HEAL

Humanism Evolving through Arts and Literature

FSU | COLLEGE OF MEDICINE

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HEAL

Humanism Evolving through Arts and Literature

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LETTER
from the Editor

HEAL Volume 15

Writing empowers us to think deeper about the meaning of our experiences, to connect and understand the myriad events in our lives, and therefore, helps us continue to celebrate joys and endure traumas. This is no less true for health professionals. When a physician, or nurse, or PA writes about a patient encounter, they see more clearly their "role" in the plot, how their actions and thoughts shape the lives of other characters, and vice versa.

The essays in *HEAL* Volume 15 represent well the discovery that comes from writing. In "Life & Death" (4), Shivani Patel shares how her terminally ill patient taught her to shape "obejctively mundane things" into something beautiful, including an appreciation of life. Eliza Broadbent writes about the time her attending honored a patient's out-of-the-ordinary request, a moment that now serves as a sustaining reminder of why she chose to go into medicine (40). And in "Compassion PRN" (24), Franziska Leutsch tells how her OBGYN rotation taught her the value of revisiting impactful events in order to feel her full emotions, a process that writing certainly helps with.

Many of the poems in this issue offer the patient's perspective, as they too must decipher their role in the story, such as Jenny Burkholder's "To My Heart's Echo" (11) and Julene Tripp Weaver's "Entering Where Truth Resides" (51). Other poems speak to the stress of medical school, including Stephanie Conner's "The Cycle" (25), Allison Kane's "Perfectionism" (31), and Rida Khan's "I can't sleep" (49).

The artwork in this issue values both our interconnectedness with other humans and the nonhuman natural world. Helping hands and the power of the human touch are woven throughout, along with flowers blooming from the heart, as well as the brain and skull. From Sarah Shahawy's watercolor rendering of Spirit Island (cover) to Dr. Matthew Standridge's portrayal of St. Raphael (41), a celebration of the natural world abounds.

We rarely receive fiction submissions, but I am happy to say this issue includes a stunning story by Ray Davenport. "The Antenna" (44) is a haunting tale of what it means to live in a body in this time, this place, and this culture.

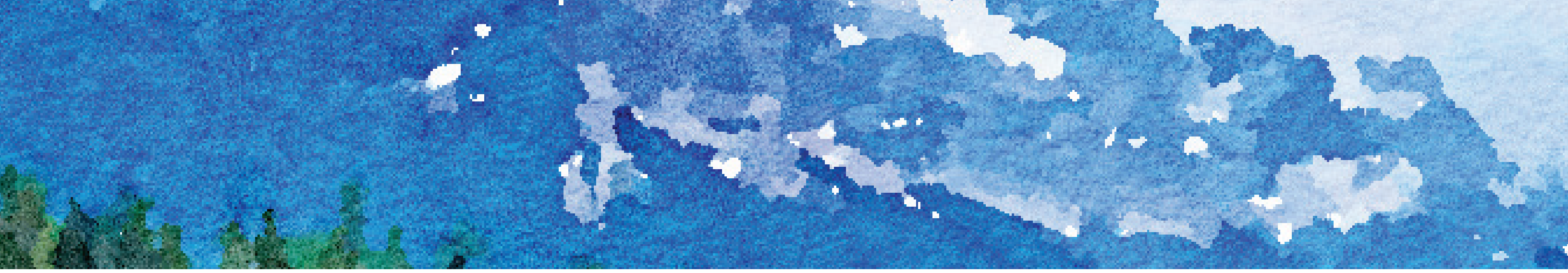
Please enjoy Volume 15 of *HEAL*, and may you find comfort, awareness, and healing in the pages that follow.

Warmly,
Tana Jean Welch, PhD

On the Cover

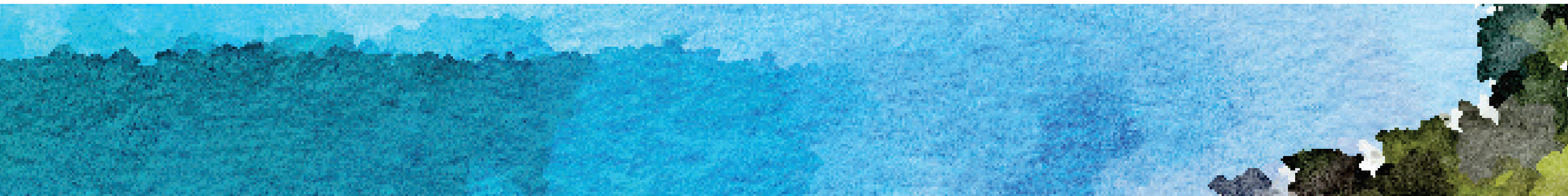
SPIRIT ISLAND
Sarah Shahawy, Class of 2026

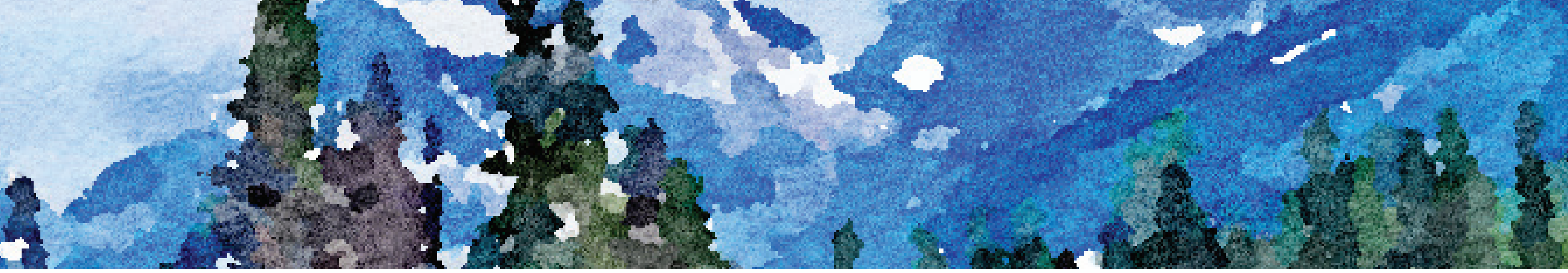
Sarah Shahawy is a third-year medical student at FSU College of Medicine. She loves to travel and capture the world in photographs and paintings.



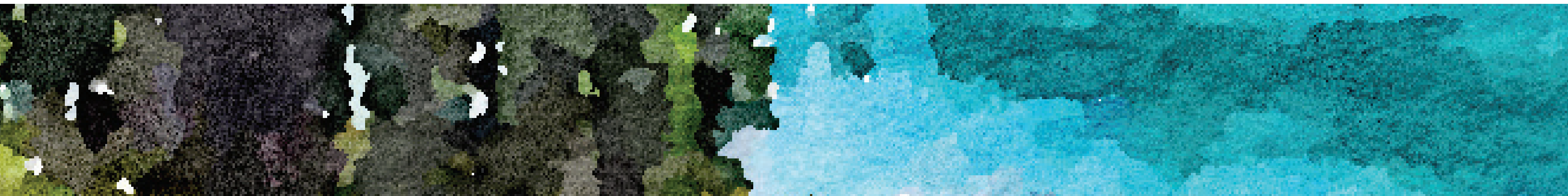
PROSE

POETRY





ART



1ST PLACE | Daniel Van Durme Humanism in Medicine Essay Contest

LIFE & DEATH

Shivani Patel, Class of 2027

Death is a crazy five letter word. Just five letters, but so much more. We spend our whole lives trying to prevent it from occurring, but death is the only thing life can actually guarantee.

Mr. X was a 45-year-old man with dark brown features that contrasted with his green eyes. I walked into his room and was greeted by his wife and two kids. Mr. X had just been diagnosed with a rare progressive neurological disease with no cure. Normally, when I walk into these patients' rooms, there's a silent sadness palpable in the air. But Mr. X and his family were different. The room was filled with giggles and smiles when I walked in. Albeit, I was confused, but pleasantly surprised by the joy I felt upon hearing their contentment. I explained I was part of the research team, and I was there to walk Mr. X through some neurological tests to track his progress. Mr. X completed each test with ease, with his family watching and cheering him on as if it were the Olympic games. I thanked them for their time, eagerly looking forward to my next visit with them.

Week by week, I got to know each member of the family more. S, Mr. X's wife, loved to paint portraits. J, Mr. X's son, wanted to be a doctor. A, Mr. X's daughter, was on her high school soccer team and headed to the playoffs. However, the more I learned about his family, the less I learned about Mr. X. His disease started to progress rapidly, and the man I met a few weeks ago seemed like a distant memory. The once easy tasks I asked him to do became insurmountable.

Determined to form a connection with him, I asked his family about his favorite things to do. They all talked about his love for photography and his dream of publishing his work in a big magazine one day. Personally, I am horrible at taking photos, so I thought who better to learn from than Mr. X? I asked S if she could bring Mr. X's camera to the hospital the next day. On my next visit, I started by asking Mr. X about photography and if he'd be willing to show me some tips. He hesitated at first, but his family encouraged him to give it a shot. He'd developed a dramatic tremor in his left hand, which made holding the camera extremely difficult, so I held it for him as he instructed me. He explained photography is much like life: "It's about capturing objectively mundane things and shaping them to be beautiful, just as this wonderful life we live in is." We took a picture of the hospital room together. It was nothing fancy, just a boring white room with light brown wooden cabinets and a shelf of teal-colored bedsheets. But after he saw the photo, the Mr. X I met on the first day of his admission was back.

Mr. X's words stuck with me during my long commute back to my apartment. Normally during my walks from the metro, I'm aimlessly staring at my phone or listening to music. But that day, I walked in silence, listening to the bustling noises of the city contrasted with the rich pink color of cherry blossoms. It felt like I could take a photo of anything, and it would be meaningful. So that's exactly what I did.

A couple days later, I was very excited to show Mr. X the photo I took of my favorite Mom and Pop grocery store. But as I walked into his room, the name on the door had been changed and someone new was in his bed. I wondered if he had just switched rooms, so I asked the charge nurse. She informed me that Mr. X passed away early that morning. It felt like my heart had sunk to the bottom of my toes. I desperately searched for his family and finally found out they had already left; but wrote a note for me:

"Thank you for giving him his life back. Love, S, J, & A."

Death is a crazy five letter word, but life is an even crazier four lettered word. The way Mr. X's life and death affected mine is something I will never be able to truly express in words, so I carry his memory with me through photos. Majestic trees, a crooked painting in an office, popcorn at the movie theater—every moment of life, no matter how "mundane," is worth capturing to remember how lucky we are to exist and connect with each other. With the help of Mr. X, I changed my lens and realized life is guaranteed for us all as well.

WHEN YOUR HEART BLOOMS
Katelyn Kirves
Class of 2027

Recovery

Katelyn Kirves, Class of 2027

At twelve years old life feels so free.
In the midst of innocence, uncontaminated
until you are scarred on your heart and body.
The dreams you once had are gone forever.

Time heals all wounds, but not all heal fully.
When you see your flesh outside of your skin,
how can you return to your purity?

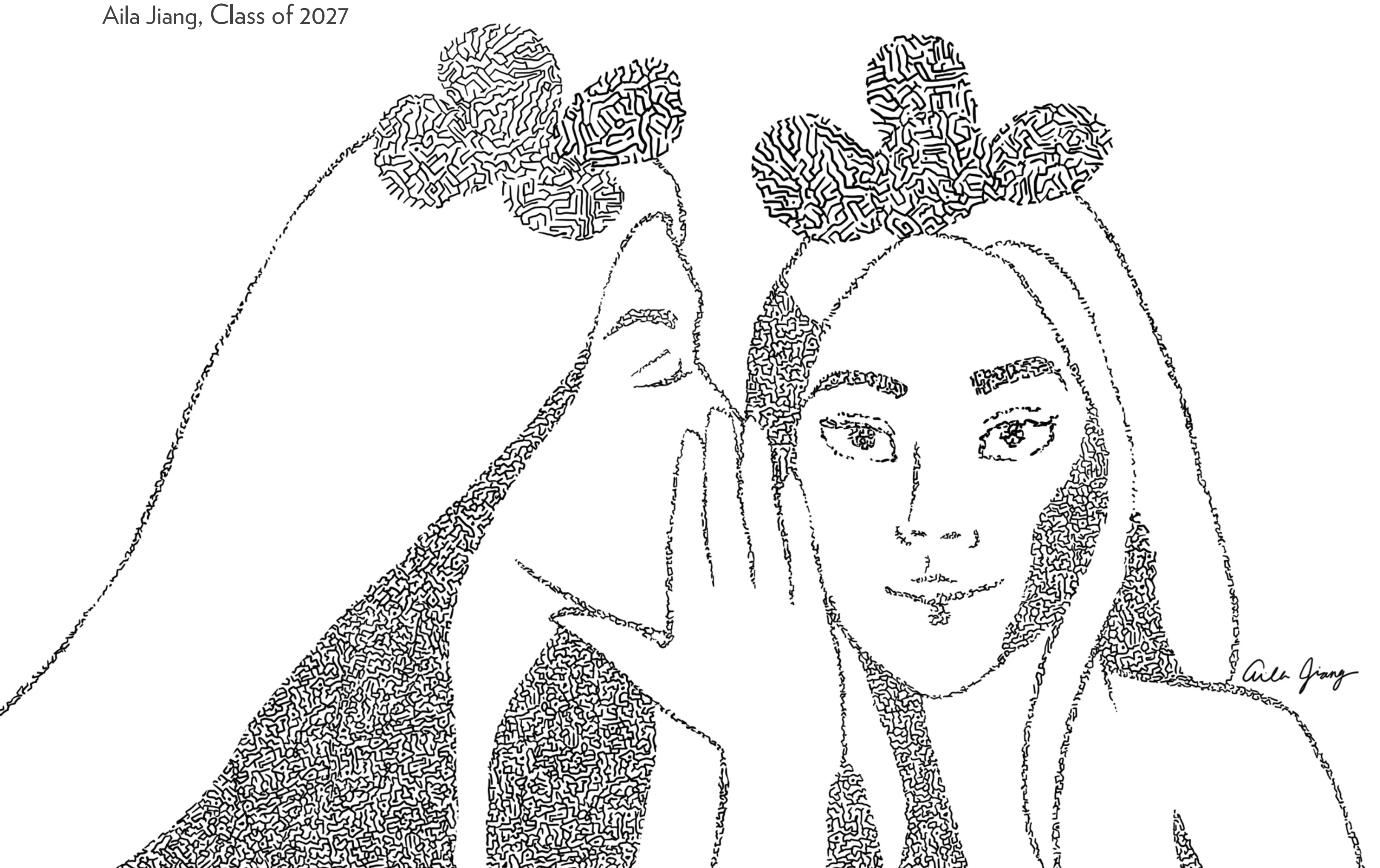
While flesh and bone can be realigned,
your consciousness can never return
to that wholesome state of mind.

Your memory is fuzzy, but also crystal clear.
You can't recall the details, but you feel every morsel.
The vehemence of your nightmares still come
no matter how much healing you feel you have done.

You learn to dampen the noise in your head
until it is too strong to be overcome.
But even then, you think
no one will understand, no matter how far you have come.

SECRET OF THE PLANTS

Aila Jiang, Class of 2027



DOUBLE HELIX

Sarah Smith, DO

Dr. Smith is a board-certified family physician, an author, and a mother of two. She has also been published in Kevin MD, Intima: Journal of Narrative Medicine, Pulse, *and* Sheila-Na-Gig online. *She lives in Tampa, Florida.*

WHALE PUMP AND PLANKTON
Carol Mickett, PhD and Robert Stackhouse

Changing the Ocean's Hues

Karla Santoyo and Raghuram Reddy

The ocean breathes out shades of murky white and faded blue,
a wounded symphony of a once transcendent hue.
The delicate aqua near the shore,
now clouded by oil-soaked rainbow tinted gore.

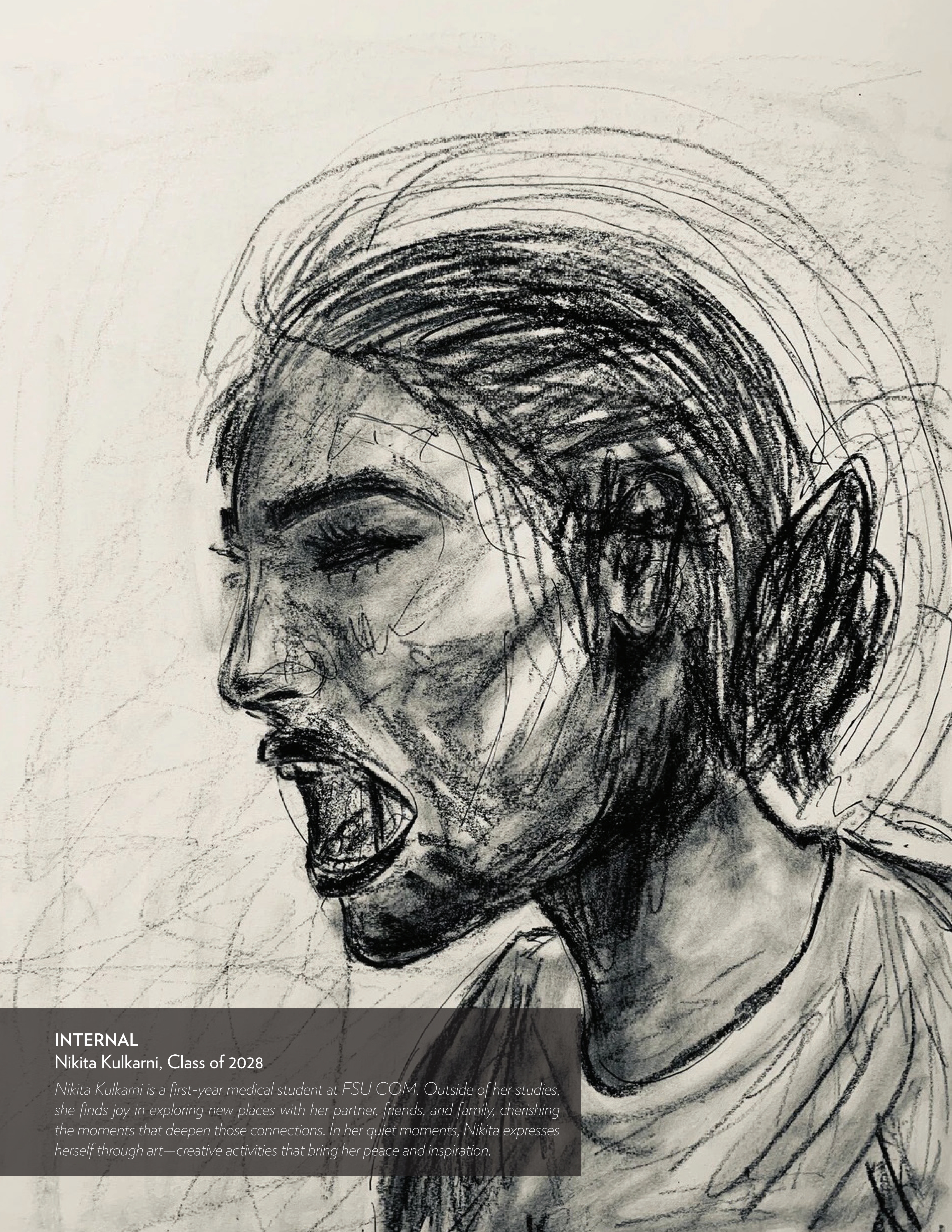
Runoff seeps into the deep,
a clash of illuminated colors, waters weep.
Phytoplankton´s dance with whales,
absorbing carbon, telling tales.
Whales guide the air we breathe,
by drawing nutrients from beneath.
Yet noise and nets disrupt their course,
threatening life´s vital source.

The once deep sapphire, now dimmed and pale
from rising heat, the ocean´s ail,
a tapestry of ever changing rhythm and blues
echoes the ocean´s warning news:
health entwined with Earth´s own breath,
storms, droughts, the risk of death.

To save our world, we must rearrange
the course we take and learn to be the change.

Raghuram Reddy is a third-year medical student at Florida International Herbert Wertheim College of Medicine. He is also a climate change activist who has previously written for Invading Sea *and* NIH Catalyst*.*

Karla Santoyo is a third-year medical student at Florida International Herbert Wertheim College of Medicine with an interest in understanding how climate change influences health and healthcare systems. Her passion for this intersection drives her to educate patients and the community on how climate affects their well-being.



INTERNAL

Nikita Kulkarni, Class of 2028

Nikita Kulkarni is a first-year medical student at FSU COM. Outside of her studies, she finds joy in exploring new places with her partner, friends, and family, cherishing the moments that deepen those connections. In her quiet moments, Nikita expresses herself through art—creative activities that bring her peace and inspiration.

The Church of Another Religion

Felix Balak, Class of 2027

Do you think about your baptism?
We have all been anointed in white.
Within the guild-church of health-ism,
How do the patients deal with the sight?

Of the Church of Another Religion.

See novitiates stumble about,
Scribbling and tapping and scribing, all.
Hoping for hints from the wise devout,
Waiting for letters, like leaves, to fall

In the Halls of Another Religion.

See the priests collecting confession.
All gilded, fig leaves and angel clothes.
The flock wear gowns and drapes, pupation.
Hoping for healing, paying their tithes

In the Gold of Another Religion.

An argument, hissed, 'tween those on high.
What to do, what to do? Run and hide!
Speak the words: AMA. Patients fly
Like doves from a coop, Eden outside

Of the Walls of Another Religion.

On all the walls, holy symbols show,
Secret codes, card-bound, clipped on, open.
Offices empty, fluorescent glow,
The work is done in hallways, spoken

In the Words of Another Religion.

Now see the inside, kept cool, kept bright.
With mantles of rubber adornment,
We dress the same! A family in white.
Our blessing: heal till our life is spent

As the Faith of Another Religion.

To My Heart's Echo

Jenny Burkholder

> *All italicized language taken from my Transthoracic Echocardiogram (TTE) completed on Wednesday, January 13, 2021

Having metastatic breast cancer means
I spend hours in windowless rooms:
exam. Gowned waiting. Infusion.

Radiation. Bath. Mostly by myself
until my doctor or technician arrives.
Today, it's my heart—monitored

every three months for damage,
not from cancer, but its treatment.
And my sonographer is prompt and courteous.

Instructive and firm. I fall in love
with her rare quiet—gentle glide of ultrasound
wand against my jellied skin,

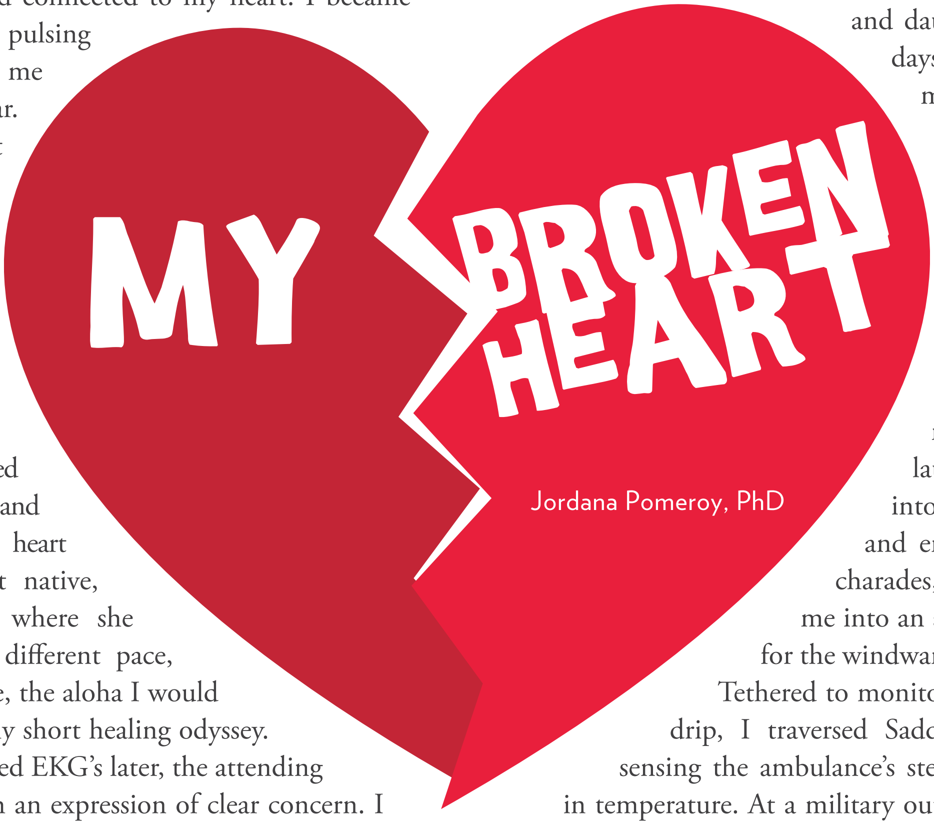
periodic beat of my heart.
This is what having metastatic breast cancer means:
I adore my *outflow tract*,

dangle in my *pulmonary artery systolic pressure*,
hang onto no *aortic stenosis* or *regurgitation*.
Brag about my beloved ventricle

normal in size and *function*. But mostly
with nothing to do
I sip in a small breath for her

and hold it. Hold it. Hold it there
until she says it is ok for me
to breathe.

The 2023-2024 Montgomery County Pennsylvania Poet Laureate, Jenny Burkholder is a writer, teacher, and breast cancer advocate. She has published Repaired *(Finishing Line Press, 2016) and poems in* North American Review, Snapdragon: A Journal of Art & Healing, *and* The Maine Review, *among others. Her website is overexpressed.net.*



MY BROKEN HEART

Jordana Pomeroy, PhD

Our vacation took a hairpin turn after a hike along the leeward coast of the Big Island landed me in Kona's only hospital, a modest facility constructed when Hawai'i was a rural outpost of the mainland. Like a car, my engine overheated, and I pulled over to sit on a rock, taking stock of my symptoms. My depleted physical state engaged in fierce battle with my mental determination to complete the journey, to reap the rewards of such an exhilarating hike. We cut through an overgrown trail to await our ride back to the house, where I rehydrated, lay an icepack on my body, and dozed. With each passing hour I felt increasingly revived, but in the morning my mind connected to my heart. I became acutely aware of this pulsing organ that has propelled me through my 59th year. I visualized each beat pumping blood through the ventricles. I felt short of breath.

The clinical receptionist quickly ushered me through the waiting room to an awaiting gurney, where a bubbly nurse hooked me up to a Heparin drip and an EKG to monitor my heart rhythms. An East Coast native, she moved to Hawai'i where she preferred the decidedly different pace, the approach to medicine, the aloha I would experience throughout my short healing odyssey. Vials of blood and repeated EKG's later, the attending physician visited me with an expression of clear concern. I burst into tears as it dawned on me that I was the object of his worry and would not be walking out of the hospital in the change of beach clothes I had optimistically packed earlier. I texted close friends back home, one a cardiologist. Healthy female, no previous symptoms, nonsmoker. The D-Dimer test indicated inflammation, possibly caused by a blood clot, and high troponin levels could mean a possible heart attack. Along with the abnormal EKGs, both the attending and my friend agreed my condition warranted further investigation.

We were staying with Tom's older sister, who pitched a tent in the 1970's on that ropy lava that defines much of the Big Island's coast. Tom is 63, the youngest of five children, and the only boy. I lucked into this sprawling, loving diverse family that grew up Italian Catholic in Westchester but ended up in far-flung destinations, including Hawai'i. The four sisters, born within a span of six years, maintain close ties, despite geographical distances. My younger sister and I were also born six years apart. I lost her to cancer seven years ago, an unresolved grief that's become part of my identity. I'm relishing the status of being Tom's new girlfriend, even if I feel the burden of losses and the creep of age. I've been fortunate to have few health problems. I don't have a medicine cabinet full of prescriptions. Without a second thought, I set out on the hike paralleling Keala O Keawe road, Tom's sister as familiar with the terrain as a mountain goat.

As I waited for the ambulance to arrive, I thought about the joyful call I received from my son and daughter-in-law a few days before to inform me of her pregnancy. I considered my good fortune now to have a spiritually generous man in my life who serves me love in abundance and makes me belly laugh. Tom came into my curtained bay and entertained me with charades, until medics slid me into an ambulance destined for the windward side of the island. Tethered to monitors and my Heparin drip, I traversed Saddle Road at night, sensing the ambulance's steep climb and drop in temperature. At a military outpost, I was handed over in the cold night air, to another team of medics who continued the long journey to the medical center that had a cardiologist and catheter lab.

The hospitalist, who I came to think of as the philosopher doctor, approached my gurney, temporarily parked in the trauma bay. He asked me to describe my condition as he leaned against a table, arms crossed over his chest, beaded bracelets on his wrists. He bore a decidedly Jewish name but adhered to a little-known Afro-Brazilian cult, whose rituals resonated with him more than ancient texts. He brought up the Viennese psychiatrist Viktor Frankl, a Holocaust survivor, whose incarceration influenced his writings about finding meaning in life. Frankl linked faith with the ability to imagine the future, which at that moment, in my exhausted haze, struck me as profoundly relevant to my precarious situation. The philosopher doctor mentioned an octopus. He placed his open hand upon his heart, which I interpreted as a demonstration of compassion.

I let go of my fear as I was wheeled into a proper hospital room barely aware of my roommate, who quietly lay in a fetal position. The curtain around her cubicle remained open; I averted my eyes when I used the shared bathroom. Periodic monitoring allowed me to sleep in clusters of hours, recalling the only times I was previously hospitalized overnight, giving birth to my children, gently awakened from time to time to nurse.

I thought about my roommate on the other side of the curtain, which provided only an illusion of separation. She awakened at times, whispering rapidly into her cellphone. A male voice on the other end of the line admonished her to go back to sleep. Her story unfolded despite my efforts not to learn it. Not a girl as I had pictured her from her high-pitched, childlike voice, but a 41-year-old woman. I saw her coming out of the restroom, tall, white, withdrawn. The ICU provided her entry point into the hospital. The valium drip helped soften the painful symptoms associated with alcohol withdrawal. I pondered her fate as I awaited word about mine.

The interventional cardiologist appeared at the foot of my bed, tall, athletic build, blonde hair piled on top of her head—a Germanic goddess from a Wagnerian opera. In exquisite and excruciating detail, she explained the procedure I faced. That morning I had awoken thinking about something the philosopher doctor mentioned about the insignificant time we spend on Earth.

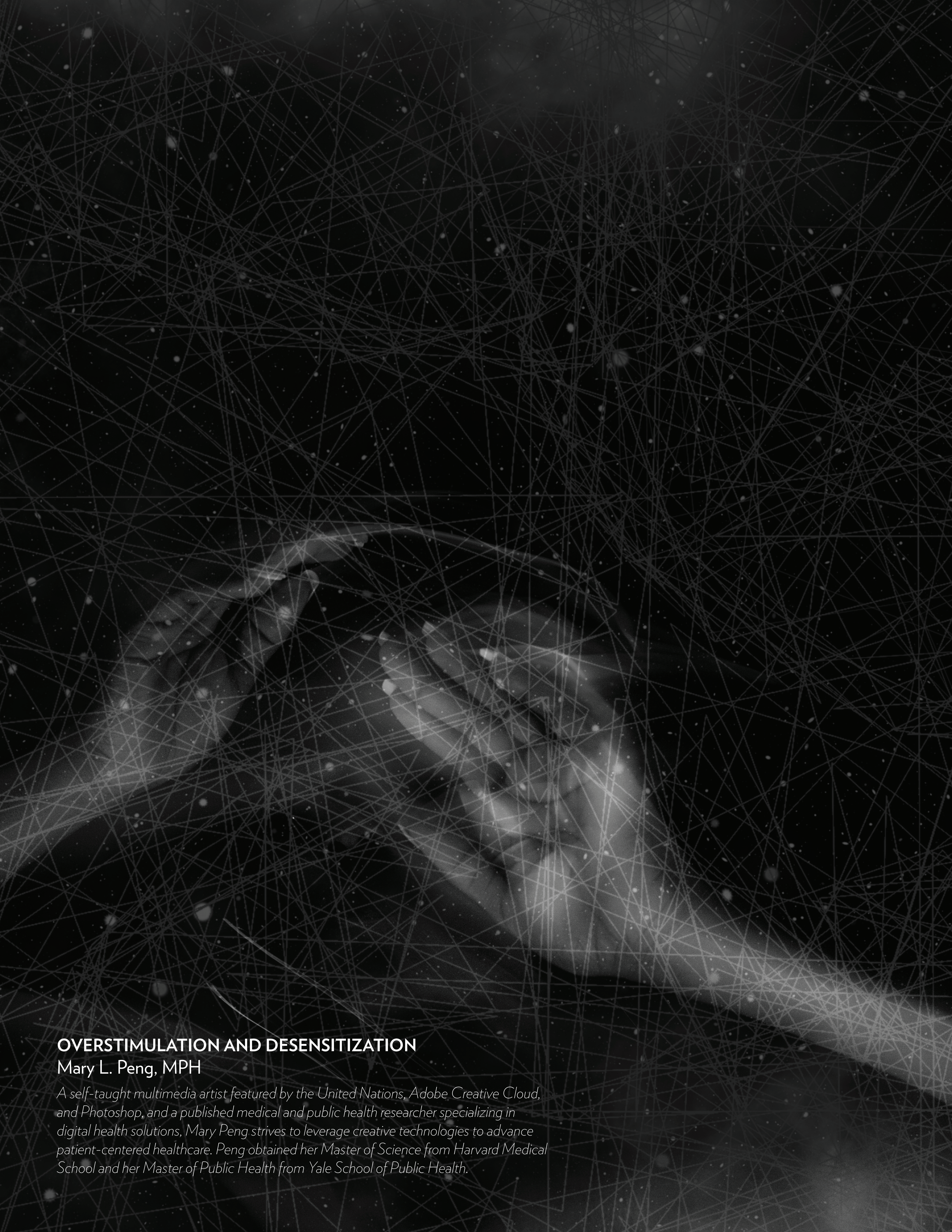
Under sedation, I could hear the cardiologist's command over her team and the procedure they were about to perform. Anesthesia erases time. No obstructions. Healthy arteries. I relaxed and recalled the outspread hand of the philosopher doctor. Takotsubo cardiomyopathy, or Broken Heart Syndrome, which causes the ballooning ventricle to resemble a traditional Japanese pot for catching octopus. With his hand outstretched, the philosopher doctor had alluded to this temporary heart condition, often triggered by a significant emotional event—a death or divorce—which causes a surge in stress hormones that stun the heart and cause it to produce symptoms that mimic a heart attack. Neither divorce nor the steady drumbeat of deaths I've experienced had caused this cardiac incident.

That night, as I settled in among the tubes and wires to watch My Octopus Teacher, my roommate prepared for a premature exit. Day three into her detox protocol she pronounced herself well enough to go home. She felt like a prisoner. A boyfriend or another friend would pick her up. She assured the nurses she had extra Valium at home. They pleaded with her; she responded in kind. Their intervention began in earnest.

Logic has no place in the world of an addict, I quickly surmised, as I lay in my bed behind the curtain, feeling like I had unwittingly stumbled into a theatrical performance. Round-and-round went the conversation with the first nurse, who warned her of the complications of halting the medication, to the myriad consequences of leaving against medical advice. Nurse number two gently asked her about her children, of which she had three, or perhaps five. The third nurse spoke sternly reminding her that it was she who agreed to this program of treatment and that she had a maternal obligation to her family. She tugged alarmingly at the IV line that tied her to the hospital's care. The interventionist choir could not keep her against her will. She obligated them to release her into the night. I stared out the window at the dark sky, imagining what it would be like to leave the hospital, with no ride secured or clear destination. I thought about the fragility of the fractured modern family that no longer ensure a tightly woven safety net of love. The room became quiet; I fell into a deep sleep.

Tom collected me the next morning with a plan in mind. We stepped outside the hospital into the warm Hawaiian air. A leisurely drive around the island included intermittent stops to admire the dramatic views, buy macadamia nut cookies at Donna's Cookies, and investigate thrift shops. Breathlessness with every step kept me honest about my vulnerable condition. Tom slowed his pace, gave me a coconut to sip, as I caught a glimpse of myself reflected in a window. Not old, not young, but most certainly changed.

Dr. Pomeroy is the Director CEO of the Currier Museum of Art in Manchester, New Hampshire. She received her BA from Bryn Mawr College and holds a PhD in art history from Columbia University. Her forthcoming book, a biography for YA readers on the 18th-century painter Elisabeth Vigée Le Brun, will be published in summer 2025 by Getty Publications.



OVERSTIMULATION AND DESENSITIZATION

Mary L. Peng, MPH

A self-taught multimedia artist featured by the United Nations, Adobe Creative Cloud, and Photoshop, and a published medical and public health researcher specializing in digital health solutions, Mary Peng strives to leverage creative technologies to advance patient-centered healthcare. Peng obtained her Master of Science from Harvard Medical School and her Master of Public Health from Yale School of Public Health.

THE MAN in THE BED

Jeremy Kuder, Class of 2024

“Mr. C is trying to leave again,” reported the exasperated floor nurse as our team started rounding on our patients for the day. Under the care of one of my colleagues, Mr. C was an elderly gentleman in his early seventies who had been admitted for a stroke evaluation three days ago after being afflicted with weakness and paresthesias in his left arm, as well as some facial droop and dysarthria, all of which greatly improved after the first day of symptoms. He had been evaluated by the ED initially and was now awaiting a brain MRI after his consult with the neurologist who suspected a small infarction. It would have been simple enough to confirm the stroke and ensure no other immediate danger except that the queue for the MRI machine ran off the printer and coiled over on itself resting on the floor.

Mr. C was a fit, wiry man who was regrettably hard of hearing. Up to this point, there had always been a family member (son or daughter-in-law) at bedside who was very involved in his care, full of all the usual questions, and assuring us that Mr. C was doing just fine. But this time it was just Mr. C and he was ready to hit the road.

When we entered the room that morning, Mr. C was convinced that whatever had caused his symptoms was an isolated incident never to be repeated and that there was absolutely no further reason for him to be in the hospital. As my attending began to delve deeper, Mr. C became tearful and it became painfully obvious to me that after three days in the hospital he was woefully unaware of the course of his disease or the importance of the workup that we were doing. No wonder this man wanted to run for the hills. Exhausted and frustrated from his sleepless hospital nights, he wanted to escape this bad dream of midnight needle sticks and subpar food and flee to his rural homestead of familiarity.

I thought back to the first time I entered that particular hospital, in good health, an expected party, knowing I was supposed to be there and my goodness if I wasn’t intimidated by this massive healthcare machine. Then I imagined not being able to speak the medical “language” of jargon tossed between the providers and family, over me, the man in the hospital bed, in some sick game of keep-away, my ears never quite catching the words that held my life and freedom captive. I was terrified.

It is not enough to assume that the patient gleans the information as we speak to whoever we perceive as the most competent person in the room, assuming they will communicate with the patient after we’re gone. We are educators and the patient is our ward and our sacred responsibility is first and foremost to the man in the bed.

Dr. Kuder graduated from FSU COM in 2024 and is a first-year resident in emergency medicine at the University of Alabama Medical Center.

BLESSINGS

Chaitali Hambire, MDS

Dr. Hambire is a certified specialist in Pediatric and Preventive Dentistry. She has been a practitioner and teacher of pediatric dentistry for over 18 years. She is also a passionate artist with more than 30 artworks published.

AN OPEN MIND
Elizabeth Teets
Class of 2027

Riding The Wave of a Cruel Storm

Ann Matzke, MS, MFA

In a one-size-fits-all
hospital bed.
Sheets tossed
and tumbled
like undulating
waves on an open sea.

Riddled by Cancer
your spindly arms float
like driftwood on the surface.

The door opens. Your face brightens
like sunshine through broken clouds.
"Hang on, he'll be here soon," your mother whispers.

But the shadow returns when the door closes.

Your mother leans forward.
Another deployment for your father
has failed to bring about a rescue mission.

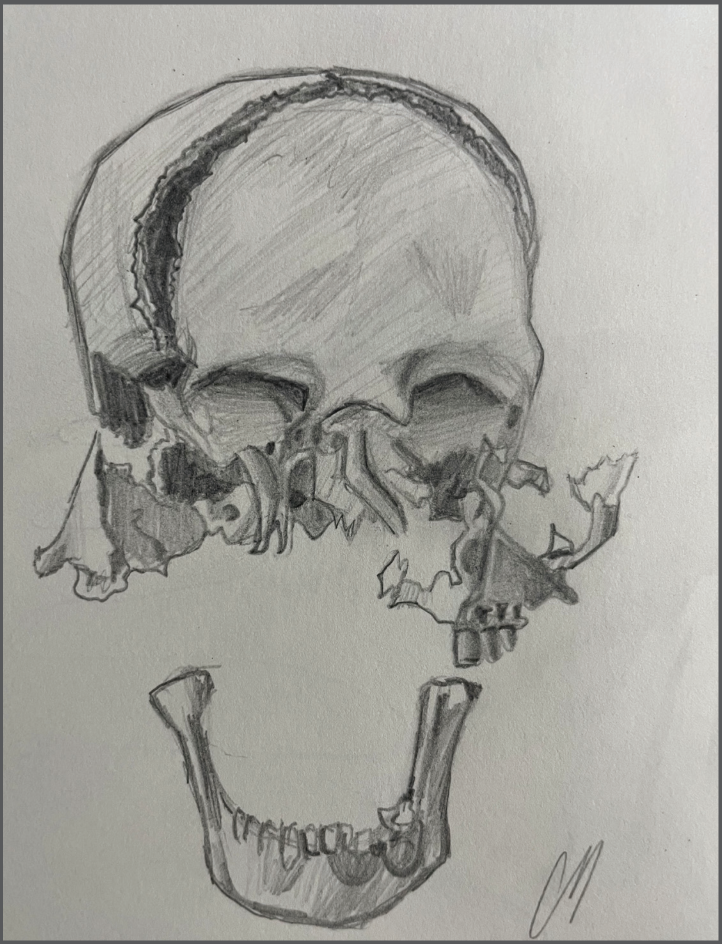
Your small hand buoyed in your mother's.
She curls her body around
the edge of the bed.

Death looms in the dark folds
of the curtains, like a storm
hovering on the horizon.

There is nothing more for the staff
to do but wait. Your father must arrive
before the sun sets!

Waves crash as respirations fade. Clutching
your hand, your mother's head drops.
We are all lost in the undertow of death.

Tears spill like a spring shower. You were braver
than the world's armies. A small soldier fighting a battle
in a vast, tumultuous sea.



THE SKULL
Cassidy Millhouse

Cassidy Millhouse, a studio art major at Florida State University, is a multimedia and multidisciplinary artist, focusing in painting, printmaking, and fashion styling work.

Ann Matzke has worked as a certified Child Life Specialist interning at Johns Hopkins Children's Center and working at London's Charing Cross Hospital and Children's Hospitals in the United States. Her poetry has appeared in Brevity, Intima: A Journal of Narrative Medicine, *and* Rappahannock Review, *as well as regional anthologies and magazines.*

BEDSIDE LIBRARIES

Olivia Nixon-Hemelt, MD
Washington University School of Medicine

“They’re paging us for Mr. Schaeffer again,” my resident called across the team room. We gathered our belongings and headed back down to our patient’s floor, wondering what the issue could be. Mr. Schaeffer had arrived that morning, a pleasant older man transferred from a small hospital for a nosebleed that had been going on for several days. Following the otolaryngology team into the room, I had interviewed our cheerful patient while the residents examined his oozing nostrils. He had explained to us through the wadded gauze pressed to his face that at the other hospital they had performed a surgery to try to stop it, but he didn’t know what hospital it was. Mr. Schaeffer and I chatted while the residents packed his nostrils, and we continued about our day, planning to discharge him shortly.

When we returned that afternoon, Mr. Schaeffer had become agitated. In the span of a few hours, his demeanor had changed dramatically. He was confused and did not recognize my resident and I when we arrived, although we had already spent substantial time together. Blood was now dripping in a steady stream from one nostril, a marked increase from that morning, but he would not let us examine him. Then, in the brief moment we were able to convince our disoriented Mr. Schaeffer to let us look in his throat, we caught an ominous glimpse of a ruby-red jewel of a clot completely filling the back of his mouth.

My resident stayed with Mr. Schaeffer and continued the exam while I slipped out of the room. What was going on with Mr. Schaeffer’s ligated artery? And which artery was it? Without his records, we had no way of knowing, and we had very few options for getting those documents. Mr. Schaeffer’s family was not present, no records had arrived with him from the transfer, and the patient himself was now so confused that he could not remember having had a surgery at all.

I spent the afternoon playing detective, stringing together any details I could remember from my earlier conversation with a more lucid Mr. Schaeffer in order to elucidate which hospital he’d come from. I called operator after operator, clinic after clinic. Even after Mr. Schaeffer had been taken for emergency surgical exploration and ligation by the otolaryngology and interventional radiology teams, I made it my mission to find his past records. His medical care might depend on it; his story needed to be completed.

Reflecting on that day, I see this was not a particularly unique experience. Humans are compelled towards stories; we are emotionally drawn to movies, books, and TV shows. We are interested in what has happened to people we sometimes do not know and have never met. Our minds have a natural talent for putting our own memories into context to find meaning. Though on the surface it can seem purely scientific, why should medicine be any different?

While we all share in this human tendency, Sir William Osler was overtly drawn to narrative. His personal library, the *Bibliotheca Osleriana*, included over 7,000 books. He understood too that there was an intimate space in medicine that the pure study of science failed to fill, and for which literature provided a remedy. For practicing physicians and students alike, he endorsed what he called a “bedside library,” a selection of books to keep by one’s bed to peruse for a few minutes each night.[1] Osler’s personal bedside library included selections of poetry, theater, and philosophy, among other things. I like to believe that this reflected his manner of practicing medicine. He was devoted to stories of love, pain, and triumph — did he find the humanity of his patients mirrored among those pages?

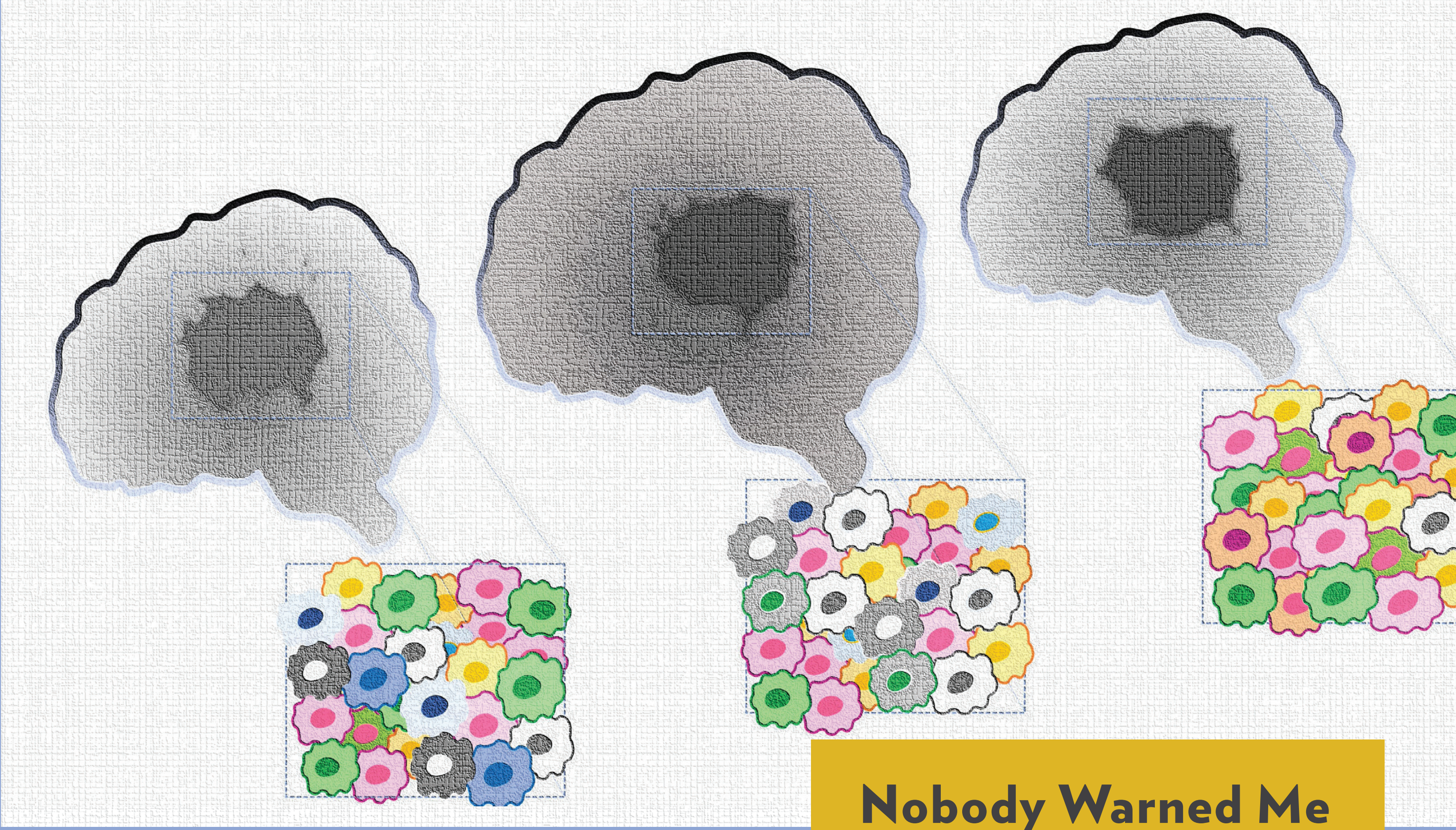
“A library represents the mind of its collector, fancies and foibles, strengths and weaknesses, prejudices and preferences,” Osler once remarked.[2] There is truth to this. Our “libraries” are representations of the stories we find valuable — as future physicians, we owe it to each of our patients to include them. We can add crucial context to their journey in the HPIs we write. We can fill plot holes by gathering the medical records that will inform treatment. And most importantly, we can honor patients by listening closely at the bedside, providing a reader for the story of their experience.

Mr. Schaeffer’s family arrived the next afternoon, tearful and worried. There had been an error in communication, and they were sent to the wrong hospital. By the time they realized the mistake, Mr. Schaeffer had been delirious and unable to tell us how to contact them. Now, his daughter sighed in relief as she stood near his bed, watching as he slept peacefully (sans bloody nose) for the first time in a week. She handed me a thick white envelope with a patient sticker on the front. “Here,” she said. “I’m not sure if you guys need these, but I brought his records.” I smiled. By now, they were already in his chart — but it can never hurt to check.

Dr. Nixon-Hemelt is a resident in otolaryngology at Washington University School of Medicine.

[1] *Osler for White Coat Pockets* by Joseph B. VanderVeer, Jr., MD & Charles S. Bryan, MD

[2] *The Librarian’s Book of Quotes* by Tatyana Eckstrand



HETEROGENEITY
Siti Nazihahasma Hassan

Siti Nazihahasma Hassan is a fervent admirer of the aesthetic wonders concealed in the tapestry of scientific exploration and an avid seeker of experiential beauty within the boundless realms of the biomedical domain.

Nobody Warned Me

Jenny Burkholder

Spoon, spatula, leftovers leap
from a diving board into the deep end
of silence at the end of many of my sentences.

Here, they swim up to an indescribable
grief. At 40, I can no longer remember
my daughter's favorite color.

I'm angry that my head
is an open purse.
Language and memory its stolen
wallet. What can I do?
I get lazy. Let silence stumble
around like a drunk party goer.

Nobody warned me.
That memory would become
an empty parking lot.
That whole swaths of my daughter's
childhood would be lost.

Memory only knows
how to swim, drive, and stay
where it belongs if you teach it to.
Otherwise, blank.
Never to be seen or heard.

A Tribute to SSTRIDE

(Science Students Together Reaching Instructional Diversity & Excellence)

Sean Gabany, Class of 2025

When they walk through that door, swing
with everything you got.
They're bigger, stronger, maybe armed.
We only get one shot. So I swing
and fight with all my might
to ensure my siblings and I
make it through the night.
Can't sleep, can't dream, not while I wait.
A life of just this, is that my only fate?

Still, I dare.
To picture something different.
A life I choose.

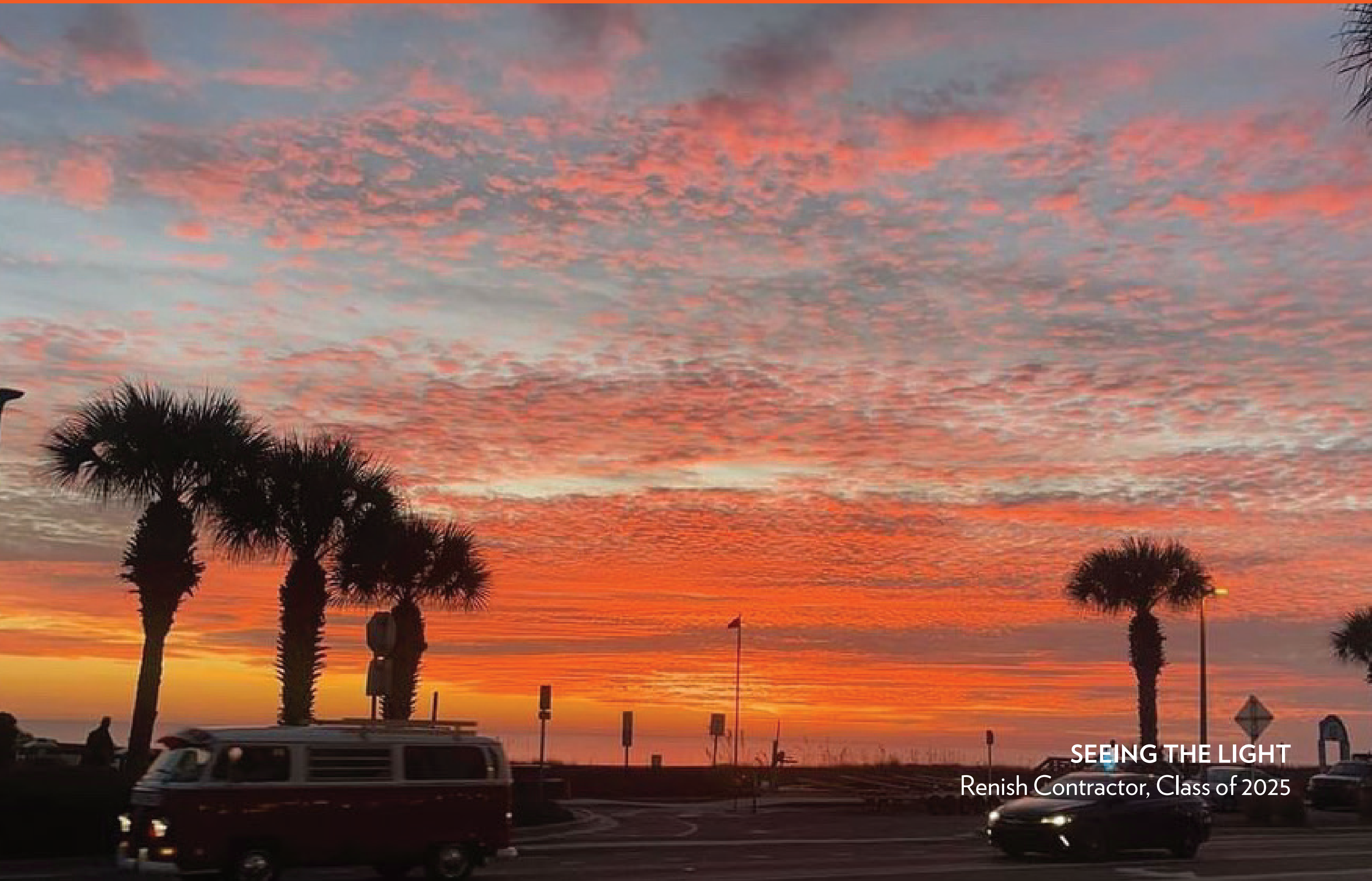
Above the noise, the pain, and all that confuse.
Helpless and alone, let's help people
so this doesn't have to be everyone's tale.
I hear doctors do this (not that I had one).
After all, growing up was hard:
When the people who should protect you cause the most harm.
When checking food for bugs, raised no alarm.
Hearing things like "You got 'go to the doctor' money?"
No, I don't, but still
maybe my suffering isn't so funny.
Waking up unable to breathe—
black mold angers the lungs, but I'll just let it be.

Eventually breaths become gasps, and when the doctors do see me,
I learn of their superpowers to know the human body.
Metal plate in front, now they see what's wrong.
A med here, a med there, and air flows again.

But should breaths have become gasps?
NO, this has to change.
let's make it happen,
put this in my range.
Because I want superpowers too—
I want to make a difference.
I want to do more.
Do more than breathe,
I want to be.
So I work hard to be the smartest
so my voice can be heard.
But which way to go?
And what exactly to do?

8th grade comes, and SSTRIDE is right there,
but all that noise keeps me from getting a chair.
But that's not the end, no it won't be a finality.
After all, SSTRIDE promises to make my dream become reality.
I work and I work, and I work some more,
until somebody sees me and gives me the floor.
With this I prove to myself and to them
this is where I belong,
my one profession.
Suddenly there's light to my darkness.
A path to walk on.
But even more important,
people to lean on.
Because the noise, the pain, the confusion's still there.
But people in SSTRIDE ensure I still breathe air.
Because it is easy to drown, easy to despair—
the difference is having these people that care.
I've been allowed to dream and take my future into my own hands.
I'm so grateful to have given everything I've got
to this amazing opportunity that gave me a shot.
So now I can fight with all my might,
to make a difference to all who need it and make it right.
And when my name ends with the letters MD,
I'll always remember S.S.T.R.I.D.E.

Visit SSTRIDE to learn more
about this outreach program.



SEEING THE LIGHT
Renish Contractor, Class of 2025

WHAT'S THE RUSH?

Kirstie Walters, Class of 2025

The first couple weeks of my Surgery rotation were enough to break me down: waking up at 4AM, working 14-hour days, and struggling to answer difficult practice questions at the end of days that were both physically and mentally exhausting. The difference between this rotation and the others was the lack of patient interaction that I craved and was energized by. Maybe I would get to exchange a smile with the patient as they drifted off to sleep, but most of my patient interaction this rotation was moving patients to and from the operating table while they were in propofol dreamland and marveling at their inner anatomy. I was tired, drained, stressed, and felt like I could not move fast enough to keep up with the pace of my surgeon attendings.

Even when I experienced time outside of the operating room, surgery clinic was nothing like my Family Medicine rotation. The resident I was working with took me into the first encounter to show me how they operate. “How are you feeling since your surgery? No problems? Great!” Then onto the next. Patients were scheduled every 10 minutes, and we were an hour late to clinic since the last surgery of the day ran long. I felt overwhelmed and feared holding up the attending. Next on the schedule was a new patient, a 47-year-old female, referred to the breast clinic for a new mass found on her mammogram. The resident told me to go take a history, assess her risk factors for breast cancer, and do a physical exam. As I entered the room and introduced myself as the medical student working with the breast surgery team, I noticed the usual squint and eyeroll I have become accustomed to, but she agreed to talk with me, so I began my interview. She answered my usual “What brings you in today?” question with tight lips: “I want a second opinion for a mass they found in my breast.”

I asked where she received her first opinion, and she answered, “I don’t even know the doctor’s name, you know they don’t even talk to you? They do the mammogram, and you wait and then they put you in another room to wait more because they found a mass, and now I am here to see what this doctor has to say about it.” She was frustrated with all my questions and provided short answers. I could tell I was a little irritating, and she was anxious to hear what the doctor had to tell her. I was also anxious; I had taken longer than 10 minutes and would be pushing the doctor behind. I completed my breast exam, thanked her for sharing her history with me, and informed her I would go grab the attending.

As I placed my hand on the door handle, I hesitated. I was rushing. I was quick. I was not being myself. I turned around and said, “Actually, if it is okay with you, may I just take a second? How are you feeling? All of this is scary, and I cannot imagine what you must be feeling. It is okay to be scared.” I figured these emotions may have been what caused her to be so short with me and not just disdain for the medical student asking millions of seemingly pointless questions. The patient instantly broke down sobbing and explained, “It is scary. No one takes the time to sit with me and explain what is happening. I have no idea what is going on in my body and what the next steps are; I just have to wait and wait until hopefully it will be okay, but how do I know when no one takes the time to tell me?” I sat with her, handing her tissues, and offering a comforting touch. I provided a space for her to let it out to someone who is listening.

She said the doctor who told her about the mass lacked compassion and for me to never lose that; she appreciated that I took the time to sit with her. I left to report to the attending and apologized for taking a little longer in the room. She was understanding, and my fear of being reprimanded for being too slow proved irrational. It is easy, especially as a tired student seeking to please, to lose compassion and sympathy in the whirlwind of medicine. It is so easy that even I felt rushed, and I could identify the same uncertainty I felt when I was diagnosed with cancer myself in this patient’s eyes. My plea is for others to take the time. One might think it would take too long to sit and comfort, but it does not. A little time goes a long way for providing reassurance, establishing trust, and understanding our patients.

Kirstie Walters is a fourth-year medical student at FSU COM. As a cancer survivor, she has developed an unparalleled form of empathy that she hopes to share with her colleagues to promote patient-centered healthcare.

In Her Bones

DJ Grant

In Loving Memory
Kirsten M. French
1988 - 2023

cancer in her bones
cancer in her cage
frantic butterflies
trapped in a rage

Pain that would cause the weak to shiver
Courage that would make a lion whisper

cancer in her bones
cancer in her cage
suffering bred in
her wisdom sage

"Don't wait until you start dying to live." KMF

cancer in her bones
cancer in her cage
ripped from her life at
too young an age

Please tell my daughter, please tell my wife
I am with you forever, you are my life

cancer in her bones
cancer in her cage
frantic butterflies
trapped in a rage

DJ Grant holds a BA in English from The University of British Columbia. *Grant is an award-winning writer and artist whose work appears on* The Mighty, The Lehrhaus, The Write Launch *and* Cosmic Daffodil Journal. *DJ Grant is a disabled artist living - and sleeping - with Narcolepsy.*

SKULL BASE AILMENTS
Pankaj Goyal, MS-ENT

Dr. Goyal is an ENT and head-neck surgeon at Apollo ENT Hospital in Jodhpur, Rajasthan, India. His hobby is painting, and he enjoys creating artwork with oil pastels.

Compassion PRN

Franziska Leutsch, MD

Sharp sobs cut through the soothing background hum of fluorescent lighting in the PACU. Shrouded from the unit by thin curtains offering shreds of privacy, my patient sits in front of me crying desperately while holding her nine-year-old son. I watch tears course a quick path down her face and catch in her son's blond hair, staining it a darker, morose color.

The resident and I had just consented her for the surgery she is having this morning: a D&C for an 18-week intrauterine fetal demise. Noticing the patient's evident distress, I had decided to stay with her for support. I balance on a small stool near her bed and allow myself to feel her pain with her. The heavy atmosphere of our little sectioned-off area is palpable, and my heart is filled with sadness for this young mother's devastating loss.

Wracked with grief, the patient starts telling me about her hopes and dreams for this child, how he was a desperately wanted pregnancy, and how she already misses him more than she can understand despite never meeting him. As we converse, I try my best to offer comfort and alleviate some of the crushing pain she is feeling. It is a profoundly emotional conversation and soon my own eyes fill with tears.

Suddenly, my phone vibrates with a text from one of the residents: "OR-3 C-section needs med student assist, they are prepping the patient now." Wiping my eyes, I apologize to the family and say I have to go. With one last clasp to the patient's hand signifying my deep compassion for her situation, I quietly slip out. Heading downstairs, I reflect on how often in medicine we are expected to sharply turn off our emotions and move on to the next patient. I realize it is almost like we have to be compassionate PRN, only when needed.

I am still thinking of the tragic scene upstairs as I introduce myself to the patient in the OR. The sharp contrast between the fetal demise I had just come from to this jovial OR anticipating the birth of a new life is not lost on me, but I remind myself I have to process those feelings later. Now I need to be focused for this patient's surgery.

A bead of sweat builds up on my forehead as I retract under the hot OR lights while the attending and resident dissect down to the patient's uterus. I focus on keeping my position steady and giving the surgeons the best view, watching them go through the steps to a C-section like a well-oiled machine. As the resident makes the uterine incision, I release my retractor and stand aside to watch my favorite part of this operation: the baby being delivered. The resident reaches in to elevate the fetal head to the incision but struggles and cannot. The attending tries too and also cannot manage to deliver the baby. All of a sudden, the atmosphere in the OR changes from a relaxed routine C-section to one of raw panic.

Dr. Leutsch graduated from FSU COM in 2024 and is a first-year obstetrics and gynecology resident at the University of Florida in Pensacola.

HELPING HANDS
Elizabeth Teets, Class of 2027

While nurses start yelling, the patient and her husband cry in fear, and the physicians become increasingly more frantic in their efforts to deliver this baby, I feel adrenaline surging. Everything else in the world melts away and I am only focused on one thing: doing whatever I can to save this baby and his mom. “Hand from below!” I yell and the resident and I rush to try and elevate the fetal head vaginally. Our initial efforts do not prove successful and I reposition the patient’s leg further outwards, allowing the resident a better position to elevate the head. Finally, after several agonizingly long minutes, the baby is delivered and everyone in the OR is rewarded with his cries.

But my need to focus is far from over; I see the attending struggling to control the rush of blood after the baby is delivered. I rip off my gown and gloves and rush outside to rescrub, running by the resident crying in the hallway about how scared she was while being comforted by the nurses. Compassion PRN, I do not have time to sympathize with her. I rush back into the OR and re-gown and glove, my hands shaking with adrenaline. As I retract and help the attending visualize the sources of bleeding, I notice the patient still sobbing uncontrollably, overcome with emotion about the traumatic turn of events. Compassion PRN, I again cannot empathize with her right now. Anesthesia gives her sedation since her baby has been delivered and I feel her abdominal shudders slow to a stop.

Finally, the attending closes the uterus and achieves hemostasis. She closes the fascia and leaves me to close the subcutaneous tissue and skin. I feel the relief of the high-pressure situation subsiding and take my time suturing, giving myself the space to attempt to process the past twenty minutes of unexpected events. Realizing that I turned off my emotions in the moment, I know that it was the right thing to do because I had to focus on actions.

Later that day, I take the time to go up to the NICU and see her baby. I hold his tiny hand and feel compassion overcome me watching him comfortably sleeping under the warmer. I am so happy he is doing well. I also visit the PACU and make sure his mom and the young bereaved mother are both feeling okay after their respective ordeals. Leaving the hospital that evening, I realize that although the concept of compassion PRN is a necessary one in medicine, it does not preclude one from experiencing emotions later. I resolve that no matter what happens, I will always try to revisit situations and feel my justified full emotions later. Compassion might be PRN in the moment, but I know that continuing to work through those strong emotions later on will make me the best doctor possible.

Stephanie Connor is a third-year medical student at FSU COM. As a half Puerto Rican woman who struggles with Spanish, she brings a unique perspective to medicine.

The Cycle

Stephanie Conner, Class of 2026

I rub my eyes,
hoping for a jolt of energy.
None comes.

I open my laptop.
When did I last call my parents?
I can’t remember.
A call takes an hour at least.
tick, tock
I’ll call them later. I promise.

I grab a burger on my way home;
I’ll eat half today
and half tomorrow.
No cooking, no dishes.
That buys me 30 extra minutes.
tick, tock

My legs feel heavy—
they need exercise.
I go for a run.
There goes 40 minutes.
tick, tock
My body says thank you.
My brain does not.

I missed my best friend’s birthday.
I can’t take a weekend off.
tick, tock. tick, tock
Just study tomorrow, everyone says.
They are proud of me
but they don’t understand ***tick, tock***
the guilt I feel ***tick, tock***
when I stop ***tick, tock***

I cannot sleep
tick, tock
Sleep should be 8 hours
tick, tock
Maybe I can get 7
tick, tock
Okay maybe 6
tick, tock
I toss and I turn
tick, tock

**EARTH GEMS:
SUNFLOWER MANDALA**
Kathleen Wilcox

How are you this *Morning?*

On being a Patient

Hope Heldreth, Class of 2025

How are you this morning?" Upon reflection, this seems like a very redundant question to ask a patient who is hooked up to countless wires and a nasal cannula at 6:30AM. I know how they are, at least relatively. They're in the hospital which, objectively, is one of the very last places I would want to be.

One patient in particular comes to mind when I think of the psychological stress of a hospital stay. She was a 65-year-old previously healthy female admitted with a chief concern of abdominal pain. Abdominal pain turned incidental lung mass on routine chest x-ray, which turned out to be metastatic leiomyosarcoma. Every morning we, the teaching team, would enter her room, asking the same silly old questions, "How are you? How did you do overnight?" The very first day she responded, "Well, I'm just tired of sitting here waiting to find out whether or not I am full of cancer." And the next day passed, and the one after that. The more days that passed, the more flowers would line her windowsill, and the more furrowed her brows would become as her question was still left unanswered. Her worry turned into frustration, frustration into anger.

She was stuck looking at the same four blue walls and the same beautiful flowers her family and friends brought in an attempt to comfort her, just another reminder of the possible impending news, news that would stamp an expiration date on her life. Days that passed in the hospital were days subtracted from the couple of months she had left to live. Days that, I'm sure, she would rather be doing almost anything else.

At the beginning of her stay, she was eager to leave, almost begging. However, as her stay neared its end, she was clinging to the comfort of those four walls. Clinging to the comfort of doctors and proximity to care, proximity to questions answered and worries addressed. She began requesting scans based on her googling of symptoms, clinging to hope that her diagnosis was potentially a benign one. One morning, as we were awaiting the biopsy results from her bronchoscopy, she said to our team, "I feel crazy, but I'm just really hoping it's lymphoma, not lung cancer." When her diagnosis was finalized, you could hear the plea in her voice, wanting more tests, more confirmation. You could feel her pushing off the fateful day she left the hospital. For the day she left those four blue walls marked the beginning of the end of her life.

While I have never been a patient in the hospital, I have been a patient. A patient in the ED nervously awaiting my troponin levels as I held my abnormal EKG. I know what it is like to play the different scenarios in your head, clinging to hope that you don't fall into your "worst-case scenario" category. I know what it is like to want to be as far away from the hospital as you can while simultaneously wondering if taking up residence in one is exactly what you need.

Being on the other side, it is easy to forget and hard to imagine what it is like to feel scared, stuck, worried, and most of all – sick. On top of that, you are alone. Your comfort constrained by the short window of visiting hours. We like to think that patients find comfort in our care, but it takes being a patient to know that it's just not that simple. I know when I am sick, I go back to wanting what I wanted at 5 years-old — the comfort of my family, a home cooked meal, and the four walls of my OWN room. No strange beeping, no strange smells, no strangers. In the hospital, we strip away everything that brings people comfort, and then try to replace it with a question:

"How are you this morning?"

BECAUSE I SAID SO

Casey Hamlet

On the 15th day that Marietta had not eaten, the psychiatry team knew they could no longer take care of her. With each day, her body grew weaker, her blood pressure softened, and her heart had to beat a little bit faster to keep her alive. By the time the medicine team was consulted, her heart was laboring at 130 beats per minute. The psychiatrists could not get her to eat. Nor could her elderly mother, who shuffled in each morning, pulled along by her cane, blinking her black, wet eyes. Nor could her priest, who knelt daily at the side of her bed. Each day for about six hours at a time, Marietta closed her eyes and sang a prayer, summoning her remaining strength to hold her shaking arms open toward the sky. White film grew thick on her tongue. Yellow crust that had not been cleaned from her eyelids and eyelashes was congealing them shut.

Every morning and afternoon we visited her and every morning and afternoon she would not tell us who or what was keeping her from eating. We asked if it was God, if it was herself, if it was a voice in her head. Was she hearing voices? Was she taking her Risperidone? She answered without pause; I know I will die, I will not eat. I know it will be slow and it will be painful, I will not eat. I want to be at peace, I will not eat. And praying resumed.

The Bible condemns gluttons. Children who haven't finished their vegetables will be made to sit at the dinner table until their bedtime. Fraternity men present cartons of milk and vodka and pickles and crushed cigarettes to their pledges for the ultimate punishment: eat. Since the beginning of time, the concept of force-feeding has disturbed something deeply innate in us. We recoil at its mention. Feeding Marietta against her will was something no one wanted to think about for very long and no one on the team knew quite what to do. Can a psychiatric diagnosis strip someone of their competence or bodily autonomy? Should it? The morality and legality of forcing her to eat hung in the air, thick and palpable and pungent. Discussing Marietta's case on rounds conjured a strange, familiar feeling of the impotence of adolescence. Uncomfortably aware that my place in the world was to absorb, not decide. When girlhood felt light-years away from the grown-up world, and I didn't get a seat at the table. A wagging finger– you don't know what is best for you! Sisyphus ceaselessly pushing.

When the decision was made to put in a nasogastric tube, Marietta cried and gurgled and bucked against her restraints. The catheter snaked further, further, and further still; a hand pressed against her forehead to keep steady. Her chaperone sat by her bedside day and night because she kept trying to pull it out. For many situations in medicine, there is no guidebook on how to proceed. Unlike employees of any other field, medical doctors have the privilege of paternalism, entrusted to do good because of a diploma on their office wall. Rationalized, perhaps, by education, experience, or morality, on some subconscious level we believe that they, these enlightened humans, can claim agency over the lives of other humans if deemed necessary.

Marietta's chart, one day, showed the numbers in red indicating that her white blood cell count was elevated significantly; her temperature had soared upwards overnight while her blood pressure plummeted. Marietta was infected. This woman might die restrained in a hospital bed, damp and sick, needled and tubed, and alone. When we pledge to do no harm, who decides what harm means?

Casey Hamlet is a fourth-year medical student at Rutgers New Jersey Medical School.

ROSE
Chaitali Hambire, MDS

CAILÍN GLÁS

Úna O'Conner

Úna O'Connor is a photographer from Dublin, Ireland. She captures the enchanting beauty of her childhood home Mill Lane, inspired by the architectural heritage and free-roaming horses in the misty dawn light. Her work weaves fairy-tale narratives, aiming to inspire protection of this Dublin oasis and spark the viewer's imagination.

Until the hummingbird flies once more

Ernest Wang
Dana-Farber Cancer Institute

Blissfully trapped are you in that sterile, bleached cage,
Under the sway of the vapor, at the mercy of the blade.
The pungent aroma of your burnt flesh fills the suite,
As the overhead lights cast a harsh shadow upon their captive.
Once a closed book, your brain now lies bare to the scrubs.

Maleficent, you named your tumor, a tribute to the first
Villain who made you cry. And sob I did, when I first laid
Eyes on you within those suffocating confines. Replacing your
Wedding dress, that cotton gown, a few sizes too small, envelops
Your dreams and robs us of our talks, our walk, and our dance.

On your tenth birthday, I gave you your first hóng bāo, that
Red envelope teeming with money and tradition, as well as
My oncogenes and stubbornness to boot. All I wanted was for
You to escape your prognosis and throw down the gauntlet. But,
I should have lullabied, not lectured, as you laid down your arms,
As it was I that signed the bounty that you had to pay. When
You wake up, I pray you forgive me for clipping your wings.

Ernest Wang is a cancer research coordinator in Boston, Massachusetts. An aspiring physician, he enjoys spending time with friends, playing the piano, learning the guitar, and taking up photography as a new hobby.

Perfectionism

Allison Kane

Throw your hat in the ring.
A bell dings, tick tock, match on.
Pick up your gloves, kid.
Hands up, guard your face,
or have your clock rung.

A swing here, a dodge there.
A hand lands to chin.
Stars spin, knees wobble.
See me dance all teeter totter
and spit the punch-drunk water.

Collect your wits about you
like dropped spare nickels.
Drop the gloves, go bare knuckles.
Get across a jab and cross.
Ding - one round down and over.

Take the stool in the corner.
Dab the sweat, play it cool,
as the coach talks it through.
Throw in the stained white towel?
No, nobody fights you like you.

Your opponent a reflection.
We could go the full twelve.
But why? We have an option.
We could bob and weave
or we could just stop and leave.

How much is a human worth?

Randy Fisher, DPM

At the doctor's office they regularly ask

Am I "feeling worthless?"

The question is, I am told,
"required by your insurance company."

Why?

If I am feeling low
does their
stock market
price
go down?

How can "worth" be assigned
to a human being?
Are we like the earth's minerals,

some valuable, others less so?
Are there some that are gold,
and others tin?

If I am feeling blue does my skin
have a tint of cobalt?

Certainly I've had the pleasure of
encounters with the rare and sought after.

I have dined with some beautiful rubies,
And conversed with some brilliant emeralds.

Sadly, there are also some
that are certainly toxic
as they themselves decay like radium.

They reduce the half lives
of all those around them.

With others, there might be
a sad bit of rust here and there,
but quite often I am pleased to meet

some brilliant white gold or platinum
Enlightening all around them!

And others still, looked upon as diamonds
are valued so much by all they meet

but sometimes these precious few
no longer see their own sparkle.

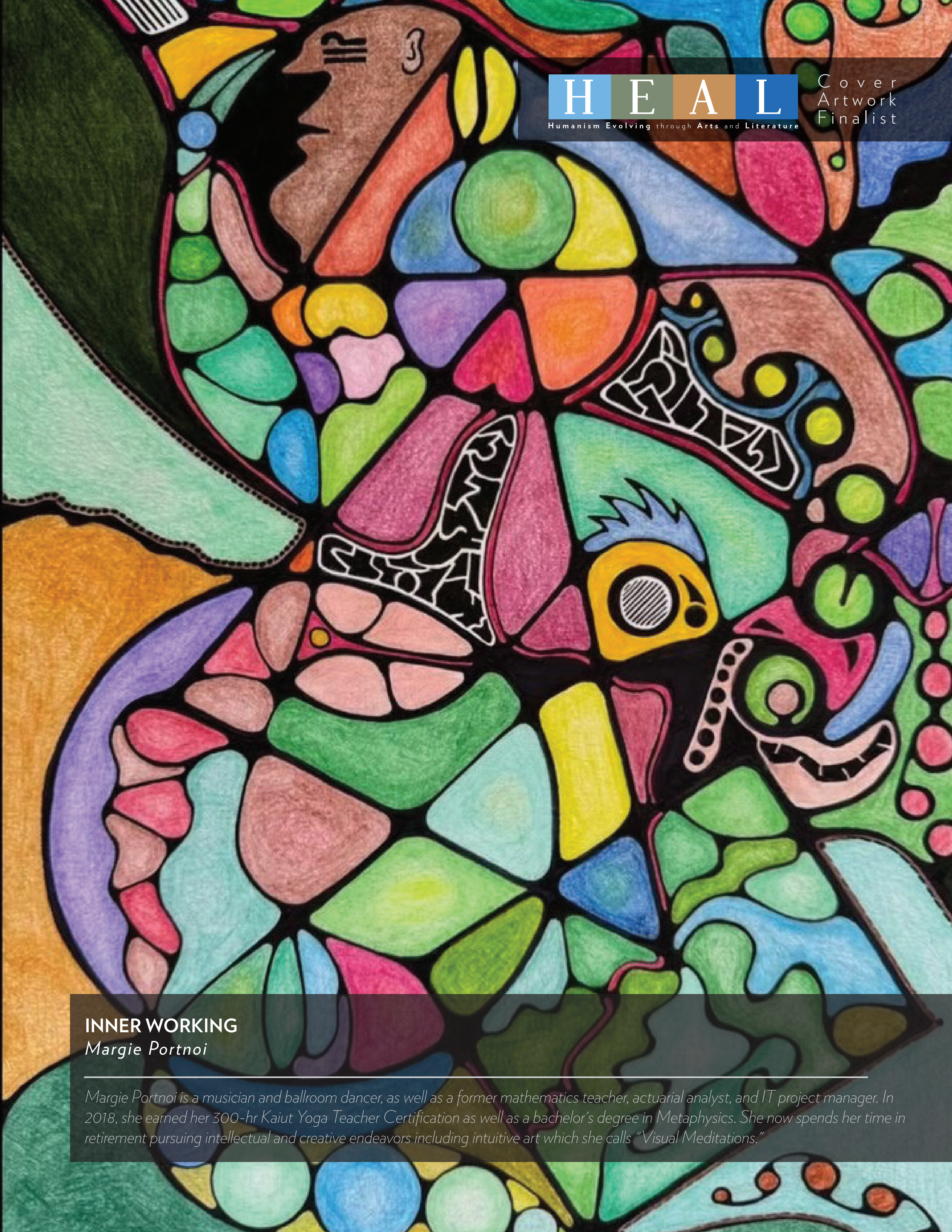
And if by chance in the looking glass
these shiny lights have lost their luster—

Do they throw themselves away?

Author's note: Being older now, it seems I find myself in the medical setting way too often. And many times when I go to the check-in desk, there is a questionnaire to fill out about my mental state. Am I feeling depressed, worthless? Also, in recent years I have started noticing more PSAs about the suicide hotline. It is an issue which I am certainly glad is no longer being hidden away.

A few years before returning to school for premed studies and an eventual career in podiatry, Dr. Fisher received a BA in English. Along with his interest in literature he has had a lifelong love of both travel and photography.

TRIUMPHANT HEART
Stephen Newbold, PhD



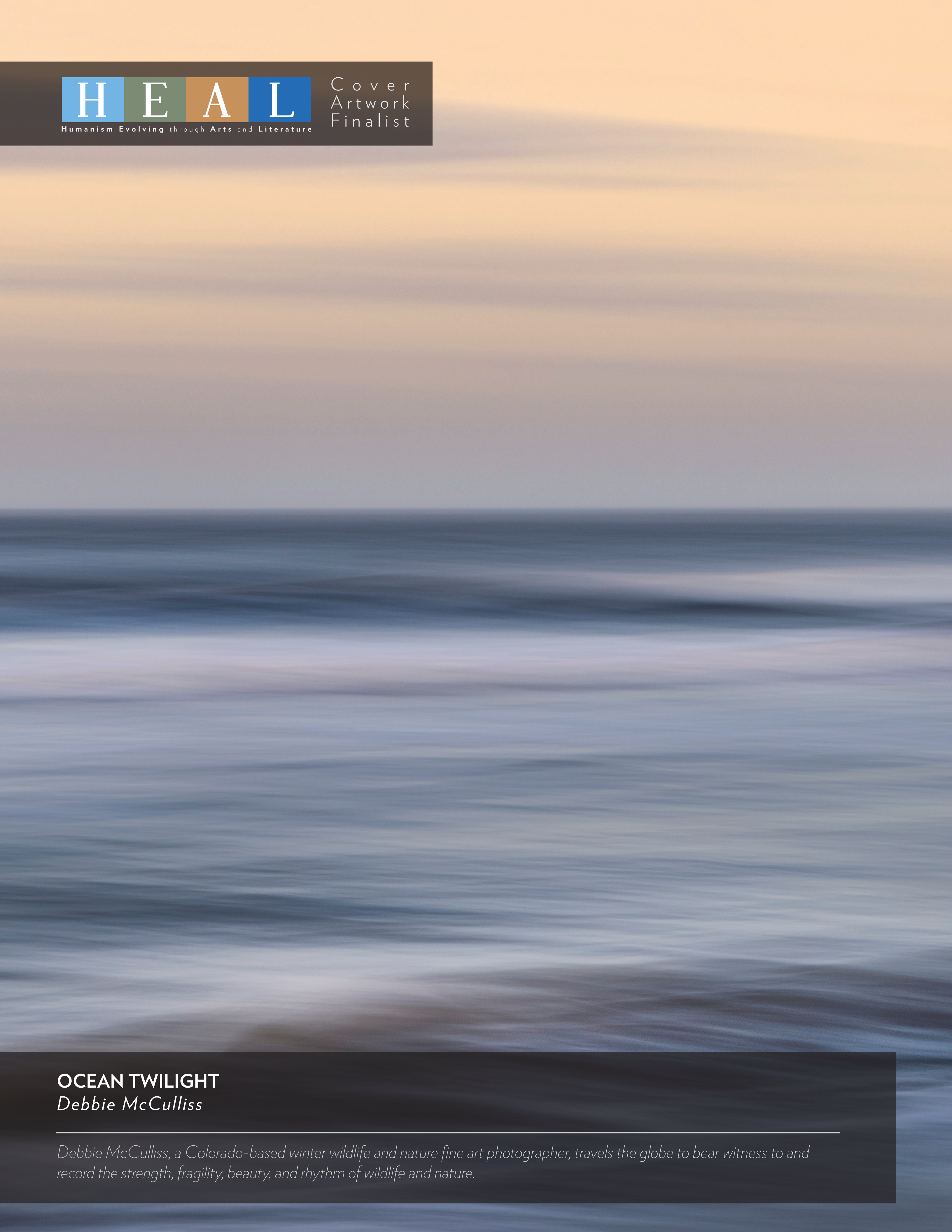
HEAL
Humanism Evolving through Arts and Literature

Cover Artwork Finalist

INNER WORKING

Margie Portnoi

Margie Portnoi is a musician and ballroom dancer, as well as a former mathematics teacher, actuarial analyst, and IT project manager. In 2018, she earned her 300-hr Kaiut Yoga Teacher Certification as well as a bachelor's degree in Metaphysics. She now spends her time in retirement pursuing intellectual and creative endeavors including intuitive art which she calls "Visual Meditations."



OCEAN TWILIGHT

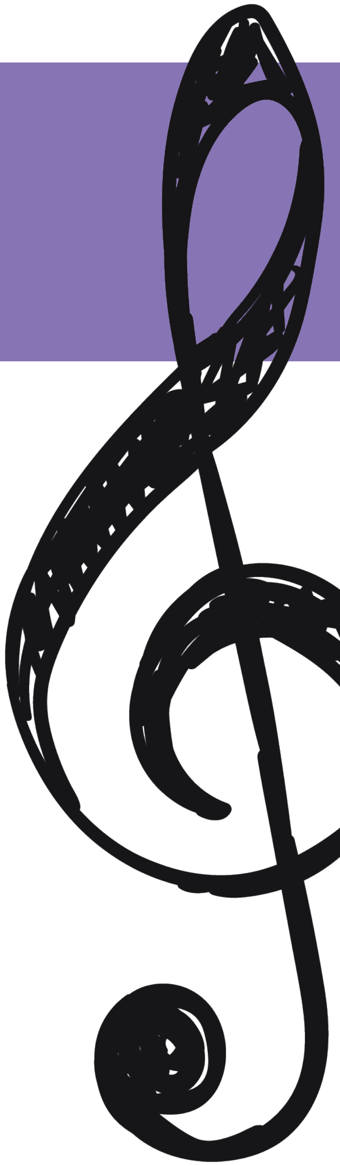
Debbie McCulliss

Debbie McCulliss, a Colorado-based winter wildlife and nature fine art photographer, travels the globe to bear witness to and record the strength, fragility, beauty, and rhythm of wildlife and nature.

PEOPLE (2023)
Steven T. Licardi, LCSW

This was created as part of a workshop series, entitled Poetry Is Our Policy, *that explores the use of erasure poetry and collage to process, critique, and transform local social policies. The workshop was first held at South Paw Cafe alongside the Future Economy Collective in Blacksburg, Virginia. This collage-on-canvas includes blackout poetry created using the actual text of House Bill 1450, and scraps from medical journals and magazines. The title is meant to re-contextualize and question the content of the bill, drawing our attention away from the importance of language towards what might be erased by language: people. As a neurodivergent / Autistic person, the words "Mixed-Up / Paradise / Militant" serve as a call to my fellow disability rights activists. The phrase "People Who Will Not Be Pleased / With / A / Vanished / Future" is an homage to attempts of the past to erase disabled people, while asserting that these attempts may continue into the future. Disabled people have always been here. The art both honors and undermines the intentions, however noble, of the bill.*

HOW BEETHOVEN HELPED ME DEAL WITH PAIN AND LOSS



Chester Freeman

In August of 2020 I was diagnosed with an inoperable cancer. When I heard that I just knew I'd been given a death sentence. My primary care physician suggested an oncologist who proposed a combination of chemotherapy and radiation at the same time. It would not be easy, but she felt I could do it. She gave me hope and I opted for treatment. However, there was one big problem. We had sold our home and did not have a place to live, so I was in a panic! Where would I stay during my treatment?

Out of the blue, I heard of the death of one of my friends, an older woman named Leigh. The email came from her daughter, who told me that she was going through her mother's files and had found a folder with my name on it. It appears Leigh had kept every letter I'd written to her. I responded immediately, and when I shared a bit about my cancer—she offered Leigh's home as a place to stay free of charge. She felt her mother would want to help in this way. It was just ten miles from the Cancer Center where I would receive treatments. This was unbelievable—like a miracle! I soon discovered a Bose music system and a complete boxed set of Beethoven's work in the house. Leigh's Beethoven collection turned out to be helpful in more ways than I could have imagined.

BEETHOVEN AT BEDTIME

As my cancer treatments began, I seemed to be in tremendous pain at night. It was difficult to sleep. Thus began the ritual of "Beethoven at Bedtime." I decided to listen to the entire boxed set, in order. Beethoven would be my lullaby music.

Things started out well enough, but as time went on the pain became so intense, I found it difficult to even move in bed. I would focus on the melody or on a particular instrument in the orchestra. Sometimes, in a form of meditation, I imagined placing my pain in the music and letting it flow out of me. Other times I would hear pain in the music and connect my own with it.

In light of these encounters, I've become a student of Beethoven's life and music. I am not a historical musicologist, just an ordinary music lover speaking out of the depth of my personal experience. I interpret Beethoven's compositions as arising from his living through grief. In her 1969 book, *On Death and Dying*, psychiatrist Elisabeth Kubler-Ross proposed the need to process grief by working through denial, anger, bargaining, depression, and acceptance. Kubler-Ross wrote that "the reality is that you will grieve forever. You will not get over the loss of a loved one; you will learn to live with it." I believe this is exactly what Beethoven did. I ask you to use your imagination and put yourself in Beethoven's shoes while I tell you a bit about his life. Journey with me and discover what you relate to and how deeply it resonates.

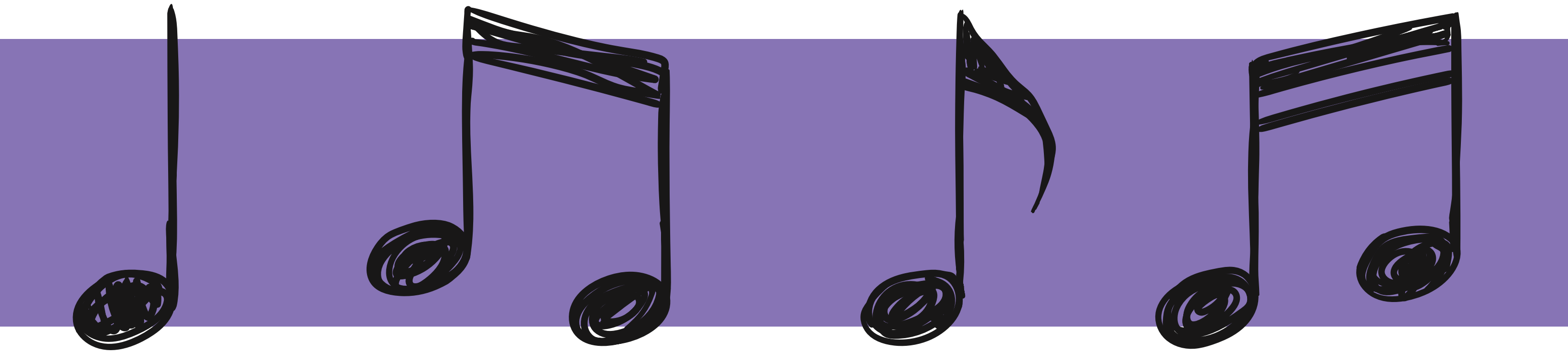
Everyone has the freedom to find whatever they choose in music. You can interpret it in your own way. It is what you hear that matters, and how it speaks to you. What is important is the impression that it leaves with you, how it touches your soul. That's what Beethoven was about.

BEETHOVEN'S JOURNEY THROUGH GRIEF

During the 250th anniversary of his birth, there were many articles about Beethoven overcoming his deafness to write the Ninth Symphony. But little has been written about the boy who had to cope with the death of his mother while taking over the responsibility for his siblings.

Ludwig von Beethoven was the second of seven children, only three of whom survived infancy. In 1787, while studying and composing in Vienna as a teenager, Ludwig received word from his father that his mother was very ill. He left immediately, and on reaching home in Bonn, Germany, found her in a terrible state of pain and suffering. There was nothing he could do but comfort her with his presence. He was there to the end.

Ludwig's mother had been his strongest supporter and comforter. His father, inept and helpless, turned to alcohol. Ludwig had no choice but to grow up overnight and assume responsibility for the household. He was sixteen-years-old. His brothers, Caspar Anton Carl and Nikolas Johann, were thirteen and eleven; his baby sister, Maria Margarita Josepha, only eighteen months old. Now think about Ludwig rocking his baby sister as their mother is dying. How will he comfort his siblings when she is gone? Children do not grieve as adults do.



After Ludwig's mother died, with nothing to eat and bills going unpaid, he asked that his father's salary be given to him to support the family. Eventually they came to a compromise; young Beethoven got an allowance to take care of the children and meet household expenses. Amid this overwhelming crisis, as young Ludwig showed maturity and fortitude beyond his years, his neighbors stepped up to help. Without such friends, I don't see how he could have made it.

And then, just two months after his mother's death, little Maria Margarita died of an unknown cause. It was an unimaginably cruel trauma. And how does he grieve the loss of a child when he is already grieving the loss of his mother?

When I was sixteen, an entire family that lived down the street from me burned in a fire.

Suddenly spiritual questions became foremost for me. My faith was profoundly shaken. At sixteen, you think you will live forever. Death is not a part of your vocabulary until you lose a friend your age and the world changes. The only thing that got me through was the support of friends and family. I learned that grief is like the ocean. It ebbs and flows.

A HEART OPEN TO HOPE

Bringing my own experience to bear in contemplating Beethoven—as I invite you to do also—I picture a person with the strength to keep hope in his heart. Augustine of Hippo, a Christian bishop born in the fourth century C.E., wrote that "Hope has two beautiful daughters; their names are Anger and Courage. Anger at the way things are, and Courage to see that they do not remain as they are."

The young Ludwig made sure things did not stay as they were. Aware of the fragility of life, he earned money to support the family. He would provide a home where the boys could feel safe and grow. Becoming a father to his little brothers, he opened his heart to hope. Hope taught him patience. Hope taught him endurance.

I believe Beethoven used his energy and resilience, fueled by the power of hope, to compose his music. I believe the music helped him transform his life. I believe the music and the life of Beethoven have much to teach us about loving ourselves and the world through our own suffering, losses and grief.

Just as he became the father his brothers needed; we must stand up for those in our lives who depend upon us. We must also be gentle with ourselves as the seas of emotions ebb and flow. Sometimes we can only make it from one moment to the next before we can manage one day at a time.

Beethoven did not get through his journey alone. He depended on friends for support. We must stay connected with our friends and family. Beethoven also understood holding onto anger. He never forgave his father for abandoning them when there was no food in the house. When his father died in 1792, Ludwig let his brothers make the funeral arrangements; he did not attend.

His paternal grandfather, though, helped heal the place in his heart that his father had scarred. Ludwig kept a portrait of his grandfather with him always. The painting was by his bedside when he died.

Beethoven did gain perspective, emerging from his journey of grief. His life and work found new expression, sustained by love, fueled by hope. Learning about Beethoven infused the music I heard, as the sounds coming from the Bose speaker soothed me to sleep during my cancer treatments. I heard his pain reaching out to mine. I heard his memories, sweet and bitter, reflecting mine. Nearly two centuries after his death, I could still hear hope.

Perhaps you hear the same. I can ask, but the answer belongs to your heart.

Chester Freeman is a retired college and hospital chaplain (Amherst College and Hartford Hospital), a freelance writer, and the author of a children's book Runaway Bear *(Pelican Publishing, 1993).*

Sunday Morning RX

Carol Zapata-Whelan, PhD
California State University, Fresno

An incandescent fall morning in the San Joaquin Valley, Sunday after Mass, I was pulling into a shopping center in our BraunAbility Ford Explorer, a sporty gray SUV with a wheelchair ramp. From his power chair on the passenger side, my son Vincent asked me to duck into the pharmacy for a prescription of his.

Before going on, I should explain that my son Vincent has a rare genetic disorder, Fibrodysplasia Ossificans Progressiva (FOP). FOP is so rare it hits one in two million, turns muscle to bone, and it can be triggered by trauma as mild as a bump or an injection. Its defining feature is a large toe missing a joint. FOP usually rears in childhood, and it can cause permanent loss of mobility in a joint over time or overnight.

There is no prescription that can be faxed to a pharmacy to fully treat or cure FOP. Not yet.

Vincent, 6'1", dark haired, brown eyes full of light, now in his thirties, was born with no apparent anomalies. At age eight, FOP's first symptom was a limp. Through most of my son's schooling, FOP remained "mild" enough for him to excel, graduate from a UC medical school, train at our children's hospital and sign on for a pediatric oncology fellowship. But FOP caused catastrophic loss of mobility after he slipped on steps one rainy day in LA, derailing his work with very ill children—and his dreams to help cure them.

I found myself angry at God in those post-fall days of FOP's unrelenting attacks, mystified that God would have allowed my son's life to be upended when he was on his way to save children's lives. (And I remain mystified.) But I eventually understood that I would have to do my best to learn from my son's way of processing upheaval. After retreating and regrouping, he healed, body and soul, in increments, collecting adaptive tools for daily life tasks, easing loss of ability with technology. As the catastrophic fall left my son unable to work in children's hospitals—where he loved to usher in super heroes like Iron Man—he pivoted to pediatrics via Telemedicine from a power chair, upgrading his office with voice-command lights in cartoon colors.

My son's orthopedist—Dr. Fred Kaplan of the University of Pennsylvania, once honored in *Newsweek*—long ago adopted our former "orphan disease." He has led his international research consortium to discover the FOP gene and set up clinical trials in which Vincent takes part, work fueled by FOP family fundraisers. And hope.

With all the above in my cell and soul memory that translucent Sunday my son needed a random prescription filled, I walked into the supermarket to wait my turn at our pharmacy. Standing idle, in a slow line, I began to imagine the day when I could sashay up to the plexiglass window at the counter with a prescription for a cure for FOP.

But then this completely unrelated thing happened: yanking me back to the reality of a long wait was the angry voice of a brown-haired little boy—three- or four-years-old—in a shopping cart seat, ahead of me in line. He was shouting an unintelligible refrain punctuated by the word "NO!" while a woman in a rumpled shift and brown messy bun—his mother, I figured—seemed too absorbed by something invisible to address his tantrum.

Before too long, an older woman—the grandmother I decided—wheeled over a baby in a stroller. She wedged a pack of Pampers into the cart of the shouting boy and rolled away with the baby toward the cereal aisle. The little boy kept shouting.

This all brought up recall of my long-ago pharmacy runs with combinations of my own five kids in sibling rivalry meltdowns, one or another belly flopping on the linoleum. Like the woman with the noisy boy, I did my best back then to act as if we were not in public.

"I know why that boy was so angry," I said to the pharmacist when it was finally my turn at the window. "His life is upended by a new baby." She smiled, nodded knowingly and went off for the prescription.

Before the pharmacist returned, I saw behind me a display of Hot Wheels superhero cars in reds, greens, blues, on sale. And I could still hear the little boy's angry refrain from across the market. So I decided then and there to buy him a small Hot

Wheels, just so his mother, grandmother, baby brother—and every soul in the market—could shop in peace.

I found the family in the produce section. The boy's cart was parked near the baby stroller, and he was yelling over piles of potatoes in woven sacks.

"New baby?" I asked the family, nodding to the stroller's recesses.

The little boy fixed pale blue eyes on me, bared his teeth and snarled.

"Six-months-old," said the grandmother, looking to the sleeping infant. She wore black horn-rimmed glasses and, like her daughter and grandson, was brown haired, pale, dressed in weekend errand clothes.

Aware that my son was waiting in the car, short on time, I announced—maybe too abruptly: "I thought he might like one." I fished the Hot Wheels from my white pharmacy bag and held it up: a tiny blue Bat Mobile in clear plastic.

The little boy—instantly quiet, beatific—regarded the Hot Wheels car like it was Christmas.

Mission accomplished. In reflex, I handed over the toy.

Mother and grandmother looked at me blankly.

"I remember what it was like for my kids with a new baby at home." I was speaking in a rush, suddenly nervous. "They went crazy!"

The women continued to stare at me.

What if the baby—or the boy, or any of them, for that matter—were not related?

The women's stares morphed into frank suspicion. Maybe they didn't care for my use of the word "crazy" in indirect reference to their child. I saw them taking in my gray striped Anthropologie jacket and dress pants. The outfit probably made me look as if I were about to ask everyone to sign a political initiative or help me sell Bibles or donate to a charity.

The boy was happy. The women were not.

I could only repeat what I had said, appealing to the grandmother's unblinking eyes behind her horn-rimmed glasses.

I fled the (very quiet) produce section.

Nobody said, "Thank the nice lady."

What had I done, exactly?

I wasn't sure.

Maybe the women saw my gift as an indictment of their childrearing practices. Maybe it was. And who was I to impose a solution?

It wasn't until I sat down to write this account that I asked myself: How could those two women—whoever they were, whatever their roles or relation—have known that maybe I was just trying to make up for my own pharmacy meltdowns back in the day? All those times I couldn't manage upheavals because the prescription I needed for my child with the rare disorder was nowhere on those infinitely stocked shelves.

That translucent Sunday after church in a supermarket pharmacy, while my superhero son with a rare disorder waited in his power chair for a prescription, was a day on which I, myself, could not have been expected to know that I was just trying to ease the past, trying to keep the peace, and trying to find the line for the right Rx.

Dr. Zapata-Whelan's work has been published in Newsweek *and other periodicals. Her book-length memoir,* Finding Magic Mountain: Life with Five Glorious Kids and a Rogue Gene Called FOP *(Marlowe & Co.) was also published in Mandarin and Korean and inspired a movie in Asia. She has a PhD in Comparative Literature from UCLA and teaches Spanish/Latin American literature at California State University, Fresno.*

For information on Fibrodysplasia Ossificans Progressiva (FOP): www.ifopa.org

ON THE IMPORTANCE OF ECHOES

Eliza Broadbent

Not all doctors are good. Some are only good on Tuesdays, or when the sun is at 56 degrees with the horizon, or they got eight hours of sleep last night, or you look like their favorite niece, or there was no line at the cafeteria so they finally got to try the curry everyone talks about.

Some doctors don't listen enough. They interrupt you or give the wrong diagnosis. Their bedside manner has the all the charm of a bank statement. Sometimes they leave gauze in your abdomen.

But there are moments, I promise, of such goodness it makes your hair stand on end. Moments that pluck the strings buried inside, creating notes you didn't know you had. Notes that leave echoes, reminding me why I went into medicine in the first place. That keep me here, at my desk, writing and rewriting illness scripts.

This story is one of those. I will share it with you and maybe it will bring to mind echoes of your own. Because if things keep going as they are (which to all eyes seems to be the case) we will both need our music before long.

It is a Tuesday, and I am working with an interventional radiologist. I will be watching him insert a long, thin needle into a patient's spinal canal.

The patient was calm before. We walked in the pre-op room to a big smile, a confidently outstretched hand. He wore his steely grey hair swept back from his brow and a crisp button-down. My attending asked for questions, but the patient had none. "I'm ready to golf again," he said. He tells us about his years as an endurance athlete.

But when he walks into the CT suite, he is different. Molted from the protective armor of belt, shirt, tie—he looks smaller, fragile. Shoulders curve inward. Purpling veins trace thin legs, twisting beneath skin so pale it's translucent. Still he jokes as he climbs onto the table, the open gown parting until his naked backside is exposed to the audience of physician, tech, student. His voice trails off.

My attending feels along the patient's back, palpates the bony prominences jutting like small islands beneath the skin. The patient's breathing picks up, his toes twitching at the bottom of the table as the physician palpates once more and releases the needle from its plastic wrapping. Just as the physician brings the needle to the surface of the skin, the patient speaks, "Wait."

The needle stills. "Could you—I mean, do you think you could you sing something to me? It might help calm me down."

For a moment, they look at each other: the attending and the man on the table. They are nearly the same age, both greying at the temples, both showing their years in the deepening lines that trace the corners of their eyes, the expanse of their foreheads. I wait for my attending, a man who has not so much as cracked a smile this rotation, who carries seriousness around his person like the lead vest currently weighing down his shoulders, to ask the nurse to give him something for anxiety—to call for Xanax or Ativan, stat. To medicate emotion the way we medicate most that ails in this hospital.

"Do you like Sting?" my attending asks instead. The patient nods. And so my attending starts to sing, quietly at first, then louder as his voice warms up, "See me walking down Fifth Avenue / A walking cane here at my side / I take it everywhere I walk / I'm an Englishman in New York." The needle slides in as he arrives at the chorus, but he keeps singing until the patient is up and sitting on the table.

"I love that song," the patient says.

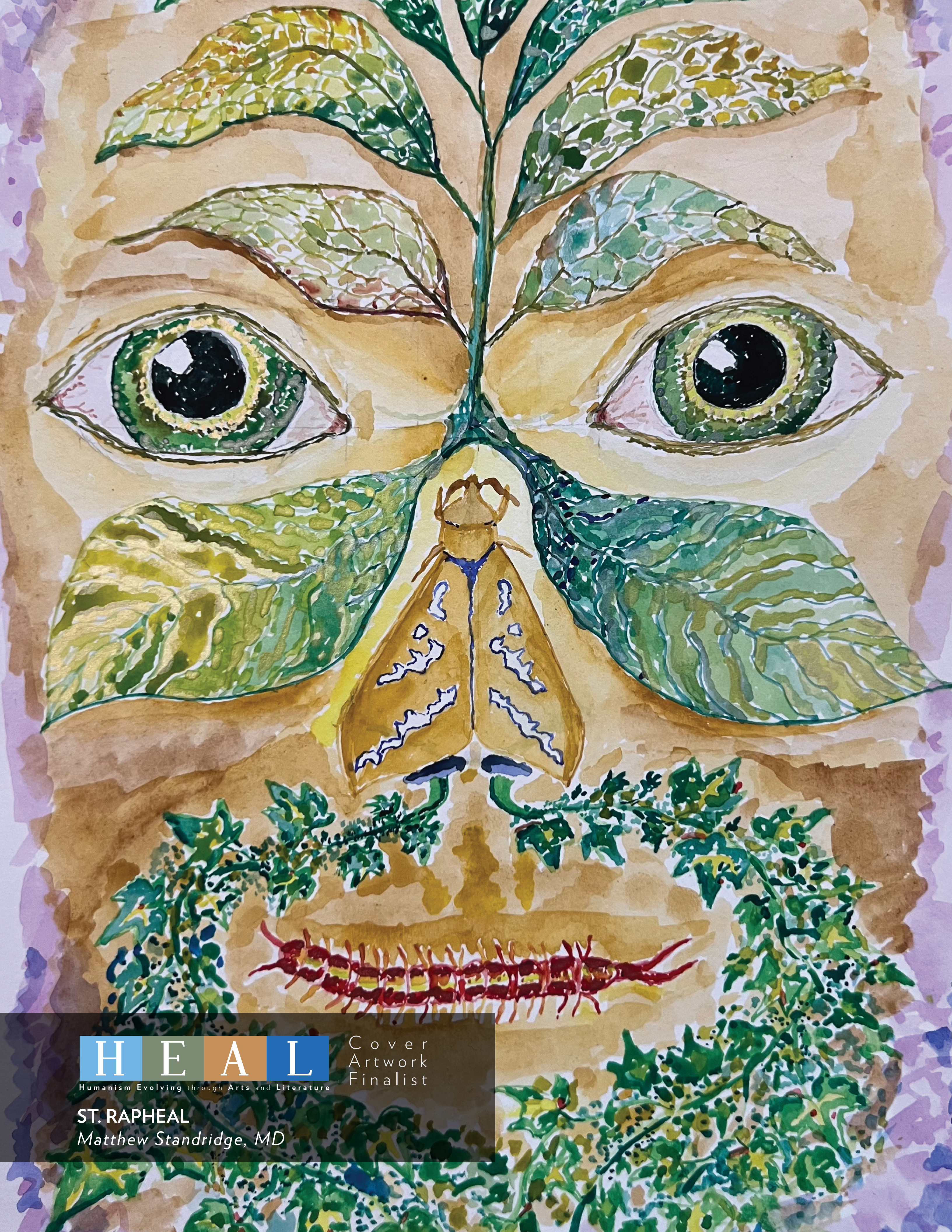
"Me too," my attending says.

The visit ends the same way as all the others. A handshake, a shuffling from the room with the two sides of the flapping gown held together in one fist. My attending hums another Sting song under his breath as he leaves the room, pausing only to hang up his lead vest, before wandering back to his sandwich and his desk.

But I pause in the small room. Trying to commit the dull linoleum floor, the padded procedure table, the round donut of the CT machine to memory.

And later, when I'm waiting for curry in the cafeteria line, I'll look up to curious stares and realize I'm humming too.

Eliza Broadbent is a fourth-year medical student at the University of Utah who plans to go into otolaryngology. She enjoys reading, hiking, and running.



HEAL
Humanism Evolving through Arts and Literature

Cover
Artwork
Finalist

ST. RAPHEAL

Matthew Standridge, MD

SPRING IS COMING
Jane Hufnagel, Class of 2027

HEALING IN NATURE: MULTNOMAH FALLS, OREGON

Renish Contractor, Class of 2025

THE ANTENNA

this is a story about a girl
who enters the woods and finds a man
but
he is not waiting for her.
the man takes out a knife, and slices her in two.
this is a story.

Ray Davenport

The girl is on her way to the woods. She passes hedgerows that teem with feral bluebells and Creeping Phlox. Her steps are slow, and the heavy weight of the summer sun settles on her small bare shoulders. They are brown—her shoulders—and her hair is black. The top she wears is red.

It is Sunday, so she takes the slightly longer route: around the back of the scout hut, past the old railway station and through the recreation field. You know the one I mean.

down

down

down

she goes until she sees the entrance to the woods. This has already happened, so we cannot tell her to turn back.

Suddenly thirsty, she slips a small purple backpack from her shoulders and guzzles the apple and black currant juice she made this morning. Nana has no orange squash, but that's okay because she doesn't like orange anyway.

The stony path crunches beneath the girl's faded sneakers as she crosses the threshold.

Immediately, she is struck by the beauty of the familiar place. It is the same woodland she walked through last week, and the week before. Except, it is not the same. Today, it is beautiful. Today, it is alive. But this today is not today, or yesterday, or even the day before that. Today is a long time ago.

The girl walks and walks until the neat gravel track erodes into a much older route. The kind shaped by a millennia of slow journeys.

She looks up at the canopy. Sees the sheer vitality and mass of leaves. Deep, rich, green leaves. Leaves with edges that glow in the late afternoon sun as it dips below the horizon. Leaves with halos of yellow that envelop translucent veins and sticky membranes. Layer after layer of leaves.

The girl continues to stare. She is utterly and blissfully transfixed, so does not hear the new thing in the woods as it unzips the door of its grimy orange tent.

The new thing cannot comprehend the figure in the distance; he is no longer asleep, but not yet fully awake. If I'm being truthful, he does not sleep at all, not really. He merely closes his eyes every once in a while and returns to places that cannot be spoken aloud.

So, the new thing does not move. Not a twitch nor a tremor. Instead, it watches the woman in the crimson top. Thinking/planning/rationalising. It is unable to look away from the curve of her breasts until the woman's short shallow breaths ease into slow deep exhalations.

(it/he/it/he/it/he)

His sturdy hiking boots are quietened by the soft, damp mulch as he makes his way towards her.

Oblivious, she bends down to rummage in her rucksack; she is tired, and a softened cereal bar lurks perpetually at the bottom.

Silent, he inches forward and slips a hand into his trousers; an ugly primal urge rising up inside him. It is hot, violent and all-consuming.

The woman does not look up. She crouches with her back towards him, emptying the contents of her bag.

There is a knife in its hand now. The blade is long and curved. The hilt, a faded khaki. It towers over her, poised and alert.

But then, he makes a mistake.

An error of eagerness.

Of reckless intent.

The man steps forward, his heaviness pushing/weighing/pressing down on a twig until—snap. It breaks.

The woman, startled by the cracking/splintering noise, turns as she stands and sees the man with the knife.

She turns as she stands and sees the man with the knife.

She turns as she stands

and sees the man with the knife.

Turning, standing. Turning, standing.

This is the moment the girl/woman/daughter/wife is sliced in two. An irreparable and violent cleaving. A rupturing fissure in time and space. The girl remains turning and standing, turning and standing, stuck in the perpetual loop of an eternal, unfathomable and unspeakable act.

She is still there now.

But the woman is no longer in the woods. She too turned and stood, but only once. Unlike the girl, the woman must continue.

So, a sound pushes its way out of her mouth and tiptoes across the edge of the blade. The noise is deep, rolling and guttural. It speaks of an urgent and ancient terror. But there are no words for this sound, so you will have to imagine.

Then, there is a smack. A shove. A sharp scrape over the surface of dry brown skin that peels away the layers to expose the soft pink flesh underneath.

Confusion.

Disorientation.

And then she is running. Her sneakers pound against the hard ground while the thick green trees twist and groan. Deformed, gnarly and rotten. They offer yellow-toothed smiles as they lean down to snatch at her with their thorny limbs.

And still, she runs. Acutely aware of the thing in the woods that follows and all the trees that long to trap her. To cut her off. To split her open and consume her at their leisure.

She sprints back the way she came: around the back of the hospital, past the empty Woolworths unit and through the deserted carpark.

But she does not stop going forward, even as her run slows into a walk. I am making progress, she thinks. On and on she moves.

Mostly, she is alone, but occasionally she becomes aware of other bodies. Men who say they love her, want to wind their sinewy limbs around her. Men who make her feel the kind of desire that can shatter a person. Men that threaten to take her over the edge into oblivion… and then stop.

And while the woman runs, the girl remains in the woods. Standing, turning. Standing, turning.

***

Years pass, and as she makes her way through the world, the woman begins to hear whispers. Strange unnatural sounds that speak of new dangers.

Something too awful to comprehend is on the horizon, except that it has already arrived. A terrible thing that she is part of, that is part of her.

a rupturing transition.

the bleak future

of endless endings.

She cannot run from this, but still she tries. I know because I too have tried. Perhaps you have as well.

She walks through towns and cities and villages, until she finds herself on the very edge of the world.

A precipice. A shoreline. Freezing winds and salty waters that slap against basalt rock. A liminal space that erodes the sharpness of her edges even as it itself is eroded.

There are people nearby. Others who wander through the world until they can go no further.

Slowly, she becomes attuned to the strangeness of their presence. Aware that their words are always an omission, and that their silence contains the truth of the thing that split them in two.

(Or the thing that threatens to.)

Some look like the man in the woods, but they are not him. They are never him. She knows this, but as she walks across the shoreline, shoe prints pressed into wet sand have the same outline as hiking boots.

And this reminds her that the girl remains in the woods. Standing, turning. Standing, turning.

***

The woman lingers at the edge of the world. She cannot leave, and others join her daily now. Packed in so close they jostle against each other.

Sardines without a tin.

There is a shared wounding, in this not-quite place. A shared understanding of conflict, of violence and anticipated endings.

The longer she stays there, the more she becomes connected to the world.

The world outside, and the world within.

(They are one and the same).

She imagines the tiny things that live inside her. Understands that her body has never been anything less than more-than human. But she cannot feel the microscopic colonists between her cells. Or the particles of plastic that float along her bloodstream.

But then, neither can we.

Instead, she becomes attuned to the ground and the sky and the bodies that lie beside her. An unwilling antenna.

It is exposing, this connection. This epiphany of symbiotic existence. She cannot go back.

And yet…

The woman closes her eyes to return to the girl that remains in the woods **(standing, turning; standing, turning).**

Now, she carries the slap of the ocean, the weight of the sand and the shared silences with her.

Ray Davenport is a final year PhD candidate and Associate Lecturer at Plymouth University, UK. When she occasionally steps away from her thesis, she enjoys trekking across the rugged landscape of Dartmoor and eating Korean food.

EARTH GEMS:
CAMELLIA & JAPANESE MAGNOLIA HEART
Kathleen Wilcox

Kathleen Wilcox is a contemporary enamel artist with a studio in Tallahassee, Florida.

THE MEMORIES:
Migrating Towers Series

Sena Karatas-Ozturk

Sena Karatas-Ozturk's artistic journey delves deep into the intricate layers of human experience, particularly focusing on the profound impacts of climate change and political conflict-induced migration with her Migrating Towers Series. In "The Memories," she constructs a pathetic narrative that resonates with the struggles and resilience of individuals facing displacement.

The vintage worn luggage symbolizes the accumulation of life experiences and memories carried by migrants on their journey. This old-style luggage serves as a powerful metaphor for the weight of the past that individuals carry with them, embodying the collective history, culture, and cherished landmarks left behind. It stands as a testament to the resilience of the human spirit amidst adversity.

Within the luggage, a structure emerges that represents memories etched into the minds of migrants. This tower comprises the essence of what was left behind: the warmth of a childhood home, a father's cemetery, the peace of a beloved tree. While physical belongings may be left behind, these memories persist as the only possessions that can be carried across borders and oceans.

The name tag hanging on the handle of the vintage luggage is bearing the soul of cultural structures such as sanctuaries, schools, or fountains. This tag serves as poignant reminder of the cultural fabric woven into the identities of migrants, reflecting the rich tapestry of traditions and heritage that they carry within them. This tag with towers becomes a symbol of resilience, representing the strong spirit of communities facing displacement.

"The Memories" is not just an artwork; it is also a call to action. Karatas-Ozturk's advocacy for systemic changes and policy reforms resonates deeply within her artistic expression, amplifying the voices of the marginalized and demanding urgent action towards a more compassionate and just world. Through her art, she endeavors to create a space for empathy, understanding, and solidarity, igniting a collective commitment to building a future where every individual's rights and well-being are safeguarded.

Sena Karatas-Ozturk is a passionate researcher and artist in contemporary art and virtual reality technology. With a keen interest in interdisciplinary approaches, she explores the intersections of art, XR technology, and social change through both academic and creative lenses.

VICTOIRE AMÈRE:
"A MERE VICTORY"
Felix Balak, Class of 2027

The Banyan Tree

Sanjana Eranki

My body stills as I descend into the landscape
nestled at the base of the banyan tree.
Callused fingers form a perfect haloed shape,
just as I'm tethered, I seek to be free.

Kohl-lined eyes are cast into ebony black,
an inky obsidian with endless possibility.
Thoughts drift to color—blue, maroon, lilac.
Ethereal in this search for tranquility.

Wind becomes breath, entering in and out.
It evens, in my attempt to escape the mundane.
Even as there lingers a shadow of doubt
for that which I aspire, I am compelled to sustain.

My mind believes it blank, completely bare.
Or is it a mere chasm between thoughts?
That loom over a labyrinth as I sit unaware,
and threads of contemplation turn to knots.

Defenses against distraction are as fragile as a glass wall
as I hear the dulcet tones of a koel in its nest.
Cerebral circuitry now animated by the banal,
and if the intent is peace, I've failed the test.

That which I covet is a fruition of endurance:
the path serpentine and long-lasting,
each dawn affording an aperture of chance
for the embrace of serenity everlasting.

Originally from Long Island, NY, Sanjana Eranki is a fourth-year medical student at Rutgers Robert Wood Johnson Medical School interested in minimally invasive surgery. She graduated from Johns Hopkins University in 2021 with a BS in Biomedical Engineering and is passionate about innovation in healthcare and the medical humanities.

I can't sleep

Rida Khan

I can't sleep tonight
I'm too distracted by the streetlight
Distant trains and passing cars
And memories of blood-soaked gauze

Bad dreams of grueling tests
And social cues I've definitely missed
And screams and cries from the trauma bay
While the chaplain lifts his hands to pray

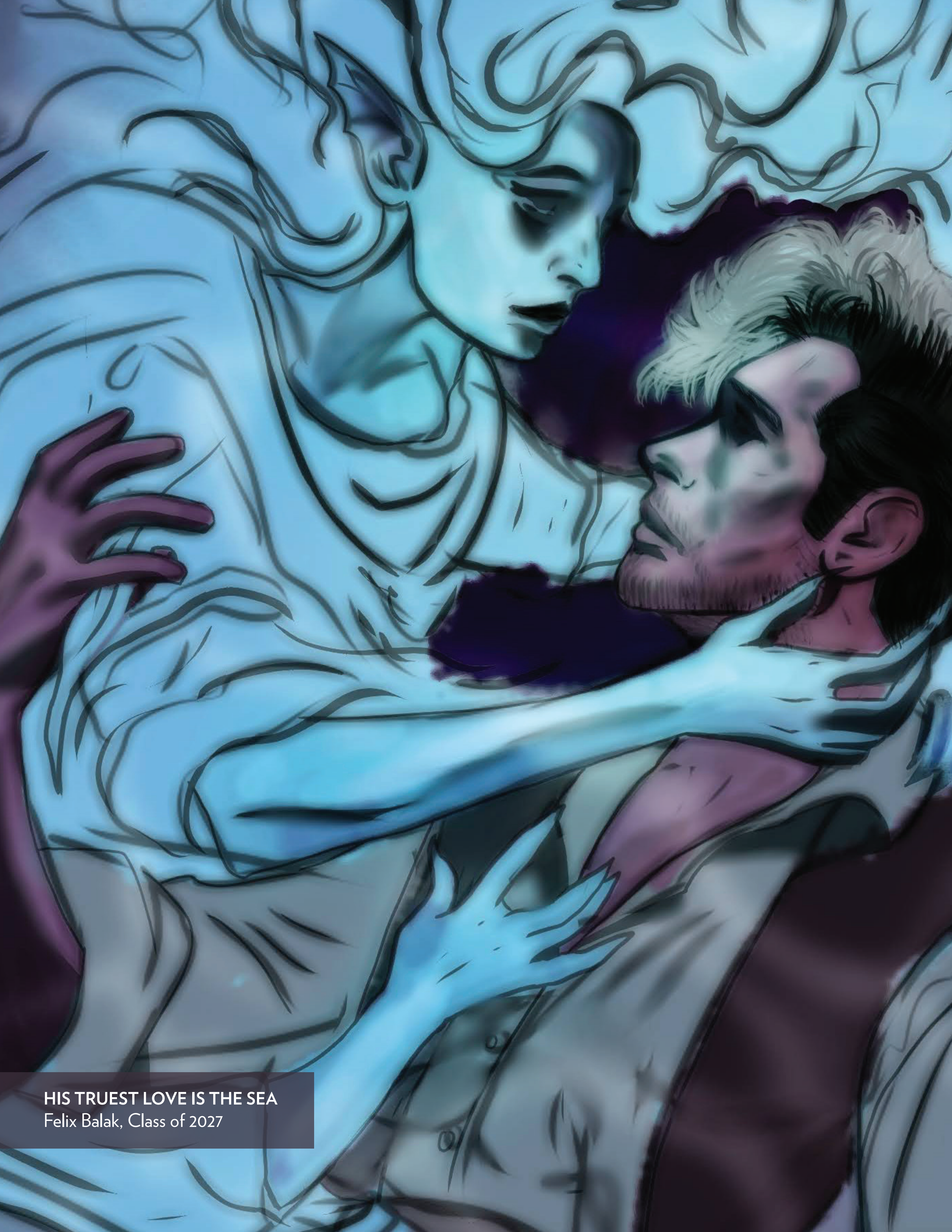
Racing thoughts of looming deadlines
And terrifying front-page headlines
And the smell of bone dust in the OR
My nervous needle's stitches will likely scar

New year's resolutions remain unfulfilled
Endless errands begin to build
But his cold skin still lingers on my hands
No matter how loud I speak he won't follow my commands

The phantom vibrations of my phone
Did you notice the attending's irritated tone?
Maybe I stuttered too much when I presented the case
Maybe I wasn't working at a fast enough pace

Restless mind, restless leg
Tomorrow night, this all over again

Rida Khan is a medical student at New York Medical College. She has been previously published in other narrative medicine journals including Hektoen International, The Journal of Narrative Visions, *and* Quill & Scope.



HIS TRUEST LOVE IS THE SEA
Felix Balak, Class of 2027

IN THE MIDDLE OF NOWHERE
Jane Hufnagel, Class of 2027

Entering where Truth Resides—Our AIDS Memorial Mandala

Julene Tripp Weaver

A stone, to absorb our walking fears
    we tread

Wood, to take the brunt force
    of our spewed anger

Sage, dead leaves, potent
    to assuage sadness of our lost souls

A bowl always present
    empty for what is alive in our
    world for the taking, for the giving

A squishy heart to embody our love,
    we give with the tightest squeeze of our fist

In the center, our earth pillow
    where hope resides waiting for our hugs
    she absorbs what we need to give back
    walking across these boundaries

Let us wait for our music in silence
    then speak through these
    passageway tokens of life

Julene Tripp Weaver is a psychotherapist and writer in Seattle; her fourth poetry book, Slow Now with Clear Skies, *was published by MoonPath Press. Her earlier book,* Truth be Bold—Serenading Life & Death in the Age of AIDS, *won the Bisexual Book Award, four Human Relations Indie Book Awards, and was a finalist for a Lambda Literary Award.*

MY JOURNEY TO MEDICINE AS A PATIENT

Brittani Kongala, Class of 2027

Sickness has the most abrupt way of giving birth to our darkest fears. We must confront the fear of death, the unknown, and acknowledge the fragility of human life. It is a terrifying task that kept me up many nights.

It was cold inside the hospital. I shifted restlessly in my bed, trying to get comfortable, but no matter which way I turned the throbbing pain in my joints persisted. It had been a sleepless night of tests and routine checks by nurses. My husband lay asleep in a makeshift cot next to me, snoring softly. He had been up all night, steadfastly watching over me as my own guardian angel. Our life had been turned upside down seven months ago when I first became sick. It happened slowly at first, like a silent predator sneaking in: a low fever, a small rash, and hair loss. Then, almost without warning, I found myself in a sterile hospital room asking, "What happened to my life?"

At 26 years of age, I had accomplished my life's ambitions. Everything was perfect. I was married to my best friend, working full-time, and a mother of two beautiful young children. I had everything I wanted. That all changed in October 2018. My journey began with an innocent symptom. My scalp became itchy, and my hair began to thin. I was not overly concerned at first, but I quickly realized something was wrong when a few weeks later an angry red rash appeared all over my body. "You need to go to the doctor," my husband urged, so I did. My PCP assured me that everything looked fine, and I was probably just stressed. "Try to get more rest," she urged. "If you're concerned about the hair loss, try to see a dermatologist."

One month later my scalp was littered with small bald patches. My scalp became tender to the point that I could no longer brush my hair. So, I went to the dermatologist and was diagnosed with alopecia for which I was given a liquid steroid. When I asked about the rash, which was now not as prominent, I was simply told, "I'm not sure, but it seems to be going away now." I trusted the doctor and went home thinking that my problems would resolve. My husband tried to apply the medicine to my scalp but every time he moved my hair it felt like small shocks of electricity.

After a few days of struggling to apply the medicine, I came to the sickening realization that I needed to shave off what was left of my hair. It was simply too painful to move my hair to put on the medicine. Tears streamed down my face. I've had long hair my entire life. I had also been using what was left of my hair to hide the bald spots now all over my head. I went into the bathroom and grabbed the hair shears I used to cut my husband's hair and handed it to him. "Please just do it," I asked. I sat down in our kitchen chair, and he didn't say a word but silently turned on the buzzer and slowly shaved my head. Hot tears streamed down my face as piece after piece of my remaining hair fell into my lap and spilled onto the floor. After what felt like hours, the buzzer turned off, and I felt my husband's hand on my shoulder. "It's all fixed now, baby." I nodded but couldn't speak. I was so ashamed. My son, who was only 13 months old, waddled over to see the commotion. He looked at me with confusion and started to cry. My husband went to comfort him and picked him up. "It's ok, buddy, it's just mommy." He kept crying and staring at me. I went to my son, but his distrust towards me cut like a knife. "It's ok, baby." I sighed. "I don't recognize me either."

My condition continued to deteriorate. I became fatigued, nauseated, and all my joints constantly throbbed. I developed fevers that despite over-the-counter medications seemed to always persist. I went to another PCP for a second opinion and was the told the same thing as my previous physician, "You're stressed. You just need to relax." I was flabbergasted. "I'm not stressed," I insisted. "I literally woke up one day and all these symptoms started." I left that appointment with still no answers and no referrals. Each day I continued to get weaker. We moved our family into my parent's home so they could help take care of the children. I was no longer strong enough to drive, so my husband took me for all my errands and doctor appointments.

One day I went to the optometrist for a routine check-up, and he discovered that my optic nerve was inflamed. "You might have multiple sclerosis," he stated. "I'm going to refer you to a neurologist." I was so relieved. Finally, someone was going to investigate my case. My husband called to make the appointment. He went outside on the back patio, but I could still hear him speaking with the scheduling assistant. "You don't have anything sooner than one month from now?" "I'm sorry, sir, that is our first new patient visit." "Please, ma'am, my wife is very sick. She needs to see a doctor. Please is there anything you can do so she can get in sooner?" "I'm sorry, sir, like I said, our earliest appointment is in one month. If there is a cancelation, I will call you."

Brittani Kongala is a second-year medical student at FSU COM who enjoys spending all her free time with her husband and children. She is honored to be part of the medical community and looks forward to one day being entrusted with patient care.

I was passed from doctor to doctor with no answers and no indication of what was causing my debilitating illness. I learned nothing new about my illness after visiting multiple doctors of various specialties. I was disheartened and exhausted and my condition continued to worsen to the point where I was bedridden and needed assistance for all my daily activities. After seven months of illness and pain, I couldn't take it anymore. In a last-ditch effort for answers, I asked my husband to take me to the emergency room of a renowned medical center near my parent's home. "What do we have to lose? Worst case they send me away too."

To my surprise, they admitted me and said they were going to run some tests. I was relieved. For the first time in weeks, I was hopeful that someone would give me answers. But, as the night and following day waned on, I became discouraged again. Doctor after doctor, resident after resident, and herds of medical students later, and I was no closer to knowing the cause of my illness. It was the end of the day when the last physician, Dr. L, came to visit me. He pulled a chair beside my bed and began to ask me all the same routine questions, and I repeated all the same details I had told every other physician. He took his notes and listened silently to me, but when he stood up to leave, I felt an overwhelming sense of desperation. Yet another physician was going to leave me in this condition with no solutions. I grabbed his arm, desperate for someone to understand my pain, to feel my concern. Choking back tears, I begged him. "Please, I can't live like this," I cried. "I have two young children at home. You must help me. You must find out what is wrong with me." My plea gave him pause. Then he did something that previous physicians had not, he put his hand over mine and comforted me. "It's going to be ok. I promise we are going to find out what is going on. Sometimes doctors need extra time, but we are going to get an answer."

Dr. L kept his promise. Within a week, he diagnosed me with an autoimmune disease called Adult-onset Still's disease and started me on medications. Within a few months, I had my life back. The fevers left, my hair started to grow, and my body regained strength. I started looking like my old self, but I would never be the same person again. I was forever changed.

Words are so simple yet also so powerful. When patients like me are in their darkest hour, a physician has the power to give hope or shatter it. My experience with my illness is why I decided to become a doctor. I wanted to empower other patients living with chronic illness to persevere through the challenges and continue pursuing answers. What I learned from my journey is the critical importance of hearing my patients' stories, validating their experiences, and giving them hope.

ICY AKUREYRI

Emily Gansert, MD

Dr. Gansert graduated from FSU COM in 2024 and is currently an internal medicine resident at the Mayo Clinic in Rochester, MN. She is a first-generation college graduate who grew up in New Smyrna Beach, Florida, and enjoys traveling, photography, cooking and spending time outdoors.

TRAIL TO TRANQUILITY
Emily Gansert, Class of 2024

AS THE LIGHT FADES

Randy Fisher, DPM

Another year, another new pain.
In recent months I have needed a cane.
No doctors seem to offer any care,
outside of suggesting a wheelchair.

But I can still think, my brain did not
leave my head along with my hair.

Because of the pain, I wake in the night
feeling like I had been in a fight.
I ache like I had a knife in my back,
and I was sure my skull had suffered a crack.

But I don't worry, my mind still works
just like a crackerjack.

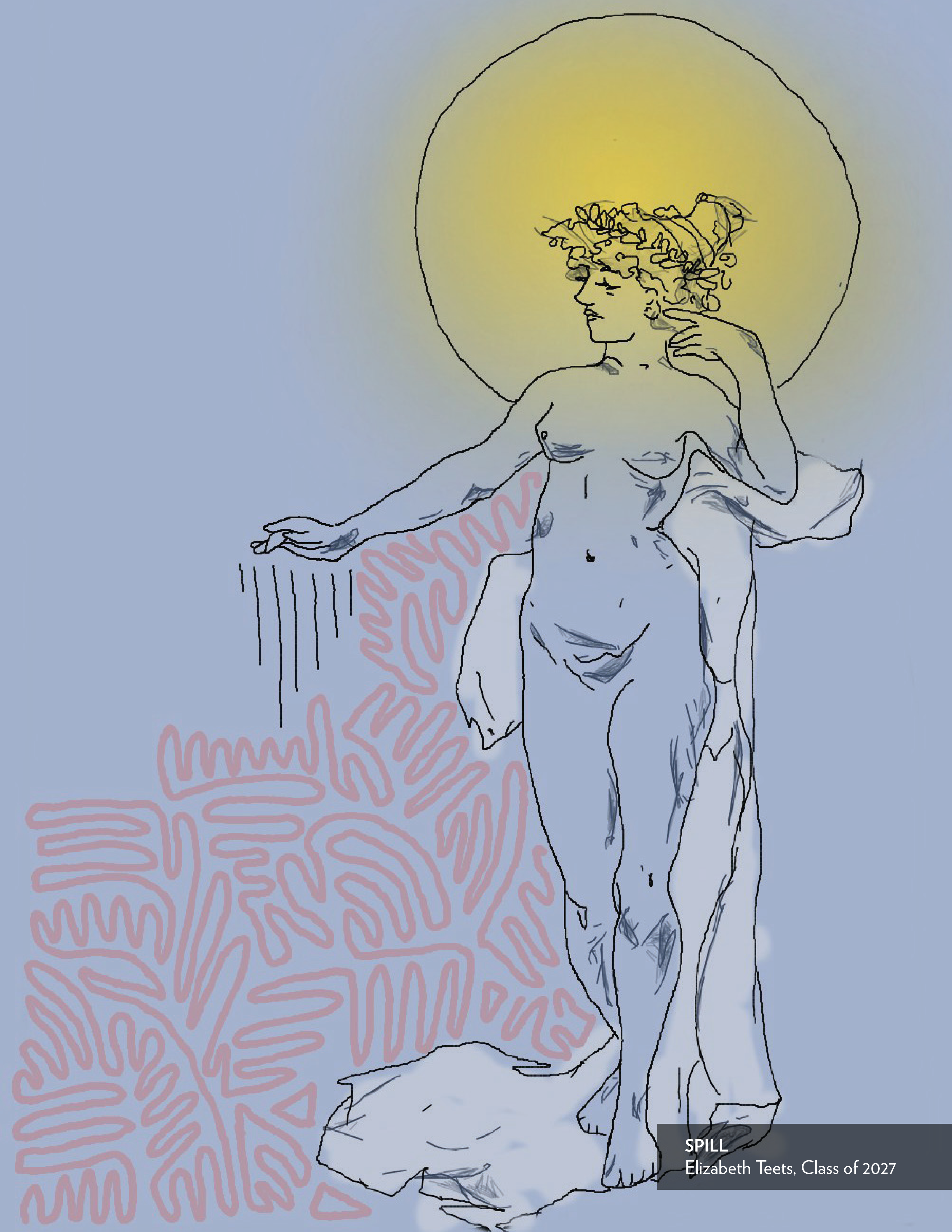
Another year, another new pain.
I ask for help, but only in vain.
The doctor's advice gives me alarm,
"Better to just use your other arm."
But I don't worry, my memory
still works like a charm.

Was I to take two of these pills,
or was it to be all of three?
Today the doctor I did not see
to ask, what about these very bad knees—

It seems I could not find my own car keys.

Now another day is here,
and I wonder aloud with fear.
As I see my car keys there on the floor,
what in hell are these used for?

Author's note: Two years ago I had a triple bypass surgery that left me with some ongoing brain fog and memory issues. In the course of discussing this with my primary care doctor he gave me the line, "If you sometimes forget where you put your car keys, don't worry about it. If you forget what they are used for, then you should worry." He sent me to a neurologist, who used the exact same line, inspiring this piece.



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HEAL
Humanism Evolving through Arts and Literature

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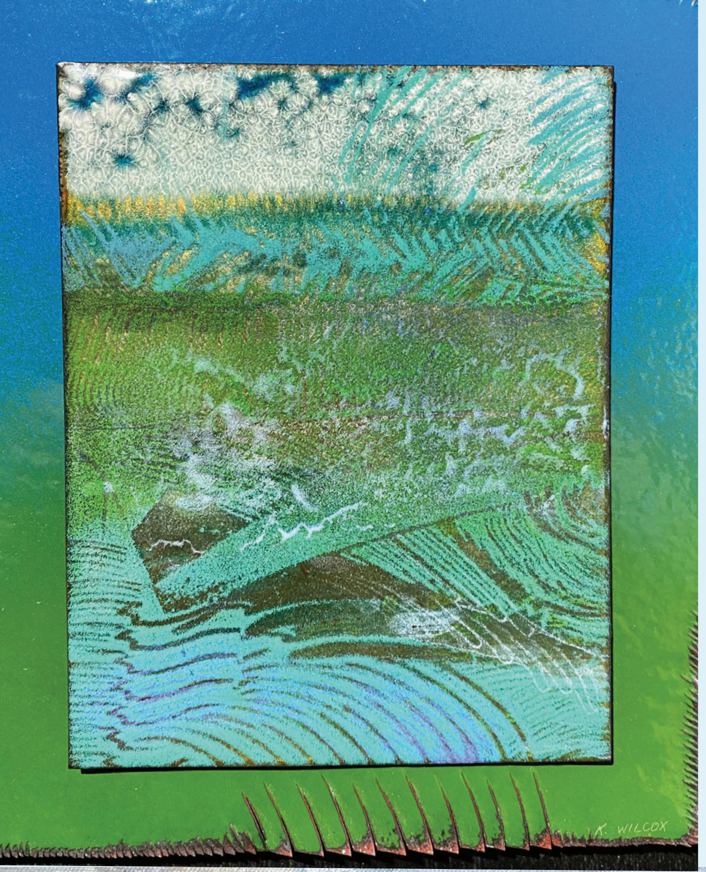
Sarah Shahawy, Class of 2026

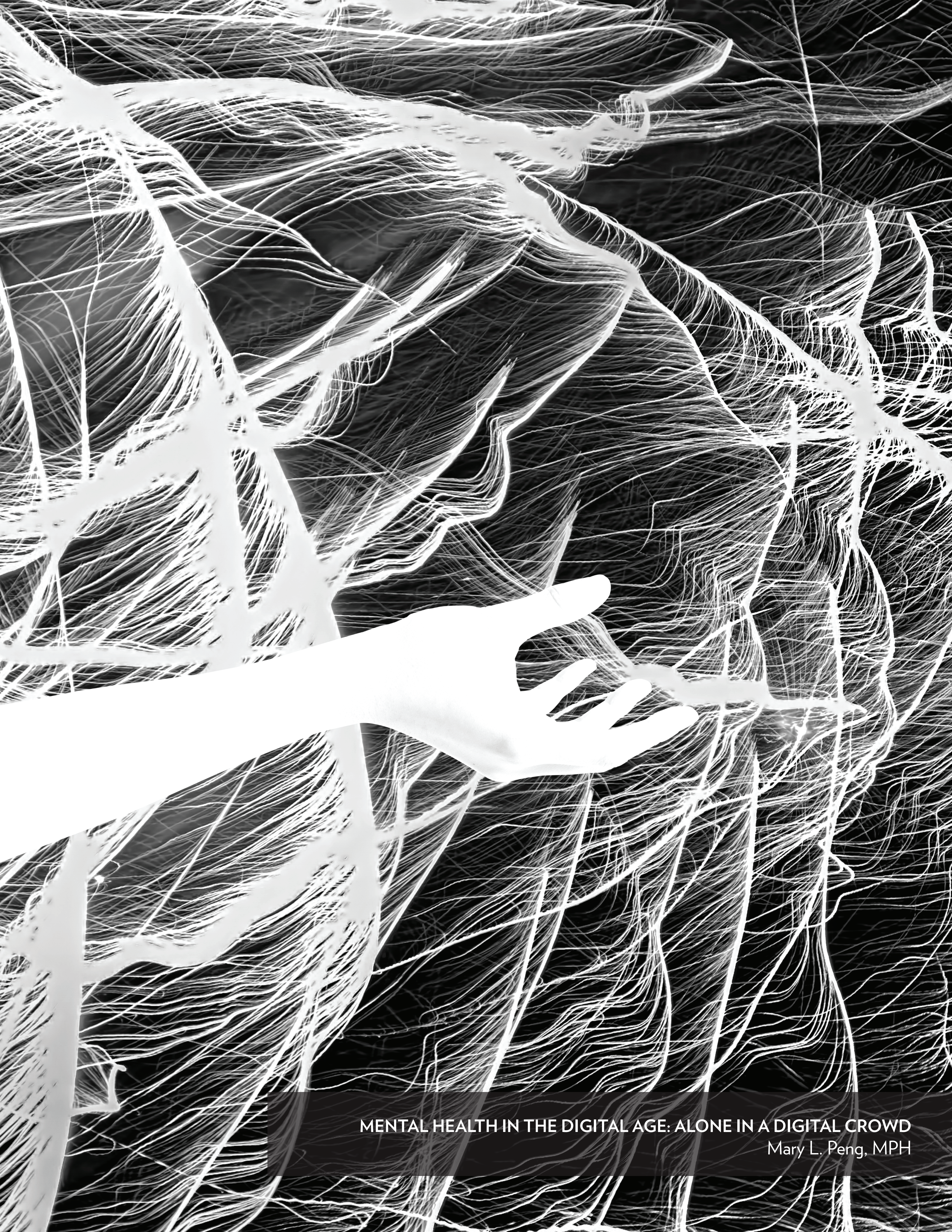
Sarah Shahawy is a third-year medical student at FSU COM. She loves to travel and capture the world in photographs and paintings.



RIVERSCAPE: WACISSA RIVER
Kathleen Wilcox

CONNECTICUT BARN
Jesse S. Greenblum, MD

Dr. Greenblum is a practicing obstetrician-gynecologist and an assistant professor in the Family Medicine residency program at Halifax Health in Ormond Beach, Florida. He paints as a hobby and has had gallery shows in Florida and California.



MENTAL HEALTH IN THE DIGITAL AGE: ALONE IN A DIGITAL CROWD

Mary L. Peng, MPH

HEAL
Humanism Evolving through Arts and Literature

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On the Back Cover

SWAMP HIBISCUS MANDALA
Kathleen Wilcox

Kathleen Wilcox is a contemporary enamel artist with a studio in Tallahassee, Florida. Her award-winning enamel wall pieces are exhibited and sold in Juried Exhibitions, Art Museums and Galleries.

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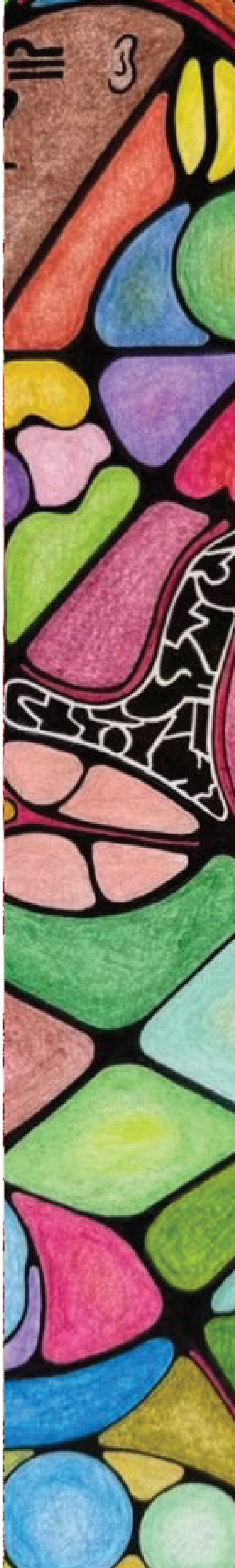

Art by Margie Portnoi

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HEAL stands for Humanism Evolving Through Arts and Literature. Bringing together writing and art from a variety of sources, HEAL acts as a platform where medical students share their growth and development, where faculty and staff impart their knowledge gained from experience, and where members of the community express how health and healing have impacted their lives. HEAL strives to bridge the growing gap between patients and their providers while hoping to produce a meaningful creative outlet to those who participate in the publication of its quarterly digital issues and annual print journal. Students, faculty, staff, and members of the community affiliated with the Florida State University College of Medicine are encouraged to submit their art and literary works.

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