

HEAL

Humanism Evolving through Arts and Literature

FLYING IN THE RAIN
Shellon Baugh, Class of 2023

Summer • 2019



FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

PROSE

Greenery

Kacper Niburski.....3

Emotional Syncope

Evan A. Schrader, MS.....7

The Tiny Humans

Jacob Hentges.....12

POETRY

Forces of Nature

Chelsea S. Life.....2

Yoga Puzzle Poem

Joanna White, PhD.....5

Not Quite a Chevron

Alexandra “Xan” C.H.
Nowakowski, PhD, MPH.....10

Intersex

Nik Lampe, MA.....13

ARTWORK

Flying in the Rain

Shellon Baugh.....1

Boss Base

Jonah Sciallo.....4

Not in Florida Anymore

Andrew Kropp.....6

Chaotic Thoughts

Kevin Dick.....8

Cancerous Growth

Siti Nazihahasma Hassan.....9

Twilight Zone

Nicholas Ott.....11

Spyhop

Andrew Kropp.....11

Sea Puppy

Andrew Kropp.....11

Valley of Fire,

Overton, Nevada

Michael Hayward.....14

FORCES OF NATURE

Chelsea S. Life, Class of 2020

One woman faces discrimination,
staring up at her glass ceiling.
She knows the odds are against her;
the prospect leaves her reeling.

Another struggles to balance it all—
care for her kids, finish the manuscript on time.
She clutches her third cup of coffee,
convincing herself she can meet that deadline.

A girl marches in Washington,
making her voice heard.
She holds up her sign and shouts for equal rights—
the freedoms all women deserve!

A woman rings the bell in a hospital,
celebrating her improved condition.
She knew she could beat cancer, and here she is,
rejoicing in her newfound remission.

Throughout our endeavors, we question ourselves,
“Am I equipped to handle this strife?”
We push ourselves forward, trudging ahead,
seeking the most we can get from life.

Sisters, we are strong,
unstoppable forces of nature.
Let us join hands and stand together!
United, we will forge our future.

Lead Editors

Gabriela Cintron
Adrianna Tilton

Anna Hayward
Mayla Oyola

Layout

Instructional Design &
Media Production

Editorial Team

Natalie Bonus
Leah Eburne
Casey Gentile
Shelby Hartwell

Faculty Clinician Editor

Suzanne Harrison, MD

Faculty Managing Editor

Tana Jean Welch, PhD

Support Provided by
The Jules B. Chapman and
Annie Lou Chapman
Private Foundation

HEAL is a place for medical students to share their growth and development, for faculty and staff to impart their knowledge gained from experience, and for members of the community to express how health and healing have impacted their lives.

We hope this work increases your appreciation for the art of medicine.



GREENERY

by
Kacper Niburski, McGill University

Four screens hang in the aggressively lit room. A single eye – large, red, dull – is fixed in the middle of each. It bobs left then right then left, matching the radio pop music about some girl loving some boy who loves some other girl. The eyelid is peeled back like an apple slice left to suffer under the sultry sun.

“Do you think it’ll really happen?”

I am in the corner, watching the feet of the woman wiggle under the blue sterile sheet. As a medical student, I am to shadow this basic operation, a cataract removal, which stands as the runny lifeblood of any ophthalmologist.

Prior to the operation, I was idle outside the operating bay. “This is clockwork,” the resident who I was assigned to said while eating an Oreo. “Easy stuff. I don’t even look at the charts of the patients. Heck, even someone like you could do it after a while.” I smile, thank him for what I hope is a compliment. “But what is important is to be fast. Faster than fast. Machine-like, even.”

I nod. “See this?” He points to a fat, bold, black 25 claiming two-thirds of a white board. “And see this?” Underneath, the words written: *To go slow is to not go at all.* “Do not get in the way of this factory.” He laughs, I laugh, and I notice only after the rumble has died down that beside us in a bed I thought empty is the next patient, eyeing a ceiling with miscellaneous brown stains, skin the colour of a blue, faded metal. She does not watch us as we wheel her in. Her nails are a bright, unrelenting pink.

“Do you think they’ll allow it?” The resident asks again.

The attending ophthalmologist peers up from his microscope. Sweat slips on his bearded face. The music seems to pause, switching to the next sugar-high song. Even the patient’s single eye captured on the multiple screens gazes up, as if to politely show that she too is listening to the response, “No.” He takes a breath, “Of course I don’t think it’ll fucking happen. We won’t be replaced by robots.”

Everything pounds back to normal. The music croons on electronically. The nurses hand the tools without mention of name. The surgeons continue the work with the lyrics of how you’ll be the only one for me, for me, for me ringing hollow.

“Can you please look straight?” The ophthalmologist demands of the patient.

The eye complies, still as the dead. “But anyways, Dr. L fit 30 patients. Would you believe that?”

Much of the sight is obscured by the milky muteness of the cataract. Under the ceaseless light of the OR, the lens looks like a sea before a storm – heavy black is caught in the center, a slight green is hinted at near the edges of the overwhelming grey, hard cloud.

“Horse shit. No one has topped my record yet.”

A small knife enters just above the limbus, the junction of the sclera and cornea. A little spring of blood swims in the socket. It flows freely, birds trying to escape the surrounding hole.

“I think Dr. L really did. I saw his taxes to the government.”

The song chatters about how the lover has the most blue, brown, yellow, lovely eyes they have ever seen. A small oscillator enters the gap left by the knife, breaking up the mass of grey ocular cement. The remains of the cataract are whirled in a circle, graceful in its own currents.

“What was he paid? A million? Two?”

Once hard, the cataract has become a soft fish of movement, a ghost-like specter of life at its most beautiful, flowing. On the screen, I cannot help but think that it looks the way a memory must, moving and marvelous.

The patient glares up again, causing the four screens to see only white. “I won’t say it again,” the ophthalmologist raises his voice, “Look at the ceiling please.”

The eye fixes itself back on the unseen above. Whatever is left of the cataract is removed in swift, deliberate movements. Echoes of some sunshine matching some colour of hair can be heard on the radio.

“More like three.”

The full eye is in view. There where the grey sank itself belly up is the giving green of the iris, the kind of deep, whole green that is impossible to describe, one that you could spend a life with, where you would bathe in it, study it, fall in love with it, be with it each moment of each day until you are old, weak, green yourself from the ages that have beaten past, and you would still not understand its depth. Against the abrasive whiteness of the room, against its bleeding brightness of a flame too strong, her green iris was the only colour that would ever be in this world.

“Greedy fuck. Leave some for the rest of us.”

The view is soon hidden by a black, artificial lens. It is slipped in, spreading like those puddles in some city that never seem to evaporate. It fits perfectly.

“Even God couldn’t do better, eh?”

An oily substance is secreted into the cornea to keep the lens in place. It sinks to the blackness around. As the final drop is placed, the eye rolls up.

“For Christ sake, stop moving your eye.”

But the eye does not fall back down. It continues its elevation to the brain, to where the radio is perched and singing its chorus. I love you.

The nurse bounces to the heart rate and saturation monitor at the end of the bed. She yells.

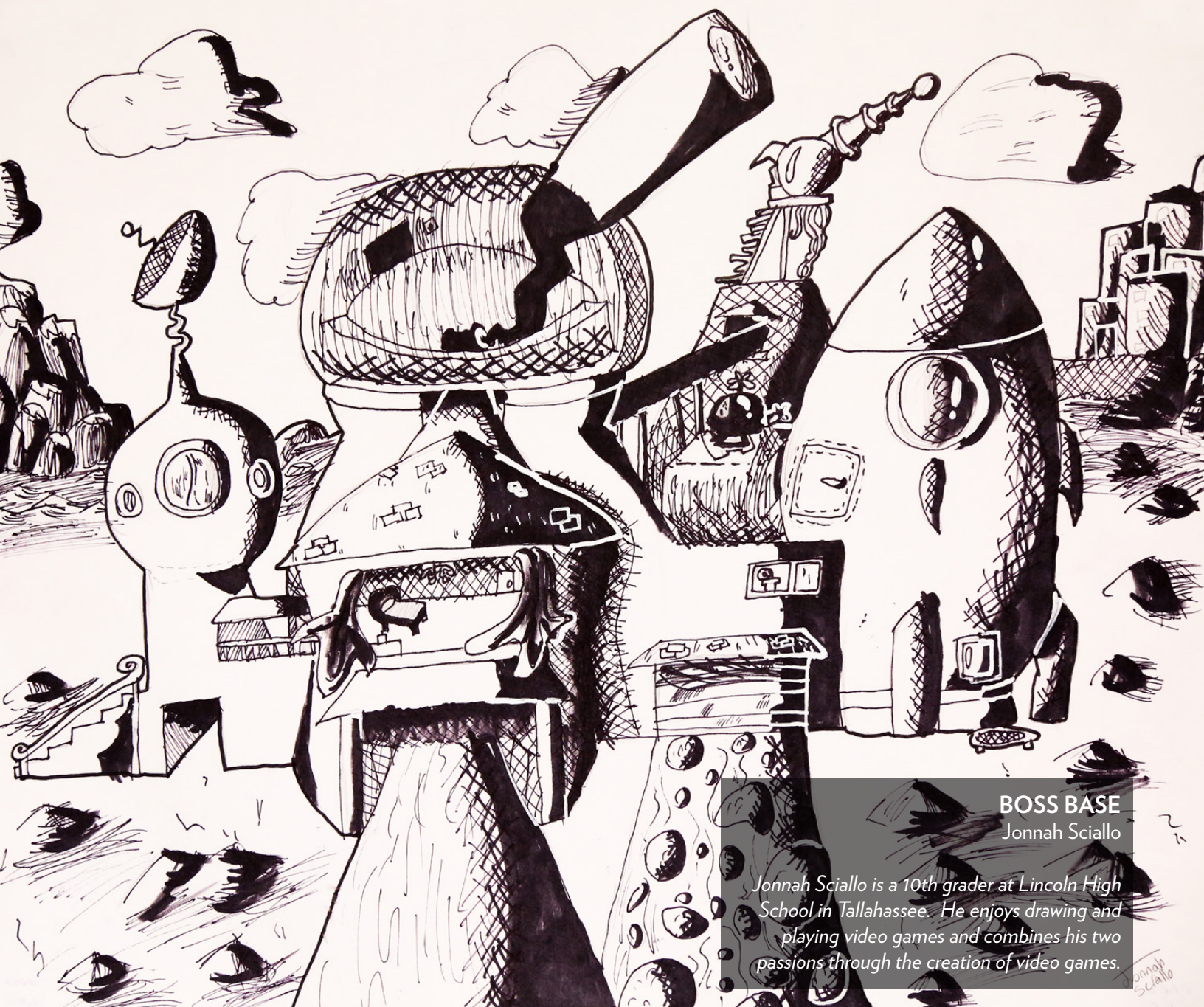
I love you.

The surgeon lifts his head from the microscope for the second time. The resident follows. He says almost as if it were a rhetorical question to leave in the air, “The patient isn’t breathing.”

I love you.

The resident begins to perform CPR on the patient. I stand up, unsure of what to do, not yet trained for this situation. A code is called. A team comes in a few forever minutes. It is cramped, hot in the room with the numerous bodies hurrying. In between each shock, the total whiteness of the four screens shake. The radio has been drowned out by breaths, the noisy air. I am moved out the room by a nurse, who has green eyes, too.

Kacper Niburski is a third year medical student at McGill University, a wobbly writer, and a person who believes in the habit of art. Follow his instagram at @_kenkan.



BOSS BASE
Jonnah Sciallo

Jonnah Sciallo is a 10th grader at Lincoln High School in Tallahassee. He enjoys drawing and playing video games and combines his two passions through the creation of video games.

Jonnah Sciallo

YOGA PUZZLE POEM

Joanna White, DMA
Central Michigan University

Hey diddle diddle, the cat and the friendly cow,
with all their might, jumped over the half moon.
On the other side, they saw the first
warrior shooting arrows from his bow at a coiled
cobra, while silent monkeys lunged

from tree to purple tree. Running away, cat and cow
stumbled upon a corpse. Leaping, they landed
in a swarm of locusts and dragonflies,
but pigeon wobbled in, scattering the insects
into the wind. Cat and cow traipsed on. Soon they spied

a chair and a table with a lotus floating in a bowl.
Guarding the lotus, loomed a lion, silent
as a sphinx. Cat and cow did a sun salutation saying,
tell us a story so Lion spoke of frog, who went
courting in a pea green boat by the light

of the crescent moon, and when the boat reached shore,
frog hopped down the plank, dolphins popping out
of the water to greet him. In the shallow, frog came
to a crooked bridge, upon which sat a child, fishing line
triangled in the plume. Swooping down, a heron snatched

at the fish on the end of the line but frog did a handstand
into the water, startling the bird off over the deep
blue sea. After the story, cat and cow waved
goodbye, and climbed to the top of a mountain. Unlatching
a wooden gate, they followed a stone path round

to a gingerbread house and knocked on the door. Out came
the cobbler with his happy baby. *If you see scorpion or an eagle,*
don't be a hero, call for goddess. She will bring the second
warrior, he advised. Cat and cow nodded and turned to follow
the downward facing dog who was trotting down the mountain.

Music professor Joanna White has published in Healing Muse, Intima, American Journal of Nursing, and the "Poetry and Medicine" column of The Journal of the American Medical Association (JAMA), among others. Her poetry collection, Drumskin and Bones, will be published in 2021.



NOT IN FLORIDA ANYMORE
Andrew Kropp, Class of 2019

Emotional

S Y N C O P E

Evan A. Schrader, MS, Class of 2020

Sometimes life is really hard. Everyone thinks they've found the meaning of life when they spew quotes of motivational encouragement—*the hard parts make you stronger; these trying times help you grow*. But that doesn't make the hard parts any easier. Hard parts in life are hard, and they are inevitable.

On my second week of pediatrics, I walked into a patient's room, an 18 year-old male at his final well-child visit with his pediatrician. I walked in and before I could get out my minute-long spiel about who I was and why I wasn't his doctor, my heart got mushy and my med-student brain shut off. He was crying. Already. Not just tears, but uncontrollable sobbing, a full-fledged avalanche of emotions that he couldn't even keep up with. We just scratched the surface as he told me about how things were good—sometimes—and yet bad at the same time. I was confused. He had such powerful tears coming from a place of restless soul-searching and exhaustion. He couldn't figure it out.

When my precepting pediatrician entered, I learned about how Sam was a straight-A student, dual-enrolled for college credit in his senior year with a 5.1 GPA. I didn't even know it was possible to earn a GPA that high. His mom was in the other room with his sister for her well-check and the family was normal—they didn't have any socioeconomic hardships and lived well together. Sam was a well-developed, healthy kid with no medical conditions, and plans to leave for Chicago on a full-ride scholarship for volleyball. He had built himself to perfection. But after this proud distraction, the tears returned. They were fearful tears, coming from a dark and unfulfilled place. I could really feel that he didn't understand where they were coming from. His life seemed enviable, but he was deeply, internally unwell. Then I learned about a year and a half ago. Sam hung himself in his bedroom. The frame of his closet snapped from his weight suspended on the rope. He attempted suicide, but survived. His family and entire community surrounded him with immense support after this event, but as each month had since passed, his family and friends slowly started to get back to normal, "pre-suicide" life and leave the past in the past. That concern he was initially met with started changing, and I think Sam was beginning

to hit those same obstacles that he faced two years ago. For Sam, he wasn't able to just leave them in the past.

By the end of his visit, he still refused to see a counselor. He refused to take any medications. My preceptor tried as much convincing as he could, but they ended up in a stalemate.

He had begun to open up to me in our few minutes alone before the visit, and just leaving him at this point didn't feel right. I realized I was having one of those gut-feelings moments—a feeling that came from somewhere way down deep, a feeling that would linger until I did the right thing. So I stayed and ended up talking with Sam for 45 minutes. It turns out it's a lot easier for an 18 year-old to connect with me than with his 63 year-old pediatrician. But I don't think it was age. I don't think it was age or gender, student or doctor. It was an element of humanism. It was empathy, because I saw little me sitting on that table. I saw little me on that table who really needed the now me. I saw little me with the same 4.0 GPA and the same perfect nuclear family and the same full-ride scholarship to college, yet the same incompleteness and turmoil. I struggled with my sexuality when I was in high school. I coped through stellar performance and constant self-pressure to succeed, thinking that might 'make up for' what I hadn't yet accepted about myself as okay. I felt that I may never prove my self-worth and so I lived in undulating fear of the repercussions of the inescapable moment where I'd finally come out to my family. I knew I would have no control over their reactions, so I worked tirelessly, knowing that still might not change things. Not that I thought this was the exact problem that he was struggling with, but I knew exactly what he was feeling inside. As I shared with him the pressures I put on myself and how I completely lost self-love, the words just came out of my mouth: "It's okay to not be okay."

"It's okay to not be okay."

Because remember, life is hard. These hard parts of life are inevitable. And so, you know what else is inevitable? Being not okay.

As we started talking about all the different ways and times that he's been feeling these emotions, we realized together that this wasn't the first time he had felt this way. And really, we saw that we've both experienced this feeling multiple times. We threw out our ideas on the things that are hard and contribute to being "not okay" and as therapeutic as it was for Sam—it was the same for me. Life brings unexpected changes that can rip our support scaffolds from under us, yet we're expected to show up and be our same selves in our daily commitments when we're "not okay." It's sort of unfair. As we connected, I realized how we began to normalize all of the times we had felt this way. If we can just expect to eventually be "not okay" at some point or another, then we can accept when we're not okay and actually do something about it.

I realized that Sam's uncontrollable tears had become my newly-discovered phenomenon: emotional syncope. Just like how our bodies overpower our executive function by removing gravity when

we are underperfusing our brains, I think that our emotions can do something similar. We see this as Sam sobs uncontrollably, his call for help when he wasn't otherwise able to do so for himself. His emotions overpowered every function in his body to get him help and restore balance, thus, an episode of emotional syncope. Today, we're lucky that he was in a place where he was okay to not be okay.

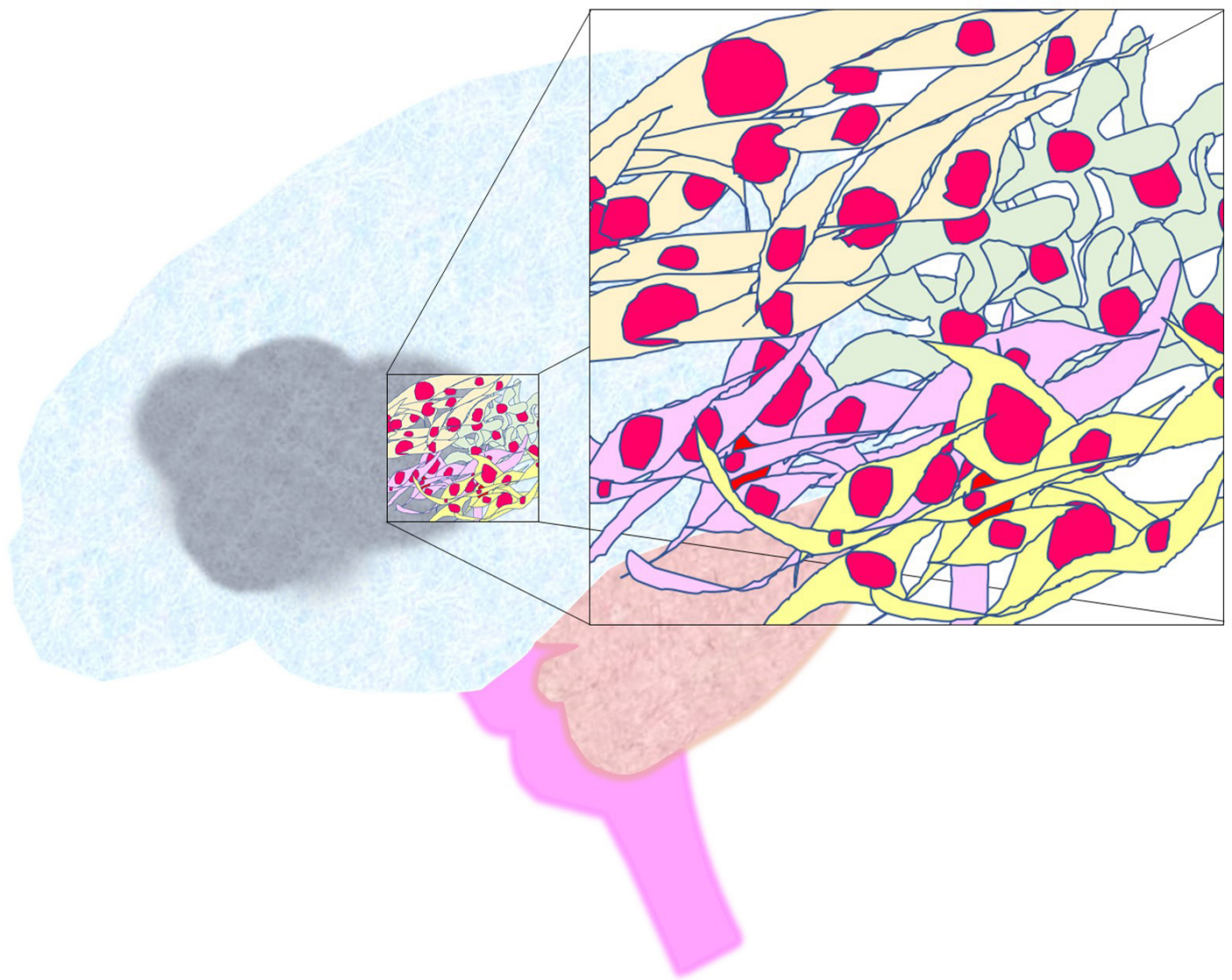
I didn't work as a doctor today, just as a human. I saw myself on the table. I saw the times when I wasn't okay and how much better I would have felt if someone would have just told me, "It's okay to feel this way right now—you're normal." I got to give that to someone today. I got Sam to commit to himself and to see a counselor. But above everything, I got the chance to believe today that it's okay to not be okay, because that feeling's not permanent, and we are graced with the empathy to understand and share that with everyone who needs it.



CHAOTIC THOUGHTS

Kevin Dick

Kevin Dick is a PhD Candidate studying Biomedical Engineering in Ottawa, Canada.



CANCEROUS GROWTH

Siti Nazihasma Hassan

Siti Nazihasma Hassan is a PhD student in Neuro-Oncology at the Universiti Sains Malaysia in Kelantan, Malaysia.

NOT QUITE A CHEVRON

Alexandra “Xan” C.H. Nowakowski, PhD, MPH

Department of Geriatrics / Department of Behavioral Sciences and Social Medicine

We find togetherness
in sordid pictures.
It looks more like a peace symbol,
my mother says,
arguing with my father—or as usual,
agreeing at the top
of her lungs—
about his transplant scar.
It’s supposed to be a chevron,
he insists, brandishing the skin
shot full of staples.

I agree with my mother.
Of course—
or perhaps not—
I often do. These things
are complicated like the reasons
I could never be a match.
Left censoring *cystic fibrosis*
from lists of disqualifiers
for liver transplantation
takes a certain art.

The person who made me
may not have used a brush
but certainly
there was a cup.
Made me so my father
could be just that, and then—
much later, a lifetime of much later—
hear my desperate words.

A plea, two publications.
Tears that rolled unseen
down my cheeks.
I knew that story well;
one day I may argue
over chevrons of my own.
For now my scars
are all inside:
thickened tubes, blocked passages,
dark places filled with grime.
Small clocks, ticking away.

I had a lifetime
of acclimating,
of growing accustomed
to what feels normal
when nothing
really is.
Suddenly, there was so little
time for anything.

And then, the call—
or two, because my father
was swimming.
Strange to others how
we can be at once
sick and well.
Within one person,
multitudes.
I know you understand, he said
when last I saw him
with original parts.

My father opened himself
and scalpels opened him
to put life back inside.
Messages came like
cryptic warnings.
21 tubes, 23 tubes—then silence.
And then my mother,
in the small hours:
Liver is already producing bile.

Nouns as communication
all that next day:
Physiotherapy. Solids. Sitting. Walking.
Drains, pumps, catheters. Pain.
Unmentioned, but hovering:
Elation, relief, hope.
I breathed deep in my
infected lungs,
gave thanks.

It may be months until I see him.
The danger within me
looms too great, and even
between family, some things
should not be shared.
Yet those same perils
let me reach past fears
to the hope chest within,
where scalpels cannot go.
I fill my own with patience
and a short familiar checklist:
masks, wipes, nitriles.
In time, I will need them.

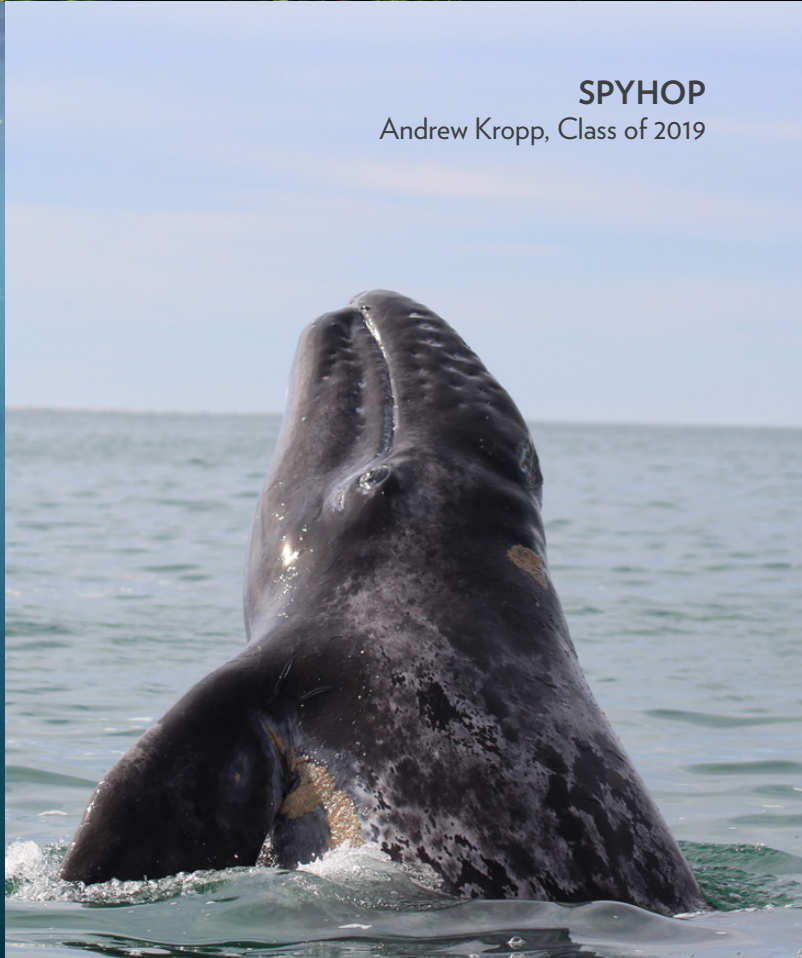
For now, I have the pictures
and the arguments
and the pricking tears
of having made some difference.
Not quite a guardian angel—
too little dead to qualify—
but something.
I love you and your words, he says.
This time, they were enough.



TWILIGHT ZONE
Nicholas Ott, Class of 2022



SEA PUPPY
Andrew Kropp, Class of 2019



SPYHOP
Andrew Kropp, Class of 2019

the tiny HUMANS

Jacob Hentges, Class of 2020

I am a hard person to deal with. My expectations are high for those who I see as equal to myself and are even higher for those above me. This has put me into trouble more than once. I just completed my medical rotation for small people, a rotation also known as “Peds,” and those scary little humans have changed the way I approach life. They softened my hard shell and gave me the ability to look at my life and family in a new way. They not only gave me a new perspective on how disease affects the families of these tiny little people, but they gave me a new perspective on what it means to be human.

My Peds rotation made me realize that every 18-month visit is different, and the development of any one child moves at a grossly different speed. The development of children—and doctors—seems to follow a parallel path. Some are a little premature and they may not develop as quickly. They may lag, but eventually the light will come on and they begin to flourish, or they don’t. The greatest predictor of a child’s success is whether they have the love and nourishment that they need to grow. Pushing the premature baby is not going to help him or her. The baby needs water, air, food, love, and occasionally some blue light. My expectations and constantly pushing the people around me to perform at a higher level does not help myself or my classmates. Turning up the tidal volume does not make the lungs grow bigger. We all need time to grow and mature.

I consider myself a hard ass. My father was hard on me growing up. I remember getting water dumped on me when I did not wake up to feed the cows. I remember being left on-site to haul in a truckload of drywall and told that I needed to get it in before it started to rain in 2 hours. I weighed about 100 pounds and the half-inch bundles of drywall weighed about the same. I was expected to never cry and always suck it up. My father taught me how to work. He helped me develop this temperament and armor needed to survive in a cruel, unforgiving world. This armor melted like chocolate on a hot sidewalk after the tiny humans got a hold

of me. They made me realize that the world may not be such a bad place. Their pathology was undeserved, and their parents were scared. Most of the time the worry was unwarranted because, in the words of my pediatrician, Dr. Dunkin in Collier County, Florida, “It takes a lot to kill a kid.” They taught me how to have compassion again. They taught me it is okay to be vulnerable and scared. These are not signs of weakness but rather an evolutionary mechanism that allows each generation to continue. We all just want our kids to be happy and healthy.

The discoveries I made on this rotation have grossly changed my life forever. It even changed my choice of preferred specialty. The children I encountered made me realize that time moves quickly, and kids grow up fast. My daughter is 4 years old. When I graduate, she will be almost 6 years old, and if I choose to do anesthesia, she will be almost 11 when I finish a fellowship. I can’t do that to her or myself. These children have brought my ego to its knees.

One day, a wise man told me that “you can choose your ego and a quest for prestige, or you can choose your family.” These words of wisdom struck me deep to my core. I re-evaluated my priorities. I never expected for this rotation to change me like it has. I can finally say that someone broke me down. I admit defeat. Many people have tried to get me to change my approach anywhere from classmates to faculty—such as Dr. Harrison, Dr. Appelbaum, Dr. Khajavi, and even Dr. Rahangdale, just to name a few. No one has ever gotten me, the most stubborn jackass of all time, to change my approach to life. The tiny humans are strong like bulls. Their tiny hands and pure hearts have broken me and made me realize the error of my ways.

I have decided to become “just a dumb” internist. I want a family and a community to call home. I realize that over the last couple of months I have not been the best student, father, or husband that I could be. The kids taught me more about life than I thought possible. I know that this may not be the best essay, but my daughter just woke up from her nap and I have to go.

INTERSEX

Nik Lampe, MA
Department of Geriatrics

When I found out that I am intersex, I didn't know what to do.
 The clinician's hand writing is terrible. So maybe this isn't true?
While I wish I can change my past, to instead grow up as a man.
 It was 1994, a different time for transgender folks back then.
My body felt too big to be feminine, too little to be masculine.
 So I self-medicated on diet pills while habitually occupying restrooms.
Physicians saw me as a walking skeleton, with unfilled prescriptions of Prozac.
 So I dodged most clinical visits and risked dying young of a heart attack.
My assigned female body was a prison, or so I initially thought.
 Until vague notations in my medical records were unpredictably caught.
As a healthy newborn, I was in the hospital for five days after my birth.
 Due to a medically unnecessary genital surgery with no empirical worth.
At the time, doctors lied to my parents and said I needed a tympanostomy.
 So mom and dad thought nothing of it, equating degrees with ethics and honesty.
However my medical records told a different story.
 The one of me having "ambiguous genitalia."
So an obstetrician performed uncontested surgery on my genitals.
 And used their medical authority to control my anatomical features.
When I found out about my intersex identity, I erroneously blamed myself.
 For all of the signs I missed, like the deep scar tissue and lack of menstrual blood.
Until a medical scientist told me that it wasn't my fault.
 After all I was only a baby, this experience was surgical trauma and assault.
If only my providers gave me a fighting chance, to live as my authentic self.
 While giving me the tools and resources I needed to be intersexy and well.
For now I keep learning and caring more about my body, with each passing day.
 In the hopes of empowering myself, while helping intersex advocates pave the way.

Mx. Nik Lampe is a graduate research assistant in the Departments of Geriatrics at Florida State University and is pursuing a doctoral degree in sociology at the University of South Carolina. Their work focuses on health, gender, and sexualities in the experiences of queer, transgender, and intersex populations. This poem is about the aftermath of discovering their intersex identity and history of surgical trauma at the age of 24.



VALLEY OF FIRE, OVERTON, NEVADA

Michael Hayward

Michael Hayward is a wildlife and portrait photographer from St. Augustine. His daughter, Anna Hayward, is in the class of 2022 at Florida State University College of Medicine.