others.

Each week we also talk to your folks. We talk about common events, how things are going on both ends, and what is going on in our lives. Lately, my conversations with your dad have become times of sharing ideas, asking

questions in both directions, thinking out loud about what might be happening in a particular situation, exploring our hopes and frustrations about the world in which we are currently living, and other topics that come up. And each time I hang up, I think about you. He is your dad and has so much wisdom and love that he is ready to share every week. Though I am grateful to have these moments in light of not being able to talk to my own dad, I also desire them for you.

The grief that we all collectively and continually are dealing with can, at times, be overwhelming and it has certainly brought many to despair. But I have also had more clarity about what is really important in my life, and a desire to communicate some of those things with those that I love and care for.

In the midst of the pandemic, pain and loss have become magnified for me. The grief that we all collectively and continually are dealing with can, at times, be overwhelming and it has certainly brought many to despair. But I have also had more clarity about what is really important in my life, and a desire to communicate some of those things with those that I love and care for. If this seems a bit odd that I am sending this to you right now, feel free to say what we say almost daily at my work, "blame it on Covid." I don't have any definitive action that I am hoping will come out of this. But I do want to communicate that I really care about you, think of you very often, and know that your dad (and mom as well) would love to share life with you. It could be a call, text, or email. They do all three...

I love you.  
Julie\*

\*Written to a sister-in-law who has been estranged from the family for many years. Names changed.

## VERBS OF INACTION

Anna Lussier, MS1

Create a little quiet,  
Take a little time.  
Make a little space,

and in it,  
yourself,  
hide.

The doing of undoable things.

The truth you speak with your ears.

The things you hold best without hands.

The miles you run when you sit,

and be still,

and just

breathe.

Learn to give yourself

the gift of nothing at all.

And to give others

the gift of your emptiest self,

With space for them

and for you,

and for all that might come of that most

beautiful and vulnerable invasion:

one soul trusting another enough to ask

to be heard.



THE PIER, INSPIRED BY J KIRCHHOFF | Jason Leddy, MS2



## THIRD YEAR MOMENTS

Martina Penalosa, MS3

i am a clueless  
flower trying to make it  
in all this chaos

your hand, an anchor,  
says, “don’t worry. I’ll see you  
when you wake again.”

your trust is a gift.  
i do not know you, yet you  
trust your life with me.

yet I know you, and  
have seen the parts of You that  
no one gets to see.

wake up to the dark.  
listen to your breath, your heart.  
the sun has risen.

don’t you hate the dread:  
your name approaches too soon,  
waiting to be called.

I answer; it feels like  
my small pebbles of knowledge  
Are skips on a stream.

your very first breath,  
as your silence slipped right out,  
took my breath away

No words are needed:  
let me lift you, support you.  
life into the world.

whats important to  
You? i want you to know that  
you make the choices.

Two days have passed, and  
i open the door to say  
goodbye while you sleep.

your eyes are downcast  
I wonder what they have seen,  
Seven, twenty three.

you call out his name  
the stranger you tried to save  
trapped in your prison

bleach and solitude  
quiet house, noisy memories  
escape from your past

three years—a long time.  
will I even recognize  
myself in the end?

You’ve made me happy.  
and yet I am a shadow  
of who I want to be.

I’ve given so much,  
playing in this bittersweet  
game of joy and loss

fell asleep for months  
aerospace engineer with  
hyper reflexes

to distract yourself  
you played tennis until your  
arm became too weak

the tears you held in  
fall. i sit with you, silent.  
comfort of tissues.

your husband gives you all.  
casinos were your shared place;  
now he goes alone.

drink to forget; you  
worry for your wife, your son.  
I worry for you.

you love music and  
have new dreams for yourself  
but no one here listens

sir, sir, how are you?  
can you close your eyes for me?  
smile, puff out your cheeks!

Do you know where we  
are? In a school? “We could be.”  
Hospital? “Could be.”

The rain falls down: oh,  
to walk a little longer  
with the gray, wet sky.

two small pills to take,  
you want me to cheer for you,  
not to celebrate.

I just met you but  
hey, we both love the first two  
insidious films!

with one lollipop  
all the screaming and the fear  
of shots disappear

“There’s no blood,” you say  
with surprise. “Want a bandaid?”  
I ask you. “Yes please!”

your laugh is a bell  
you toe-walk down the hall and  
like my heart, you skip.

lying in bed and  
doing nothing would make me  
feel so hopeless, too.

I’m so tired of this—  
no time to care for myself,  
still I keep going.

it’s just the worst thing  
when you work hard but you think  
you are not enough

look away, look back  
your warm eyes say everything:  
your words to my heart.

each day the x-ray  
shows your sickness grow smaller.  
you take a deep breath.

let me take the time  
to teach you why we do what  
we do. ask anything.

i drink water for  
the first time in eight hours and  
remember to eat

Gowns, masks, gloves all on  
pump out hand sanitizer  
walk into the room.

when you said to me,  
“You are beyond your years,” my  
heart was very humbled

If you’re not second  
guessing yourself then are you  
even on third year?

purple dots on your  
legs, you tell me to turn while  
you swallow your pills

you have been through so  
much, I know you want to go  
home, see your sister.

you don’t need to speak  
a word, one smile from you will  
brighten my whole day.

This cute two year old—  
he sits up for me to hear  
his small, wheezy lungs

For the first time, I  
feel confident enough to  
tell you today’s plan

you look to me like  
i have the answers. but to  
be honest, I don’t.

there is a hallway  
where I can collect my thoughts,  
walk alone, and think.

I’m not sure if the  
free lunch makes up for the loss  
that is my free time

see you near the end:  
a witness to the last few  
moments of your life.

code blue is the blur  
and I stand in the corner  
watch your face grow pale

i see you hold on  
to life with each dying breath,  
gone by the day’s end.

what is comfort care?  
we pull the IV lines and  
your spirit can rest.

you are so nervous  
but afterwards, you should be proud  
of how much you’ve grown.



## SHOWER

Heather Lystad, MS2

*Turn it on*

*Strip it down*

*Feel the rain*

*Let it out.*

*Skin is red*

*Tears blend in*

*Wash it away*

*Lift your chin.*

*Slate is clean*

*You are tough*

*Breathe in deep*

*Turn it off.*



# ONLY EMPEROR

Elizabeth Silverman, MS4

*This is a work of creative nonfiction. Some names and identifying features have been changed to protect the identity of certain parties.*

The woman stroked her daughter's sweat-soaked forehead as she struggled to breathe. A new rash had bloomed overnight on the girl's chest, and she scratched it, leaving superficial excoriations. When the girl was left alone for a few seconds, she fell into a deep sleep.

The girl made throaty, gurgling sounds while she slept. Once, it was a humorous idiosyncrasy. Her mother still laughed a little when she did it. "Oh yes, she's always sounded like this" but now, to the rest of the medical team, it was a sound that alarmed us, and we woke her far too often because of it. When she wasn't sleeping or itching her new rash, she was coughing up blood. Little streaks and speckles of bright red filled the friendly wax-coated cups we gave her.

One month earlier, the girl was running outside with her friends playing soccer under the beaming California sun. She played video games and stayed up late with her siblings watching movies. After several appointments with her pediatrician, she visited the emergency room for vague and persistent shoulder pain, and her blood was examined under the microscope. The slide was filled with greedy purple cells that paraded through her body, and she received the diagnosis of leukemia. Shortly after starting chemotherapy, a fungus infiltrated her

airways. It crawled into blood vessels and destroyed them. Surgeons reluctantly refused to operate after imaging revealed that the fungus, an aggressive invader, had worked its way into her liver.

Hyperbaric oxygen therapy was proposed as a way to control the infection. The hyperbaric chamber is a large metal tube-shaped structure in the basement of the hospital. There are tiny windows on the sides of the chamber where patients receiving treatments can peer out. On one side of the chamber are numerous knobs and gauges and buttons that control the "dive," when the pressure inside of the chamber increases.

The girl, now our patient, was immunocompromised, and so our attending physician determined that a solo dive was best so other patients would not infect her, which meant that the team would need to stay later. There are usually no scheduled dives over the weekend, but everyone on the team was adamant that if it was best for the patient, they would come in. She was at a pediatric hospital, which required extensive coordination between facilities and frequent communication between both the pediatric and hyperbaric team.

We prepared the patient for her fourth two-hour dive. During her first dive she appeared sweaty and ill, but she brought a book in and read and complained about the rapid temperature changes. Now she required four liters of oxygen and seemed to be exhausted. Even breathing required a great deal of effort. Her mother offered her a book to read inside of the chamber and she refused it with a weak shake of her head. She had a fever, and her vital signs were unstable. The hyperbaric fellow on rotation decided that it would be best if he accompanied her on the dive given her tenuous vital

signs, and I quickly volunteered to go as well.

When the dive begins, you descend in the chamber and the pressure increases, and so you continuously need to clear your ears, as if you are ascending on a plane. Because the chamber walls are so thick, you communicate by walkie talkie with the outside world. A quick blip from the walkie talkie and then you hear a tinny voice announce, "we're beginning descent."

I sat across from the patient who was lying down on a small cot that folded outward from the chamber walls. She was propped up on two pillows and had a small cup of spit and blood beside her. I couldn't help but think about what I was doing at her age; preparing myself for high school graduation, studying for the ACT, memorizing lines for a school play. Her responsibilities were so much more immense than mine were, and her goal much more compelling: to live.

"Remember to clear your ears," I gently reminded her.

"Oh yeah – sorry, I keep forgetting. I'm so tired."

A monitor displaying her vital signs was leaned toward the fellow who sat beside the patient. Though the fellow seemed relaxed, his eyes darted from the patient to the monitor constantly.

After a few minutes, we reached the maximum depth.

"Hey" the patient announced. "So, like, after this I'll probably get to go home, right?"

There was a clenching sensation in my chest, an intense urge to cry that I quickly forced back and swallowed.

"We're gonna do the best we can, OK?" the fellow said. The fellow glanced at me and smiled reassuringly, noticing my

momentary loss of composure.

"OK," said the girl.

Our attending watched us through the window and gently waved to the girl who waved back.

There were a few moments of awkward silence and then the girl spoke again.

"Hey, what are your favorite movies?"

The hyperbaric technician, a blonde, happy-go-lucky twenty-something who I never saw without a smile immediately perked up and demanded specifics.

"Well, that depends, what genre?"

The girl coughed a little before clarifying, "horror."

The fellow shook his head "I can't handle scary movies, I'm out."

The hyperbaric technician and I gave a number of responses because we both enjoyed scary movies, and the girl nodded intently.

I described plots to various horror movies – a group of female spelunkers and the creatures that chased them, a mystery high school slasher flick, an ancient curse that summoned demons and the temptations the small-town heroes faced, and they were judged either "scary" or "not scary." The girl even encouraged the fellow to give horror a chance, and the fellow reluctantly acquiesced. A few times, the girl's heart rate rose when she became very excited describing the greatest horror movie villains of all time and the fellow kindly tried to change the subject to

something a little duller, "what is your favorite class?"

We encouraged the girl to rest if she was tired, but she was electric, gesticulating wildly, excitedly bringing up one topic after another: favorite board games, favorite video games, favorite animals, best actors, baked goods. Often, we would mention a movie or game she never heard of and she would say "I'll watch that!" or "I'll play that!" I'm not sure if it was the increased oxygen, the chance to talk about something other than her illness, or a combination of both, but she was animated and lively, transformed from the girl who I saw outside of the chamber. It was only the intermittent coughing and the precarious vital signs that reminded me of why she was with us in the first place.

After we completed the dive, she was exhausted. Sometimes she would gurgle and moan, and we quickly woke her, checking her breathing. She looked around groggily and then went back to sleep.

Her mother was waiting for her, and she thanked all of us for staying for her daughter's solo dive. I could not imagine the stress and pain the mother felt, and yet, she still took the time to thank us. The team from the pediatric hospital wheeled our patient away in a stretcher. After the dive, the fellow sat with me for a while after the attending physician left. I knew that it was very likely that the girl would die.

"That was ... really hard," I admitted.

"You hold onto these last two hours and you will never forget her," the fellow instructed. "Also," he smiled a little "it's OK to cry."

That was my last day on that rotation. I followed the girl's charts religiously. She did not go back to the Hyperbaric chamber. Day by day I saw her decline measured by increasing oxygen requirements, blood pressure, heart rate, respiratory rate. She changed her own code status to "Do Not Resuscitate." The notes I read from the social worker said that she was afraid to die, and I broke a little. None of it was fair. She was completely healthy a few months before, and I felt myself raging at whatever force in the universe was responsible for such horrors. She had so many movies to watch, books to read, things to do, and she was so excited about doing them. I thought back to her mother touching her hair, brushing it away from her face. She was so loved.

She died a few days after I ended the rotation. Her parents were at her bedside when she passed. I carry her with me now, and I cherish the hours we spent together talking about what seemed like trivial things.



## FOR EVI

Kate Price, MS4

My niece Evi was born with ileal atresia, which was successfully repaired a few days after birth. She spent the next month in the NICU, feeding and growing and melting our hearts with videos of her hiccups on the family group chat. Shortly after Christmas she was set to be discharged home when she became seriously ill. Emergency surgery showed a twisted intestine and partial bowel death. Because she was already missing a significant portion of her intestine due to ileal atresia, the surgeon chose to leave the abdominal incision open overnight with hopes that her bowel would heal once untwisted.

The next morning, I was woken by a phone call from my sister. "She's not going to make it." Instead of healthy pink bowel, the surgeon had found complete bowel death and Evi died a few hours later in my sister's arms. I couldn't help but feel that she might still be alive had the surgeon cut out the dead portion the day before.

That night I stumbled through a shift on Labor and Delivery, watching wailing babies being placed on their

mothers' chests. I worked with the resident who had delivered my own daughter just a year prior and showed her my nicely healed C-section incision and a picture of my Rosie. I was struck by the intimacy of our profession.

**I was ashamed that I, a future doctor who had already made numerous mistakes, had blamed a surgeon I had never met for my grief surrounding my niece's death.**

Because of COVID pandemic restrictions, I was unable to meet Evi until her funeral.

There, I stroked her stiff, cold, and perfect face, and watched my sister gently kiss her forehead before closing the tiny coffin.

A few weeks later, I went to an appointment for my new pregnancy and found that the baby had no heartbeat. I had a D&C the next week in one of the Hillcrest operating rooms. After months of being the least important person in the

OR, it was strange to see my name written in large letters on top of the OR whiteboard under "PATIENT" instead of crammed into the corner under "Medical Student."

Almost a year later, I sat with my sister over Thanksgiving turkey, both of us now pregnant with boys due a week apart. She said, "It must have been hard to be that surgeon who decided to leave Evi another day. He couldn't have known what would happen. He just wanted the best for her."

Her soft understanding hit my grudge like a ton of bricks. I was ashamed that I, a future doctor who had already made numerous mistakes, had blamed a surgeon I had never met for my grief surrounding my niece's death. It reminded me of a quote from Sir William Osler: "Errors in judgment are inevitable in the practicing of an art which consists largely of balancing probabilities." I hope that my future patients will be equally generous. No matter what we say about healthy professional distance, medicine is needfully intimate and therefore often emotionally difficult. Like Doc Around the Clock says on Twitter: "Medicine is full of perfectionists, but unfortunately medicine isn't perfect. Please be kind to yourself." Thank you, Evi, for teaching me that.

**ARIZONA SUNSET ON FILM** | Grace Furnari, MS2

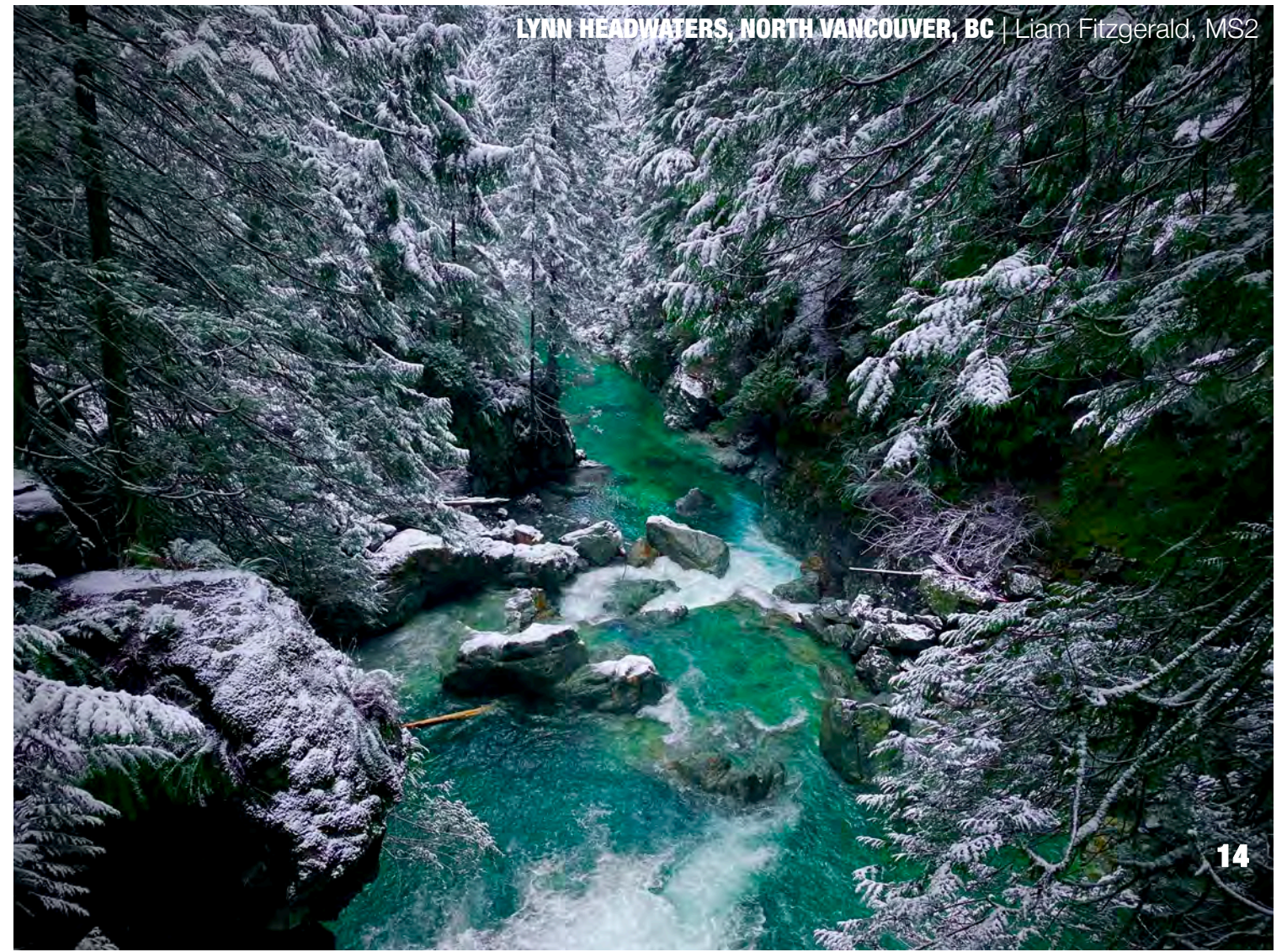


**A PICTURE IS WORTH A THOUSAND WORDS** | Alexandra M Dubinin, MS3

A landscape of the Carpathian Mountains in Ukraine made out of undergraduate and medical school notes



**LYNN HEADWATERS, NORTH VANCOUVER, BC** | Liam Fitzgerald, MS2





# MY LAST DAY

Martina Penalosa, MS3

I've seen you before.  
You only have so much time:  
Sweet, old, tired eyes

that light up when I  
ask if I can sit with you  
and Be for a while.

"Can you stay with me?  
Everyone passes, but no  
one stays by my side."

when I first met you  
the Love of your life sat by  
your side, held your hand.

he was your Voice, asked  
all the right questions, and he  
knew your heart, your soul.

"He loves you so much,"  
I say while I listen to  
your heartbeat. "I know."

Your cancer had spread,  
And you knew you had months, but  
now maybe just days.

And so, I sat and  
You showed me pictures of when  
You travelled the world

The man in pictures  
Looked so different from you.  
your eyes are the same.

You spent your savings  
on a home by the sea, where  
your happiness rests:

eyes open to the  
hopeful horizon, and close  
with the setting sun.

"If I should go to  
Any place, where should I go?"  
I ask you. You breathe

with eyes closing, "Oh,  
this wonderful café in  
Bologna," and sleep.

While Love was away,  
I came in the morning to  
Check on how you slept.

It was my last day.  
You took my hand and said that  
you would miss me so.

Walking to my car  
I brushed a tear from my eye  
and remembered This.

A few days pass and  
I think of you, check your chart.  
My heart, it flutters

as I see that you  
passed just two days earlier,  
and I cant help but

think of our time when  
I sat with you for those ten  
Minutes. I saw a glimpse:

of your life, your Love,  
your joy, and dreams that made you—  
like that Bologna café.

I hope you know I'm  
thankful for the time we had.  
Sweet, old, tired eyes.

COLOR STUDIES | Tonya Lee, MS3.5



BIG SUR | Justine Panian, MS2

# apocalypse means to reveal

Abyan Mama, MS2

is the volume in my voice

or in my shade.

disruption in my actions

or in our history.

is the violence in my heart

or in my curls.

Black girl, let me share a truth:

you are never too loud.

not in a world that only wishes for our silence.

GO BACK BY DARLINGSIDE |  
Sumana Mahata, MS3





# EXCELLENCE IN MEDIOCRITY

Carson McCann, MS1

Medical school and medicine often attracts some of the brightest, most driven people society has to offer. The cost of admission, far deeper than the financing of loans, is composed of the time, effort, and sacrifices one took to try to convince a committee that they can strive to be excellent from classroom to clinic. The fierce competition for a truncated white coat demands diligence and passion for years prior to application, ultimately culminating into a belief of oneself to surmount the metaphorical “admissions” mountain.

Any medical student will undoubtedly relate to the wave of relief that washes over oneself upon seeing that acceptance letter. However, there are some unspoken truths regarding the

consequences of earning that letter. The years of work needed to earn admission more often than not instills more than a basic belief in oneself. Though to varying degrees for each student, the pendulum often swings into a zone of hubris. You know that you are going to one day become a doctor because you have outpaced many of your peers in that same cycle. This pride, no matter how big or small, is inevitable in the majority of matriculates. However, it must be suppressed beyond recognition. Medicine is an honorable career path. You were chosen because a committee believed you will uphold a major value in medicine: humility in caring for others. And so you bury that pride deep down, understanding that any remnants of hubris stands opposed to the core values of medicine. In fact, you bury this vanity

so deep to preclude any perceptibility from your future classmates. And yet, it persists.

As floods unearth what is buried in the ground, the excitement and anticipation of starting medical school ascends your pride ever closer to the surface. Every congratulatory email from an advisor and celebratory hug from a family member threatens the visibility of your pride coming across to others. But you do your best to bury it anyway.

Finally, your days of medical school start. In the same fashion as every medical school in the nation, the white coat ceremony stands as the climactic event between your vanity and the core values of medicine. The white coat ceremony is the ultimate celebration of your arduous efforts to become a doctor. And best of all, the closest people in your life are present to watch you slide each arm into the coat that symbolizes your life moving from that moment on.

However, this inflation of ego stands as your greatest challenge to your humility. You have reached a new peak, unlike what you have known before.

But that prideful moment of white coat ceremony is swiftly met with the humbling experience of meeting your new peers. These wonderful people you have the fortune to call friends earned their spot next to you in their own, unique way. Some of your classmates were champions of sport—competing in national championships or Olympic games. Others were well accomplished in academic medicine, authoring numerous papers in journals you had only dreamed of submitting to. Many of your classmates donated considerable time and effort to rectifying social injustices in their communities with tangible results. And plenty of your classmates were interviewed and accepted at schools where you were met with rejection. In every case, your pride for a letter received

months earlier implodes within its tomb below any facade. Suddenly you experience imposter syndrome, perhaps for the first time in your life. You question if there was some kind of mistake. Surely, you do not measure up to the same level as these people you somehow call your peers. At best, you are mediocre.

However, this doubt eventually blossoms into something else entirely. As tests come and go and you progress through your first year, you realize that you can perform as well as many of your classmates. Although you may not receive the top marks you came to expect in college, you have the confidence that at least you can tread water alongside your classmates. And in due course, you discern the greatest lesson in the challenges medical school puts forth: your greatest asset are your peers. Although any single one of your peers may be better than you in a given activity

or subject, there is not a single juggernaut of medical capability. We each have our own experience and expertise to offer. What used to bemoan your own mediocrity now reminds you that you have your own knowledge to give to others. Most importantly, through collaboration you and your peers can all succeed together.

In truth, the best mindset you can adopt is to own your mediocrity, to love to learn from your peers. This excellence in mediocrity is what feeds a physician to perpetually evolve in medical knowledge to ultimately serve the patient. Furthermore, we will inevitably learn from our patients, too, about experiencing life, illnesses, and health. Even though we all develop an ego upon entry, whether we like to admit it or not, through the trials and tribulations of medicine our hubris metamorphoses into a deep appreciation of others’ knowledge.





# LOST FOUND IN TRANSLATION

Brett Taylor, MS2

“I had been trained to see brains as biological objects—as they indeed are—organs built from cells and fed by blood. But in psychiatric illness, the organ itself is not damaged in a way we can see, as we can visualize a fractured leg or a weakly pumping heart. It is not the brain’s blood supply but rather its hidden communication process, its internal voice, that struggles. There is nothing we can measure, except with words—the patient’s communications, and our own.”  
— Karl Deisseroth, “Projections”

A desire to become a psychiatry manager was born the moment that I learned about Free Clinic. Studying neuroscience and philosophy as an undergraduate student, I was always interested in psychiatry as one of the many paths that I could take further down the road. More important, though, I felt at that point in my education I could, at the very least, empathize with and validate our patient’s experience in the world. This is not to say that I did not have a lot to learn in this sphere of clinical medicine, but I felt reaffirmed in my pursuit once I saw the first ‘Step’ in Downtown Psychiatry’s Interview Template:

“Step 1: Build a therapeutic alliance! (You may know very little about

the patient, but you can imagine that they are suffering). Engage your natural empathy and compassion :)”

Very early on in my role as a psychiatry manager I was confronted by unforeseen obstacles. While I was not completely off the mark, extra considerations had to be taken to more fully support our patients at Free Clinic. For example, in the “unprecedented times of Covid-19,” all of our encounters were relegated to ‘Zooms’ taken from a bedroom. Maybe a more trivial

Empathy quickly became sympathy: a recognition of endured hardship and an extension of remorse rather than directly tapping into what these patients were experiencing in the world.

consequence of a global pandemic but blurred background filters and talking into the void (“your mic is off!”) became the norm. These technologies added an extra layer of technicalities to these visits, another mediator of human connection and intimacy. And even without the pandemic, I faced many unanticipated challenges. I had thought I could empathize and put myself in my

patients’ shoes. But with fears of deportation, worries about housing security, and histories punctuated by intimate partner violence, let alone lives entrenched in chronic illnesses such as diabetes or lupus, how could I? Empathy quickly became sympathy: a recognition of endured hardship and an extension of remorse rather than directly tapping into what these patients were experiencing in the world. One of the most notable challenges shared by most who work with the Free Clinic, though, is translation:

“The truth is you already know what it’s like. You already know the difference between the size and speed of everything that flashes through you and the tiny inadequate bit of it all you can ever let anyone know. As though inside you is this enormous room full of what seems like everything in the whole universe at one time or another and yet the only parts that get out have to somehow squeeze out through one of those tiny keyholes you see under the knob in older doors. As if we are all trying to see each other through these tiny keyholes.” — David Foster Wallace, “Oblivion”

Wallace’s quote speaks to the inability to capture our lived experiences and share them in an authentic way with others. The words we wield are a translation of that experience, and even with constant practice, an amount of time that far exceeds the 10,000

“required” for mastery, they fail to authentically communicate how we interface with the world. Communication of that experience when it is colored by suffering poses an even larger challenge, requiring a level of vulnerability that is likely unnatural with a near stranger. This is a challenge in medicine and probably the challenge in psychiatry: “But in psychiatric illness...There is nothing we can measure, except with words—the patient’s communications, and our own.” But for Free Clinic, Deisseroth’s quote needs to be reworked to incorporate translators. While indispensable, translation provides yet another level of mediation, another sieve through which words, already a translation of experience, become transmuted once again. It is an enormous task. An impossible one really. Words are spoken quickly, moods are intonated subtly, and emotions are aired heavily; timing and pacing are shaped by loud silences; and much can be lost. But perhaps something more, something precious, can be found too:

“Life is a train of moods like a string of beads and as we pass through them they prove to be many-colored lenses which paint the world their own hue, and each shows only what lies in its focus. To find oneself trapped in any one bead, no matter what it’s hue, can be deadly...And now, I think, we can say: a glass bead may flush the world with color, but it alone makes no necklace.”

— Maggie Nelson, “Bluets”

One of my last days as a psychiatry manager was special for a lot of reasons. I had a patient who had a long history with Downtown Psychiatry. I had seen her a few months prior and remembered her well. EPIC charted her relatively unchanging history and reflected the rigidity that depression often imposes on one’s life. In “Bluets,” Nelson articulates this shared experience: “There is simply no way that a year from now you’re going to feel the way you feel today’, a different therapist said to me last year at this time.

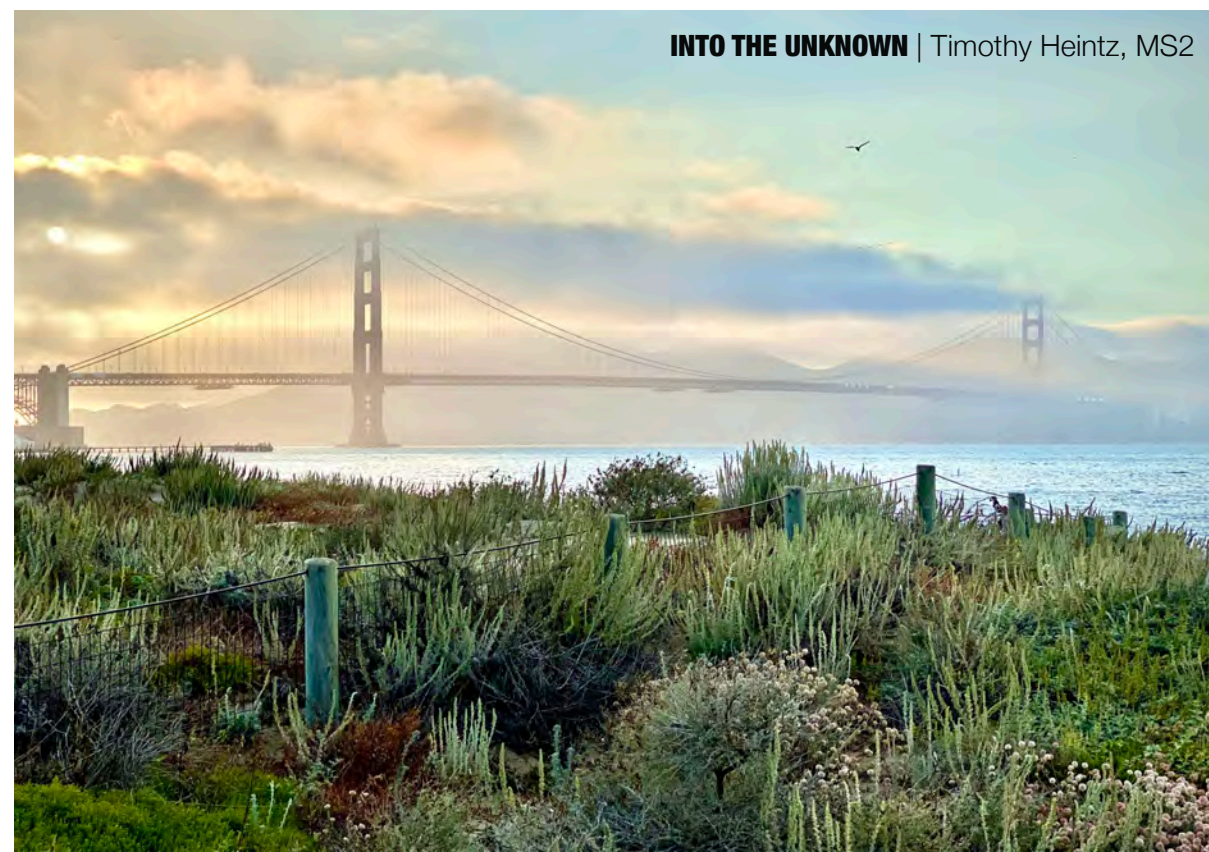
Words are spoken quickly, moods are intonated subtly, and emotions are aired heavily; timing and pacing are shaped by loud silences; and much can be lost. But perhaps something more, something precious, can be found too.

But though I have learned to act as if I feel differently, the truth is that my feelings haven’t really changed.” Last encounter, the physician and I decided to double our patient’s dose of medication in hopes of breaking her free from congealed patterns of thought and finding spaces where entropy reigns

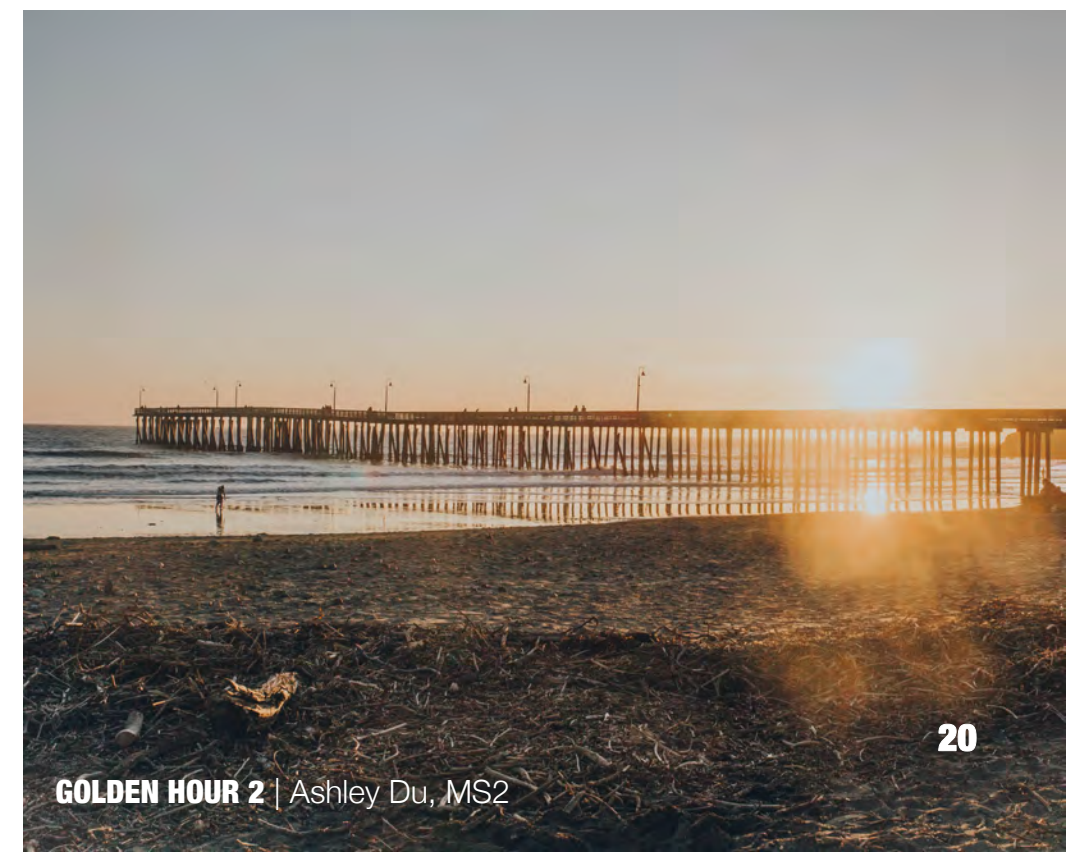
supreme. This encounter, we aimed to check in with her and to identify what changes could be made to help her further, but shortly after her camera flickered on, it was apparent the latter would be unnecessary:

“How are you doing?’ I ask. “Bien,” she states.

But her face, her tone, and her body language radiated much more. She cleared things up: “This pill sits well with me.” She bursts with energy, and now “nothing, not even a sprained ankle, can slow me down,” she says. The words were translated, yes, but I began to pay more attention to the types of communication that escapes words. Her intonation overflowed with joy. It was going to be ‘good news,’ I knew, before the words reached my ears. The length at which she talked, stitching together moments of her life, nonverbally articulated an excitement that had previously been absent. The translator’s smile provided another window into the patient. It was one of those true authentic smiles that signified not only the patient sharing something new and full of optimism but also their own connection and relationship. There are so many obstacles, so many words, and so much more lost in translation, but here I learned to attend to, to connect with, and to listen to patients—to people—in new ways. And in that, I found a reinvigorated source of passion to continue along my journey.



INTO THE UNKNOWN | Timothy Heintz, MS2





## A NIHILIST'S JOURNEY

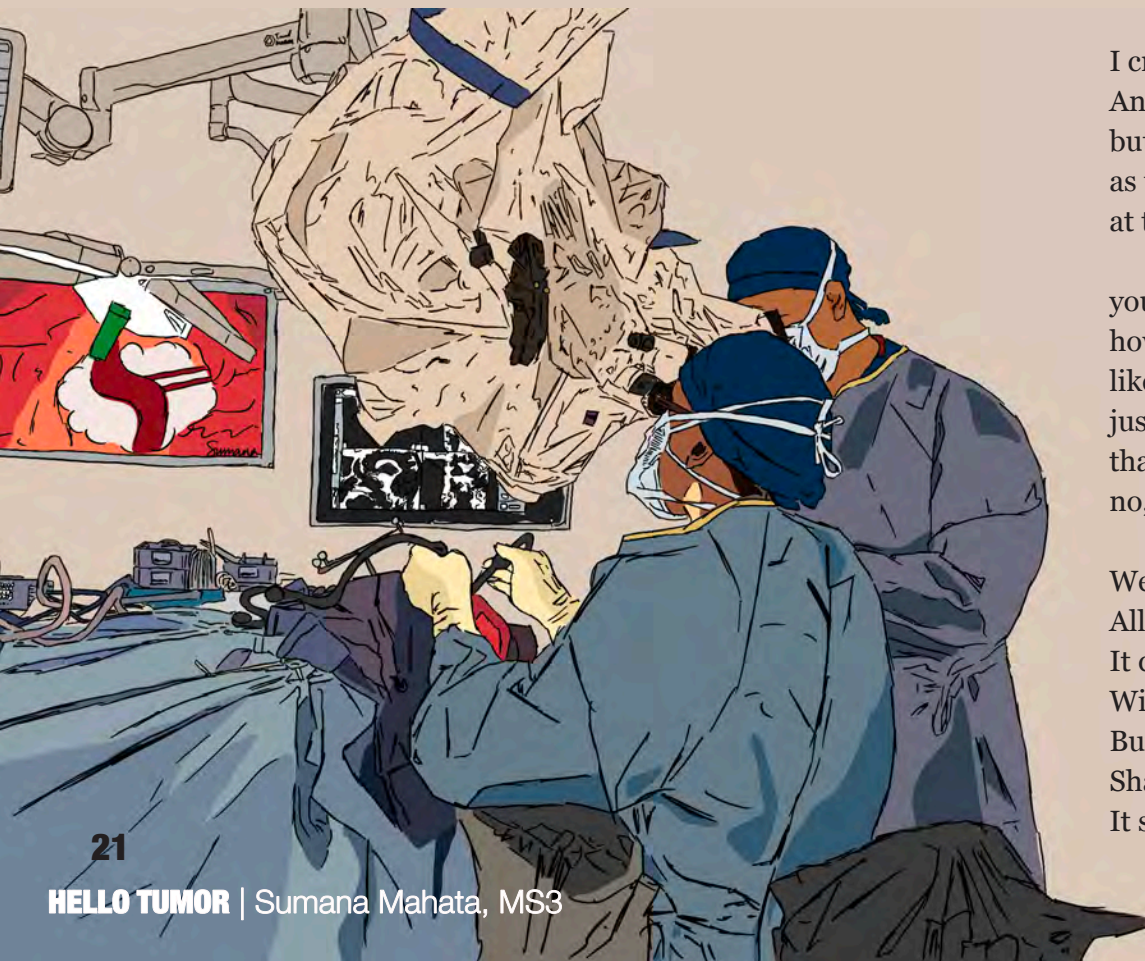
Alan Aung, MS2

You told me, The Universe Is So Big  
We Are One Blue Dot, Moving 67,000 Miles Per Hour Through An Endless Void  
You told me, You Are Nothing, I Am Nothing,  
You Mean Nothing, I Mean Nothing,

i say sure, maybe we mean nothing...  
but i can hear your voice  
it's in my head, with perfect pitch and tone  
i say, and we're here, alive  
I tug on your sleeve—a dark midnight blue, blending into dim city lights

You said, What Does It Matter?  
There's Eons Gone By, And Eons To Come  
The Earth Doesn't Care  
We're Here For Two Minutes. We'll All Be Gone Soon.  
And Even Then,  
Even Then, Time Won't Stop.

we walk, for some time  
and the time starts to fade  
into the sky filled with stars  
covered by a dark smoggy gray



I invade the silence  
I say, so what if we're gone soon?  
Two Minutes...  
Two Minutes could be a long time  
A song could be sung  
A baby could be born  
A smile could be spread.

The tip tap of our footsteps interlace  
with the midnight city pigeons  
calling their caw caws  
And a mom passes by  
with bags under her eyes  
pushing a dainty black stroller  
bouncing its tiny jingling bells

I crack a smile  
And I think you do too  
but the lights aren't so bright  
as we stroll to your place  
at this time of night

you say, I still don't like how,  
how we're only here for a while  
like what can I do?  
just work till I die?  
that sounds like poo  
no, it's some hot fiery shit

We pause at your elevator  
All tarnished and brown  
It dings as we enter  
Without making much sound  
But as we rise it grumbles  
Shaky and tired  
It stops on floor four

I say, You can do so much more than that.

I'm not sure that that's true.

What about your music?

Ugh, We both know it's not very good.

Oh cmon, you know that's not true,  
And even if you think so,  
At least you love it

You jingle your keys  
And let us both in  
A worn down studio home  
Reeking of ash and old trash

Lit by flickery bulbs without shades  
Turning themselves off and then on  
Under this odd shade of lighting  
You pick up the aux cord  
And plug yourself in

I say, I love this song's melody.  
You can make people happy.

You sigh and think, sure.  
But finally say, I'm not so happy.  
I brew us some tea  
And stir in some honey  
With a tiny fruit fork  
Trying to be funny  
It kinda works

Thanks for making the tea,  
you say with half a smile

I say, There's that stupid smile  
Are these some new leaves?

Yes, I got them on sale

They taste pretty good  
Probably better with food  
So you fry up some dumplings  
I walk up and say, it's all about those little  
things



RAINBOW | Arkady Komsoukaniants, MD

Like your deal on this tea  
And this sturdy old skillet  
Or the verticality on this song's harmony  
Cmon, I know you love that weird theory stuff

We slouch onto the couch  
Horizontally in harmony  
With our hot plates of food  
you softly say, i do love theory

I told you, I'm Making One  
My Theory Is That We Have Enough To Be Happy  
This Food, This Music, This Couch, Every One of Your Breaths,  
It's All Enough - More Than Enough  
To Be Happy  
You, You Are Enough  
To be happy

you smile and it shows  
you question my prose  
but what about all that we don't have?  
and our lack of time here?

Look, I'm Not Saying We Have It All  
In Fact, I Still Think Your Lighting is Completely Fucked Up  
But It Really Doesn't Matter  
'Cause We're Only Here For A Little While  
And In Our Two Minutes Here  
We Have Enough  
To Spread Some Smiles

your smile busts into a laugh  
You say, Screw You, I Love These Lights  
Even If They Might Be Just A Little  
Teensy Tiny Bit  
Off



## SITTING IN A LECTURE ON CANCER

Kanchi Mehta, MS1

Sitting in a Lecture on Cancer

All I can think about is her

Wide smile, the kind with eyes that crinkle at the corners

Strong opinion on what made something “hipster”

Love for One Direction (especially Harry)

Sharing clothes with me so that our closets became mixed

Holding my hands and patiently teaching me to ice skate

Talking about changing the world as a politician

And how we’d grow up to take on this thing called life as friends forever

As the lecturer goes on about leukemia

All I can think about is her

Saying she’s so tired

not hungry

her leg hurts

her joints ache

Telling me that they caught it early

That the chances of recovery were high

That there was hope

As the lecturer goes on about rates of remission

All I can think about is her

Hair falling out

Clothes getting looser

A bleakness taking over the shine in her eyes

Hands, that could write in calligraphy and draw cartoons, becoming too fragile to hold a pencil

A voice, that could argue loudly and passionately, becoming quiet and out of breath

It isn’t fair, it isn’t fair, it isn’t fair

She was barely 21

All I can think about as the lecturer goes on

Is that the future we talked about became a myth

### CASSADO CELLO SUITE 1ST MOVEMENT |

Jenny Chen, MS4



### I HAVEN'T FORGOTTEN | Lana Bridi, MS1



### OH! WHERE'S MY LIVER A LIVER TRANSPLANT SURGERY |

Victoria Groysberg, MS1



### WAITING FOR A HEART TRANSPLANT WITH A MECHANICAL CIRCULATORY SUPPORT DEVICE |

Victoria Groysberg, MS1

## A MORNING IN DERM CLINIC

Mason Price, MS3

Hi!

Really busy today, and down one attending

50 patients!

Ever heard of bullous pemphigoid?

My wife’s having surgery soon, all happening at once

That’s life, huh?

Snappy, quick, efficient

Spray spray

Snip

Cut

Running behind

Monkey bladder

I’m a hundred and one!

19 years old, wedding ring on his finger

From California

His wife was just reading a letter from him

We had to drag him up the hill

That’s the saddest thing in the world

Beefy, indurated plaque

Cutaneous horn

Erythematous, scaly plaques

Nodule

That one drained on its own!

Can you measure that?

Be precise

Lidocaine

Razor

Cautery

Vacuum the smell

Your skin looks great!

You come to the dermatologist sunburned?!

Go draw up some Kenalog, 5 mgs per mil

Big needle?

Good luck with school

Scoot around

Four-person dance

Shirt off, shirt on

Gown on gown off

Freeze

And my wife just died last month

Heart drops

Just 67

There’s never a good time

I suppose no one lives long enough without great loss

Deep pain

Even in a dermatology clinic

Spray spray

See you in 6 months

Go home

There’s a chapel in the hospital on my way out

It’s quiet there.



## WAVES OF PAIN

Tanya Jain, MS1

When my Dadaji died I was walking around a fountain in a park in Boston, staring at how the water rippled when it was disturbed. A week ago I had visited him in the hospital, the one I was born in, the one my uncle died in, the one where life and death exchange with one another interminably. I remember he told me that he didn't think he could win against the pain. It was like he could see it from miles away, like a terrible, towering wave advancing, but all he could do was hold his breath. I remember the tubes and the pain charts, the feeling of death in the room. I remember standing in the corner, my hands cupping one another, feeling terrified and lost as nurses ran by and wheezes echoed across the floor.

I remember the feeling of death even at home when I walked down the hallway from my room to his, where carbon dioxide turned to carbon monoxide, where words were spoken out of a hole in the neck, a black hole that went for miles, past his wrinkling skin and sunken eyes, past his blackened teeth from years of chewing tobacco,

that hidden bearer of death that sat in a wet clump on the corner of the table that I never dared touch. I remember the moans and undecipherable cries, the unimaginable pain. The pain of being cut open and cut apart, of losing parts of yourself one by one, losing your tongue, your voice box, the roof of your mouth, your skin, your neck. I remember the glossectomy, the maxillectomy, the laryngectomy, surgeries that both saved his life and lengthened his dying. His death was spread out like that soft warm dough for making mathris always was after he dipped it in ghee and smoothed it with the balen.

He grew weary with pain. The word became his life, the word that wheezed out of the hole in his mouth and appeared in shaky letters on notepads he struggled to write on. The word beckoned bottles of pills and

an IV drip, a drug-induced fog that was impossible to climb out of and made the days blend together. I'm not sure he recognized me from that fog; I'm not sure he wanted to. I was a stranger who found him sad and scary, a stranger who had never seen death, who couldn't begin to comprehend what it was like to stare it in the face, a stranger so soaked in youth and hope that to even acknowledge the existence of pain was a sin. But my Dadaji lived for years like this, years of pain. There was no alternative. He had to exist and his existence was pain. Every day was like thousands of terrible waves hitting his body, until one day he finally drowned in them.

## BYSTANDER

Regina Wang, MD

You say you hear  
You say you see  
You say you understand  
Yet you don't take a stand.

People hear you more  
People see you more  
People respect you more  
Yet you won't lead the war.

I watch kids insulted  
I watch elderly shoved  
I watch innocent arrested  
Yet you never protested.

We can't stay silent  
We can't just hide  
We can't turn a cheek  
'Til you act and speak.

You are for or against us  
You are choosing your path  
You are able to bridge trust  
And right what's unjust.

In your home it begins  
In your work you support  
In your town advocate  
To end structural hate.

Will you listen to our stories?  
Will you treat us as your own?  
Will you use your privilege to fight  
And join the struggle to make it right?



## PREMED BLUES

Dean Norman, MD

To begin, I was driving my weather beaten, once silver, and now grey twelve-year-old 1965 convertible Mustang, gas tank gauge needle resting on the top of a fading white “E,” my back window plastic now completely opaque and unzipped for safety and to provide air conditioning. The music from Star Wars—choked with static from my dying radio—blared and faded as I pulled up to an apartment building on Valley View, a few miles North of Big County Hospital. The music reminded me that I waited three hours in line with my marijuana-addled roommate to see the premiere of the Star Wars movie and although I was somewhat cynical about the hype, I enjoyed it immensely.

By some LA miracle I easily found a parking space despite it being early evening and most residents had returned from their work or school. With crumpled directions in one hand and a respectable bottle of wine in the other, I found the apartment building and strode up three flights of stairs, huffing as I passed dirty walls with peeling white paint. I was less in shape than usual because I hadn’t been surfing lately and I struggled to control my breathing as I knocked on the warped green door and was let inside a well-lit apartment. It was surprisingly large considering the unimpressive facade viewed from the street. Soft Beatles music played in the crowded living room, and I saw my medical student friend, David. Of course, he made me uncomfortable by asking me

how I did on the MCAT. “Don’t know but will find out soon,” I replied, my voice quivering with dread despite my best efforts to hide my anxiety. I noticed the living room was furnished with typical shabby student furniture but with an out of place brightly red and orange patterned carpet put in by the current occupants, medical students originally from New Delhi. I observed plenty of girls, a good sign, but all seemed to have coupled up which was bad. Against my better judgment, I inhaled deeply from a large joint being passed around and now offered to me by a pudgy disheveled medical student who resembled a young Alan Ginsberg. “No big deal smoking the

I first saw her, leaning on a counter just in front of several opened wine bottles and a stack of clear plastic wine cups.

pot” I thought because I had smoked it a few times in the past and it had little effect on me, that is if you did not count eating restaurant sized bags of corn chips at one sitting.

David introduced me to one of his friends, a pale woman with curly brown hair and an initially attractive but overall angry demeanor. After a few words she dismissed me by turning away to converse with her pals and I drifted into the kitchen. Did I mention, I liked dark haired women? I first saw her, leaning on a counter just in front of several opened wine bottles and a stack of clear plastic wine cups. She was attractive, in her early

20s, small, but with a nice figure, long ink black hair, almond eyes, and a warm smile that was neither condescending nor sarcastic. She appeared to be alone, and I nearly ran to meet her. Her name was Sophia and we danced! I managed not to step on her toes while she informed me, she was a nursing student in a local nursing school but planned to eventually return to her home on the North Shore of Oahu, a few miles from Sunset Beach. She surfed a little and so we had something in common. Sophia’s mother was pure Japanese (third generation, sansei) and her father was “mostly Japanese” but had Portuguese and Chinese ancestors as well. I held her tightly, her slightly peppermint scent was overwhelming, disorienting. Or did it have something to do with the two beers and several hits of pot? I asked myself.

Like a Star Wars escape, I felt we just jumped through hyperspace and now post-jump found ourselves entwined in each other’s arms, and just as suddenly we were taking breaths but only between soft kisses.

We left the party and I drove my gas guzzling Ford to follow her VW bug through a maze of winding streets until we reached Burgundy Avenue. I was embarrassed by the fierce pounding of my heart as we walked up stairs to reach her tiny apartment. Could she hear it? The apartment was decorated Hawaiian style with flowers, pictures of epic surf and even a two-foot carved Tiki. It had been more than a year since I had any female physical contact and quite a bit longer since I had a stable relationship. “I love your décor!” I began speaking after we sat on her vinyl, too soft couch. “Sure, you are just saying that to get in

MOROCCO | Samhita Palakodeti, MS3



SPANISH SPICES | Samhita Palakodeti, MS3

my pants? Although it could work,” she giggled. Her laugh reminded me of Disney cartoon chipmunks Chip and Dale and made me giggle too. “No, no, I like the Hawaiian photos and flowers,” I pleaded. Meanwhile the pants remark and her flirtatious reply caused my face to flush and my ears to become red. I knew by now they stood out like red beacons, and past occurrences resulted in merciless teasing from my friends with remarks such as “Hey Rudolph, won’t you guide my sleigh tonight?” My heart was pounding again. I loved breathing her scented perfume. What the hell besides peppermint was in the fragrance?

Amazingly, I felt suspended in dreamy space. I no longer worried about my job as a social work assistant, lately chased down the street by a furious mentally ill homeless man who deemed our promises of help as woefully inadequate while my boss and I cursed former governor Ronald Reagan and his “just say no” wife Nancy for closing detoxification centers and half-way houses. I no longer obsessed about moving out from my place in Palms, away from my perpetually stoned roommate

and out of the 110-degree cramped apartment that was relentlessly 24/7 heated from the laundry room just below us.

For the moment I no longer cared about my roommate’s latest escapade that was one of a never-ending stream of “red flags.” He was borrowing my Mustang, which was very out of tune, and using it to “smoke out” unsuspecting

But in this moment, I existed in a universe of no pain, no boredom, firmly in the realm of pleasure now.

joggers as they labored up the rough parkway on San Vicente. He would pounce on a “healthy target” and suddenly step on the gas pedal. The noise alone startled the hapless victims, but then they were engulfed in an acrid cloud of oily smoke, worse than ten LA Unified School buses. As they cursed, their eyes tearing, gasping for breath, my roommate giggled hysterically as he

made his “citizen’s escape.”

But in this moment, I existed in a universe of no pain, no boredom, firmly in the realm of pleasure now. But my slight case of obsessive-compulsive disorder got the better of me. My Hawaiian beauty had requested wine on entry to her cozy place and we could not find any, not even a half-drunk bottle. I couldn’t resist the urge to “make this a perfect experience” because she hinted, “a glass of red wine would make me less nervous.”

Literally shaking in anticipation, I left her warm promise and took stock of the location of her apartment building. I could walk to the convenience store she explained, and also informed me it was open until very late. However, this was LA and I decided to drive.

I turned the corner, now feeling the effects of whatever else was in the joint I smoked. I was only slightly high and was sure I was safe to drive, but in retrospect my space-time perception might have been altered.

Suddenly, I was on the freeway and two large trucks riding in the two right lanes rode their horns. “No! No way! It



JELLY | Arkady Komsoukanianis, MD



14505 FEET | Kevin Yang, MS4



can't be." Now I was enraged, enraged at my compulsion to make things perfect and angry with a city that places freeway ramps in quiet residential neighborhoods. Worse, there appeared to be no near off ramps, no signage (signature Los Angeles) and I was running out of gas as the two enormous cargo trucks, now in front, further impaired my vision!

"I have to get back to Burgundy!" I shouted to no one in particular. My whole life is now wrapped up in this developing relationship—not just the physical aspect I told myself. I needed Sophia. I needed someone and something to look forward to. However, the effects of my intoxication were now apparent. I could not concentrate well, and distance and time were distorted. No question. I exited on the first off ramp and tried to reconnoiter, and this turned out to be very difficult given all the signs appeared to be in Chinese. I knew Monterey Park near where Sophia lived had a large Chinese population and this was in clear evidence and when I attempted to get directions from a middle-aged, strolling couple they only smiled and spoke

Chinese, gesturing in both directions. Disappointed, I made a screeching illegal U-turn and got back on the freeway going in the opposite direction. No Burgundy off ramp appeared but I managed to get back on Valley View, a major surface street. Better yet, I saw a gas station and I turned in, tires complaining and pulled next to a pump. I went up to the dusty booth where examples of counterfeit bills were displayed up front. I admired the one-dollar bill that someone used a crude white marker to place a zero after the one.

Behind what appeared to be bulletproof glass, I saw a young man about my age who was, according to the stenciled name on his stained blue uniform, named Jorge. He told me his "idiot cousin" accepted the phony bill. He came out from his protective cage and looked my car up and down. "Whoo-ee, dude, I love these babies. Dude, for 20 dollars I can get you a new right fender and any other part you need for this car." I paid him and in less than a minute he emerged with a new fender which I threw on to my back seat. After I filled the Mustang's empty tank, we struggled with

an old map, written in Spanish and it may have well been a map of downtown Buenos Aires for all I could make out.

"Dude, you sure you aren't tripping?" Jorge asked, a broad smile displaying uneven but exceptionally white teeth. "What you been smoking? No Burgundy Avenue, Chivas Regal or Red Mountain on this map!" He did provide directions to a liquor store down the road. "Be careful dude, this is not the coolest neighborhood unless of course you are from here." He said.

I soon parked in the Amigos Neighborhood Market, my car fitting in nicely with other battered cars, many without license plates. I wondered how they got by the police. I also noticed some toughs making drug deals off to the side of the market, out of sight of the heavily armed security guard standing without expression in the doorway. I bought a bottle of red wine, a cheap Merlot, the only type of red wine I could stand to drink. I hurried back to my car, opened the door quickly and tossed the bottle in its brown bag next to the unpainted fender.

Back on the freeway, I searched for

the elusive Burgundy exit, assuming it existed. I suppose I lost concentration and may have cut off the vehicle behind me. Suddenly, a dark sedan appeared alongside and even with me. It contained three glaring tattooed teenagers. The sole occupant of the back seat stopped glaring and smiled, slowly wagging a disapproving index finger in one hand, and showing me a silver barreled revolver in the other. Shocked, my heart pounding so hard I could feel it, I swerved to the far right, nearly scraping the ubiquitous freeway sound wall. I did not believe they would shoot me, but it was Saturday night. According to an ER doctor I sometimes worked with, that's when the "Knife and Gun Club" met in East Los Angeles. It appeared to be meeting now and I was on the agenda as new business.

The ER doctor also claimed that all shootings in LA were perpetrated by one person, a serial violent criminal known as "Some Dude". "Some Dude," he explained, his tone absurdly serious, "as in I was minding my own business and for no reason, some Dude shot me!" Ha Ha, very funny, I thought to myself, the back of my neck hairs now prickly with sweat, my head down with my eyes just above the steering wheel, as I imagined "Some Dude" was about to take a bead on my person. Meanwhile truckers behind me were again blaring their horns because of my erratic driving. To make matters worse, the driver behind me turned his brights on, but even in the blinding glare I could see his mirror image flipping me off. I saw an off ramp just up ahead and I thought "Oh hell yes!" and I made my escape, at first pretending I was going past it but at the last second, swerving, tires screeching to barely make it to the off ramp. The gun car did not follow. I would live.

I made several quick turns onto

residential streets and was overwhelmed with relief that I was not followed. I was jubilant as I could now pursue my desperate quest to find Sophia and I began to study street signs. The first one I could actually read, undamaged and legible was Burgundy! It was nearly two hours since I began my wine journey, and to my dismay the street was long with nearly twenty identical apartment buildings on either side of the street. She must have moved her car because I could not find the red VW bug I had followed. I walked up and down the street but none of the apartments looked exactly right.

**The sole occupant of the back seat stopped glaring and smiled, slowly wagging a disapproving finger in one hand, and showing me a silver barreled revolver in the other.**

Despair overwhelmed me. I did not know her last name and did not know which nursing school Sophia attended but I could easily imagine her neatly outlined by her white uniform, her beautiful black hair tied back and covered by her cap. Tears of frustration welled in my eyes and I walked back to my car. I pulled out the wine bottle and opened it with a Swiss army knife that I remembered was in my glove compartment. It was a gift from my mother, and the card that came with it had a message in her easy-to-read flowing handwriting. "Greg, your father and I will support whatever career path you choose. Just get your M.D. first. Love, Mom." Re-reading this note left in

the box with the knife further depressed me and I assumed my MCAT scores were not going to be good enough. The corkscrew did its work and I managed to open the bottle with only a slight cut on my right thumb, though it was contaminated with wine and cork fragments. I began to drink, careful to leave the bottle in the brown wrapper, and soon drank myself into a stupor. I sat down on the curb leaned against the dented right fender and fell asleep. Hours later, I awoke and felt exhausted, overwhelmingly dejected, awash in self-pity but I accepted my fate. No medical school, no new apartment, and no Sophia. I was to be a minor social work assistant forever, bossed around by tough, cynical social workers for the rest of my sorry life.

Suddenly a sign! Increasingly deafening squawking heralded the approach of a flock of green parrots, presumably the progeny of escapees from pet shops affected by the Bel Air fire. A few feet in front of me, they landed on a diseased and bent palm tree with only half of its fronds. The noise was unbearable and made my hangover headache pound with each heartbeat, but the wild flock soon departed in a cloud of green frenzy. I opened my eyes wider only to be blinded by the morning sun but as I squinted, I could make out a moving, young woman approaching with even, barely audible steps. A familiar feminine voice broke the relative quiet as there is no truly silent time in Los Angeles.

"Oh, you poor boy, what happened to you?"

My heart leaped to my throat, my headache became instantly manageable, and her sweet concern affirmed my grandmother's sage observation that it is far better to be born lucky, than born rich or clever.



VITIS VINIFERA | Timothy Heintz, MS2



SPIRAL SUCCULENT | Liam Fitzgerald, MS2





COLORFUL SHIRAZ | Neda Dastgheyb, MS3



SEGOVIA, SPAIN | Neda Dastgheyb, MS3

30%

Visesha Kakarla, MS2

fact after fact  
that one classic triad  
that one triple whammy

fact  
after  
fact

i put my fact-cramming to the test  
a block of 10 Step 1 practice questions  
okay question 1

looks like it's a congenital cardiac anomaly  
i just did a question yesterday about that  
but what was the answer...

i just learnt this  
it's in my mind somewhere  
i know it is

how could i forget  
how could i  
forget  
i forgot  
i keep forgetting  
this is the 3rd time today

only 3 questions right, 30%  
i know i just started studying for step 1  
and it's still more than 3 months away

but 30% won't cut it  
30% won't be a doctor  
30% won't let you achieve what you've  
always dreamt of

why is it still a dream  
isn't it enough  
that i made it this far

there's still a long road ahead  
30% isn't you  
you were never 30%

but now that's normal  
30% is a miracle some days  
but 30% won't cut it

i tell myself that i have to do it for my future patients  
that every fact crammed  
could save someone's life

30% won't cut it for my future patients  
30% won't be there for my future colleagues  
30% won't save humanity from pain and suffering  
i carry around that 30% like it defines me  
as if someone is going to ask who i am  
and i will answer with 30%

stop  
breathe

30% doesn't define me

30% isn't me

30% is merely a score

just one score on one practice test

it's practice for a reason

and every day i learn more and more

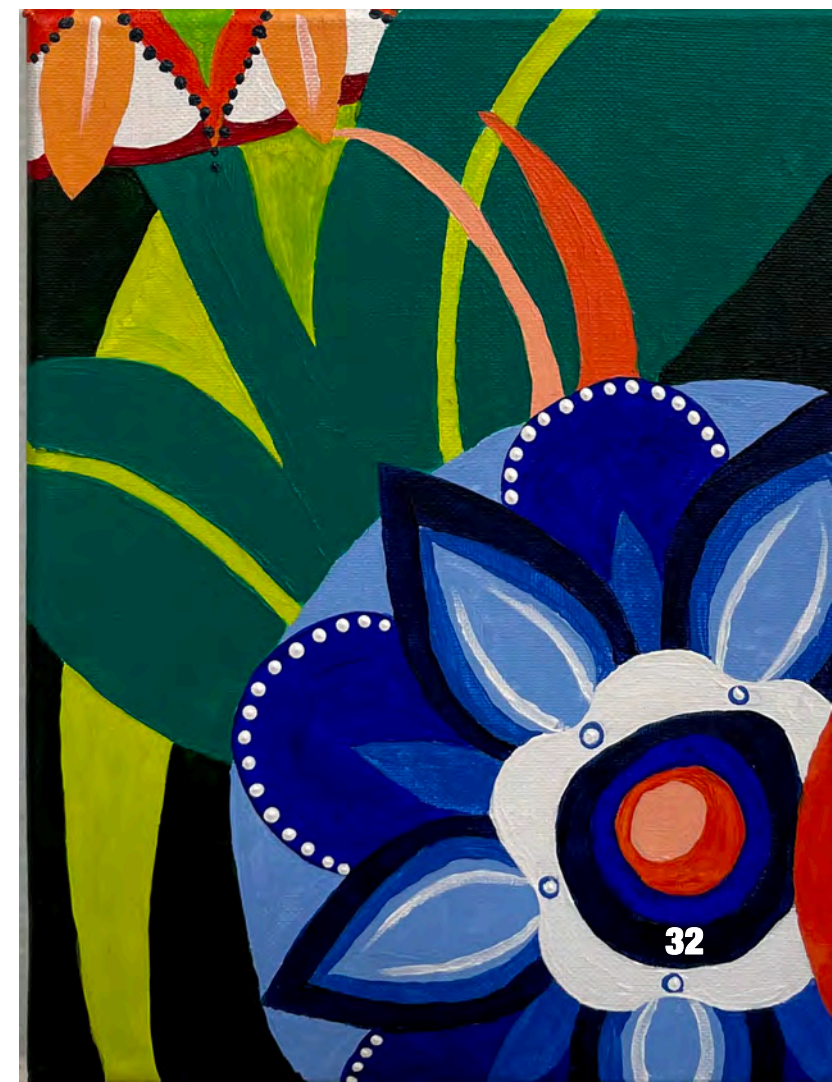
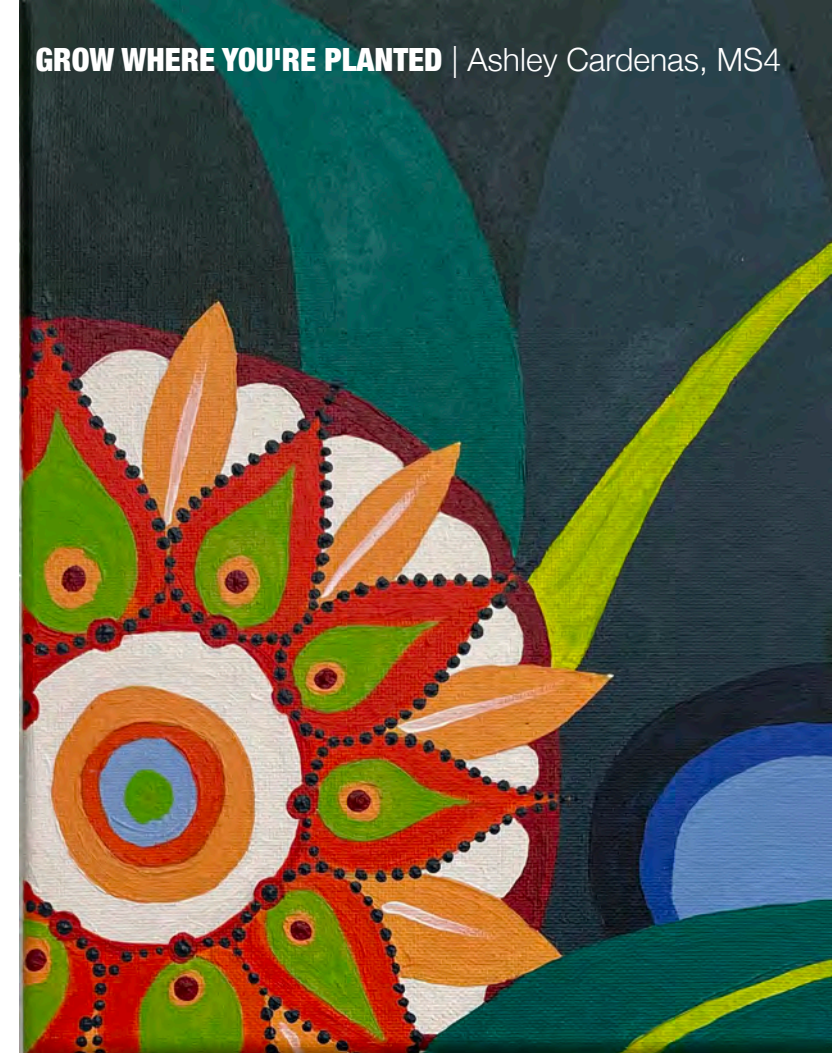
30% isn't worth losing my mind

because if there is nothing left of my mind,

there is nothing that can be learnt

not one fact

not even 30%





# SO THE WORLD CAME TO BE

Abyan Mama, MS2

There once was and there once wasn't, and except for Olodumare, the Supreme Creator,<sup>1</sup> there was no-one.

The Creator started out, as all life does, compressed and curled. As being expanded, so too did Olodumare.<sup>2</sup> As the Creator stretched out, they came to be aware of their triplicate nature. We have named these faces Olodumare, Olorun and Olofi. Olodumare created *orún*, the heavens, and *ayé*, the earth. Olodumare, remained both everywhere and nowhere. Olorun, the ruler of the heavens, settled into ruling the skies. Olofi, conduit between *orún* and *ayé* began their job as conduit to the earth.

Upon Olofi's first descent again they divided, this time into the first *Orisha's*:<sup>3</sup> Olokun, the dark, and Yemoja, the light. Olokun, the lord of the sea, ruled over the depths of the ocean, where the light never touches, embodiment of the ineffable depths of life's first incubator. *Yeye Omo Eja*, her other name which means the mother whose children are fishes, came to rule over the shallow waters, where the oceans meet the land. As it was in the Creator's nature to be distant, so too it was

with Olokun. As the depths of their sea are untouched by trivialities like the stirrings of the wind-waves, they too move only as the tides do. Pushed and pulled solely by the dance of the Earth and the Moon.

Yemoja was different; born with the heart of a mother, she possesses a boundless love. A love that allows Yemoja to see between what is and what can be, to see and to birth potential in all. This heart of love, double-edged as all swords are, came paired with a huge emptiness, for what is the love of a childless mother but suffering?

While Olokun drifted, forever restful, in the quiet deep; Yemoja, with her lonely heart, sunk to the sandy depths off her shallow waters. Suspended between shafts of light in the otherwise empty ocean she allowed the currents to move her—occasionally jumping from one tidal stream to another with a powerful flick of her indigo tail. She traveled the ocean in this manner for an age and an instant.

One day and then all days she began to hum. Deep rumbles of sound emanating from where her belly met her tail. The sound grew and grew within her until its force pushed open her lips, ringing ever louder in the ocean depths. These notes became the First Song, made of notes so exquisite they are painful in the sharp nature of their brilliance. So beautiful was the sound of this First

Song, so powerful in its resonance, that it catalyzed the molecules of the primordial soup, bringing together friends and pushing apart enemies.<sup>4</sup> As Yemoja's song grew more complex—splitting into new time signatures and developing canons—so too evolved the chemical communities touched by her sound. The prebiotic soup transformed all around her, birthing the first of her children.<sup>5</sup>

Yemoja floated for another age and an instant, singing her life-giving song. Chemistry became biochemistry; biochemistry, cellular biology. All throughout the oceans entropy gave way to order, like dissolved only like and life made of matter began the work of being. Unicellular became multi, prokaryote gave way to eu. Yemoja grew more invested with each new stage, each evolution filled with boundless potential in her loving eyes.

Yemoja sang for an age and an instant. When the First Song finally ended, she sunk to the sandy depths of her shallow waters once more. Looked to her left and saw a full kelp forest, teeming with shoals of fish and slow moving sharks; looked to her right and saw rainbow colored corrals studded with iridescent neon fish. *Yeye omo eja*, the mother whose children are fishes, smiled, for at last her ocean was full of offspring.

Then she began her Second Song, a song of protection and love. From this song Yemoja birthed the first of the *irunmole's orisha's*; and into the *irunmole* she transferred a piece of Olodumare's infinite divine spirit, carrying with it the

power to create; alongside a piece of her ever-loving mother's heart, which gave this power roots in Love first and foremost. First she birthed Oduduwa<sup>7</sup> and Obatala,<sup>8</sup> and she charged them with making all the animals of the earth, using her fish children as the clay from which to shape their forms. Second she birthed Oshun, a daughter of love and sweet-water. For her children on the land would surely need to drink, the ocean being as it was, part of the saltwater cells that powered their organic bodies after all.

Wherever Oshun flowed so did the river, taking *Yeye omo eja's* fish children, transforming them as they went. The further they migrated from their ocean origins and into Oshun's sweet-waters, the more their colors eroded; bright neons melting into muted pastels. The children of the earth Oduduwa and Obatala made spread and changed too. Some took to the skies with wings Obatala shaped for them; others slithered legless into the soil, lived in a state of basal-being within the earth. Some grew necks long and tall so they alone could reach the soft parts of thorn trees; others saw not with eyes but through the echoes cast by their squeaks. Some missed *Yeye omo eja* so much that they crawled back into the ocean packing

on blubber and melting paws into flippers as they went; others absorbed iron-sulfide shells and made a home in the heated hydrothermal vents of Olokun's deep sea.

Yemoja sang for an age and an instant. When the Second Song came to a close, she regarded all she had birthed and smiled, for her mother's heart was finally full.

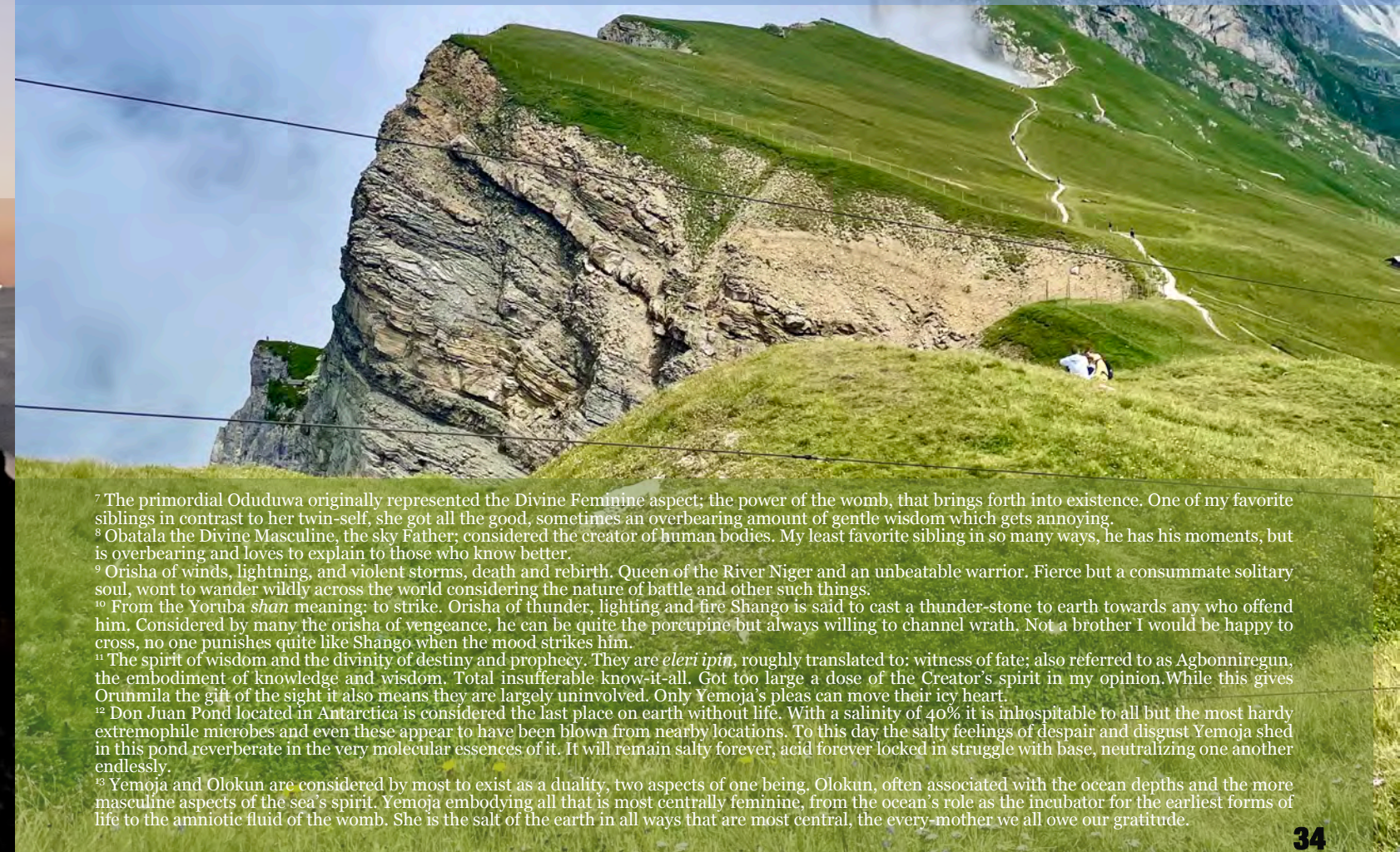
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Not all of Yemoja's children were made the same. Some, humans much like yourselves, were born with an extra dose of Olodumare's creative spirit, the will to make of the world what is best suited to their desires. Among the humans, the half Oduduwa made in her image received more of Yemoja's Love as well, balancing out this consumptive drive with a deep concern for life. But Obatala, drinking fermented wine as he worked, grew sloppy in his formation. While Oduduwa's women carried within them a saltwater womb, an oceanic microcosm, portal for new life made in her image, connecting them always back to Yemoja; Obatala's men were not guaranteed the same connection to her Love. It was planted within them, the same seed, but hungry for water. Some of these sons, failing to water the seed, grew dry desert hearts

within, became increasingly bitter and enraged.

Yemoja drifted for an age and an instant, exploring the world, filled now to the brim with her children. First she visited the rivers and the lakes ruled by her daughter Oshun. Next, she shed her indigo tail, sprouting legs and walking the beaches and the marshes. She scaled the peaks of the tallest mountains, descended to the depths of the greatest valleys. Wherever she walked, her children greeted her, and she was happy. Last, she visited the humans.

Yemoja began in Africa, starting with those who called her name the loudest. For generations now the children of humanities oldest home sent presents into her shallow waters: strings of cowrie shells; rainbow jewels that sparkled as brightly as her fish; and best of all their songs of gratitude, carried by Oya's<sup>9</sup> winds all across her oceans. She walked among them for an age and an instant. The every-woman, eternal boundless mother of all. *Yeye omo eja*, the mother whose children are so innumerable as to be uncountable. As she walked among her human children, Yemoja became aware of the far-reaching consequences of Obatala's experiments, possessed as some were by an imbalance



<sup>1</sup> From the Yoruba *Olo-dù-ma-rè* roughly translated to: owner of. Distant, omniscient spirit form version of the lord, G-o-d-with-a-capital-G.  
<sup>2</sup> For the Almighty is endless and omnipresent. After all, being everywhere and nowhere at once gives a being space to really explore their every potential.  
<sup>3</sup> An *orisha* may be said to arise when a divine power to command and make things happen converges with a natural force, a deified ancestor, and an object that witnesses and supports that convergence and alignment. An *orisha*, therefore, is a complex multidimensional unity linking people, objects, and powers. No one is entirely certain what all of this really means but we accept that they are apart and within all things.  
<sup>4</sup> Abiogenesis, informally "the origin of life"; more specifically, the transition from non-living organic matter to the living, cellular organisms that populate the earth today. This thing we call life is fundamentally based on the separation chemicals based on the forces of polarity, like mixing only with like. These forces can be observed on the microlevel in the meniscus, the surface tension, that curves a water into droplets. We also see them play out on a macrolevel, humans grouping themselves like so many mindless molecules, rejecting difference just because.  
<sup>5</sup> Self-replicating but non-living molecules. The ability to self-replicate being one of the fundamental things that separates biotic from abiotic lifeforms. Humans have a saying, life finds a way, in my understanding it is the ever-flourishing hope that echoed out into the world with Yemoja's first song that makes this so. To this day when you see life, persisting against all odds, know it is the energy birthed in these first hungry mindless forms that drives it to this day.  
<sup>6</sup> There came to be in this instant two forms of Orisha. The *ara orún*, or people of heaven, who tend towards being overwhelmingly dispassionate as extremely powerful beings often are. And the *irunmole*, the earth's first inhabitants made of the marriage of matter and the divine. We *irunmole*, differ from our ancestors in that they are very involved with the earth's carbon children, for better or for worse. We have across time gifted our carbon siblings an many great treasures and an equally great number of terrible burdens. The gift of song and language you have from Yemoja but it is we *irunmole* who taught you the names of all that is. Without us to guide and shelter you, you would be little more than so many lost children in the night and yet we drift into obscurity.

<sup>7</sup> The primordial Oduduwa originally represented the Divine Feminine aspect; the power of the womb, that brings forth into existence. One of my favorite siblings in contrast to her twin-self, she got all the good, sometimes an overbearing amount of gentle wisdom which gets annoying.  
<sup>8</sup> Obatala the Divine Masculine, the sky Father; considered the creator of human bodies. My least favorite sibling in so many ways, he has his moments, but is overbearing and loves to explain to those who know better.  
<sup>9</sup> Orisha of winds, lightning, and violent storms, death and rebirth. Queen of the River Niger and an unbeatable warrior. Fierce but a consummate solitary soul, wont to wander wildly across the world considering the nature of battle and other such things.  
<sup>10</sup> From the Yoruba *shan* meaning: to strike. Orisha of thunder, lightning and fire Shango is said to cast a thunder-stone to earth towards any who offend him. Considered by many the orisha of vengeance, he can be quite the porcupine but always willing to channel wrath. Not a brother I would be happy to cross, no one punishes quite like Shango when the mood strikes him.  
<sup>11</sup> The spirit of wisdom and the divinity of destiny and prophecy. They are *eleri ipin*, roughly translated to: witness of fate; also referred to as Agbonniregun, the embodiment of knowledge and wisdom. Total insufferable know-it-all. Got too large a dose of the Creator's spirit in my opinion. While this gives Orunmila the gift of the sight it also means they are largely uninvolved. Only Yemoja's pleas can move their icy heart.  
<sup>12</sup> Don Juan Pond located in Antarctica is considered the last place on earth without life. With a salinity of 40% it is inhospitable to all but the most hardy extremophile microbes and even these appear to have been blown from nearby locations. To this day the salty feelings of despair and disgust Yemoja shed in this pond reverberate in the very molecular essences of it. It will remain salty forever, acid forever locked in struggle with base, neutralizing one another endlessly.  
<sup>13</sup> Yemoja and Olokun are considered by most to exist as a duality, two aspects of one being. Olokun, often associated with the ocean depths and the more masculine aspects of the sea's spirit. Yemoja embodying all that is most centrally feminine, from the ocean's role as the incubator for the earliest forms of life to the amniotic fluid of the womb. She is the salt of the earth in all ways that are most central, the every-mother we all owe our gratitude.



of spirits. In her walking she bore witness to the casual cruelty some did unto others, became conscious of the multi-foliate ways the potential she had encouraged could manifest.

It came to pass that the most distant of her children, ears deafened to the song of life by their harsh travels, returned to their first home on *ayé*, their earthy cradle of life. When first she sensed their mighty ships touch her ocean's edges she danced with joy, excited to welcome them home to share in life's endless bounty once more. However, Love was not what had drawn her distant children home.

When they docked on the shores, drawn and sickly from their travels, they brought with them terrible weapons that exploded in a crack like Shango's<sup>10</sup> strike, spraying red death across the lands. Those they did not murder, they shackled in chains and packed aboard their ships to carry across her oceans.

Yemoja wept for an age and an instant. She wept with the furious rage of a mother whose children murder and maim one another. In her fury a storm brewed, crashing down with all her might on those who slighted life itself, drowning the ship and all abroad it in an immense whirlpool. Sprouting a tail once more, she dove, following the ship down into the depths of the ocean; absorbing her dead

children into her body, soothing them with a salty grave.

Yemoja followed the ships for an age and an instant. It is said that those who survived the passage did so by her grace; those who perished were absorbed into her ocean-body, soothed by the fierce Love in her heart. Those distant children, pale and deaf to the song of life, she punished with the fury of a mother scorned.

When those first death ships to make the full passage docked on the shores of the distant America's in a place known as 'Igbo Landing', it was Yemoja who called out for Orunmila.<sup>11</sup> Orunmila reached down and blessed the enslaved children aboard the boat with a piece of their all-seeing vision, allowing the shackled ones to see the horrors that awaited them. When their deafened brothers pulled the Igbo people from the ships, they turned and walked en masse into *Yeye omo eja's* ocean arms; preferring to drown in chains than to live in bondage. Yemoja welcomed them, took them back into the ocean-womb of all life; gently rocked them to an eternal slumber in her waves, transported them to peace with her currents.

When this was done, Yemoja kicked her indigo tail, swam far, far through Olokun's deep sea, weeping as she went;

searching for a place of rest in which to recover, a place barren of the life she had birthed. Finding herself in the frozen sea at the tip of the world,<sup>12</sup> finally alone, she settled and wept; surrounding herself with her salty tears.

Yemoja wept for an age and an instant. The sound of her cries calling out across the ocean's depths, awakening her brother-self<sup>3</sup> Olokun from his/their<sup>14</sup> reverie.

*Why are you crying sister-self?* Olokun asked.

*For I love all my children and evil has seized some of their hearts.* Yemoja answered.

*Cruelty is contained in infinite potential. Would it not be wiser to simply leave your children to themselves? Let this life you have created be as it will. With so many children, are not the lives you touch merely a drop in the ocean?* Olokun asked.

*No brother-self. They are the ocean in the drop. While I may not be able to rescue every starfish,<sup>15</sup> drying in the sand, on a beach of thousands; my act of love makes all the difference to each life that persists. Kindness is contained alongside cruelty within life's infinite potential.* Yemoja answered.

So the world came to be, in an age and an instant.

## CLAY AND CAST IRON BY DARLINGSIDE |

Sumana Mahata, MS3



## EASY

Alan Aung, MS2

Life is Easy, He said to me  
With creases in His face, and wrinkles by His eyes  
Behind the sounds of water slamming rock  
And gunshots bursting metal  
He said, things might not seem easy at first  
But, you'll see, everything in this life, is easy.

For Not everything has to be something profound

Not every life has to seem so extreme

Some can just be gentle

You don't have to push yourself into the ground  
You don't have to be in a feverous frenzied fervor  
With ridiculously resplendent turgor

Take a step back and remember what it was like to be sound  
Hear the melodic melancholic euphoric chimes of the wind and the sea  
Dramatically dancing around each other in ordered disorder

Barefoot in the dirt  
Drifting in the ocean  
Floating in the breeze  
Speaking with no one around

<sup>14</sup> While at times Olokun is male other they are depicted as androgynous or even female. This varies among the various peoples who worship as do all aspects of the various orisha's, mutating with each migration as life is wont to do. Olokun is predominantly female in hinterland's of West Africa and many descendant forms of worship still consider her so. I believe that Olokun themselves is far too dispassionate to be of one mind or the other, they remain primarily concerned with drifting their days away in a trance.

<sup>15</sup> Once upon a time, there was an Old Man who lived near a beach. Everyday the Old Man would walk onto his balcony and look out and smile at the peaceful seaside. Then he would take out his cane and take a long walk along the beach. One day the Old Man came across a Young Girl when he was walking. He spotted her first from afar, watched her run frantically from the ocean to the sand and back again time and time again. The first day he simply shrugged and kept on walking; the second, third and fourth days the same; but by the fifth day the Old Man stopped, curious. He changed direction on his walk and came towards the Young Girl, nearer to the ocean. Closer as he was now, the Old Man saw the Young Girl was picking up starfish after starfish from where they had washed up out the reach of the tide. He sighed, remembering a young boy who once would have noticed the thousands of creatures, burning in the sun. Seen them crumbling before time and a casually cruel fate and felt the same urge to do something. "Little girl, what are you doing?" the Old Man asked. She stopped and turned to face him. "Why I'm saving the starfishes of course, mister! My mummy told me that when the ocean forgets about them they dry up and turn into sand and I said: well I'm going to save them. And now I'm here doing it!" Her actions explained, she waved goodbye and got back to it, it was all so straightforward. The old man sighed and smiled, his heart touched by the naive exuberance, the echo of his own boyhood hopefulness. Moved as he was he sought to warn the Young Girl. "Little girl, there are thousands of starfish on the beach. There's no way on earth that you can hope to make a difference on a beach of a thousand dying starfish!" It was the Young Girl's turn to smile and sigh. Turning yet again to face the Old Man she held out the starfish in her grip, five points lined up to her five fingers. Once she was sure he had seen this starfish; this bright-orange, spiny-skinned, sponge-pod-footed starfish in all its tiny glory. She turned and cast that starfish, threw it far off into the crested-waves. "Sure made a difference to that one."





# THE OTHER SIDE OF EMPATHY

Haven Nisley, MS4

I only had an abstract understanding of the word when it titled a lecture given to my class during our first year: Burnout. It was introduced to us as a bad outcome that we could avoid by taking several outlined steps, including keeping up with our hobbies and getting eight hours of sleep every night. I shelved my lingering questions on the matter until they hit me with previously unfathomable force two years later. And then again, a few months after that. Nearing the end of my fourth year now, I've had three brushes with what I call "capital B Burnout," to draw a distinction from the colloquialism we often toss around. Each time, I've felt lost, guilty, and full of despair. The most recent episode was the worst; I had watched too many people die in the hospital and, with my growing responsibility as a team member, felt acutely the repercussions of each of my actions and mistakes.

At that time, I spoke of my struggles to people in power over me and was met with the sentiment that if I was feeling such things, especially so early in my career, it raised concerns about my competence as a physician and was a sign that I needed to become stronger to handle the next stage of training. Instead of being offered practical wisdom or discussing why things had been so hard,

I was encouraged to let the work affect me less.

In selection processes for medical schools and residency programs, one of the most desired characteristics across the board is empathy. Empathy is so highly valued that it has even been proposed, based on research, that medical schools should incorporate a scoring system for empathy into their admissions processes. It is clear that our power structures within the field of medicine wish to recruit people with high degrees of empathy into our profession. These power structures certainly desire the "good" part of empathy, the one that they can proudly observe, in a videoed patient simulation exercise, slowing the cadence of the voice, maintaining eye contact, touching a hand to connect. Empathy is not this simple, though, and purporting otherwise is naïve at best and harmful at worst. Especially for the highly sensitive among us, empathy is a portal inside your soul (or whatever soul proxy you believe we have) that maintains an open bridge to the souls of others, allowing acute awareness, exquisite sensation, of the goings-on therein. Upon entering a room, one senses and experiences the emotional states and conflicts swirling inside each of the other occupants. This can be challenging to handle in everyday life, with its quotidian tragedies, but in the

field of medicine, exposed to the rawest, most unfair, heartbreaking knife edge of human life daily, it can easily overwhelm. Because of the constant exposure to suffering in this line of work, empathy is valued as an asset in handling these traumas and offering comfort and solace to their victims. In fact, the more tragic the subspecialty (pediatric oncology, palliative care, and the like), the more it seems to select (or attract) the most highly empathic among us. But the irony is that the people selected for that very trait are, as a result, the most vulnerable to being brought to their knees with the burden of these terabytes of trauma, metric tons of loss and pain.

Our power structures do not seem to want this messy and painful other side of the empathy coin. They do not want the side that breaks down crying in the stairwell, wasting precious time that could be spent writing progress notes because I've just helped a warm and gentle woman with terrible lungs celebrate what will be her last birthday. Nor the side that can't hold a conversation because in my mind play the anguished sobs of a mother desperately trying to communicate with her comatose daughter, fearing above all else the thing that I know is likely true: that she and her daughter have already had their final conversation. It's considered ideal, I think, in our profession, to make a comment to one another about how sad a situation is, perhaps indulge in a moment of gallows humor to soften the tension, and then pivot to the next task at hand. No one has ever told me this, of course, but we learn to read between the lines. It is not considered ideal to become completely unmoored by the sheer force of secondhand emotional trauma. But the highly empathic people so sought-after in this field tend, by definition, toward the latter.

Another peculiar vulnerability of people with high empathy or high emotional sensitivity is the need for time spent away from the emotional input of others. This allows us to recover, remember ourselves, keep ourselves held together so that the infiltrating outside trauma that threatens all the time to break us apart does not succeed. Such periods of emotional solitude are critical. Solitary time is when I take out each piece of pain, each unit of human tragedy, examining it from every angle, memorizing it, allowing it to mark me

indelibly, then letting it go. Without this time, I feel that the outside pain and suffering I absorb all day will fill up my soul, my inner self, until there is no room left for me and so I shatter. A defining characteristic of a career in medicine, especially early on, is working debatably-humane hours, sometimes upwards of eighty per week, the ostensible limit. As we are human beings who require sleep and food, the remaining time during these weeks is directed at the lowest tier of Maslow's hierarchy. There is no time left over. So our stores of human hurt build up; we don't have time to take care of them right now. The next day, there are more. There are always more.

Empathy is a double-edged sword and the other side is burnout. That is what our power structures in medicine fail to grasp. Burnout is not a rare phenomenon or an occasional accident of the weak and undisciplined mind. Burnout is the natural other side of empathy; the two exist together, light and darkness, an inextricable duality. The idea that the solution to physician burnout is increased resilience of the individual, which is a notion that has been repeatedly impressed upon myself and my classmates throughout our training thus far, is based on flawed logic. We do not experience burnout because of a lack of resilience, but, most often, because of a high degree of empathy. Thus, by telling us we need to increase our individual resilience, our system is actually telling us that we need to increase the emotional distance between ourselves and the human lives we have promised to care for. What sort of sick hubris is this, that in the face of stark human suffering of a magnitude often unimaginable to us, the preferred response is to look away, to focus on our next task? What sort of idealized apathy, that if we feel any fraction of that pain, really feel it and let it affect our human souls, then this means we are weak? That the exemplar is not a more open heart, but a closed-off one?

What we need isn't more lectures about increasing our resilience. What we need is more humility in the face of our own humanity. Being a human person caring for the lives of others is not easy, neat, or tidy, and sometimes it is so very hard that it brings us to our knees. What we need is for being brought to our knees to be okay. It's not bad. It doesn't mean we are weak or less competent. It means we are still human.

GLACIER | Justine Panian, MS2



OCEANIA | Abha Singh, MD







SHADOW BUILDER | Grace Furnari, MS2

# THE LAST ENEMY: AN H&P

Marian Sagoe, MS4

**S:**

I go about the day  
Frantically building a better fortress  
Myself its own sacrifice, a Babylonian throne  
Paper bills to fill my belly  
A glass of sand to quench my thirst

**O:**

Then I'm in a sterile room  
A polite voice reciting evidence  
That my heartbeats are numbered  
And my dreams are so easily null and void  
If my life is not in my power  
Was it ever mine at all?  
The paper bills leach their poison and the acid creeps  
up my throat  
The sand becomes crusting hardened mud in my belly

**A:**

You sit down in front of me  
You and I agree to ignore that you're pretty young  
That you've never borne a child, lost a husband or a  
job-then-insurance  
Been touched in that ugly way and shared meals with  
That evil hand at Thanksgiving dinners  
Reached for food to soothe the wound  
Foreclosed on a home and slept in your car in your  
neighbor's curbside until his wife found out  
Was incontinent in said car in a Walmart lot after a  
bad can of corn  
Not corn. Cancer.

**P:**

I am suddenly a child again  
Orphaned and placed with you in the same minute  
My shoulders quiver at the sudden vulnerability  
My breath shutters at the regrets stored  
For such a time as this

I was always hungry, I muse  
Now that my appetite is lost  
This stomach has become a sepulcher  
For the me-before-you, dried paper and mud

I nod  
When you ask if I understand  
And shake my head  
When you ask if I have any questions  
But do you understand? Don't you have more  
important questions?



## Progress Note:

In the morning you and I agree to ignore that I despise you  
And can't look at you in the eye  
And resent feeling so utterly at your mercy  
That you've got a paper in your hand, a list  
Barely suppressed the harried lilt to your questions  
But you come back, sans list  
You sit down and look me in the eye  
And you share your process with me as the person-not-the-orphan  
There is time to open the grave and you and I look on it unflinchingly

I'm going to get another shot, another day  
I'll forgo the sand, drink living water  
The Last Enemy  
Will have to come for me another day

## WHAT FRIENDS ARE FOR | Akhilesh Yeluru, MS2





