

# HEAL

Humanism Evolving through Arts and Literature



EARTH GEMS:  
SUNFLOWER MANDALA  
Kathleen Wilcox

Summer

2024

FSU | MEDICINE



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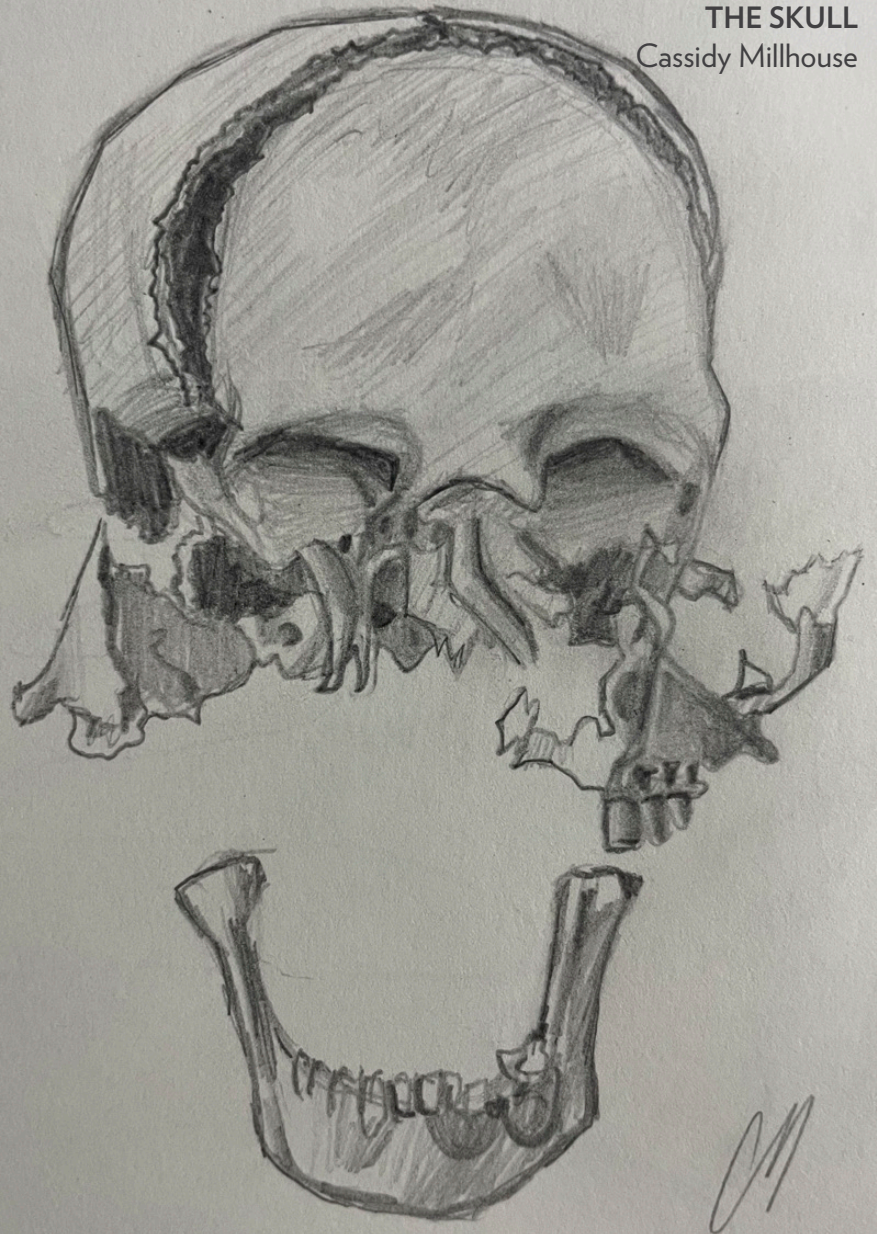
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# How are you this **Morning?**

## *On being a Patient*

Hope Heldreth, Class of 2025

**H**ow 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 is 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 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?"





**CAILÍN GLÁS**  
Úna O'Connor

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.

# 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, and 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](http://www.ifopa.org)*





**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.*







# 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.*



# 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.*



# 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

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# 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.







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