

HEAL

Humanism Evolving through Arts and Literature

OVERSTIMULATION AND
DESENSITIZATION
Mary L. Peng, MPH

Winter • 2024



FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

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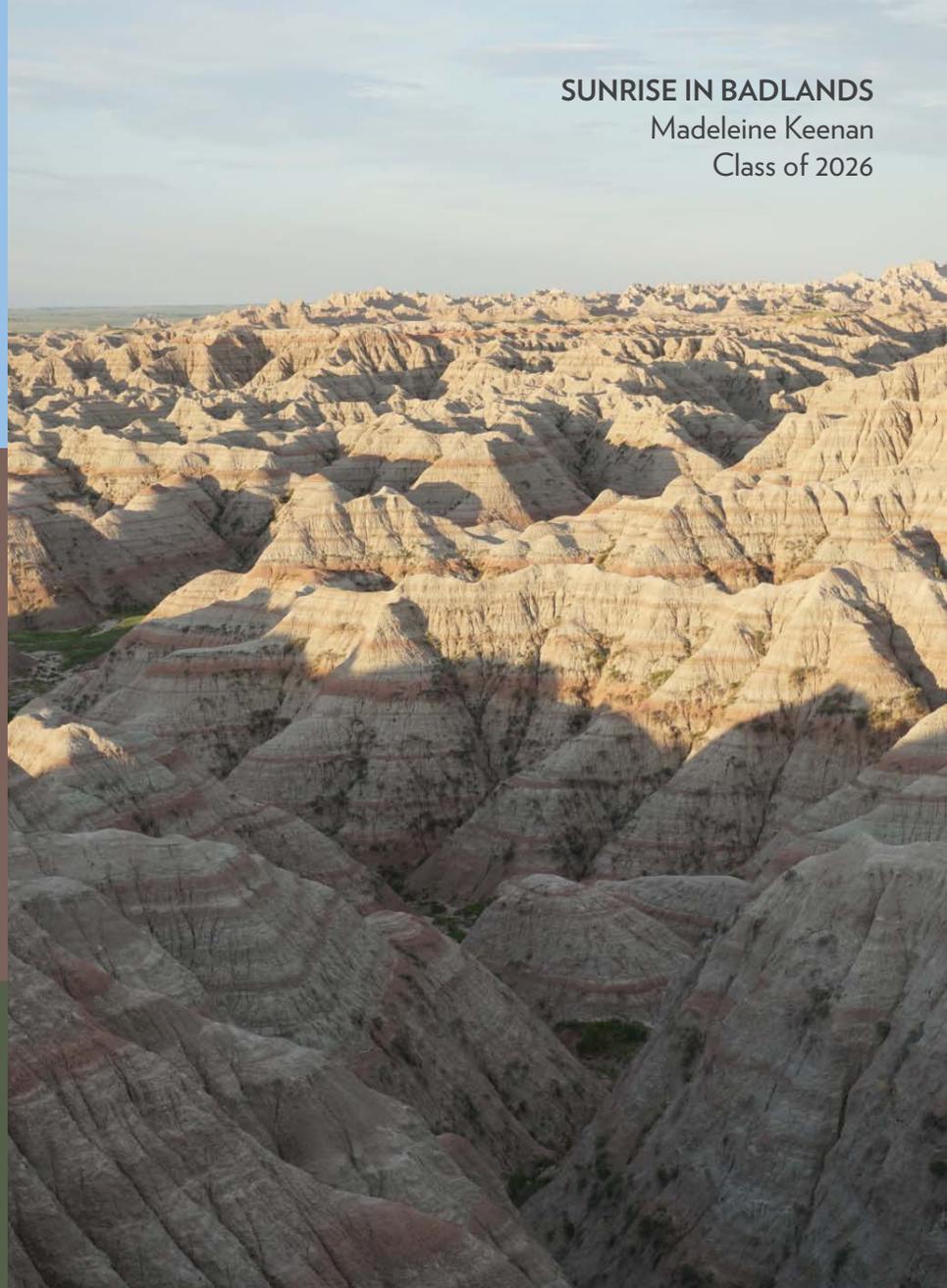
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SUNRISE IN BADLANDS

Madeleine Keenan

Class of 2026



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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,

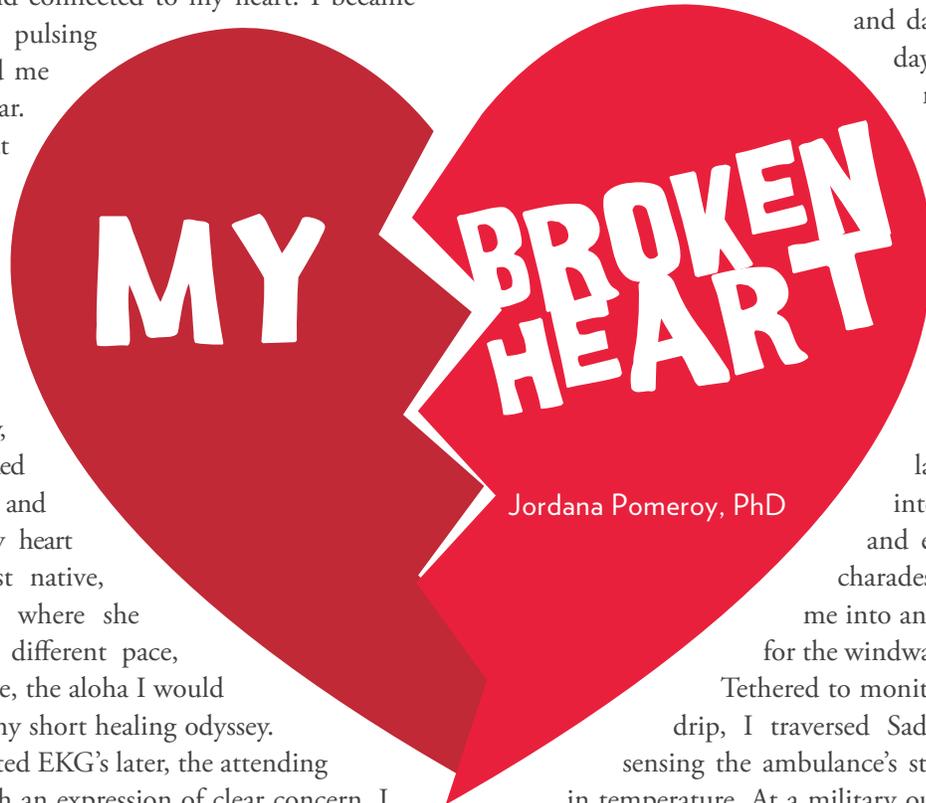
despite geographical distances. My younger sister and I were also born six years apart. I lost her to cancer seven years ago, an unresolved grief that's become part of my identity. I'm relishing the status of being Tom's new girlfriend, even if I feel the burden of losses and the creep of age. I've been 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 of the Patricia & Phillip Frost Art Museum at Florida International University, Miami, and serves as an adjunct professor in the university's department of art and art history. She received her B.A. from Bryn Mawr College and holds a Ph.D. 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 2025 by Getty Publications.

The Church of Another Religion

Felix Balek, 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,

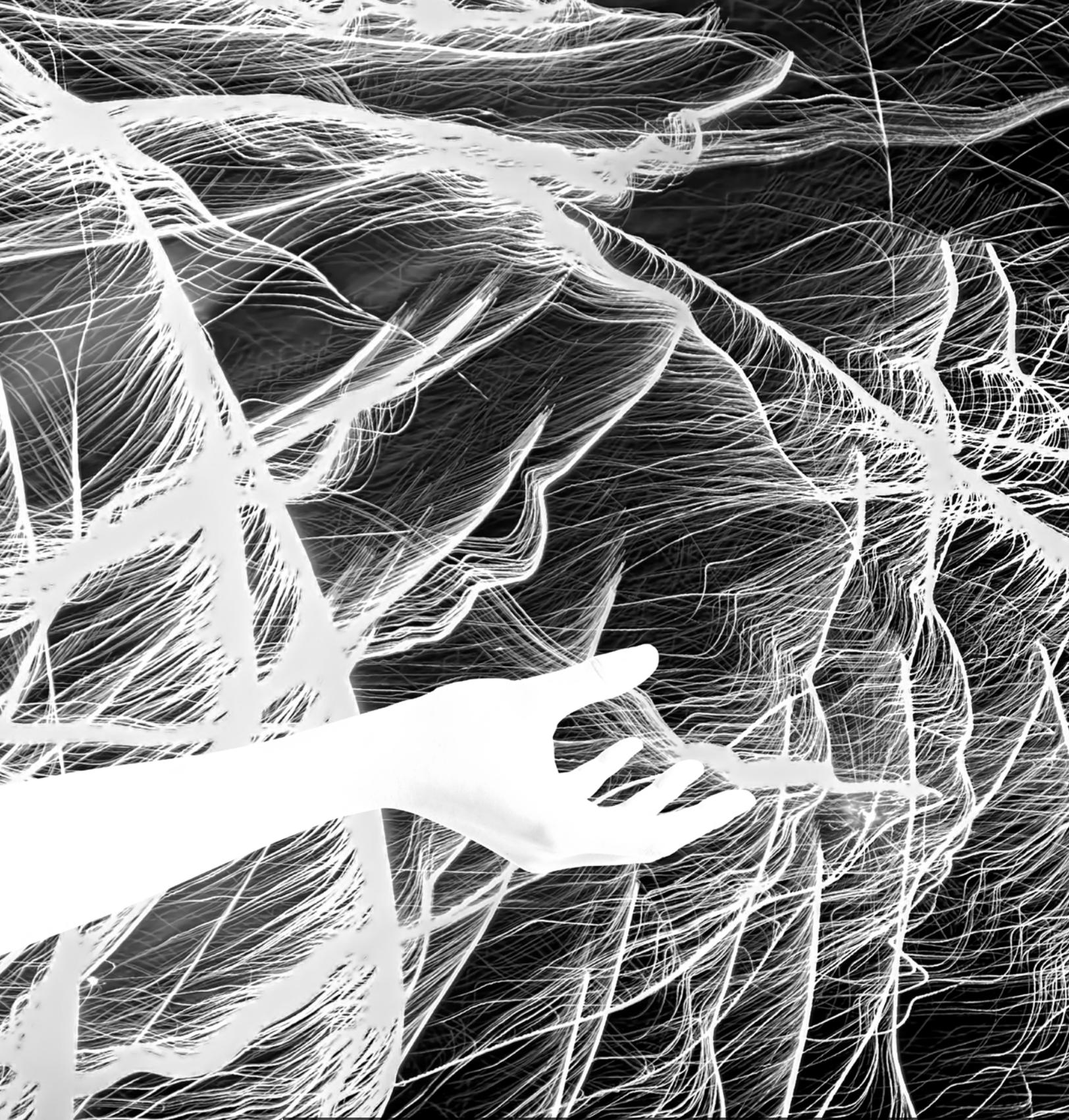
periodic beat of my heart.
This is what having metastatic breast cancer means:
I adore my *outflow tract*,

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.



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

Mary L. Peng, MPH

Mary L. Peng is a self-taught and internationally showcased multimedia artist and health scientist, operating at the intersection of research, healthcare, media, technology, and the arts. Peng obtained her Master of Public Health in Social and Behavioral Sciences from Yale University, and her Master of Science in Media, Medicine, and Health from Harvard Medical School.

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.

BLESSINGS

Chaitali Hambire, MDS

Dr. Hambire is a certified specialist in Pediatric and Preventive Dentistry. She has been a passionate practitioner and teacher of pediatric dentistry for over 15 years.



RIVERSCAPE: WACISSA RIVER
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.



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, FL. Dr. Greenblum paints as a hobby and has had several gallery shows in Florida and California.



Riding The Wave of a Cruel Storm

Ann Matzke

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 worlds armies. A small soldier fighting a battle
 in a vast, tumultuous sea.

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 Plains Song Review and regional anthologies and magazines. She is the author of more than a dozen nonfiction books for young readers.



AN OPEN MIND
Elizabeth Teets
Class of 2027

BEDSIDE LIBRARIES

Olivia Nixon-Hemelt
UTMB John Sealy 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?

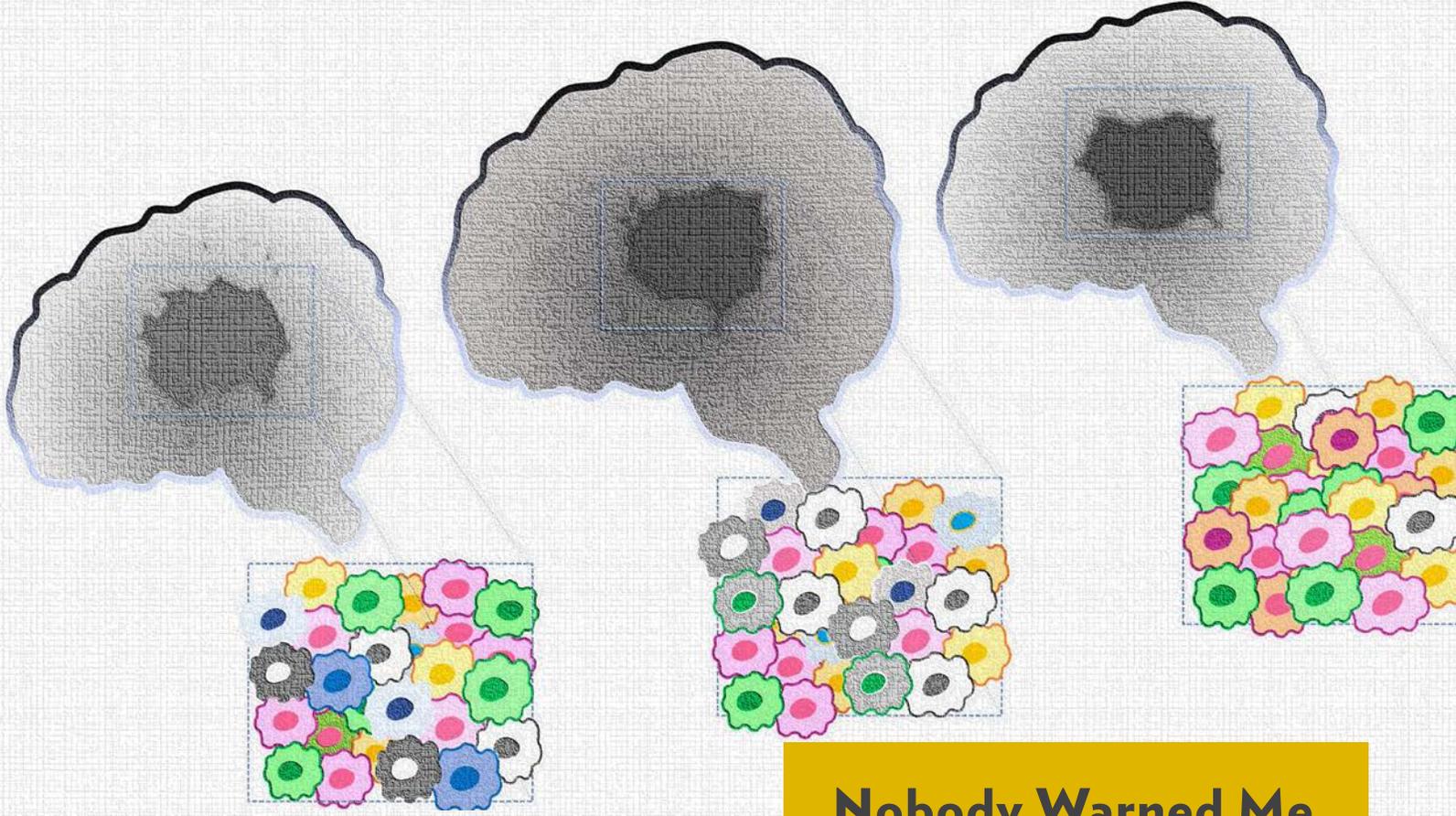
“A library represents the mind of its collector, fancies and foibles, strengths and weaknesses, prejudices and preferences,” Osler once remarked.² There is truth to this. Our “libraries” are representations of the stories we find valuable — as future physicians, we owe it to each of our patients to include 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.

Olivia Nixon-Hemelt is a fourth year medical student at University of Texas Medical Branch John Sealy School of Medicine in Galveston, Texas, class of 2024.

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

²The 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 be seen or heard.