

# HEAL

Humanism Evolving through Arts and Literature

## SUNSET IN THE TETONS

Madeline Keenan  
Class of 2026

Summer

•

2023



FLORIDA STATE UNIVERSITY  
COLLEGE OF MEDICINE



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Care

Sean Gabany, Class of 2025

Care for our patients,  
but not for ourselves.  
Care about their background  
as you forsake your own.  
Learn to abandon everything to talk to them.  
Follow the algorithm  
even if that means discarding  
the piece of yourself  
that connects with them.  
Show them humanity and *treat the human* you’re told,  
as you are treated with none, stripped of it, to fit this mold.  
Tell your patient it’s ok to cry,  
but don’t shed your own tears.  
See the best in your patients, despite everything.  
Be reminded of your worst, despite everything.  
Understand that sometimes people have a bad day,  
but don’t dare think that’s an excuse for you.  
If you really cared, you’d be better.  
Do you have any idea what they’ve been through, what they could be  
going through?  
I don’t care what you’ve been through, what you’ve been going through.  
“You need to take care of yourself to be at your best.”  
This isn’t about you, I don’t care about your mess.  
If you aren’t good enough for them, people may die  
If you aren’t good enough for you, then only you’ll die.  
We spend all of our lives caring for others just to quietly die  
since there is no room to care for ourselves.  
If we truly care for our patients and want the best for our craft,  
then it is time we care for ourselves and all who walk on our path.

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



FROM AFAR  
Meaghan Kane  
Class of 2024







## UNDER THE SEA

Lauren Hopson

Class of 2026

opportunity to connect with her on our similar shoe taste, and she began to smile and make eye contact with me. We were both fans of Jordan 6 Rings, but quickly and painfully noticed that they were not comfortable shoes to wear to work and so I gave her some suggestions on comfortable shoes, and for a moment, we connected.

As our conversation about shoes began to fade out, I asked her about any medical conditions, and again she looked down and hesitantly told me she had HIV and high cholesterol. I pointed out that we did not have her information in our system

and asked who she saw for care. She told me she had not followed up with anyone since she was 21-years-old. I was surprised, and to be completely honest, biased thoughts filled my mind. I assumed she did not care about herself or others: Was she sexually active? Using protection? I asked her why she hadn't seen anyone for HIV management, and our following conversation was one of the most impactful encounters I've had with a patient.

J.T. confessed she was infected with HIV when she was 18-years-old. The man she decided to have sex with was the first person she'd ever been sexual with. After a few meet-ups, she never heard from him again, she wondered if she did something wrong or if he was ok. It was almost a year later when she found out he was arrested for infecting multiple women with HIV; she later found out she was one of those women. The moment she found out she was angry, filled with rage. However, that rage turned into confusion, hopelessness, and embarrassment. She never told her family or friends about her diagnosis, but she did follow up with a clinic in New York for treatment. She mentioned the doctors and nurses in the clinic always spoke to her with a condensing tone. She felt as if she was judged for her choices every time she walked into the clinic. One nurse even said, "Well, these are the consequences of poor decisions." These words stuck with her, and the moment she ran out of medications, rather than choose to go back to that clinic, she chose to give up because "the world already gave up on her."

During the next few years, she did not work. Instead, she lived with her mom where she spent most days just lying in bed. She gained a significant amount of weight and had no desire to exercise or eat healthfully. She stated she had lost trust in

# It Just Takes ONE

Sheyla Moliner, Class of 2024

It was my third day rotating at a specialty care center that predominately assisted low-income individuals with a diagnosis of HIV and AIDS when I met J.T., a 29-year-old female with HIV. Before meeting her I previously interviewed 40 to 60-year-old individuals at the clinic who had acknowledged their diagnosis and chose to live a fulfilling and thriving life while being compliant with their antiretroviral medications. A few patients even brought along their partners and shared their experiences while laughing and smiling. With just a few of these encounters, I began to perceive the diagnosis of HIV as less of a debilitating lifelong disease and more of a chronic illness that can be managed and accepted. However, J.T. was different.

This was my first encounter with J.T., and before going into her room I noticed that we had no record of her care in the Electronic Health Record system. She was a new patient and I was tasked with collecting her history. I walked into the room expecting her to be like every other patient I saw, compliant with her antiviral medications and unperturbed about her diagnosis. When I walked into the room and introduced myself, she made limited eye contact with me, looked down, and said "Good morning." I asked her what brought her to the clinic today, and she said quietly, "To get care." Before I could continue she commented on my shoes. I took this

everyone and everything. I was curious and asked why she decided to come in today. She smiled and said she moved to Florida two years ago and began working in a women's shelter. She wanted to protect these women and make sure they had someone to trust. If she was going to continue being there for them, she would have to take care of herself—"So, here I am," she said. She was ready to begin treatment with antiretrovirals and even change her lifestyle to lose weight.

Before meeting J.T., I quickly developed a mindset of how every patient I met at the clinic would be. When she did not fit into this assumption, my thoughts began to fill with biases, the same biases we as medical students learn can negatively impact a patient's care. However, the more we talked, even as we connected about our shoe taste, every bias I held washed away. In front of me sat a 29-year-old woman who had lost trust in humanity and the medical system because of her experiences. She was discouraged and gave up on her health and herself because when she first sought help, she was blamed and judged for an occurrence that was out of her control.

As medical students, doctors, and people, we forget how one experience can shape every other experience a person has. One negative experience, one judgmental remark, or one look of disappointment can be the one domino that causes all dominos to fall. It takes a person so much courage to present to a healthcare member and be open about their most vulnerable tribulations. When patients do open up about their fears and worries, they are doing so because they want to trust that we will do what we can to optimally meet their emotional, mental, and physical healthcare needs. The relationship we create with our patients starts on the first day, with the first smile, and the first words. I want to thank J.T. for opening up to me during our first encounter and sharing her story. Most importantly, I want to thank J.T. for teaching me about how every moment in the patient-physician relationship matters.

## Parallel & Perpendicular

Elizabeth Ruelke, Class of 2026

Time and Age aren't enemies  
Rather Time goes on for Infinity  
Age changes everything and nothing  
Time is never bluffing

Time is ceaseless and endless  
Yet Age is not dreamless or purposeless  
Time moves without waiting  
Age arrives while waiting

Time is sanitary  
Age is mired in exposure  
Time is an echoes Library  
Age is a crossing over

Time is a clock, tick tock  
Age is an action, knock knock  
Time is unbending  
Age has an ending

Age is an elevator  
Time is the actuator  
Age can bring sweetness  
Time can be tasteless

Age yields mentalese  
Time is unending centuries  
Age is an Antonym  
Time is a Synonym

Take your Time  
Receive your Age  
Never-ending chime  
At every new stage

While Age is weathered  
To Time it is tethered  
While Time is measured  
Age is the good Shepherd





# AWAKE *for DVD*

Alexandra "Xan" C.H. Nowakowski, PhD, MPH

Department of Geriatrics / Department of Behavioral Sciences and Social Medicine

I couldn't go to your funeral. Indoors at a church packed to the gills. My own to try; I'd wait.

Sleepless I watched the sun rise over my street, exploding the sky in vivid hues. Lay down as the light climbed higher. Fought through first breaths on waking, wishing I were still unconscious. That it didn't hurt to let the world back in. Wishing you were still there.

You advocated for people like me. Made sure we didn't become ghosts before our time.

Funerals are for the living—a group that I still count myself inscrutably among. I couldn't go to yours. I wore colorful jewelry and fed my birds and remembered my favorite sage wisdoms among your many words.

I surveyed my native spider populations. Bright colors seemed the order of the day: three orchard orb weavers making a happy home in pineapple plants. A tiny spiny one, industrious and nimble, working busily. Yellow sac spider beneath a feeder shield had moved on. Impermanence abounds; some legacies endure it.

I couldn't go to your funeral. I knew I would see you again. For weeks after you died, I lost someone every 36 hours. You stayed away while I figured out how to pry my mouth back open and let the pain escape.

Ventilated, I feared you were not free—you couldn't roam the world spreading energy and purpose and affirmation. I worried you were locked inside. I've fought my way out of enough hospital rooms to know that feeling.

I once told you of spending my own time in intensive care. Dragging my IV pole and heart monitor all over the ward helping fellow patients with basic tasks. How the nurses eventually gave up and started giving me jobs. You just grinned and said *How's that for person-centered medicine?*

You knew the healing power of purpose. You're everywhere now, still radiating that light wherever you go.

You only came to see me after I finally managed to cry. When I could sleep deeply again, you appeared in my dreams as if you'd been there all along. Suddenly we were driving on the outskirts of North Tampa, which gave you to all of us and now welcomes you back.

I'm not far from you, of course. Looking back east I could see the interstate curving toward Lakeland and my own home. Where I've found my own happiness—and peace with missing people.

The sky to the west blazed a brilliant sunset. When I turned around, a glowing sunrise greeted me from the horizon.

*You're not surprised*, you said.

It's always mourning somewhere. A question of perspective, then.

Our very first conversation in your old office. Gone 13 years, a lifetime, a moment ago. Window looking out over the courtyard. Periodicals stacked neatly; clippings of cheerful news. We talked about finding reasons—why things can happen when others say they cannot. Figuring out how to say yes amid a chorus of no voices. Making change by creating the conditions for progress.

We drove on back roads past familiar landmarks. Orange signs saying *Road Work Ahead*. Just like always.

You knew the value of saying *not yet* while building a foundation for that eventual yes answer. Built scale models in your mind of each stage of work. Invited people inside to explore, to imagine and discover. Collaboration as adventure to the edge of a colorful map.

You never missed an opportunity to learn in kind.

We visited a cavernous hall, all dim lighting and dark woods. Inside we found my parents' old back yard from New Jersey styled as the Garden of Eden. Fruit trees ringed the perimeter, insights drooping from their branches. People from bygone times assembled long tables with books and oddments salvaged from the basement. Old friends offered plates of cut fruit. I couldn't hold the edges and I couldn't taste a thing.

Funerals are for the living. I couldn't go to yours; now I was attending mine.

Knowing I was dead tasted bitter and sweet. I couldn't touch and others couldn't hear. Yet they felt my presence, just as I felt yours. I could smell the upholstery cleaner in the rental car. And I knew I would stay dead only while dreaming, to live again on waking. Just like I've done too many times before.

Your body returns to the earth and your spirit lives freely in all who treasure you.

You taught us to see the sun rising as we accepted it setting.

To turn with intent toward the change we wanted to see. To travel familiar roads with new eyes. You're still teaching us every single day.

We left my funeral—odd to put that in a sentence. I could feel the seats of the car beneath my bones. Salt lingered on the air; I wondered where we would travel next.

*Just keep going until you run out of road* you advised.

I couldn't argue. We would arrive together and enjoy the journey there. You prioritized fun, small joys often lost with age and experience. It made you an incredible teacher.

Even in death, you remind us of joy. How medicine needs space for happiness and cheer. How endings offer new beginnings of their own.

*I'll see you again* I said.

You grinned, bright as the midday sky. *Of course you will.*

I watched the gray concrete roadway narrowing toward the horizon until that little white car disappeared entirely. You drove into the sunset; I walked into the sunrise. Each of us heading back for home.

*This lyric essay honors our beloved colleague, mentor, and friend, Dr. Daniel Van Durme. I was beyond fortunate to get an uplifting visit from DVD in a vivid dream filled with imagery matching how he always saw the world. I reflected on this dream and on Dan's legacy while exploring broader experiences of grief and the liminality of those feelings relative to my own journey. After the news of Dr. Van Durme's passing broke at the end of May, I did not go more than 36 hours without losing another person until June 17. I've learned in the past few weeks that my usual ways of understanding and coping with death—a result of being so immersed in the adult cystic fibrosis community—do not precisely hold up when so many of the people I am grieving come from other worlds. The cognitive dissonance of remaining alive myself while bidding farewell to treasured friends and colleagues who do not share the journey of aging with CF feels heavy and inscrutable. As I reckon with those feelings of incoherence, I find comfort and renewal in how Dan understood the College of Medicine mission and nurtured that philosophy in all of us.*





## **BOUNDLESS**

**Michael Mathelier**

*Michael Mathelier just finished his 3rd year of medical school at the University of Florida College of Medicine and will be starting the Master of Public Health program in August of 2023.*

*Hand model: Abeer Dagra (UF College of Medicine class of '24); Creative Assist: Maegan Cremer (UF College of Medicine MD/PhD candidate)*



Every morning I wake up hoping that, by some alchemy, my shoulders and neck will not scream, and my knees won't be fire-balloons on rusted hinges. I hope fatigue, doominess, and the pinging, clenchy gut will have evaporated. I've christened my collection of symptoms "Sad Lead" because I feel leaden, and I'm so, so sad.

# SAD LEAD

Nuala O'Connor

Sad Lead began with a trip to China in 2016. A short story conference brought me to Shanghai's Tai chi ladies, flowing to Tannoy music in Changfeng Park. To sweet-faced belugas in the aquarium. To giant statues of Chairman Mao among grey high-rise after grey high-rise. To a swagger of cranes, auguring prosperity. To a pink ice-cream in Changfeng Park. To vast, empty shopping centres beside shanty towns. To the cryptic poetry of commercial signage: "If memory is dessert, then story is also a journey"; "Cheerway easy go!"

My love of short fiction brought me to all of it. Most fatefully to that pink ice-cream. Then to diarrhoea. Sweats. Vomiting. Confinement to my hotel bed. To missing the conference. Hot-cold-hot. To looping Japanese karaoke on the TV. Delirium. To fainting in the airport loo. Head injury. Endless flight. Ginger ale from an air-steward angel. Home. To GP and hospital. Infection: *helicobacter pylori*.

To treatment.

Still sick.

Treatment.

Still sick.

Treatment.

Still sick.

To Sad Lead.

A year passes. Two. Another.

I tell my husband, "I feel like a narky corpse."

New doctors. My diagnosis – after three years – is fibromyalgia, triggered by that Shanghai *helicobacter pylori*. That Changfeng ice-cream.

The verdict is hesitantly given. "A *touch* of fibromyalgia," the rheumatologist says. "Also perimenopause. Also depression."

A horrid comeingle. But where does one begin and the other end? (And, by the way, a fucking *touch*!?)

Oh, doctors. Don't talk to me about doctors.

Fibromyalgia is a joyless, ever-present, prismic garment, complex and invisible. On meeting me, you wouldn't know my shoulders are cloaked in glassy pain, or that my knees blaze. While we talk, I'm battling a cluster headache, and am distracted by an odd *pit-pat-pit-pat* in my heart. You may notice fatigue etched into my skin – I've most likely suffered the all-night, elastic twang of disturbed sleep. My stomach fizzles with discontent.

In the middle of a bad spell – a "fibro flare" – all my symptoms wrap tighter around me, body and mind. Flares resemble jetlag, or extreme hangovers: aches, brain-mush, depression, and crushing tiredness. Motivation – for anything – is low.

Though I may be smiling – perhaps even working or performing – I'm likely feeling a bit hopeless. Because I hate that fibromyalgia smothers and owns me and, still, I must carry on. I'm embarrassed by it, and embarrassed to admit that. I'm angry, too, because fibro will upset my life for as long as I live.

The Covid-19 pandemic aggravated flares – fibromyalgia loves a nice lump of stress to feed off. But the lockdowns brought a physical slowing that meant rest and that, in its turn, brought retreat, quiet contentment. Joy with a backdrop of torment is joy, nonetheless.

My father died during the pandemic and, after the funeral, my pain levels were high. On the drive home, I embarked on an

## SAD LEAD CACOPHONY

NECK PAIN FATIGUE WEIRD POO  
SLOW BRAIN DODGY STOMACH  
ANXIETY/LOW MOOD HEAVINESS  
BLEAKNESS HEART FLUTTER  
FLICKERS/ABSENCES MASTALGIA  
LEG-HIP-ARM-KNEE-SHOULDER PAIN  
WEIRD SCALP HEADACHES BRAIN FOG  
PAIN-PAIN-PAIN CLUMSINESS  
NECK CLICKS



I-resent-fibromyalgia's-existence-in-my-life rant.

"I want to be able to put on my bra without wincing. Carry a shoulder bag! Tie my hair up. Drive in comfort. Walk for as long as I want to walk, not just until my limbs can't take it. I miss decent cake! I want to feel light, bouncy, flooded with hope. *Normal*. I'm craving arms that swing-swung easily; legs that bend; food that doesn't cause stomach ructions..."

I sobbed and cried.

I fight the anxious outlook Sad Lead promotes, try not to get stuck in the gloom groove. I avoid certain foods. I opt for an alcohol-free life. I attend a chiropractor. A counsellor. I exercise, no matter if my limbs scream. And I write; thank the stars that I can write.

I retreat early to bed and recite the mantra from ee cummings that lingers about me always, as balm and soporific: "over my sleeping self float flaming symbols of hope." I chant this on the edge of sleep, and conjure hovering, bright, hopeful symbols: a virus-free world; a happy gathering of my beloved; and pain flitting up and away from me, feather-light and fading.

*Nuala O'Connor lives in Galway, Ireland; her fifth novel NORA (New Island), about Nora Barnacle and James Joyce, was a Top 10 historical novel in the New York Times. She won Irish Short Story of the Year at the 2022 Irish Book Awards and is editor at flash e-journal Splonk. [www.nualaoconnor.com](http://www.nualaoconnor.com)*

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## BOATS BY THE DOCK

Carter Mulvihill





SUTURED  
Logan Franks  
Class of 2026





# NOTHING GETS ~~CROSSED OUT~~

Scott W. Graf, MD

“Beth?... Beth?”

Chloe stepped out on to the hospital roof, leaving the door ajar behind her. Her high heels clattered against the concrete as she made her way through the maze of vents and air conditioning units.

“Beth? It’s me, Chloe. Are you here?”

She knocked her hip against a chimney stack and stumbled, crying out in pain. Her hands sought the injury. There was no blood but her white coat was now smeared black. She heard a noise. It was faint but there were words and tears within it.

Limping slightly, Chloe emerged into a clearing at the north-east corner of the rooftop. At its far end stood another young woman, also wearing a white coat and with a stethoscope around her neck. She had her back turned and was looking out away from the hospital, towards the parklands and suburbs below. Her feet were close up against the low wall that ran along the building’s edge, the only barrier that stood between her and an eight-story drop.

Chloe stopped short. “Beth?” she said more softly.

“Nothing gets crossed out,” said the woman. Her hands were by her sides.

Chloe inched a little closer. “Beth? It’s me, Chloe.”

“Nothing gets crossed out,” repeated the woman.

Chloe slowly took a few more steps forward, knocking aside empty beer cans with her feet. The woman standing at the building’s edge turned her head. Her eyes were swollen and red. Her cheeks were wet.

Chloe stopped. “What do you mean, Beth?” she asked.

“Every morning,” the woman said after a pause, “after the ward round, I make these to-do lists... the jobs that need to get done.” Her voice sounded vague. “But nothing ever gets crossed out.”

“Oh, Beth,” said Chloe. She moved, scattering more cans.

The woman screamed “Don’t come any closer.”

Chloe recoiled. The woman’s hands went to her face. Her shoulders heaved beneath her white coat.

Chloe looked down at her feet. There were empty beer cans scattered about the ground, along with plastic cups, pieces of paper and empty junk food wrappers; even a few discarded stethoscopes. It was the spot where the interns and residents met, every Friday at the end of their shift, to talk and debrief, to eat and to drink and generally just enjoy being young and busy. Chloe knew it well; she had been there many times. But Beth had not. Chloe had never seen her there or asked her to go. Looking up at the figure standing at the edge, Chloe wondered now whether she should have.

“What’s happened, Beth?” she asked.

“I was smart, wasn’t I?” said the woman. Her eyes were on the ground below.

“Smart?”

“At medical school.”

“Yeah, sure. Didn’t you win a couple of awards or something?”

“Three.”



"Yeah, three. That's right. I remember. And weren't you close to the top of the class?"

"I came second," the woman answered quickly. "Only Lucy Wong beat me."

Chloe sniggered. "Yeah, well, no shame in that."

Beth turned her head slightly.

"Then why can't I do this?" she said.

The day was grey and cold and the air felt damp. A gust of wind blew across the rooftop, scattering cans and rubbish. Their long white coats fluttered. Beth swayed a little. She placed her hands in her pockets and closed her eyes.

"Can you come away from the edge?" said Chloe. She forced a casual laugh. "You're making me nervous."

Neither of the young women moved. Tears began to roll down Beth's cheeks.

"What's happened, Beth?" Chloe said softly.

"I've failed."

"Failed? What do you mean?"

"The rotation. Dr Montebello failed me. He said I'm the worst intern he's ever seen."

Chloe kicked aside a beer can. "What a bastard," she said. Why were some people so careless with fragile things, she thought. That's how accidents happened.

She looked up at the small white figure that stood there alone against the grey horizon. In all the time she had known it, these last three months, it had been constantly moving, yet going nowhere. Now it was still and this made her nervous.

"No, he's right. I can't do it," said Beth. "Everyday... after the ward round, I make these lists, you know, to-do lists but... I don't know. Nothing gets crossed out." She rubbed her eyes with her white sleeves. "The pager going off, the patients, the nurses, checking all of the bloods, admissions, discharges, I just can't... I don't know, think or breathe." She spoke quickly and harshly. "Sometimes, I just go sit on the toilet and close the door, to..." Beth began to cry quietly again.

Chloe fingered the stethoscope around her neck. "It's the first rotation Beth, our first ever job as doctors, and starting on Orthopedics is tough."

"Then why can you do it and I can't?" Beth hissed.

When Chloe didn't reply, Beth placed a foot up on to the edge.

"Beth, come away from there, please?" Chloe took a step forward.

"I said, don't come any closer," shrieked Beth.

Another gust of cold wind blew across the rooftop. Chloe shivered beneath her white coat. The afternoon was getting late. Evening was now not far away.

"You know," said Beth, "being clever was all I had. At school, I was nobody. Girls like you never talked to me, or the boys. Even when I was dux, no one cared, they only smirked. I could hear the things they said. But being clever, and getting into medicine, becoming a doctor, that was something... gave me something, even it was only for myself."

Chloe did not reply.

Beth took her hands from her pockets and climbed up on to the wall. She stood on the building's edge. The wind blew. She swayed slightly then steadied herself with her feet.



Chloe watched the white sneakers scrape against the bricks. They were cheap and ugly. She remembered what she had thought when she'd first seen them three months ago. The silent and knowing look she had given the other girls when she'd been paired with Beth for her first intern rotation. She felt ashamed.

Beth looked back at Chloe and then closed her eyes. Her tears had stopped. Her body seemed to soften.

"Beth, no. It's not worth it," whispered Chloe.

"It is to me," said Beth. Her eyes turned to the horizon, far away. Her body leaned forward but her feet did not follow. She rocked gently, back and forth, as if trying to will herself to move, to force her feet up and off the ground.

"Beth," cried Chloe. "Come down, please." She held her crossed arms tightly to her chest. "Let's go inside, where it's warm, and we can talk...together."

Beth took a step backwards from the edge but did not climb down.

Chloe quickly continued. "Have you talked to Dr. Thomas? She'll be able to help. Can you do the rest of the year and still pass?"

"Yes," replied Beth, "but I'll have to do an extra term next year to make up for it."

"Well, that's not so bad, is it? At least you'll be able to finish your internship."

"Yes, but I'd have to pass all the other rotations." Beth turned to look back at Chloe. "And what if I can't?"

The two young women looked at each other in silence.

"Well, then I guess you can't," said Chloe at last.

Beth gasped. "But then I've failed. It's all been for nothing... I'll be nothing." She started to cry.

Chloe closed her eyes. She should have seen this coming, they all should have. But could she have done any more? No, she told herself, she couldn't have. It had been her first rotation too, her first job as a doctor and it had been hard enough keeping her own head above water. But still, Beth had struggled from day one and as the weeks went by, had not improved. She remained paralysed by stress and anxiety and Chloe knew she had done nothing to help her.

Chloe screwed her eyes tighter shut. She also knew that Beth had made her look good by comparison and that a secret, deeper and darker part of her had taken pleasure in this. For the first time in her life, she felt ugly.

Chloe opened her eyes.

"No, you won't" she said. "You're Beth Arnold, remember." She took a step closer. Her voice was now loud and clear. "Dux of your school. Medical student. Winner of three academic prizes. Second to top of your graduating class. Doctor. You did that, all of it. Nothing or nobody can take it away from you. And no matter what happens, none of it gets crossed out."

Beth stopped crying. She stood on the edge of the rooftop watching Chloe intently.

"Nothing gets crossed out?" she whispered.

Chloe moved closer. "Let's go inside Beth, I'm cold." She held out her hand.

Beth took it and stepped down.

"Nothing gets crossed out?" she repeated.

"No, nothing," said Chloe.

*Scott Graf is a rheumatologist and writer living and practicing in Adelaide, South Australia.*



# Rainbow

Elizabeth Ruelke, Class of 2026

Red button necklaces you made for me  
Orange creamsicles in the summer  
Yellow orchids, your favorite  
Green butterfly chrysalis in the garden  
Blue taffeta Sunday dresses  
Purple playdough on the table

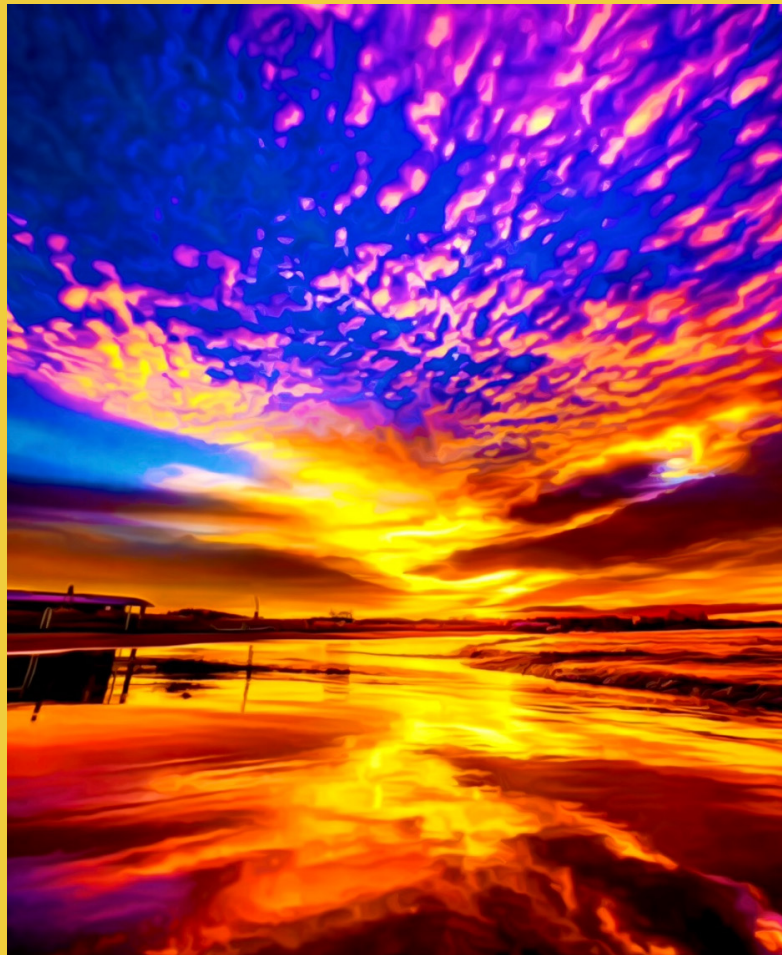
You've given me rainbow memories

White exam room  
Black films  
White forms to sign  
Black shoes shuffling  
White everywhere on the PET scan  
Black tears and white knuckles

No masses can take you from me

Purple is the color of you, Royalty  
Blue is the color of your Loyalty  
Green is the color of your Growth  
Yellow is the color of your Warmth  
Orange is the color of your Energy  
Red is the color of your Love

You're my Rainbow that no clouds can cover  
I love you, Mom



**FIRE**  
Claire Ellis  
FSU Autism Institute