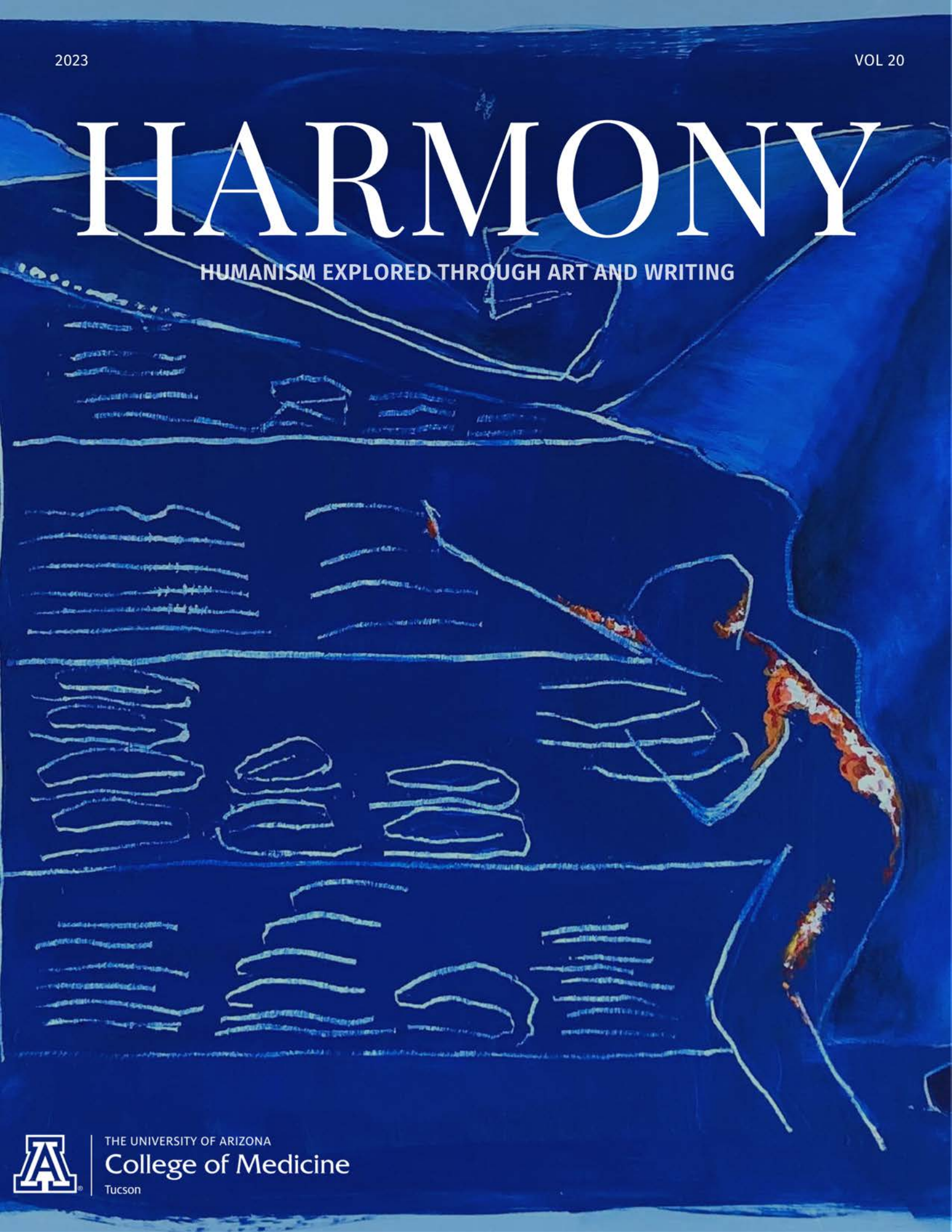


2023

VOL 20

# HARMONY

HUMANISM EXPLORED THROUGH ART AND WRITING



THE UNIVERSITY OF ARIZONA  
**College of Medicine**  
Tucson

# HARMONY

VOLUME 20



The fundamental, often invisible bones of the hospital--careful folds;  
repetitive bending, lifting, stocking; minimum wage.

---

**FRONT COVER:**

"The Linen Cart" by Monica Silva

**BACK COVER:**

"Better Together" by Megan Nicole Irby



# HARMONY

VOLUME 20

## A HUMANITIES MAGAZINE FROM THE PROGRAM IN MEDICAL HUMANITIES

Harmony is a publication of the Medical Humanities program in the Curricular Affairs department at the University of Arizona College of Medicine, University of Arizona Health Sciences, and the Kenneth Hill Foundation as a gift for the community.

All works in Harmony, both visual and literary, are the exclusive property of the author or artist, and are published with his/her permission. Contributors retain their copyright for all published materials.

Any use or reproduction of these works requires the written consent of the author. Views expressed within this publication are solely the opinions of the individual authors, and are not representative of the editors, advisory board, or any University of Arizona entity.

---

### **DIRECTORS**

Amy Hu, MD

### **EDITORS-IN-CHIEF**

Oumou Bah  
Amrutha Doniparthi

### **EDITORIAL STAFF**

Isabella Blum  
Marisa Cannon  
Nora Griffith  
Charlotte Kishi  
CJ Ryan  
Annette Mai  
Iliya Panfilenko  
Audrey Yang  
Sara Youssef

### **DESIGN**

Isabella Blum  
Nadja Jones  
CJ Ryan

---



# CONTENTS

Corner Stores Don't Sell Zucchini <i>JC Cordova MD</i>	Page 5
Fire Painted Sky <i>Aseel Ibrahim</i>	Page 6
The House Call <i>SES Medina MD, BS CHE</i>	Page 7
Spring <i>Aseel Ibrahim</i>	Page 12
A Navy Veteran's Journey Through the Seas of Prior Authorization <i>Armaan Dhaliwal MD</i>	Page 13
Spokane <i>Brittany Michelle Chy</i>	Page 18
Cactus <i>Paul McLaughlin</i>	Page 18
Letting Go <i>Sailaja Devaguptapu</i>	Page 19
Standardized Patient Encounter <i>Cary Davis</i>	Page 20
Right Words <i>Thuy Nga "Lily" Nguyen RN BSN</i>	Page 21
Authentic Self <i>CJ Ryan</i>	Page 22
A Love Letter to Cancer <i>Karol Roman Kamel</i>	Page 23
Discombobulated <i>Jon Green</i>	Page 25
Arizona <i>Scott Belton</i>	Page 26
Akuyamoc <i>George Christopher MD</i>	Page 27
The Face Behind The Mask <i>Scott Belton</i>	Page 39
(Medicine) A Placeholder <i>Joan Tran MD</i>	Page 40
Accident <i>Luis Novelo Hernandez</i>	Page 41
Bleeding Truth <i>Madison Harper</i>	Page 42
The Main Chained on 4NW <i>Andria Albert</i>	Page 43
The Night Blooming Cereus <i>Martin Demant</i>	Page 44
To Be A Nurse <i>Angela C Brittain PhD, RN</i>	Page 45
Red Maples Near Cedar Mill <i>Mark Abrams</i>	Page 46
Tailor Made <i>Julia Marie Liatti</i>	Page 47
Ricksha Wala <i>Noshin Nuzhat</i>	Page 50
Overwhelmed <i>Megan Irby</i>	Page 51





# CONTENTS

Helicopter <i>Anne Mecham</i>	Page 110
Post Mortem <i>Thomas Healy</i>	Page 111
Dreams of Me in Flagstaff with Friends <i>Brad Biddlecome</i>	Page 115
Desert Dreams <i>Carol Lynch</i>	Page 115
The Contours <i>Sailaja Devaguptapu</i>	Page 116
Autopilot <i>Leila Jamal</i>	Page 117
First Edit <i>Alan Cohen MD</i>	Page 118
Snow <i>Carolee Stewart</i>	Page 119
The State of Nursing <i>Angela C Brittain PhD RN</i>	Page 120
Limits of Modern Medicine <i>Alan Cohen MD</i>	Page 121
Bobcat <i>Abby Love</i>	Page 122
Thou Shalt Not Drink Blood <i>SES Medina MD, BSN CHE</i>	Page 123
Information about Artworks	Page 127
Author Bios	Page 128



# CONTENTS

For: Audrey Rachel Yang	Page 52
Countryside Cody Kelly	Page 56
The Levers of Leaving RA Pavoldi	Page 57
The Iguana Maggie Johnson	Page 60
Forest Bath Mark Abrams	Page 61
Songs, Psychedelics & Seizures: A One-Woman Flow Karen Kohler	Page 62
Cluster B Nos (B is for Bad) Alex Hoogland MD	Page 73
Mozghan Michael Zaccaria	Page 74
Iniyan Michael Zaccaria	Page 74
Grandma Cecilia Jeffery Fisher MD	Page 75
Residency in the Time of COVID-19 Ricardo Reyes MD	Page 81
Mak Ari Azani MD	Page 82
Sandra Sabine Obagi	Page 83
Spotted Owl Perri Hartenstein MD	Page 85
The Road to CT Monica Silva	Page 86
Kenny Tsosie and the NBA Jeffery Fisher MD	Page 87
Spoonbills Perri Hartenstein MD	Page 95
Not the Better Man Andres F Diaz	Page 96
The Bengali Bride Noshin Nuzhat	Page 97
Strands of Time Marcia Pradzinski	Page 98
Sick Rosario Valentin	Page 103
Preparatory Journey Susan Golden	Page 103
Pramipexole is a Hell of a Drug Alex Hoogland MD	Page 106
With Flare Teddy G Goetz MD	Page 107
Better Together Megan Nicole Irby	Page 108
A Targeted Flight Yan Leyfman	Page 109
Caterpillar Vicky Pisano	Page 110



# FROM THE DIRECTOR

Welcome to the 2023 issue of Harmony magazine! One of my favorite aspects of my role as director of the Medical Humanities program are the many times in which medical students and physicians will reach out to me with an idea, a question, a creative work or simply a desire to connect over a shared interest of the humanities. I am often struck by the creativity and curiosity of those in our medical community- there is something almost universal, I think, about the need for something to help us process and connect over shared experiences, and to understand better how these experiences change us as people. This is what the arts and humanities offer us- in functioning as a third object (as a bridge, proxy and an 'as if' space) it allows us to make meaning of and talk about what might not otherwise be accessible. The arts and humanities, like medicine, are a reflection of a broader context and both expand and require understanding of ourselves and the world that we live in.

So often we carry out this kind of internal work in parallel but in isolation, and it is rare to find a common space to connect in this shared process. For this reason, I am grateful for the vision and dedication of our editorial team, the creative voices of our contributors, and for the interest and support of our readers, all of which make this remarkable space possible.



Amy Hu, MD  
Director, Medical Humanities  
University of Arizona College of Medicine-Tucson



# FROM THE EDITORS-IN-CHIEF

Dear Harmony Magazine Readers,

In the practice of medicine, we frequently view the world in the form of statistics, pathophysiology, disease, and treatment; an algorithm to execute daily. The rigors of medicine reduce a patient to another disease process, a colleague to another workhorse, a healthcare provider to another medication order. We become caught up in the tasks at hand; surviving the treatment, the shift, the heartache. We steel ourselves against the magnitude of emotion we experience. We compartmentalize, strategize, and optimize. Medicine is grueling, and following this blueprint keeps us all moving. This works for a while, but we quickly find ourselves seeking something deeper -- a human connection.

Medicine is not just lab tests, imaging studies, management, and surgeries. Medicine allows us to form connections in the vulnerable and intimate moments we share with our colleagues and patients. We have the honor to heal and to hear the deepest thoughts, secrets, and worries of those around us. These moments humanize our interactions, allowing us to reflect, understand, and grow.

We reassure ourselves that compartmentalizing is only temporary as we progress through medical school, stowing away our emotions, connections, creativity, and vulnerability to achieve our goals. We look forward to the day that we can reclaim our ability to practice these things after we've reached a comfortable point in our careers. We continue to move the goalposts forward, not realizing that the arts provide us with a more vivid connection to our field now. The medical humanities are vital to becoming well-rounded physicians, allowing us to heal, empathize, and process emotions.

We can share experiences through storytelling, poetry, prose, and the visual arts. As a single person, we are only able to see a single perspective; the humanities allow us to peer through the eyes of others, to understand others' unique perspectives. Our narratives allow us to glimpse the world of those around us, reminding us that we are not alone in the human experience. Just as our patients seek to be seen and heard, we crave a deeper connection as well. This connection is vital, especially during times of crisis and triumph. Together, we share not only our tragedies but also our hopes and dreams for the future.

We are proud to present the 2023 edition of Harmony Magazine. Within these pages, we hope you can find hope and connections through art. Each piece is a part of these artists' souls, now shared with you. We hope seeing the empathy, compassion, patience, and detail contained within these pages ignites your passion.

We would sincerely like to thank the editorial staff who worked diligently to make this 2023 edition a memorable one. We are greatly indebted to our artists and authors who put forth their creative pieces and shared a personal part of their lives with the medical world. Lastly, we are profoundly thankful to you, our readers, who continue to participate in the medical humanities as we do.

In solidarity,



**Amrutha Doniparthi**



**Oumou Bah**





# THE EDITORIAL STAFF



Isabella Blum is an MS3 at UACOM-T. She is passionate about integrative medicine, art history and loves spending time with family.

*Isabella Blum*

Marisa Cannon is an MS1 at UACOM-T. She is passionate about Narrative Medicine, an avid yogi, and loves spending her free time with her dog Savannah.

*Marisa Cannon*



Nora Griffith is an MS1 at UACOM-T. She enjoys painting, cooking, and exploring Tucson.

*Nora Griffith*

Nadja Jones is an MS2 at UACOM-T and a painter who is interested in General Surgery. She enjoys reading, live music and sewing. Her favorite painter is Francis Bacon.

*Nadja Jones*



Charlotte Kishi is an MS1 at UACOM-T. She finds joy in snuggling up with a good book or attempting a fun baking project while listening to a podcast.

*Charlotte Kishi*

Annette Mai is an MS3 at the UACOM-T. She enjoys writing and painting, and dreams of writing a book in the future.

*Annette Mai*



Iliya Panfilenko is an MS3 at the UACOM-T. He enjoys exploring the outdoors and spending time with his very old dog.

*Iliya Panfilenko*

CJ Ryan is an MS2 in Tucson. She enjoys aerial sports, painting, and spending time outdoors.

*CJ Ryan*



Audrey Yang is an MS1 at UACOM-T. She uses writing and cooking as her creative outlets outside of school, and enjoys reading science fiction novels and long-distance running in her free time.

*Audrey Yang*

Sara Youssef is an MS1 at UACOM-T. She is an avid reader who hopes to combine her appreciation and passion for the Humanities and Medicine in her field of study.

*Sara Youssef*



Andres is an MD/PhD student at the UACOMT and is committed to becoming a pediatric oncologist with a global health focus.

*Andres*

Medical humanities help us retain our identities without losing the drive that started us on this journey. It's our privilege to share works that have touched us and we hope it helps spark humanity in all of you.

# HARMONY

## Award Winners 2023

---

### Mathiasen Prose Award

*best submission in prose*

Julia Marie Liatti: *Tailor Made*

### Huynh Poetry Award

*best submission in poetry*

Alex Hoogland, MD: *Cluster B NOS*

### Ryan Visual Arts Award

*best visual arts submission*

Monica Silva: *The Road To CT*

### Parada Medical Student Award

*best overall submission from a University of Arizona medical student*

Sabine Obagi: *Sandra*



# CORNER STORES DON'T SELL ZUCCHINI

J.C. CORDOVA, MD

Mac and cheese with snack cakes.

Fudge brownies with Ramen noodles.

TV dinners and microwaveable soup.

Chips, crackers, cookies.

Cereal and orange juice, the whitest of white bread.

Each time he places them on the counter,

while pulling out his EBT card,

he attempts to stifle the cries

of shame pressing upon his chest.

Hoping, just once,

to quieten the silent judgments

of the patrons around him;

knowing, like a person knows their way home,

that the darkness of his poverty

will always be contrasted by their affluent light.

These “meals” aren’t his choices; they are his options.

Three corner stores and

two fast food restaurants within a

five block radius, yet he’s

seven miles from a supermarket.

Yes, he knows      they aren’t healthy,

they are processed,

they will make him gain weight.

No, he

can’t take time off for fruits and vegetables,

doesn’t have grocery stores on his block,

can’t afford cab fare to the suburbs.

Call it a food swamp or a food desert.

Use whatever terms you wish.

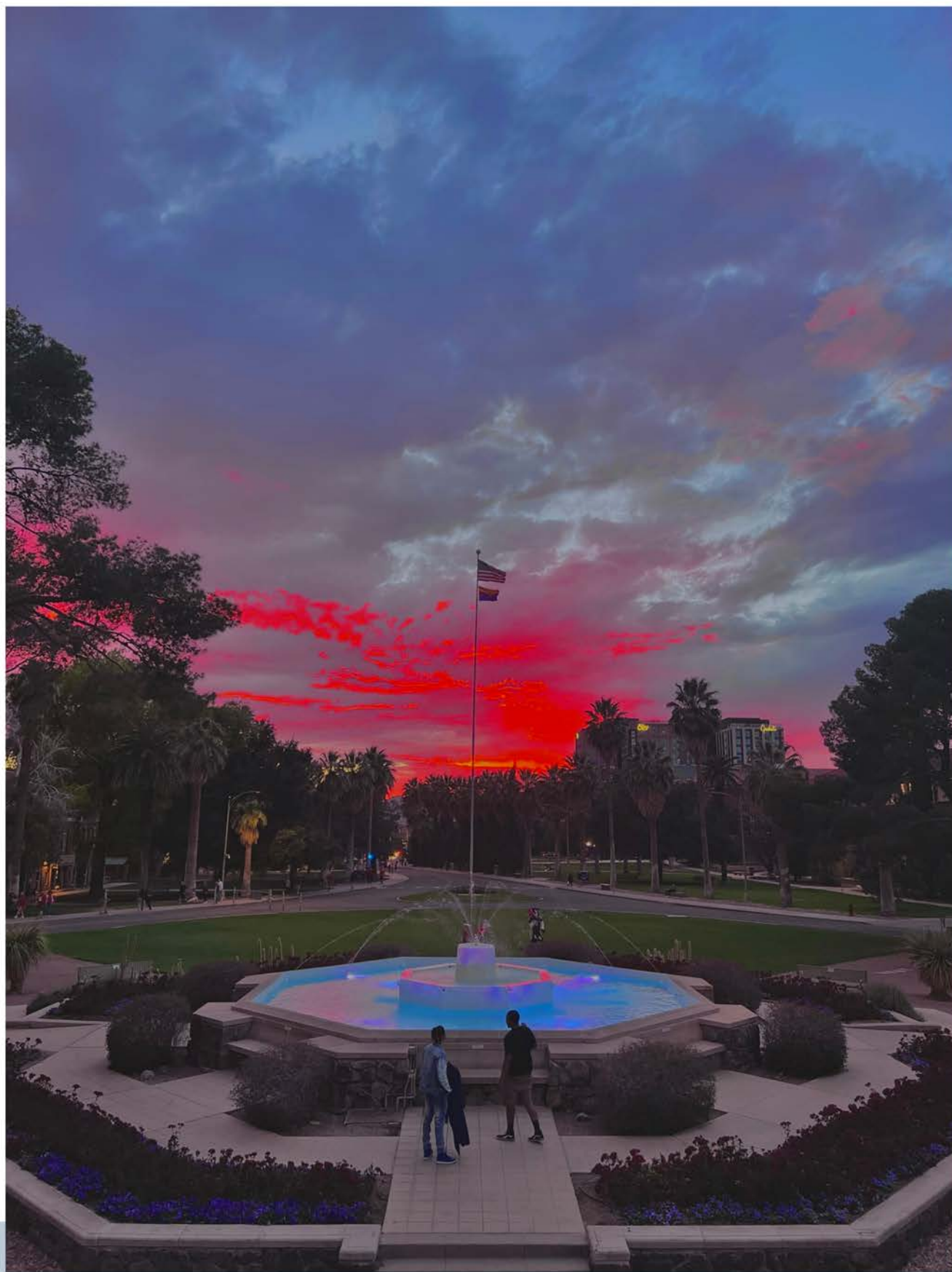
To him it is life,

isolated from nutrition

in a city of

millions.

I wrote this poem in response to a patient encounter I had while in the primary care setting, one that I vividly remember as my first exposure to the concept of food deserts and food insecurity. I view that encounter, including this poem, as the starting point on my journey towards an increased awareness of the social determinants of health and the impact they can have upon an individual’s medical care and well-being.



## **FIRE PAINTED SKY**

**ASEEL IBRAHIM**

Mother Nature dipping her paint brush in fire, creating this stunning Arizona sunset outside of Old Main.



# THE HOUSE CALL

S.E.S. MEDINA, MD, BS CHE

Ricky Medina, MD, took the humming cell phone out of his pocket.

“Hello?”

“Doctor Medina,” said Regina, the physician’s office manager, “I’ve received a communication stating Sandy Berenson is doing poorly. Marq, his life companion, left a message wanting to find out if you might stop by tonight.”

The physician absentmindedly rubbed his chin while considering Marq’s request.

It wasn’t often a doctor made a house call these days, but after the recent, tragic deaths of two cousins, Johnnie and Ruben from AIDS, HIV-positive patients occupied a special place in the doctor’s heart.

“Regina, please relay a message telling them to expect me,” Medina glanced at his watch “—at eight o’clock.”

“Do you need anything else, doctor?”

“No, Regina. Thank you.”

Medina re-holstered his cell.

Hmmm—I’d better stop by a florist on my way there.

Marq and Sandy lived in a cavernous, exquisitely

decorated flat on the second-floor of a 1930s refurbished SoHo warehouse with soaring twelve-foot ceilings.

Reaching the top of the stairs, the physician smiled as the gentle scent of lavender greeted him with its calming aroma.

It amazed Medina at how much plant life some people crammed into a Manhattan apartment without needing a machete to chop their way from room to room.

Marq and Sandy had an eclectic mixture of tall, willowy palms, emerald pine trees and bright green and yellow banana plants, all flourishing under dazzling violet-tinted grow-lights.

When Marq opened the apartment door, the strong, peppery fragrance of the myriad greenery and blossoms overwhelmed the doctor’s flaring nostrils.

“Doctor Ricky!” Marq exclaimed in a shrill voice, throwing thick, muscular arms around the physician, hugging him tightly.

It flustered Medina whenever his gay patients embraced him. His face turned beet-red.

"Hi—hi, Marq," said the physician, sheepishly extricating himself from Marq's vise-like embrace.

Medina handed a colorful, crumpled bouquet to Marq, who thanked the doctor copiously for his thoughtfulness.

Marq placed the flowers on a nearby kitchen counter and returned to the doctor, still standing in the doorway.

"Oh, Doctor Ricky, it means so much to Sandy and me that you could come over tonight!" Marq said, beaming, his hands fluttering like butterfly wings in the air. "You are the most wonderful, caring doc in the entire world!"

The doctor was accustomed to the accomplished actor's theatrical behaviors when anxious.

Marq's many years as a Broadway musical star colored the way he interacted with people, usually with much flourish, pomp and emotion.

"You knew I'd come." Medina crossed the apartment threshold, entering an airy vestibule with skylights. "How is he?"

Marq looked down at the floor, wringing his hands, subdued and melancholy.

"He's been coming in and out of consciousness the last couple of hours." Glistening briny pools welled up in Marq's eyelids. "Oh, Doctor Ricky, Sandy's dying - isn't he?"

The physician's chocolate chip eyes met his.

"Well, Marq, I'll have to see him first," the doctor declared, smiling with a hint of sadness. "Besides, he's been this sick before and pulled out of it."

Marq wore a dejected frown.

"I wish I could believe you, doctor, but Sandy looks terrible."

"Well, let me look at him first, okay?"

"Sure, Doctor Ricky, that's only fair. Follow me." Marq turned and led the physician down a narrow, walnut hardwood-floored hall that connected to an adjacent, expansive, living area.

Following Marq through the passageway, Medina surveyed the surroundings, admiring the creative, artistic manner in which the couple had concealed turquoise, rose and saffron-colored track lights throughout the

SoHo flat. Their collective illumination generated a warm, diffuse light all through the apartment.

Entering the expansive living room on the way to Sandy's bedroom, the physician glanced at the collection of framed photographs hanging haphazardly on the wall to his right.

Many of them featured Marq costumed in some of his most memorable roles from the Broadway stage.

One photo showed Sandy and Marq standing together, posed playfully with the Eiffel Tower as a backdrop.

In yet another, the couple lay on the salt-white sandy beach of Ipanema, each deeply copper-tanned and vibrant.

Upon exiting the living room, Medina passed through the archway of an adjacent hallway festooned with vast skylights, connected to a glass-enclosed atrium custom-built to Sandy's exact specifications.

One window frame contained a stained-glass pane recovered from an abandoned church the pair discovered in southern England a few years ago.

It showed St. Michael, the Archangel, wielding an enormous broadsword, forcing a mutinous and defiant Lucifer into Hell. The rendition was so eerily realistic, it gave the doctor goose bumps as he walked by.

Medina meandered past colorful arrays of exotic, fragrant flowers arranged along the apartment walls, each sent by a friend or business acquaintance of Sandy's. Every bouquet contained at least one Bird of Paradise bloom in it, the dying man's favorite flower.

A few paces from the entrance to Sandy's bedroom, the physician heard a male singing - the powerful tenor voice belonged to the late opera superstar, Luciano Pavarotti.

Upon entering, the doctor was hypnotized by the soft, dancing luminosity of several dozen lavender-scented purple candles arrayed haphazardly on an antique ivory-inlaid rosewood table to his left.

Occupying the center of the spacious bedroom was a brass canopy bed.

In the dim, ethereal light the doctor saw Sandy's emaciated, shrunken form resting against the brass and



porcelain ball adorned headboard supported by a pile of gold satin pillows.

"He asked me to play Pavarotti if we ever thought he was dying," Marq said, with an air of sadness. "Sandy loved the opera, and he loved old recordings of The Three Tenors from the 20th century."

"Yes, I've always enjoyed the music from that era, too," nodded Medina. The physician approached the bed.

"Sandy?" No response. "Sandy?" Medina repeated, a bit louder.

Sandy didn't stir.

Sitting on the edge of the mattress Medina took Sandy's hand into his—arctic ice felt warmer. He checked for a radial pulse. It was palpable, but faint.

The physician reached over and lifted the dying man's right eyelid with an index finger. The dull, almost lifeless eyeball was barely moving side-to-side.

"It's not going to be very long, Marq," the doctor said, his brow a furrowed canyon of disappointment.

Marq's eyes brimmed with tears again. With hands clasped together in prayer, choking on his words, he asked with urgent intensity, "Oh, doctor, do you think he's — suffering much?"

"I doubt it. The body has a way of sparing us the pain of dying. Sometimes..."

"Sometimes what, doctor?" Marq asked, stepping closer to the bed.

"Oh, I'm sorry, Marq. I get a bit too technical... trying to explain everything that's happening to a patient. Perhaps Sandy is floating and is right now above us staring down..."

"Dawk... tor... Wi... key..."

Medina and Marq turned toward Sandy—his eyes were open and staring straight at them.

"Sandy?" Marq gasped, stifling his tears.

Perhaps he has a little spark of life still left in him, mused the doctor.

"Dawktor... Wi-key... t'ank you fur... comin'..." Sandy whispered.

"You're welcome, Sandy. I came as fast as I could.

How are you feeling?" Medina asked, forcing a smile.

"Cowd — very cowd," Sandy replied, his shoulders shaking uncontrollably.

With a tenderness that stole the senses, Marq said, "Let me get you some warm blankets! Maybe I can find that old raggedy electric blanket of yours. You always were the Chilly Willy."

Marq cheerfully departed through an oak archway to search for calescent coverlets.

The physician peered into the moribund man's cloudy eyes. Medina saw Sandy's life force trickling away.

In the doctor's experience, dying was unique for each person taking their last breaths. However, in the end, death always looked the same, etched cruelly with broad-brush strokes on the unwilling victim's countenance.

The Grim Reaper would overlay his own image on the dead person's face like a mask. The sunken eyes of the dying, dark and cavernous, were the eyes of death himself!

"Dawktor—Wikey?" Sandy asked, his voice stronger.

"Yes, Sandy, what do you need?"

"W'ere's Marq?" Confusion twisted his face.

"He went to get you some blankets. Are you hungry? Thirsty, perhaps?"

"Nah... I don't... need anythin'... anymore... but... your fingers feel nice 'nd warm, ya hot blooded Latino man!"

Squeezing Sandy's hand, Medina brayed with laughter.

"I guess you're okay if you can still freaking flirt with me."

In response to the physician's comment, Sandy hung a banana-shaped smile between two hollowed cheeks punctuated by the carious ruins of what were once ivory pillars.

Marq re-entered the room burdened with several thick, colorful comforters and a ragged, gray electric blanket.

"Heeeeey, I found your old electric blankie, Sandy. Where would you like me to place it?"

"Cou'wd ya —put it—a'wound—my feet?" Sandy requested, shivering from head to toe. "Dey—feel —so—cowd."

Marq lovingly removed the covers over Sandy's legs, wrapping the electric blanket tenderly around his boney feet and ankles.

"Let me plug the blanket in—there! Now, I'll set the temperature control to medium. If it gets too warm, I'll turn it down for you," Marq said, managing a pale smile.

"It feels—wonderful, al'weady!" Sandy declared, pulling the thick blankets around him. "I jus' feel—so—cowd..."

"Can I do anything else for you, Sandy?" Marq asked, rident. "Are you hungry? Do you want something to eat? Some fresh fruit?"

"No. All I need—is you—'nd - da handsome good dawktor here," sniggered Sandy, forcing a tired smile.

"It's nice to see you awake, Sandy," Medina said, grinning. "I thought you were going to be rude and stay asleep while I came to visit you tonight."

"Hey, dawktor—how could—I—stay asleep—while such a good-lookin'—hunk—of a man—was holdin'—my hand," Sandy offered timorously.

Medina gently squeezed the dying man's hand in response.

"Now, Sandy, you're aware that I'm dating a very attractive young lady."

Sandy interrupted, "Oh, dawktor—ya know—dat I've—always been kinda sweet on ya."

"Sandy!" Marq blurted out in a humorous, admonishing tone. "Doc Medina is straight and—"

"And I'm—n'awt—dead yet!" snapped Sandy.

The three men shared a hearty laugh.

"Well, let me heat some tortellini soup for you and the doctor to eat," said Marq. "I'll leave you two in here—alone—so there better not be any fooling around while I'm in the kitchen."

"But—I'm—n'awt hung'wy—w'ight now," Sandy pouted.

"I agree that soup is a great idea, Sandy," Medina said, with a courteous nod. "You need to build up your strength so you can get better."

"You heard the doctor, Sandy," Marq declared, arms akimbo. "Are you going to disregard his recommendations?"

"Hey, how cou'wd—I—disobey such—a beautiful—man," Sandy said, with lips churlishly curled.

"Sandy, Sandy, Sandy, a flirt to the end. Don't worry, Marq. I can defend my honor if he tries anything funny," giggled Medina, with both fists in the air, adopting a prizefighter's defensive pose.

Marq left the room. The physician heard the banging of pots and pans as Sandy's long-time lover prepared the meal.

"Dawktor... I feel so—weak. I t'wy—so hard—ta be—up fur Marq." His jocular demeanor morphed to serious. "Dawktor Wicky, I'm afraid—of dyin'."

Medina squeezed Sandy's hand in response, and in the most gracious manner possible, said, "Everyone's fearful of dying. We are all frightened by the unknown. Are you religious, Sandy? Are you observant? When was the last time you attended services at a synagogue? When did you last speak to a rabbi?"

"Dawktor Wicky, the—last time—I pw'acticed my religion—was when—I went ta—Heb'wew school, in Bayside—when I was a young menche."

"Why is that?" asked Medina with a grimace of dismay.

"Dawktor, when I was twelve—I w'ealized—dat I—was gay. I spoke—ta a rabbi about—my feelings towards od'der boys," Sandy said, laboring for gulps of air between words. "He—t'woowed me out—of his—office, screamin'—dat I was—going ta—suffer God's w'ath because—of my—homosexual feelin's. I never went back."

"Sandy, I'm Roman Catholic. God forgives all repentant sinners, through the intercession of Jesus Christ, no matter what their transgression might be. My Lord Jesus Christ dined with the prostitutes, the tax collectors, the thieves, the adulterers.

"If your homosexuality is a sin, then turn to Jesus in prayer for peace of spirit," the physician said, fighting back tears, resolving to be positive.

Sandy's eyes widened, surprised by Medina's religious profession. Then his rheumy globes assumed a melancholy sheen.

"Dawktor Wicky, I t'ink—me getting' AIDS—was a



punishment—fw'om God fur—bein' gay." A light yellow tear ran down his left cheek. "I'm dammed, Dawktor Wicky. There—will be—no mercy—fur me." Gentle sobs broke from his throat.

"Sandy, I'm not going to argue about religious dogma. If anything, life experiences as a man and a physician have taught me to trust in God for everything.

"No one can know what the Lord's plan is for him, or why our human existence is so wrought with suffering and pain.

"It's written that God's least folly is greater than the greatest human's wisdom. All we can do is trust in Him, and all will be right. If not in this life, certainly in the next, do you agree?"

"Dawktor, ya know dat—Jews—don't be'wieve—in—da—afterlife," Sandy said, lips pursed.

The dying man's breathing became labored. Medina concluded the end was not far away.

"Sandy, you're aware Jesus was a Jew, don't you?"

"Yeah, I do."

"Well, if Jesus was a Jew, and his teachings were so wise, why not reconsider your position?"

"Dawktor Wicky, he was—not da Messiah. I can't—be'wieve in—him, like ya do." The ill man's handgrip weakened.

Medina sat disposed, powerless and lost.

Marq returned, carrying an antique red mahogany tray with a steaming hot bowl of soup on it, a mini-baguette bread loaf alongside it, flanked by a small crystal vase containing a yellow rose taken from the flowers the doctor brought.

"Here's your soup, honey," he announced, smiling.

The physician motioned silently with his left hand for Marq to put the tray on a nearby table. Marq complied.

Sandy's eyelids were closed, his complexion a pale alabaster.

Trembling, Marq approached his lover's bed and sat on the side opposite the doctor.

Sandy opened his eyes. "I'm—so ve'wy coud—again."

Marq sprang up like a Jack-in-the-box.

"Let me get some fresh comforters for you. Is the electric blanket not set high enough?" Frantic, Sandy's long-time companion ran to a nearby loveseat on which he had laid extra blankets.

Sandy closed his eyes.

The dying man's body stiffened, followed by a complete relaxation of his limbs.

"It's coming, Marq," the doctor declared, a deep vise-like sadness squeezing his chest.

Marq dropped the comforters and ran to the opposite side of the bed, wrapping a withered Sandy with his bodybuilder arms, crooning in a low voice to his dying lover.

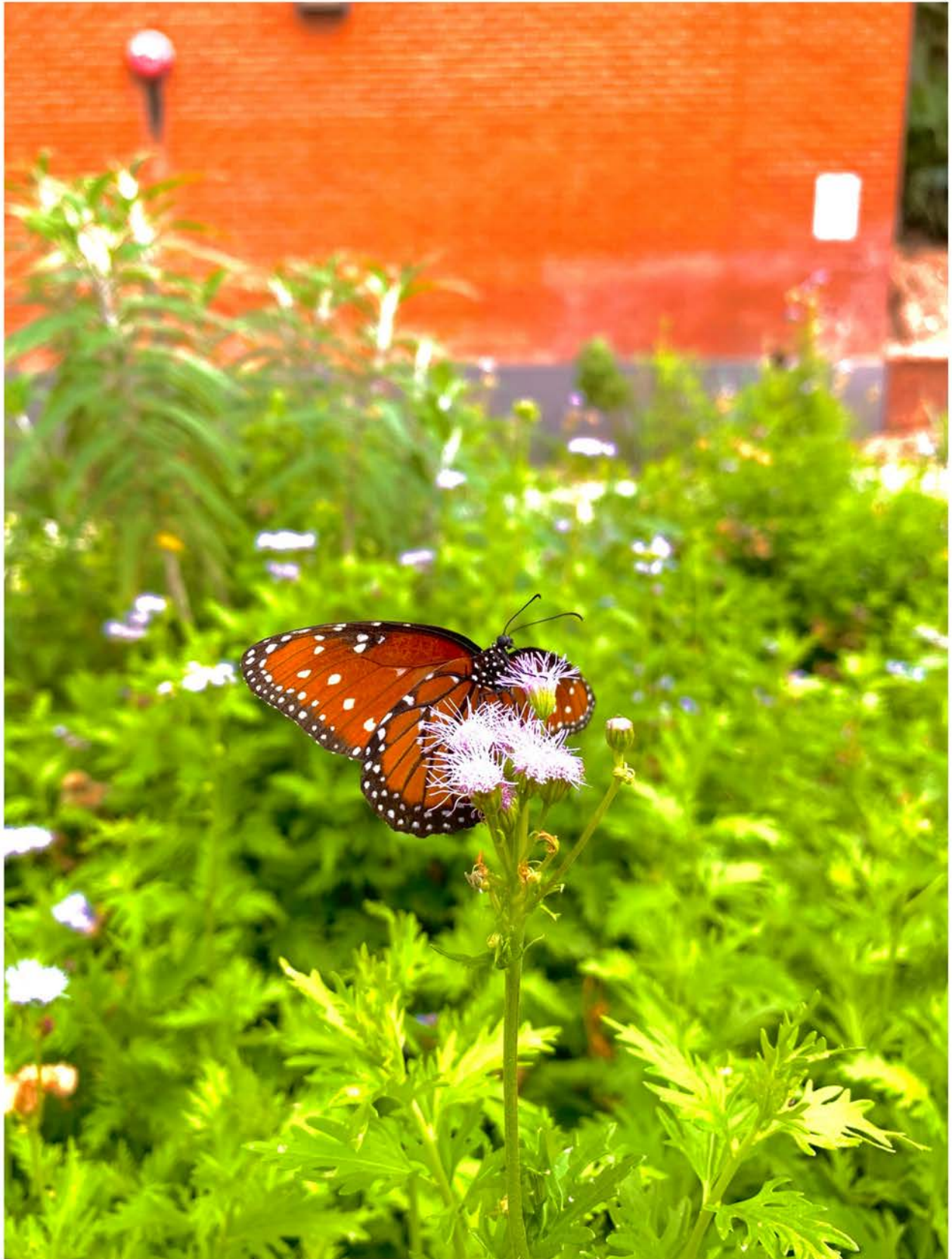
Medina thought the song sounded like an old Christian hymn, but couldn't remember the title.

Marq's rich tenor was childlike at times, with soft sighs interspersed with deep sobs wedged between verses.

The physician's fingertip felt Sandy's pulse weaken further—becoming irregular and faint, finally disappearing altogether.

"He's gone," sniffed Medina, holding back tears.

Marq continued to grip Sandy tightly, singing into the ether of eternity.



A glimpse of a butterfly working hard and enjoying nature's nectar. This photo was taken outside of HSIB, where we are also working hard- but in a different way.



# A NAVY VETERAN'S JOURNEY THROUGH THE SEAS OF PRIOR AUTHORIZATION

BY ARMAAN DHALIWAL, MD

I knocked and stood waiting to hear a 'come in' from inside the exam room of our resident clinic on the south side of Tucson. As soon as I entered, I was greeted by a loud 'Hello, Dr. Diwali' (My last name is Dhaliwal but being referred to as the festival of lights has a ring to it). I rechecked my work laptop to confirm if the elderly 80-something-year-old gentleman had been escorted into the room or not. Then, a loud cough came from the inside, and I knew I was in the right place. The gentleman with a navy veteran cap in an upright posture firmly shook my hand until it was too late for me to realize that the 'elbow shake' was the norm. It soon became apparent that he was hard of hearing. Thus, began the yelling game between the doctor and the patient, and the face masks were not making it easier. For patient privacy, let's refer to him as Mr. Hipaa. With his imposing personality and the demeanor of a guy who is hesitant to ask for help, he reminded me of my granddad back in my village in India. They had an uncanny similarity and were practically the same person, except

my granddad did not know how to speak English.

After the complimentary greetings, we proceeded to the business in hand. Mr. Hipaa needed to get his diabetes under control. A million years ago, he was told that he needed to be on medications, but like my granddad would have said, 'It's fine, I will try something herbal,' the veteran shunned the world of allopathic medicine in the quest for the magical herb to rid him off this 'sugary' disease. So, the herb lost its effect, corroborated by through-the-roof blood glucose readings. I ordered some testing and placed him on metformin in the interim. I wanted to start him on another medication shown to be highly beneficial for the heart and kidney in diabetics but getting that approved by insurance on the first visit is as easy as making a round trip to Mars; excuse the sarcasm. So, we parted ways after the elbow shake, hoping to see each other again in a few weeks.

No surprises arrived with the results; the veteran had uncontrolled diabetes to the point that he needed insulin shots. I did not want him to wait until the next clinic visit, so I called and prescribed his insulin and glucose monitoring equipment. With unwavering faith, he promised to follow the plan. Unfortunately, insurance had other plans for him, 'Why does the patient need to check his blood glucose more than 3 times a day?' was their first question. When you are made aware of this hurdle, a month passes, and Mr. Hipaa runs out of his test strips. 'The patient needs frequent blood glucose checks so that we can come up with an insulin regimen that best works for him' was my response. To this day, I still don't know if he got the appropriate number of test strips or not.

Knowing that pricking your fingertips numerous times a day is inhumane in any shape or form and considering that our veteran does not have eagle vision anymore, I chose to pursue another mammoth task. I pitted my 'David' like prescription against the 'Goliath' world of prior authorization of a continuous blood glucose monitor. You might have seen numerous commercials about those fancy glucometers where an old guy dining in a restaurant pops up his smartphone and checks his glucose instantaneously. What's the issue with procuring one for diabetics, especially for patients with not-so-great insurance, you

may ask. Great question, and I wish I knew the complete answer, but I will try to enlighten you about the process based on my experience. You place the electronic order for the monitor and its paraphernalia. Simple so far, and if we lived in a utopian world, the story should have terminated here. No, not yet there is more to come; you craft the reason in your documentation why insurance needs to approve the device. Not so bad, you may say but wait, the job is not done yet. You physically mail the note and the prescription to the insurance company and the manufacturer. Then, you cross your fingers and wait for the jury to decide in your favor.

Procuring diabetic shoes for Mr. Hipaa was another nightmare. I don't know if you guys are familiar with a resident clinic; we only return to the clinic after four weeks of working in the hospital. So, every time I was in the clinic, I will prescribe him the shoes, and then the insurance company would send paperwork to sign, which could only be handled after four weeks when I returned. Then, we will get this mail about the order expiring because the physician took too long to respond. We danced this dance thrice before Mr. Hipaa could walk in his diabetic 'Js' (Jordans).

Whatever roadblocks and hurdles we encountered on our route, our efforts bore fruit. His diabetes improved tremendously after



being on insulin for a few months. Mr. Hipaa's determination had a massive role to play because, after working in an underserved area for the past two years, I have observed that many patients give up after losing hope in dealing with the logistics of our cumbersome healthcare system. However, our Mr. Hipaa, despite the challenges thrown at him, persevered and came out on the other side with normal blood glucose levels.

After a few clinic visits, he invited me to his place for a meal. Never receiving a home visit invitation, I was taken aback initially, but I took a leap of faith and showed up at the front door of his humble abode after my workday ended. He had a tiny home with his prized saguaros in the front yard, which looked like the queen's bodyguards standing outside Buckingham palace. His house was cluttered with stuff, from ages ago, with a rifle kept beside the entrance grabbing my attention. Coming from a country with difficult access to firearms, I started to have second thoughts about the meal, and maybe, I should give the pasta I cooked the other day a chance. However, then I realized Mr. Hipaa would not want to lose his doctor whom he trusts, and he, without hesitation, continued to inject himself with the insulin I prescribed. We sat down to eat while he showed me photos of his glory days back when he was a young, handsome, and energetic guy in uniform working on a naval vessel. Before I left, he gave me a tour of his wine collection in his kitchen

pantry. He had dozens of wine bottles from the local casino he frequented with his friends after the death of his wife of five decades. He offered me a couple of bottles to take home since he did not drink alcohol and his sister had not visited him for a long time to help dispose of the wine. I made a sarcastic comment about valuing my patients' health over mine and, as a physician, being willing to sacrifice it for theirs, which earned a small laugh. I greeted the queen's guards goodbye and walked back to my car with a bottle in each hand.

All jokes aside, while driving back home, I started reliving all our experiences ever since the first time Mr. Hipaa came to the clinic. All the hurdles we had to jump, the prior authorizations we had to wait for, and the insurance company we had to deal with impacted me strong enough to now write about it for the magazine. Despite not writing an essay since my English tests in school, I had to pick up my laptop to pen (type) down my experience. There are probably millions who face similar troubles in procuring expensive medications and dealing with insurance companies, especially the folks belonging to the lower socioeconomic status. You will understand how a simple chore like fixing a meal can be the most challenging thing you do while suffering a mild viral infection. Now imagine having a chronic medical condition

that presents itself with numerous symptoms and probably dealing with it for the remainder of your life. Don't you think there needs to be a better functioning system for the sick to receive appropriate and timely treatment?

Back in India, the problems related to healthcare are more transparent. There is not enough monetary assistance available to aid the needy. Reading about the USA as an outsider, thousands of miles away, I felt healthcare would be much more accessible to the public. Being one of the developed nations exerting immense influence throughout the world, I did not expect to encounter similar problems as I did back home. No country is perfect, and there are always problems that require solutions, but seeing scarce resources dedicated to healthcare in the land of excess is difficult to fathom. I am in no shape or form, a liberal who wants socialized medicine to be introduced because that comes with its own set of shortcomings. Still, there needs to be a better way to provide the patients with the necessary tools in a well-timed manner rather than waiting for them to become sick enough to present to the hospital. The amount of leg work one must do to obtain simple tests and prescribe medications for patients with poor insurance takes significant time and effort. Don't get me wrong, there are a lot of people who receive world-class and cutting-edge treatments here. Almost all rich and famous

Indians come to the USA to undergo treatments for numerous medical conditions. The disparity and inequity you observe in the healthcare industry pose a massive ethical question. On one side, we have the affluent section of society, which can receive all kinds of testing, imaging, and treatments (sometimes not even required) no matter the expenses, and on the other end of the spectrum are the folks for whom obtaining an extra set of test strips for their uncontrolled diabetes can be an enormous ask that cannot be delivered.

I know physicians in the clinic who must endure the prior authorization paperwork for multiple medications every day. As physicians, we signed up to get our patients the appropriate treatment based on evidence-based medicine and updated guidelines. But, when you see the healthcare disparities day in and out, you start asking yourself, 'Is it really worth trying?' or 'Am I even helping the patient who put his trust and confidence in me?' When the healthcare system is structured to profit off the sick, there is a limit to what physicians can do to help the people who require our services the most. No wonder I get flooded with job opportunities to work as a clinic physician in my email every day. Despite being on a work visa and the cumbersome logistical issues it entails, my receiving these emails signifies the enormous dearth of primary care providers in this country. Nobody went through years of



medical training to wake up every day to go to war against the insurance companies. We all want the best for our patients, and it's about time that the system does too.

I believe I should cease my rant and focus on my clinical duties now. Throughout your lifetime, you personally or you might have known or heard about the difficulties navigating through the healthcare system. I do not expect my little essay to serve as a game changer, but I do hope that it serves as a stark reminder of the lives some people must endure in trying to find the end to this never-ending maze of a system. I tried to be genuine and entirely candid about my experience. Working with patients is why I chose this profession, and the gratitude you feel after helping them fight disease is like watching Stephen Curry make a half-court shot with his eyes closed. As much as I want to draw the readers' attention toward the existing disparities, another purpose of writing this essay was to put my thoughts into words. Being a lowly foot soldier in this vast kingdom, I can choose to perform what is expected of me and continue with the flow. But royalty has the power to alter the course of action to prevent the sick from succumbing to treatable diseases. Yes, you guessed it right, the kingdom is the healthcare/insurance industry, and this is me trying to sound clever with my metaphor game, but I am no James Baldwin, so excuse my

writing style. Nonetheless, recognizing the problem of untimely healthcare delivery to all is the first step towards solving the issue. Eliminating the continued influence and the hurdles set forth by the insurance providers will go a long way in ensuring the equitable distribution of healthcare resources.

SPOKANE | BRITTANY MICHELLE CHY



CACTUS | PAUL MCLAUGHLIN





# LETTING GO

SAILAJA DEVAGUPTAPU

When the cancer began to show  
I could know  
It's about letting go  
Of the repressed pain  
The invisible stain  
For, I haven't ever seen her rest  
Hail and healthy, she was  
Yet, the effect bespoke the cause  
As loomed the test  
Of life and death  
To breathe as battled her breath  
Me, the helpless witness  
Unto her sickness  
Why Why  
Debilitated, must she lie  
And, sleep forever her eye  
Asked I  
Why why  
Must someone die  
Sever the mortal tie  
The untimely goodbye  
Turn darker than the night  
The days; sought respite  
Did she?  
No longer the same, our life could be  
Only if we could let go  
Of what we do not yet know  
Let thaw the thawing snow  
The revisiting pain, let go  
The flowing tears let flow  
And dry

Reminiscing the bird that could no longer fly  
The haunted fear  
Of loosing someone dear  
Thyself, the light to let show  
The way it seeks  
For, so does the river flow  
Whilst roving down the peaks  
Letting be  
What was, is and would be  
For, she knows  
Thyself, unto love she owes  
Onward, she goes  
For, to let go is to poeticize the prose!

The poem was penned for a dear friend as a Listener poet. He shared of losing his mother to cancer. He knew her as someone who was always active and rarely unwell to the extent of needing rest. Her sudden encounter with cancer and his later acquaintance with forgiveness therapy and psychosomatic illness made him reflect and learn about the significance of "letting go".



Standardized Patient Encounter is one in a continuing series of original 'I See' found object assemblages. This creation is adorned with medical miniatures. It honors the unique relationship between SP's and medical students.



# RIGHT WORDS

BY THUY NGA "LILY" NGUYEN, R.N., B.S.N.

“Con, họ đã lấy thận của Ba”

Tearfully he told her

“They took my kidney”

Staples across his belly like tram tracks

He is only 90 pounds, sick

She is also 90 pounds, a kid.. his kid

She is 14 years old

They cry together

They didn't use a translator

And she was only 14

She didn't use the right words

So he didn't know

Years pass

He gets worse

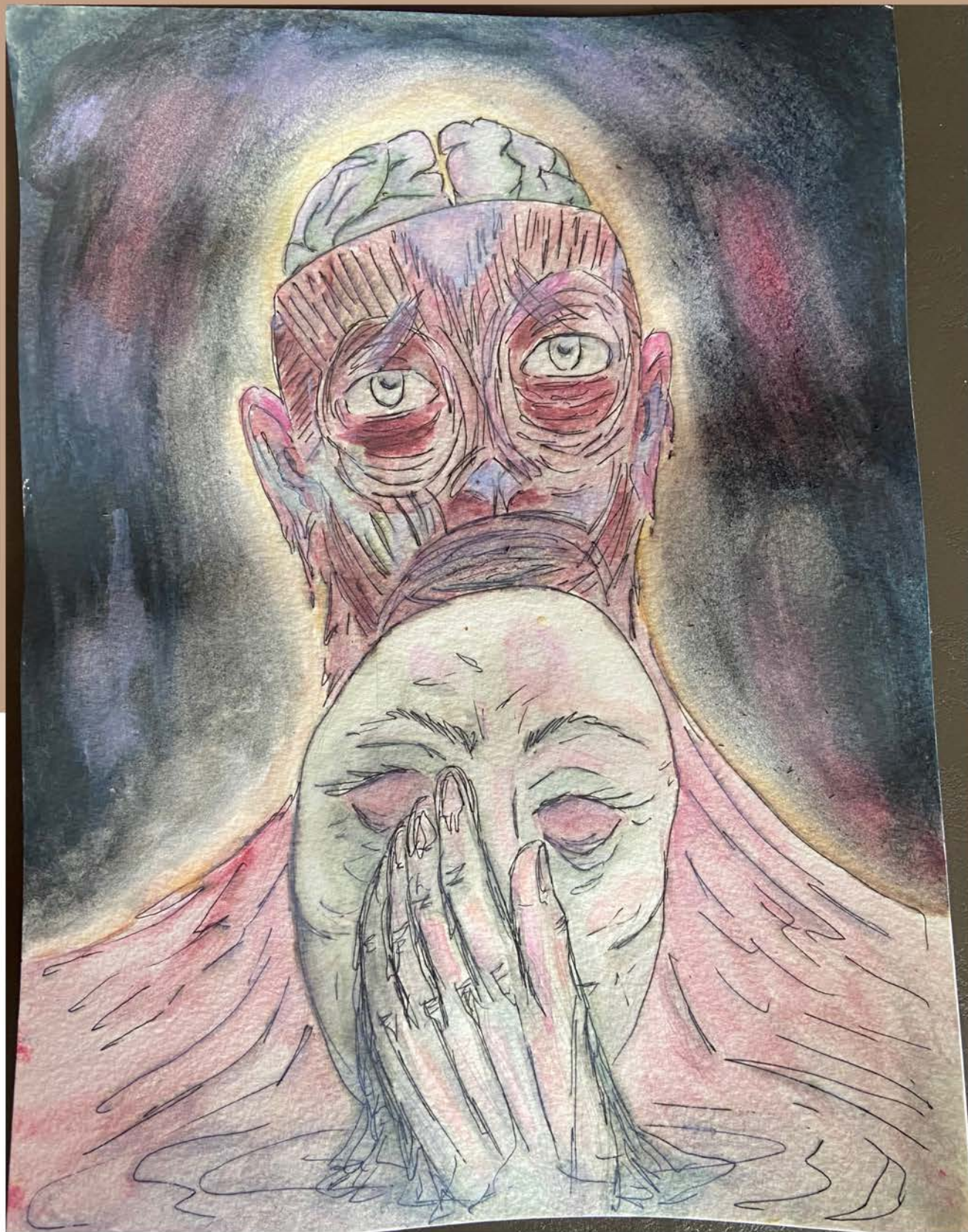
Then much better

With a new kidney

She can't shake it

Needs to tell you

Please use the right words



*"This piece is an exploration of vulnerability and what it means to be human – medicine has the keen ability to bring the deeper innerworkings to the surface for a moment and beg the question - which one is the true self? In what moments are we most human?"*

**AUTHENTIC SELF | CJ RYAN**



## A LOVE LETTER TO CANCER

*My Intertwined Lover,*

We got to know each other really well these years we spent together. We haven't left each other's sides since I first learned who you were. Our relationship, at times toxic;  
you hurt me and I hurt you back. Tic-for-tac. Cheek-for- cheek.

I tried to not blame you; you didn't choose me and I didn't choose you.

Maybe it was nobody's fault.  
Maybe it was fate that we met.  
Maybe I was dealt a bad hand of cards.

It happens.

I never resented God for allowing us to meet. Sometimes I may have even thanked Him. Knowing you made me a better person.

You taught me to love more  
You taught me to love deep

You taught me to treasure moments  
You taught me to treasure people

You taught me to live life to the fullest  
You taught me to live life with joy

You taught me to appreciate my every breath  
You taught me to appreciate my every heartbeat

You taught me to hold people close  
You taught me to hold people long

Maybe I wanted to spend longer with you and maybe I wanted to enjoy our time more.

We had our good and we had our bad.

You made me sick to my stomach, you made me feel pain in my bones.  
You made me thin, you made me bald, and in the end you even made me blind.

Maybe it was all because of love; I just wish you didn't love so deep.

Your love took root in every part of my body. You planted seeds in my every organ till you had overtaken my whole soul. Your love suffocated me from the inside out until finally, you had taken my breath away.

Maybe in another life, things would be different  
Maybe in another life, we wouldn't have met

But now it's much too late for maybe...

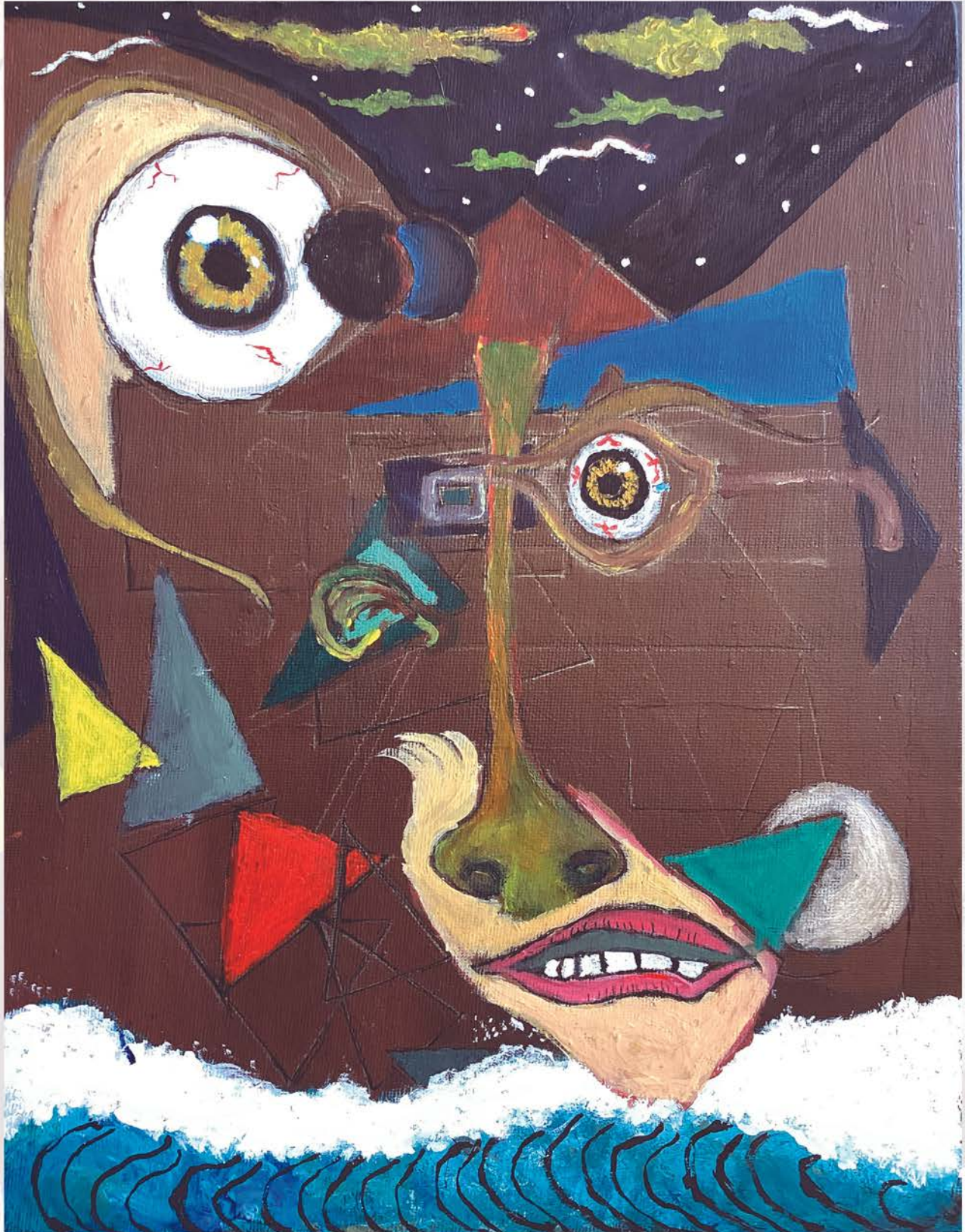
*With All My Love,  
Another Heart You Stole*

BY KAROL ROMAN KAMEL

I wrote this piece after I lost my friend to cancer. I watched as he battled the disease and slowly deteriorated over the years. Cancer stole almost everything from him but the one thing cancer never took was his love for others and his beautiful smile.



# DISCOMBOBULATED | JON GREEN



Discombobulated is part of a series in which Jon explores nature, geometric and human shapes, in a surrealistic landscape.



## ARIZONA | SCOTT BELTON



*Arizona* is a landscape study from a nature themed show. Scott explored shades of color, blending and unique-to-Arizona places in order to create this piece. This one is inspired by the Arizona sand dunes.



## GEORGE CHRISTOPHER, MD

The morning of October 7, 1918 began with a compelling sense of urgency for Dr. Linda Abenado and Diego Medida as they anxiously awaited the arrival of Don Pedro Lucaniero, the National Minister of Health, in a conference room in a South American capital city. Abenado was a physician from the Centro de Salud San Damiano, the community hospital in the small, remote town of Pueblo Amable, located in a high desert plateau. Medida was a provincial public health official.

The meeting coincided with the second and most lethal wave of the 1918-1919 influenza pandemic, the deadliest infectious disease outbreak in history. Within two years, influenza took over 21 million lives by official count, although the actual number is estimated to have been much higher at 50 to 100 million deaths, or 3% of the world population.

Don Pedro finally arrived with his two deputies, Domingo Pireneo and Pablo Buscando, 12 minutes after the 10:00 appointment time. "Please excuse us for being late," Don Pedro said hurriedly. His demeanor conveyed his preoccupation with other matters, and the bags and blue semi-circles under his eyes divulged sleep deprivation and stress. "We have been overwhelmed as the influenza epidemic has stricken with a vengeance," he offered apologetically. "This week we have lost another 500 patients in our three major hospitals. Businesses are closed

because of widespread disease among employees and customers alike. We are closing schools, theaters, restaurants, and other public venues to minimize the risk of contagion."

Dr. Abenado and Medida politely introduced themselves. Abenado began the discussion. "Sir, we have come here precisely because of influenza. We have made an observation that may open an opportunity to save lives."

"Really?!", exclaimed Don Pedro with a tone that implied both astonishment and disbelief.

Abenado continued. "Sir, in the oral tradition of the traditional healers in our region, a tea made from seeds of the cactus *Echinophyton echinophyton* is a curative remedy for a variety of acute respiratory diseases. The tea is called "akúyamoc," after "akuya," the local name of the cactus. This tradition has been passed from generation to generation since the first introduction of influenza to our region over 300 years ago. Influenza swept through our town last month. All of the 998 patients admitted to our hospital were treated, and almost all survived."

Medida added, "Sir, we experienced 11 fatalities, with a mortality rate of 1%, far below what we were expecting based on reports from other towns." Don Pedro sat back, stunned by what he had heard.

“Were there untreated controls? Did anyone refuse the treatment who could be counted as a control patient?”

Dr. Abenado continued. “All of the patients were treated. Akúyamoc is prepared by using a traditional method. It’s given at a dose ranging from 250 to 500 milliliters twice a day. The treatment duration varies from patient to patient-typically about one week.”

Buscando spoke excitedly, “This is amazing! We should immediately harvest as much akuya seeds as possible, produce akúyamoc, and treat patients across our entire country!”

Don Pedro took a deep breath, stared into the distance, and said, “What you’ve shared with us is an anecdotal observation. The comparison of your results to the experiences in other locations is of little value. The low mortality rate could be due to heritable factors in the local population that may confer a survival advantage, other components of the local diet, or unknown causes. We need to conduct a controlled clinical trial before reaching any conclusions as to the value of this treatment.”

Buscando protested, “Sir, with all due respect, this is unconscionable! We need to give this treatment to as many patients as possible, even if it is based on folklore. Remember Dr. Jenner and the smallpox! Dr. Jenner was aware that milkmaids who had recovered from cowpox, a mild disease contracted while milking cows, were spared from smallpox.

Dr. Jenner deliberately inoculated people with drainage from cowpox sores to prevent smallpox, the practice caught on, and in a little over a hundred years, millions of deaths due to smallpox have been prevented!”

Don Pedro took another deep breath, and replied patiently, “Actually, there is more to the story. Back in Dr. Jenner’s day, a common practice was variolation-inoculation, using a small amount of scab from smallpox patients. The hope was that the recipients would develop mild cases of smallpox, survive, and have natural immunity for the rest of their lives. Unfortunately, some recipients developed severe smallpox. Three percent of variolation recipients died, compared to about 30% of patients with naturally acquired smallpox. It was a risk they were willing to take.” He continued, “The awareness that milkmaids who had recovered from a benign disease-cowpox-were protected from smallpox was part of folk medicine. Several practitioners were already ‘vaccinating,’ or giving cowpox inoculations to prevent smallpox. Jenner’s breakthrough was that he transformed folklore into a testable scientific hypothesis. First, he designed an experiment—a challenge study. Young James Phipps was brought to Dr. Jenner for variolation. With James’s parents’



permission, Jenner inoculated James with cowpox drainage. He predictably developed a cowpox lesion at the site of inoculation. After he had recovered, Dr. Jenner gave him the variolation with smallpox scab. He did not develop a blister at the variolation site or any other sign of smallpox—he was protected. Dr. Jenner concluded that his experiment gave scientific proof that smallpox was prevented by the vaccination. He reported his findings to the Royal Society, but they told him what we might hear today from academic societies if we try to draw sweeping conclusions from single cases. The study would have to be repeated in a larger number of subjects. He conducted a study in over 20 people with positive results. The Royal Society accepted his results, published his findings, and vaccination came into the mainstream of scientific medicine. We need to do the same here.”

“Yes, I see your point,” replied Buscando. “The catastrophe of the epidemic would be amplified even further if it were to end and we did not learn what-if any-treatment worked. Given the size of the epidemic, we could launch a clinical trial and probably accrue enough patients within the next month. We can do the study at the National University Hospital, where the staff are familiar with the principles of medical research. If it becomes clear that there is a statistically significant benefit early on, we can stop the study and give the treatment to the general population.”

Buscando looked at the other members of the meeting and said, “There are a number of issues to address. We will ask patients admitted to the National University Hospital for influenza for their written permission to participate. If they agree, they will be randomized to two groups. One group will receive akúyamoc, and the second group will constitute the control arm. Akúyamoc will be prepared according to the traditional method. Any other method of preparing a cactus seed extract might inactivate the unknown active ingredient. The medicine will be given according to the traditional dosing regimen. Controls will receive normal tea in the same dosing interval as the treatment arm.”

Medida spoke up. “Akúyamoc has a distinctive red-orange color, a unique aroma and a characteristic flavor. The use of a regular tea as a placebo won’t be helpful. Patients and researchers will know who is or is not receiving akúyamoc. Going beyond that, what are the ethics of giving a placebo or withholding a drug that may save lives during an epidemic of a lethal disease?”

Don Pedro replied, “From what you’re telling us, it will not be feasible to use a placebo. The study will be unblinded—patients and researchers will know who is or is not receiving the study drug. It’s far from perfect, but under the dire circumstances of this epidemic, it’s the best that we can do.

Patients randomized to the non-treatment arm and concurrent patients who decline to participate in the study will be counted as controls. As to your second point, our ethical imperative is to answer the question, 'Does akúyamoc reduce mortality?' The sooner the question can be answered, the better. If akúyamoc is effective, it can then be given to the general population for the greater good. If it doesn't work, we avoid the risk of peddling an ineffective therapy to a desperate public. If we had a medicine that was already proven to work, we could compare akúyamoc to it head-to-head, but we don't have that luxury. A controlled trial is the only way to answer the question. He turned to Abenado and Medida. "Thank you for bringing this observation to our attention. We will be working with you to procure akúyamoc. Buscando, you're in charge. Determine a standard dosing regimen and launch the study in the National University Hospital. We will meet in two weeks to review the progress made."

### **Answer the Question**

At ten o'clock the next morning, Abenado, Buscando, Medida, and Pireneo met with Professor Isergo and a panel of administrators, clinicians, and students at the National University. After hearing the proposal, several participants objected

immediately. One of the physicians said, "Do I understand that you plan to give some patients the medicine while others get nothing?! I can't believe what I'm hearing! How can you even think of a control group, of withholding a treatment that worked so well in Pueblo Amable? I will not participate!" One of the participants threatened to call a general strike if the university approved the study.

Professor Isergo spoke up. "We are faced with a public health disaster. Our hospitals are filled. Hundreds are dying every week. We have to do something now. And that 'something' is to answer the question: Does akúyamoc reduce mortality? We cannot assume that it works based on anecdotal observation. Our ethical imperative is to answer the question 'Does it work?' as quickly as possible."

"I agree," said the hospital chaplain. "Patient participation will be voluntary, and participation of the hospital staff in the research team will also be voluntary. None of the staff will be forced to join the study team, but all are expected to continue their clinical duties. A strike would be unethical when clinical support is so imperative. Our patients need all of us. The study will stop immediately if and when a survival benefit is clearly demonstrated. The treatment can then be given without any restrictions."

That afternoon, an assembly of the hospital



staff was held in the hospital's main auditorium to explain the study plan. Not all staff were inclined to participate, but enough were recruited to form a study team. Using hand-written consent forms and five kilograms of akuya seeds brought from Pueblo Amable, they launched the study the next day.

Abenado returned to Centro de Salud San Damiano and recounted the meetings to the hospital administration. After heated arguments about whether their hospital should conduct a clinical trial either in collaboration or independently or focus entirely on their clinical mission, the chief administrator decided that because the staff was exhausted and had no previous experience in conducting clinical trials, and that performing their clinical mission was imperative, their hospital would not be a feasible study site. The medical director added that neither the patients nor the medical staff would accept withholding akúyamoc in a control group because it was part of their standard medical practice. It would be up to the National University to answer the question whether akúyamoc actually worked.

Other community hospitals heard rumors that the treatment worked and tried to procure akuya seeds. They were ordered by the Ministry of Health to wait until the results of the clinical trial were available. Meanwhile, the Ministry allowed Pueblo Amable continued

access, because akúyamoc had been part of their standard practice. The lack of general access and a perception that Pueblo Amable was receiving preferential treatment provoked resentment, with some individuals apparently forgetting that the team at San Damiano had made the observation of akúyamoc's potential in the first place.

### Ward Rounds

Dr. Abenado and Dr. Opsino, a medical intern at the Centro de Salud San Damiano, began rounds on the influenza ward at nine o'clock. They started by taking report from the night team. There had been four admissions, all members of an extended family living in a small village 15 kilometers to the west. A patient admitted eight days earlier had died. They donned their cotton gowns and masks, and began rounding on 34 patients. After three hours of rounding, Dr. Opsino announced, "Our final two patients are TC, a 28-year-old man, and his wife, EC, a 25-year-old woman from a farm 20 kilometers from here. Both were admitted three days ago with fever, productive cough, and shortness of breath that had been progressing rapidly over two days. On admission both were febrile to 40° Celsius, and breathing rapidly. Physical exams disclosed signs of pneumonia. Our X-ray machine is broken, so we could not perform chest x-rays. They were treated with bed rest, nutritional

support, and akúyamoc. TC is feeling better today, with less cough, and no shortness of breath at rest. On exam, his temperature is 38.5° C, pulse is 90, blood pressure 110/65, and respiratory rate is 14. His physical findings are improved from yesterday.” Dr. Opsino asked TC how he was feeling, and received a somewhat automatic answer that he was feeling better. Dr. Abenado examined the patient, and agreed with the intern’s findings. “Very well. You’re getting better. We’ll continue the same treatment.”

They moved to the next cot. Dr. Opsino began, “EC has had a difficult night with fever to 39°, increased cough and labored breathing. Temperature is 39°, pulse 105, blood pressure 105/65, respiration 16.” Dr. Abenado asked SP how she felt, and received only a nod between labored breaths. Abenado noted blue discoloration of the lips and physical findings consistent with pneumonia, and said, “I understand how difficult this must be. We’re doing everything that we can to help you. Is there anything more we can do to keep you comfortable?” She tried to reassure her that her condition might improve, although not very convincingly. EC nodded, and then fell asleep. The rounding team took TC aside, and helped him walk down the hall into a small conference room. “This influenza pandemic is behaving differently. Typically, influenza strikes down the very vulnerable at the

extremes of age-children under the age of five and adults over the age of 60 or so. Young adults do better during most flu seasons. This pandemic is different. Disease is much more severe in young adults-it is cutting down people in the prime of their lives-people in their 20’s and 30’s. Your wife is seriously ill and may not survive.” TC was stunned into silence, choked back tears, and then composed himself and asked, “Is there anything more that you can do?”

“We’re doing all that we can.”

“May I ask a favor? Our two children are being cared for by my wife’s parents. Can the four of them come to the hospital to visit?”

“Unfortunately, no. We cannot risk exposing them to contagion,” said Dr. Opsino, as he and Dr. Abenado both put their hands on his shoulders.

TC responded with bewilderment, “Must she die without the touch of those who love her the most?!”

After an awkward quietude that seemed to last an eternity, Abenado replied, “You’re very fortunate to have such a close family with grandparents who can care for the children.” They walked him back to his cot. After they had removed their gowns and masks and washed their hands, they departed for another part of the building. Dr. Opsino finally broke the silence. “A killer of young



adults is the maker of orphans.” Dr. Abenado replied, “They’re very fortunate to have such caring grandparents indeed.”

### Progress Made

Two weeks later, Don Pedro called a meeting at the Ministry of Health to discuss the clinical trial. Buscando began, “Sir, our hospitals have been overwhelmed with patients presenting with influenza. Hospital occupancies are full. The University Hospital can only admit those with the most severe disease, particularly those with pneumonia. Those with less severe disease are referred to influenza treatment centers set up in schools and warehouses, or sent home.”

“I already know this,” scowled Don Pedro. “Why is this important to this discussion?”

Buscando continued, “Only the most seriously ill patients are admitted to our hospital, so the mortality rate in our study population may be much higher than the overall 2.5% to 4% reported elsewhere.”

“I see. Please go on.”

“Our study endpoint is survival at the time of discharge. Patients were discharged after clinical improvement at the discretion of the attending physician. Patients randomized to the study received 500 ml of akúyamoc twice daily;

children weighing under 40 kilograms received a dose of 250 ml. During the first two weeks, we enrolled 159 patients. One hundred and three patients have either been discharged or have died; 56 are still hospitalized. Of the 103 patients that can be evaluated today, 51 were controls, of whom nine died, for a mortality rate of 18%. Fifty-two received akúyamoc, of whom 2 died, for a mortality rate of 4%. The difference is statistically significant, with a p-value of 0.02. Also, the physicians note that survivors who received akúyamoc seemed to return home sooner than the control survivors, although we haven’t had time to analyze those numbers.”

Don Pedro stood up in his seat. “You’ve just reported a medical breakthrough! Medida, deliver more akúyamoc. Buscando, stop the study and give akúyamoc to all of your hospitalized patients.” He continued, “Buscando, Abenado, Medida, Pireneo, write a report and send it to the leading international medical journal. I will contact our National News Service. With modern radio communications, the message can be received by whomever will listen. Pireneo, report this information to the Regional Health Departments and instruct them to

forward the information to the hospitals in their regions. I will telephone the President of the Republic to report these developments.”

### Next Steps

The President of the Republic called an emergency Cabinet meeting the following morning. Abenado, Buscando, and Medida presented the background, the study methods, and the results. The President asked the Cabinet Ministers for questions and comments. The Minister of the Interior began, “This is a breakthrough. The akuya cactus produces seeds year-round, with no seasonality. The seeds can be harvested without destroying the plant; plants can produce seeds from about four months after planting to the completion of a ten-year life span. A plant can produce a new batch of seeds every two months. But now several problems arise. The akuya cactus is in limited supply; it only grows in a small area covering about 80 square kilometers in the Akuyateca Valley. In my estimation, we can obtain enough akuya seeds in the first harvest to treat 85% of our population. I will order the mobilization of all available Interior Ministry personnel to harvest akuya seeds immediately. We need to determine what proportion of the harvest should be dedicated for immediate medicinal use, and what proportion should be used as ‘seed harvest’ to expand the number of plants-to increase future production.”

“Sir, hundreds are dying every day. We should dedicate all of the harvest to immediate use. We may or may not have enough for our national use. We’ll just have to wait out the course of the epidemic before making any decision about expanding the size of the crop,” suggested Medida.

Don Pedro interjected, “The future of the pandemic is uncertain. It might move quickly through the population, leaving behind immune survivors and the dead, and then terminate. On the other hand, not everyone is exposed, and about one third of exposed individuals do not become ill. This raises the prospect that a large number of susceptible individuals will be left after the epidemic moves through. This is actually the second wave of the pandemic; we cannot exclude the possibilities of third and fourth waves, or if this disease might become entrenched in the population. I suggest that we reserve ten percent of the harvest for seeding.”

The Foreign Minister asked, “What about exportation to other countries? Publicizing the study findings is the right thing to do, but the information will be worthless to other countries if they cannot access the akuya seeds, if the information is not actionable, if they cannot do anything about treating influenza.”



The President replied, "We will put our needs first. Yet, we have a moral obligation to the rest of the world. We will dedicate 10% of the harvest to seeding, and all surplus to export. We will sell to the highest bidder. Whether they use their akuya seeds for immediate use or for seeding for their own domestic production will be their prerogative."

Abenado protested, "Sir, that will favor rich countries over poor countries. Could we export to countries in the order of their requests, and at the cost of production?"

The President replied sternly, "We will start as I stated, and then re-evaluate as the pandemic and harvests progress."

Although thousands of miles away, officials in Washington, D.C. learned of the akúyamoc study through radio broadcasts, as well as from a telegraph from the United States Embassy.

President Wilson held a Cabinet meeting on October 30. Dr. Olec, the Director of the U.S. Public Health Service gave a presentation with as much information as was available, and then proposed a course of action:

1. The State Department will request the purchase of as much akuya seed as possible.

2. Because the amount of the imported akuya seeds is unpredictable and possibly too small to meet the needs of the American

population, a portion (up to half) will be used to plant a crop for U.S. domestic production. The proportions of seeds designated for immediate use or for planting can be adjusted depending upon the dynamics of the pandemic. The Secretary of the Interior has suggested that the high desert plateaus of western states may provide a suitable habitat for the cultivation of akuya plants. If the influenza crisis in the U.S. ends quickly, emphasis could be directed to production for export. The United States could become a major world supplier.

3. A commercial pharmaceutical company will be contracted to harvest, package, and deliver the akuya seeds to hospitals. The akúyamoc tea will be constituted at the points of care according to the traditional recipe.

He then called for questions. One of the participants recommended that akúyamoc should be reserved for the President, the Vice President, Cabinet Secretaries, Members of Congress, and Supreme Court Justices. The Secretary of War objected immediately. "Sir, with all due respect, this is outrageous! The first priority should be given to the military. We are engaged in a bloody stalemate that has taken millions of lives through four years of an uphill climb.

The outcome is uncertain, and now influenza is making our situation much worse. The past two months have been terrible! Over twenty percent of our troops are sick with the flu and incapable of performing their combat missions. On the Meuse-Argonne front, a million of our soldiers have been stricken, and over 10,000 have died of influenza. Urgently needed resources essential to winning the battle are being diverted to transport and treat the sick and dying. The situation in our training camps here in the States is even worse. Over 25,000 have died, and we lost over 6000 in one week-with more deaths coming in!"

Dr. Terig, Dr. Olec's deputy, gave an opinion, "We should preserve health care by giving priority to the doctors, nurses, and allied professionals taking care of patients. If our numbers are decimated, the tragedy of the pandemic will be amplified even further. There will be fewer doctors and nurses to take care of influenza patients, or for that matter, patients with any disease. Deaths due to obstetrical complications, measles, heart disease, as well as influenza will increase because of the shortage of healthcare. The treatment can then be given to the general public based on the time of their presentation, regardless of their position in society. If we have a surplus, we should export to other countries. In that case, we should offer the drug even to our

adversaries as a humanitarian gesture. Their civilians as well as military are dying of this terrible disease."

"Terig, you have lost your mind!" bellowed a voice from across the table. "Is this your idea of a joke?!" The retort was immediate. "Do you think that influenza is a joking matter? The only thing laughable about this pandemic is the insensitive people who think that it is a joking matter. The joke is on them!"

"Perhaps we could use akuya seeds as a bargaining chip to negotiate a surrender from the enemy," offered the Deputy Secretary of State. "Nonsense!" roared the Secretary.

"Let's look at clinical matters," pleaded a voice from the back of the room. "The medication will be a scarce resource. Let's give it to patients with the most severe disease."

"No!" snapped another. "They may be past the point of no return. Let's give it to patients with mild cases, so that they don't progress to severe disease."

"Most of those patients will recover on their own! Giving it to ambulatory patients would be a waste of a scarce resource!"

Dr. Olec interjected, "The study participants were hospitalized, and most had



clinical features of pneumonia. We should treat hospitalized patients with signs of pneumonia, but without respiratory rates above 20 breaths per minute or other signs of overt or impending respiratory failure.”

And so it went. After another hour of heated and circular arguments, President Wilson lowered the gavel. “At this juncture, the State Department will contact the Embassy to request the purchase of akuya seeds. The Secretary of the Interior will coordinate production in the high desert plateaus of our western states. As far as distribution and prioritization are concerned, I order all of you to provide memos that articulate your opinions. We will meet tomorrow to discuss these matters further.”

In addition to diplomatic efforts to facilitate purchases, both the Allies and Central Powers sent covert operations teams to smuggle akuya seeds. Both teams were arrested while attempting to hijack trucks transporting akuya seeds from the Pueblo Amable depot. The agents were sentenced to six months of harvesting akuya seeds. As a condition for their release, the Republic’s government negotiated an agreement calling for international collaborations between ministries of agriculture and health to optimize production and the development of a standardized medical product. The Republic would export 15% of its crop, at a price set at 15% above the costs of

planting and harvesting. There were delays in harvesting, production, and delivery, but even though akúyamoc was introduced relatively late in the pandemic, it is estimated to have saved 750,000 lives\*.

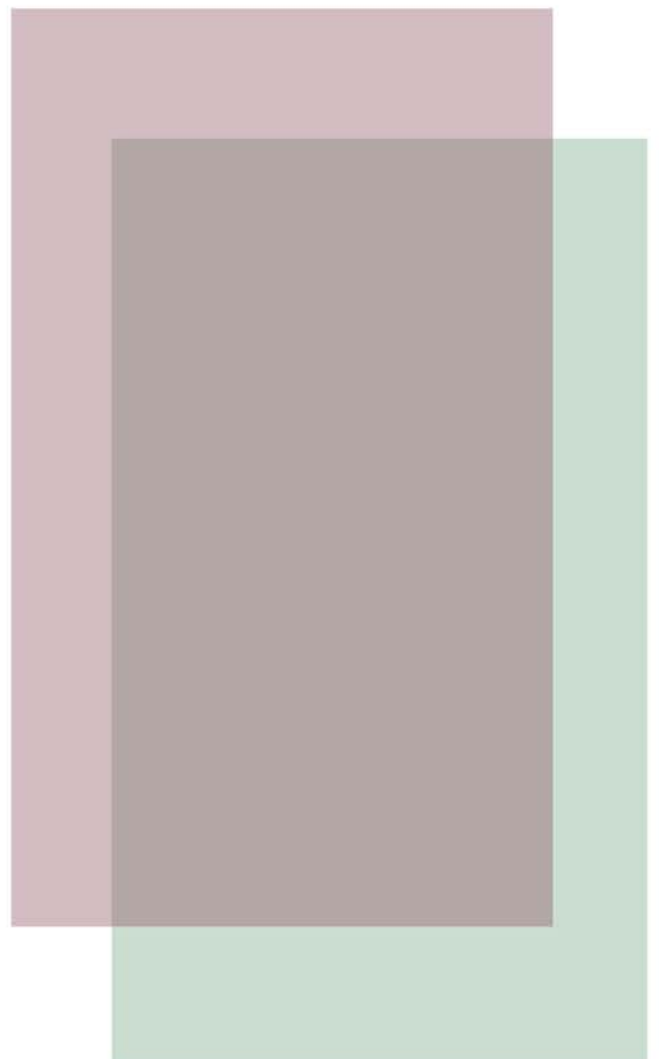
Abenado and Pireneo contracted influenza in 1919, survived after akúyamoc therapy, and completed long careers in Pueblo Amable. Buscando became dean of research at the National University. Don Pedro retired and spent his remaining years on a ranch.

The mechanism of action of akúyamoc could not be determined until the sciences of virology and pharmacology had progressed further. Finally, in the 1980’s, akúyamoc was found to have three active ingredients. Two compounds inhibit influenza virus replication at different steps, resulting in a synergistic combination therapy. A third compound has broad antibacterial activity through a unique mechanism of action. The antibacterial effect may have been at least as important as its anti-viral effect during the influenza pandemic, because a significant subset of influenza deaths during the 1918 pandemic are thought to have been caused by secondary bacterial infections during the second week of the illness, when influenza virus replication would be declining. The first

two remain key components of the medical formulary of influenza treatments, and the third provided the basis for a new antibiotic class\*.

The akúyamoc experience set an example for future generations on the importance of engaging populations at risk and learning potential epidemiologic and therapeutic insights from traditional healers. It manifested challenges and questions that are still with us today, including the ethics of giving unproven therapies versus conducting clinical trials during a public health crisis; the ethics of placebo-controlled trials; logistical and operational challenges of conducting clinical research during an epidemic; the difficulty of conducting the “gold standard” of a double-blind placebo-controlled trial; the rationing of scarce medical resources; triage and prioritization of patient populations; and the availability of medications in resource-limited settings. These challenges are open ended in the context of the inevitability of new emerging diseases.

\*Please remember: this is fiction. The plot, characters (with the exception of President Woodrow Wilson), Pueblo Amable, the Centro de Salud San Damiano, the National University, the akuya cactus, akúyamoc, and the Akuyateca Valley are fictitious. Any resemblance of the characters to any person, living or deceased, is entirely coincidental.







## THE FACE BEHIND THE MASK

| Karol Roman

# (MEDICINE) A PLACEHOLDER

---

My words on hold. Don't rock the boat. Don't burn bridges. Don't be like—. Black Lives— Science is— No human is—. Professionalism has cut my tongue and there it is, my diploma. Say things right. Say it polite. Be more—White. This is not the time.

My time on hold. I used to read. I used to hike. I used to cook and nourish others. I used to lie outside and nap my day away. Life used to feel free.

My life on hold. Tobacco teeth and yellow skin, Uncles are dying, didn't go to Aunts' funerals, wasn't there for the weddings. Here's a Venmo for baby nephew's college one day; sorry can't come, wish I was there. Mom's phone calls ignored. No words in 2 months and no home to go to.

My home on hold. My journey there. I wish to see my future as I dream up my past, and here I am, on hold.

*"This piece is to reflect what has been, is, and will be on hold; and the blurring of lines between personal and professional identities."*

Joan Tran, MD



# ACCIDENT

LUIS NOVELO HERNANDEZ



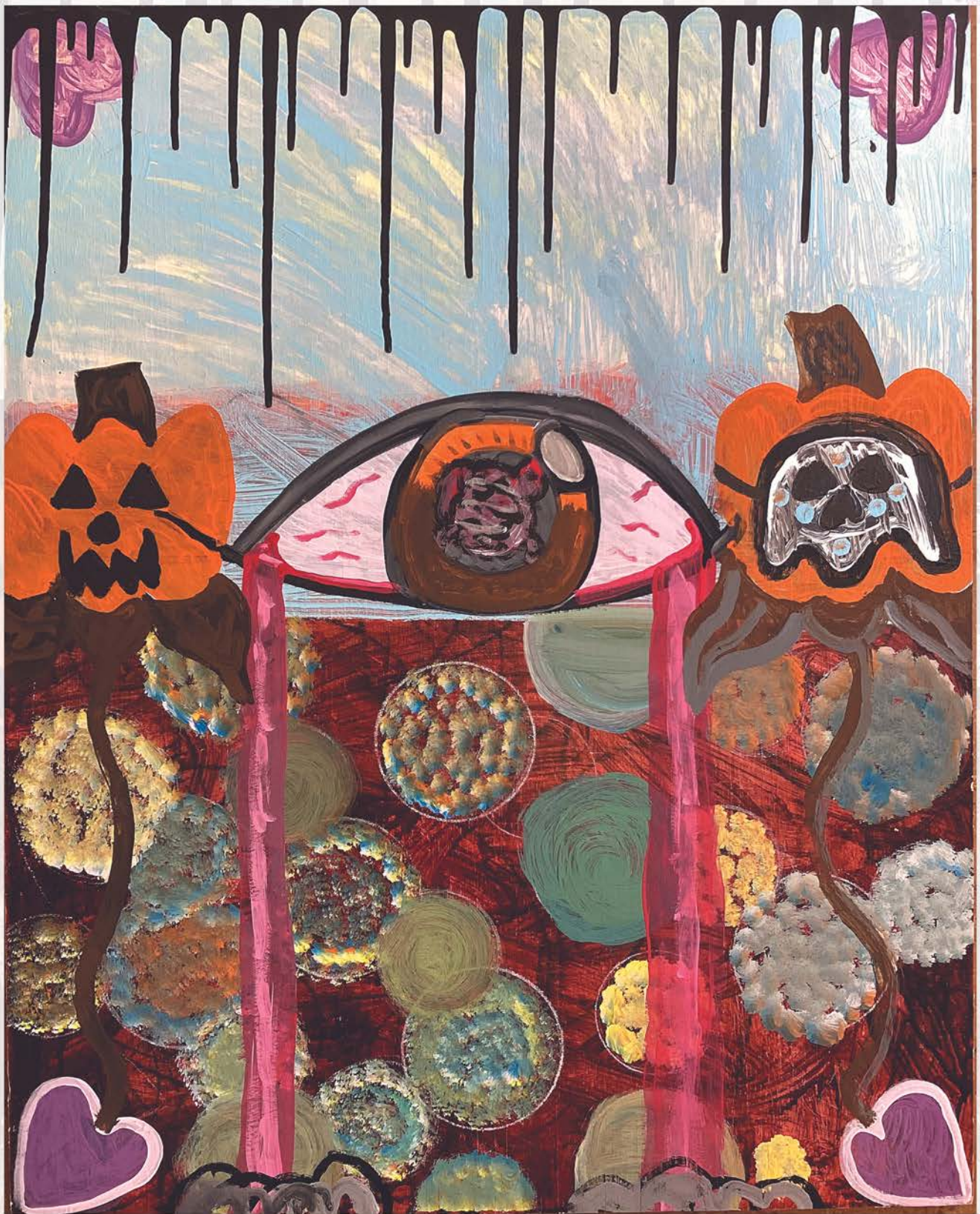
*The day's first light starts spilling  
into Sabino Canyon on a March  
morning*



*Soft afternoon light illuminates a  
flower bed*

*Luis is currently a second-year medical student at the  
University of Arizona College of Medicine – Tucson*





## BLEEDING TRUTH | *Madison Harper*

*Bleeding Truth* is an art piece that grew out of Madison's excitement to work on a much larger art piece. It follows one of the themes of her artist portfolio, "cute but creepy". Madison says this piece is a representation of her medical obstacles.



In one of the patient rooms that are tucked into the far end the hallway on the northwest wing of the hospital, there lies a particular man. Upon walking into this man's room, you would find nothing extraordinary about him. He's young, early thirties. Head full of curly brown hair and wide, earnest eyes. His legs reach down to touch the foot of the bed and his hospital gown is ill-fitting, the sleeves ballooning out at the top of his arms. He looks like any average man that one would see perusing the aisles of Trader Joe's. However, there was stark difference between him and every other patient on 4NW. There was a handcuff that encircled his right ankle and chained him to the foot of the hospital bed. And unlike every other patient who had to wait until visiting hours to see a loved one who would swing by to offer comfort and fresh "get well soon" flowers, this man had a perpetual companion sitting in the far-right corner of his room. He was accompanied by an immigration officer.

Upon talking to him, I came to realize that he had traveled for over a month from Central America to reach the US border where he asked for asylum. Via bus, car, and on foot, his journey encompassed various forms of traveling. When asked why he left, the answer was simple: to save his life from violence and poverty. But while his mental fortitude and grit were strong, his body had begun to betray him. He was brought in for multiple episodes of hemoptysis, shortness of breath, and weight loss.

A quick chest X-ray at the ED revealed what would typically be listed first on any medical student's differential: a peripheral mass indicative of a neoplasm. A follow up CT and biopsy characterized this mass as adenocarcinoma of the lung. The appropriate specialties were consulted, a diagnosis was made, and follow up plans were made to further imaging to determine potential metastasis.

Unfair would not begin to describe the sequence of events that had transpired in this individual's life. To have journeyed for over a month fleeing persecution only to find himself at a hospital and be informed that he has lung cancer. He had committed no crime and was in fact a hero of his own rite, yet he was reduced to being shackled to his bed. Unfortunately, his situation reflects the plight of many other immigrants arriving at the border needing to seek medical care. A handcuffed individual implies something. It suggests that individual is not to be trusted and needs to be under surveillance for a threat they may pose or because of a crime they had committed. To bind this man to the bed, during what could arguably be one of the most vulnerable moments of his life seemed dehumanizing. There have only been a few instances during clerkships where I've felt as though there was nothing I could say or do to help improve a situation. This was certainly one of them. So I did the only thing that I had the power to do at that time.



## THE MAN CHAINED ON 4NW

"This piece is a reflection of the medical treatment of immigrants and asylum seekers who cross the U.S.- Mexico border. There is room for great improvement in the way these individuals are treated both inside and outside of the medical setting"

Andria Albert

I pulled up a stool, sat there, and listened to him tell his full story. He relayed more than just his medical history; he narrated his life. There was nothing that he hid as he laid out the bare truth of his life and what led him to this point today. At the end of this encounter, I thanked him for sharing his truth, informed him of our team's plan to manage this diagnosis, and ensured him we would do our best. I only followed him for two more days before he was transferred to the ICU.

My rotation ended shortly after his transfer and amidst the flurry of studying for the shelf exam, I did not follow up on his case. I never found out what happened with this gentleman and

there is no definite conclusion to his story. But during that time in which he was able to share the intricacies of his life and what led him to the hospital bed that day, I was able to acknowledge his grief and recognize his struggles. It was not long enough for him to tell me everything, it never is. But for that brief time that he did, he was more than just a man who crossed the border seeking asylum. He was more than just a patient who was chained to the hospital bed on 4NW. He was a human being, worthy of being seen and heard.

## THE NIGHT BLOOMING CEREUS

Martin Demant, MD



*This mosaic is a scene of the desert night with cereus cacti in bloom*



# TO BE A NURSE

To be a nurse - what does this embody, entail?

The transition to teaching has brought that question to the fore.

As if mere teaching of the art somehow lessens the scale.

But alas, nursing extends far beyond the surface, to the core.

Those who are taught can also thus stir us,

As shown through the words whence latterly shared

"Some nurses care for patients while others care for nurses"

These wise words, my art heartened and spared.

So again – what of nursing can be grasped and explained?

The qualities far-reaching and the source depths untold,

Nurses aid health and healing, their love not constrained.

Though worn and tired, unceasing others' best to uphold.

Abounding tears, strain, and grief; nurses are laden.

The time to bear one another's burdens has come.

May we amplify one another's voices with determination,

Never forgetting the source our "why" comes from.

ANGELA C. BRITTAIN,  
PHD, RN

*"How a nurse who has transitioned into academia perceives their role can seem distant from what initially drove them into nursing. However, recent words of affirmation offered by a student brought forth a remembrance that all nurses are vital components of the collective profession; though worn and laden, we can rise above through advocacy for one another."*



*"Heading home on the bike this Fall, I stopped to enjoy the late-day sun backlighting these maples. Really regretting not having brought my camera because my phone was too full, I thought I'd try it anyway. The phone surprised me and I was happy to get this shot."*



Ponorogo is so humid, so disgustingly damp and everything somehow chafes in this kind of climate. Even body parts that I thought were far removed from other body parts manage to chafe. I'm 23 years old and I've just finished "teaching" (I say this loosely, as I have no formal training and definitely don't have a natural talent for it) my 11th grade English class for the day and it is the wet season. I ride my bike to the local tailor's house to pick up a uniform tunic, and she looks...not right. Somehow she seems to be drooping, as though everything about her presence has sunk under some sort of pressure. From inside her workshop, I see the heavy, bulbous clouds that are threatening tropical rain any minute. I feel the sweat running down my back, my nose, soaking the armpits of my long-sleeved shirt. I think about the small fan in my room at home that will feel so good once I've bucket bathed and parked myself in front of it to dry. I look at the tailor's hands, wringing each other and skittering over her spools of thread and bolts of cloth while she looks into the middle distance. I'm exhausted, she's upset. I'm ready to have some alone time, she seems to have too much. We both seem to be at the end of our ropes. I pay for the tunic, my backpack zipped and ready to go. Mosquitoes whining fills a brief silence that stretches for a long time, and I'm not sure what I'm going to choose.

Let me take you there: Imagine you're in the country of Indonesia, on the island of Java, which is just below the equator and so tropical you could shake a stick at it and the stick would probably start fruiting.

You're in the small city of Ponorogo, and you came here fresh out of undergrad as a Peace Corps Volunteer with armfuls of good intentions and spoonfuls of actual skill. . You're from the southwestern United States where it is blissfully dry 99% of the time, and now you have to hand wash your clothes with citric acid crystals to keep mold from growing on them. There is no air-conditioning here, and the dry season weather is 80% humidity on average, the wet season is 100%. You've been assigned to teach English to 11th graders that don't know any English at all despite 4 years of classes at this point and the reasons for that are way beyond your abilities to address. You live with Javanese people, who are used to village life so anyone's business is everyone's business but you're an introvert and this has been a painfully humbling experience in how culturally inept you are. The end of every school day feels like you've just run a weighted marathon and your greatest desire (besides a strange never-ending craving for goat cheese on a baguette) is to go home and hide in your room, blissfully alone, with the tiny standing fan cranked up to maximum speed so your hair might dry completely before you go to sleep.

Bu ("mom," or a polite address for a woman) l'in will become one of my most meaningful friends here, but I don't know that yet.

In fact, I won't know that until long after today happens and I look back on it and go "aha!" as my 2.5 years in Indonesia comes to an end. Meeting her was purely happenstance, and though she lives less than a mile away from the place I called rumahku (home) from 2015 - 2017, I easily could have never met her. It anachronistically breaks my heart to consider that possibility.

You're a bleeding heart and you're about to be a wet one at that I tell myself as I put my backpack down and ask her if she's okay in my weirdly formal and child-like Indonesian that I've been working on for 3 months. I sit on the bench in her workshop because it seems like standing with my backpack on would give the impression I'm going to leave no matter the answer and that seems pretty cold. And though I'm new in this country and know absolutely nothing, I'm not dense enough to miss the significance of her sitting next to me and starting to cry. You'll just have to take me at face value when I say that in this region, in this community, it's very out of the ordinary for anyone to express emotions other than happiness-adjacent ones in public. Especially not to some sunburned weirdo such as myself.

She starts to talk about her recent episodes of passing out and feeling endlessly exhausted, and the intimacy of the moment is a little

ruined when I have to dive in my backpack for the tiny Indonesian-English dictionary that I've been carrying around religiously.

The moment is a little more ruined when I do the classic awkward "there there" pat on her shoulder as I realize she's trying to tell me she doesn't know why she is sick and she's scared. In hindsight, I wonder if she has a cardiac arrhythmia, or HOCM, or vasovagal syncope, or a myriad of other differential diagnoses. Back then, none of that meant anything to me, and I doubt it would have meant anything to Bu l'in if I'd magically been able to rattle the options off. She wasn't asking me for medical advice, she was just asking to express her fear.

Bu l'in is in her 50s, widowed early in her marriage with two sons she raised herself that later moved to different places to raise their own families. She knows her neighbors well and makes a good living as a talented tailor, but she has been taking longer to finish work because of her symptoms and she's worried people will take their business elsewhere. She doesn't want to tell her sons and make them worry, she doesn't know who to tell yet because she doesn't know what's wrong and she's afraid she can't afford whatever treatment she might need. She huffs a dry, humorless laugh when she describes herself as orang privasi, a private person, because she's a bit of an oddball in this setting. She's proud of the fact she made a life for herself and her sons and she doesn't want to lose her ability to manage her own business



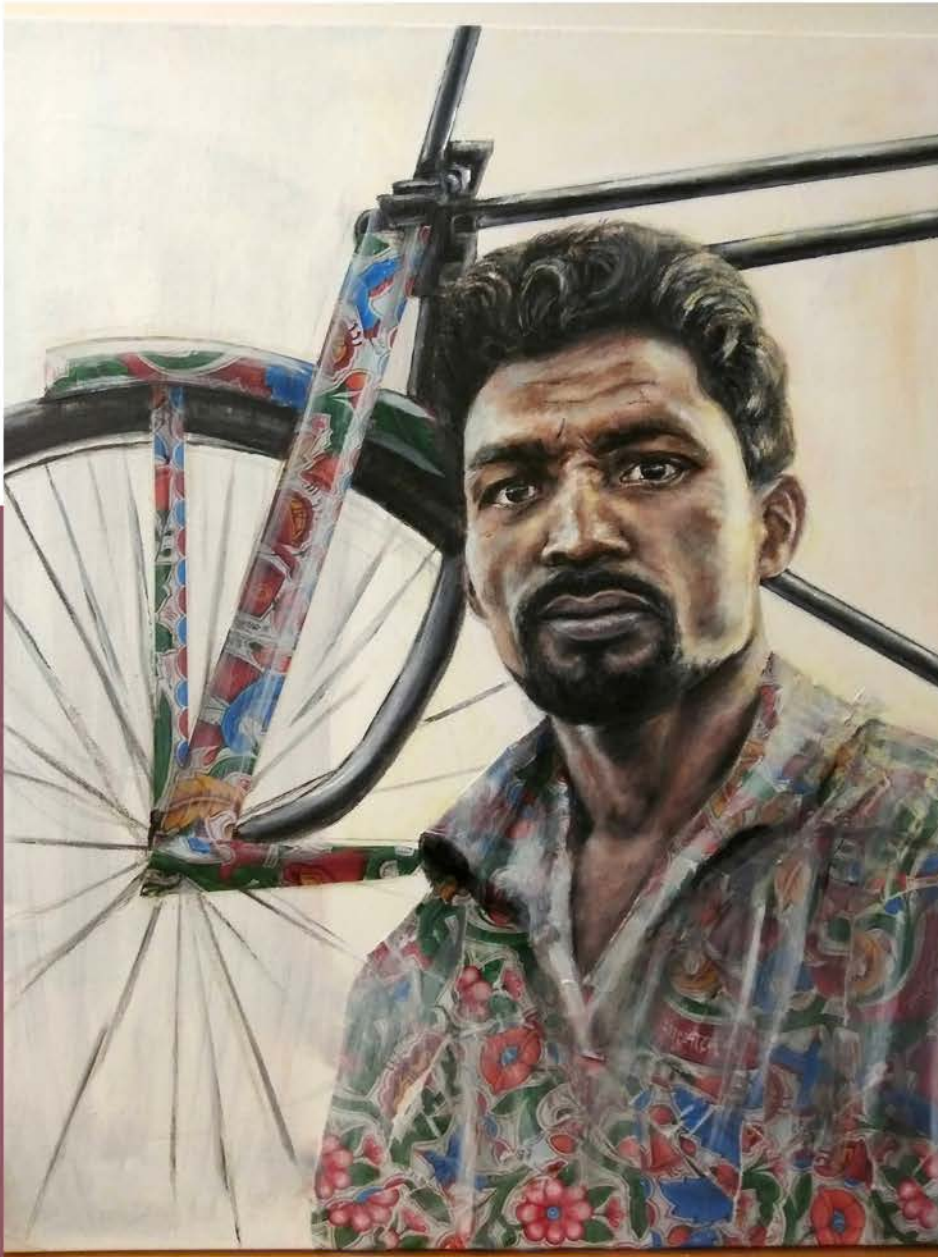
and home. Yesterday she came home from the biggest city in this region after visiting a hospital, and it looks like she'll need to make several more visits before there is a clear idea of what is going on. She's not sure how she'll afford the time off or the bills. I put an arm around her, figuring presence is better than fumbled Indonesian with no real substance. Thunder cracks and rain starts pummeling the tin roof, deafening. I feel a bead of sweat dripping off my nose, another sliding down my neck into the hollow between my collarbones and tracking through the crust of salty sweat and dirt under my blouse that has been accumulating all day. I'm sure my arm on her shoulders is stuffy and hot but she leans in anyways. We sit in silence for a while, and the atmosphere is lighter now. She asks me how I'm adjusting and I tell her about how the chickens at home startled me and my reaction was to fling a bucket of wet clothes and scream, which reduced my host mother to hysterical laughter. I didn't even think I could be a doctor at this time, but I know that laughter is the best medicine.

I look like a thrice drowned rat by the time I make it home, having biked through the rain with a plastic poncho wrapped around my backpack to protect my school supplies and new clothes. I spend many more afternoons in Bu I'in's workshop over the next two years, she's the perfect person to be alone together

with. The sound of her 40 year old Singer sewing machine and the snip snip snip of her scissors while she works make a peaceful bubble in which I read, make lesson plans, and doodle. She shows me how she makes beautiful napkins and bandannas out of fabric scraps and I bring at least a dozen back to the US with me. She delights in creating clothes out of my sketches inspired by the beautiful batik fabric. Her artistry is apparent as she offers alterations to my designs to make functional clothes (dresses with pockets!) that highlight the vibrant patterns. The sureness and dexterity of her hands and the softness of her voice ground me, and I become less anxious about how socially inept I am. I know I have a friend here. She seems to know that I'm a bull in a china shop in this country, and she likes my company anyways. In this corner of the world, the standard greeting and goodbye is to clasp a person's right hand lightly in your own, and then bring your hands to rest over your chest, bringing them into your heart. When I say goodbye to Bu I'in on my last day in the village, I hope she feels how much of myself I try to put in her hand and how sincerely I want to be given something of her in mine. Saying goodbye to her is so much harder than saying goodbye to my family in the US, because I know I may not see her again. In the whimsical corner of my imagination, I want whatever part of me she takes in her hands to make her heart stronger. There is a 14-hour time difference between

Tucson and Ponorogo. The batik clothing she made for me are staples of my professional wardrobe, and when I wear a piece I imagine what she's doing right then, half a world away. The internet is a wonderful invention, it's how I send her photos of her creations di Amerika Serikat and pass along all the compliments her work earns. The internet is also how I wake up to a picture of her holding a bag of Trader

Joe's tart Montmorency cherries like a trophy, delighted that I sent her American camilan (snacks). I can see her Singer sewing machine in the background of her selfie, and I can perfectly imagine the smell and sounds of her workroom around me. Some of the clothing she made me have pockets on the inner side, right next to my heart.



*"Tailor Made is a reflection on my personal shortcomings, an ode to a little corner of Indonesia, and a platonic love letter to a person that I miss every day."*

**RICKSHA WALA**

Noshin Nuzhat





Megan Irby

## OVERWHELMED

*"In this piece, I tried to convey the feeling of when it is all too much - the hectic struggle to balance ourselves that everyone in medicine has experienced at some point."*

He awoke shivering. He wasn't cold, but his entire body shook uncontrollably despite his efforts to lay still. He hoped that staring into nothing would put him back into a sort of slumber, but minutes later he found himself again gazing at his ceiling. There was a tingling sensation that had managed to spread to the tips of his fingers and toes, and the more he thought about it, the more intense the feeling became. Lying there wouldn't make that tingling go away, he thought, but then again, neither would getting up.

He heard voices in the hallway right outside of his bedroom. They spoke in hushed tones, and he imagined them matching the soft volume of their voices with light, calculated footsteps. While he appreciated the effort, it was a useless attempt to mask their presence. Even though he couldn't hear what it was they were saying, their words made him grimace as it was a slew of recycled phrases and comments that he would eventually have to hear. He saw himself responding to each of them with a nod and a reassuring smile to give the false portrayal that he felt much better after hearing their kind words when in reality, the speaker would get to walk away with a lighter heart while he had to continue concealing his pain. Just the thought of putting on that facade exhausted him.

He squeezed his eyes shut in a final attempt to fall back asleep, as if blocking his vision would

somehow block out the murmuring he heard both inside and outside of his head. It didn't work. Sighing, he swept his covers aside and got out of bed.

He was still shivering as his feet brushed along the cold, wooden floors that led to a descending staircase. Passing by rows of framed photographs, he had trouble believing that he used to be the child who stared back at him with a wide, toothy grin. The realization made him feel a mixture of nostalgia and nausea.

He winced as he slowly climbed down the stairs. Even though he had spent the first eighteen years of his life in this house, he had forgotten that the fourth step from the top always creaked. He had always remembered to skip that step when he lived here, and for as long as he could remember, his father had sworn to his mother that he would fix it... he bit his lip and swallowed hard. *No, now was not the time.*

As the fourth step let out a deafening creak, the heads that hovered around in the living room immediately turned to look up at him, overcome with pity in their eyes. For a split second, his face felt frozen and he struggled to make any sort of expression. Before he could even take in his environment, he was suddenly ushered down the staircase by at



least a dozen hands, each one trying to give him either a plate of food or a physical affirmation. It happened just as he expected. “He was so proud of you” and “I’m so sorry for your loss” seemed to catapult off the walls on repeat. He could tell their intention was genuine, but his response was far from it. From across the room, he caught his mother’s eyes, only to look away as if on impulse. He could deal with the ramblings of the strangers around him, but an unspoken exchange with his mother was more than he could bear. No, now was not the time.

It was just a few weeks before his twentieth birthday. He remembers this because he had come home from college on his Thanksgiving break, collating the perfect speech in his head during his four-hour drive. Coming home had always heightened his stress, but every mile on this particular trip made his anxiety exponentially worse. His hands gripped his steering wheel so tightly that he had to pull over three times to massage his knuckles and fingers in order to release the tension. “These were the first symptoms dad showed,” he thought in a panic before getting back on the road for the third time. The car accelerated forward in dread.

When he arrived at the house, nobody was home. It all looked the exact same, and the sun came through the window at a perfect angle.

Even to this day, he could still remember the sense of comfort and contentment he felt in that moment, the security that came from knowing and belonging in one’s surroundings. He closed the door quietly behind him and climbed the staircase to his bedroom, skipping the fourth step from the top.

Not long after, he heard them come home. They must have seen his car in the driveway because they called for him to come down to the kitchen when they entered. His mother stood there wearing her soft, tired smile and his father sat comfortably behind her, gripping his cane with shaking fingers and wearing his customary stoic expression. This familiar scene both pleased and terrified him.

They ate in their usual silence, occasionally interjecting with basic questions or menial comments. He had to remind himself to put food in his mouth, to chew, to swallow, otherwise the calamity of emotions that had overtaken his physical being would have caused him to pass out. His father’s hands seemed to shake more now, and more than once he dropped his food on the table while attempting to feed himself. Glancing at his mother, he saw a pained expression in her eyes as she kept herself from helping her husband, knowing that she would only hurt him further as his pride ran deep.

He had planned the perfect moment for months when in reality he had been

subconsciously planning it for years. Yet this very dinner seemed to last for an eternity. When at last the dishes were cleared, the empty table looked like a bench in a courtroom. There were a few seconds of silence when suddenly the speech he had prepared during his car ride spilled out of him like a defendant's confession. He spoke swiftly, staring at the space in between his parents' heads so that he could get every word out, before the silence once more returned and the courtroom was once more their kitchen.

The rest of the memory plays out in a blur. He remembers staring at his father for a few brief moments, and his father standing up so defiantly and leaving the room so swiftly that one never would have assumed he had to walk with a cane or was burdened with disease. He remembers his mother's tears and how quickly he gathered his belongings and left without even saying goodbye. How weeks later, his mother finally called, and when he had mustered up the courage to ask about his father, she had said "just give it time, he will come around."

Those weeks became months, which transformed into years, and soon he forgot the sound of his father's voice. Life had carried on, and the wounds that he thought would never heal had become battle scars that he bore with a sense of solemn pride. He no longer brought up his father during phone calls with his

mother, and she had also given up on asking him to come home. Occasionally, she would fill their awkward silences with, "give it a little more time, my child. He just needs time."

It had been fourteen years.

The echoes leftover from a house full of people who came and went over three days had soaked into the walls. The platters of food had been neatly packed into containers and humbly taken by those it was offered to, the chairs all returned to their original positions, and the shoes left at the front door had finally disappeared. When they had waved their last goodbye, not a single word was uttered as a wave of exhaustion fell over him and his mother.

For a few days after the house had been emptied, he continued to drift around in an eerie silence, his muscles tense with anticipation. He would turn corners as if expecting someone to be standing there. A ghost, perhaps? Or a confrontation with his former self, a self that he felt detached and distant from.

He came home from a walk one day when he paused outside of his bedroom door. Inside, he could hear his mother crying. Muffled sobs broken up by gasps for air. He remembered the first time he ever saw his mother cry, the first time they took his father to the hospital.



He was young and he felt embarrassed, almost ashamed, to watch as she faced away into a corner of the room and buried her face into her hands and delivered those muffled cries. Maybe he felt more ashamed because his tears would not come, no matter how hard he tried to summon them.

He opened the door slowly, to find her sitting on his bed. She heard him enter the room, quickly wiping her tears away with the back of her hand and smiling up at him with her soft, tired eyes. Sitting down next to her, they gazed at the ground together.

His vision began to blur as he felt the deep ache in his heart spread down to his abdomen and up to his eyes, and his tears trickled down his face and hit the floor in a rhythmic pattern. They sat there for a few minutes, until the tiny pool of water that had formed at their feet ceased to grow. Sighing, she picked up a small box next to her and handed it to him, before squeezing his shoulder and leaving the room.

Turning the box over in his hands, he felt himself shaking as he debated what could be inside. When his wonderment could no longer entertain him, he finally lifted the lid to find his father's watch. Immediately, he felt his heart sink as a strong sense of disappointment fell over him. What had he been expecting, a testament of his love? A feeling of acceptance? He almost laughed at how ridiculous his imagination could run.

He was about to toss the box aside when he noticed a scrap of paper wrapped around the watchband. Delicately, he unraveled the tiny piece of parchment to read it, only to find the deep ache in his heart spread to every crevice in his body as he gasped for air through thick, unrelenting sobs. Every memory of his childhood and a past he had tried so hard to forget seemed to burst forth with his cries. When at last his body had stopped convulsing and his breaths became more even, he fell into a deep slumber that overtook him and left him lying completely still.

When he awoke, the sun outside had started to set, and a hazy fog had seemed to settle in his bedroom. He looked over at his dresser where many photographs of a young girl stared back at him with a wide, toothy grin. The oldest photo of this girl was taken at least fourteen years ago, yet he could still remember exactly what it was like to be her, while simultaneously being keenly aware of who he was now.

He picked up the tiny, crinkled piece of paper that had slipped from his hand to the floor while he was sleeping, and placed it into his wallet with the utmost care. He didn't need to reread it, because it only said three words, written in the shaky handwriting his father had adopted over the years.

For: my son.



*Countryside was created as a landscape study using impasto and palette knife techniques. For this art piece, Cody focused on the application of paint, color, and composition.*

---



There before birth,  
a blueprint tacked

on the drawing board  
dream of us

high leaf  
against a blue sky,

through a keyhole  
another door

the hereafter and before

clouds on the horizon  
skimming the sea,

fine line between  
the imperceptible,

and divine.

\*\*\*

Dozing in a chair  
between last broadcast  
and first morning show,

the old TV fading  
into black and white  
snow, between dream

and awake, a game  
of hide and seek  
the moment before sleep,

one player still  
hidden behind a tree,  
forgotten and forbidden

to know why,  
how long, or where  
the others ran off to

olly, olly, oxen free.

\*\*\*

Sunlight strobes  
late afternoons flickering  
through the blinds,

a clicking projector's  
slow reel unwinds  
you and a childhood friend

your protector, running  
through corn rows, falling  
behind the drawn curtains

of sleep, dawn's  
squeaking train wheels  
approaching the crossing

creaking the tracks,  
2:00 AM the whistle  
blares, and you bolt upright

as it all comes back,  
hollering their name  
you suddenly remember

as they remember you,  
a shadow under streetlights  
walking in a trance

in a long coat in the rain  
after a junior high dance,  
backwards through the years

strangers following in a car,  
dead-end by the tracks  
where it all disappears.

\*\*\*

Dozing after juleps  
under the sweetgum,  
August, mint, and cicada  
carry you to a side street

kaleidoscope in leaf-size  
pieces, kickball, glint  
of sunlight through the trees,  
the players, street sign, corner

store, like the houses just  
as before, back porch  
with a loose board behind a stair  
where you squeezed through

to be alone, hid your treasures  
first touched a girl's hair,  
past and present weaving  
ice shifting slowly melting  
In the sweating glass on

the table, beads glistening  
on your skin as you work  
the levers of leaving.

\*\*\*

Sliding into the MRI,  
memory rushes in with  
the taste of metallic dye,  
fumes then water flooding a tunnel,

three boys from school  
crawling into a drain culvert  
that ran under the tracks,  
a place known by just a few

boys you were forbidden  
to play with, as if somehow  
your father knew, shaking  
the morning paper

as he looked at you, as if  
it had all been foreseen,  
his voice drowned by the hum  
and clicks of the machine

another scene turned vapor,  
another schoolyard rhyme,  
water rushing past the ports  
as you descend through time.

\*\*\*

Under a radiation mask fixed



to a table you hear a sound,  
your father's apple tree  
just outside your window

late September, apples dropping  
to the ground waking, then  
lulling you back to sleep,  
lifting your tongue behind your teeth

like counting sheep, wondering  
if he heard you calling him back  
to walk you to the bus stop,  
mend the broken wing of a bird

you found under the treehouse  
at the end of your childhood street  
where what could have been,  
and now meet, chase away the boy

who piled apples up there,  
read the funnies as he waited  
to throw them at unsuspecting  
passersby, gazing into sunny sky.

\*\*\*

Again, you are late,  
forgot your pants, need  
one more class to graduate,

your thighs feel like lead,  
who, or what had been  
chasing you now long since dead,  
one more class to take,  
catch up, catching up

you holler yourself awake.

\*\*\*

Smiles drawn, rook  
takes pawn, chemo  
turns to morphine drip  
visitors press  
for their own relief  
and after they've gone,  
the night nurse takes the controller,  
shooting zombies into dawn.

\*\*\*

You walk boy girl, boy girl  
from the elementary school  
to the Wingate Library  
across a busy street,  
you see yourself there  
hesitant, looking down  
at your feet, standing at  
the edge of the schoolyard

with your library card  
watching the others go,  
the crossing guard with a gentle pat  
leans down and whispers -

days walk away just like that.

Your classmates seated round  
the librarian reading  
The Boy Who Sold the Butter,  
melting like the butter  
the boy smeared on the rock,

he believed to be the town.

\*\*\*

When the light is right  
you see them rising  
from the flat roofs,  
where sky and souls meet,  
distinct from the steam  
escaping rooftop vents,  
or waves of summer heat.  
There are always more  
taking flight, rising floor  
through floor from sterile  
rooms and soiled linens  
along the city skyline  
out of sight.

\*\*\*

3:00 AM,

black and white snow  
piling on rooftops and cars,  
you pull on a coat,  
walk past the scars  
dripping icicles hanging  
from the eaves leave below,

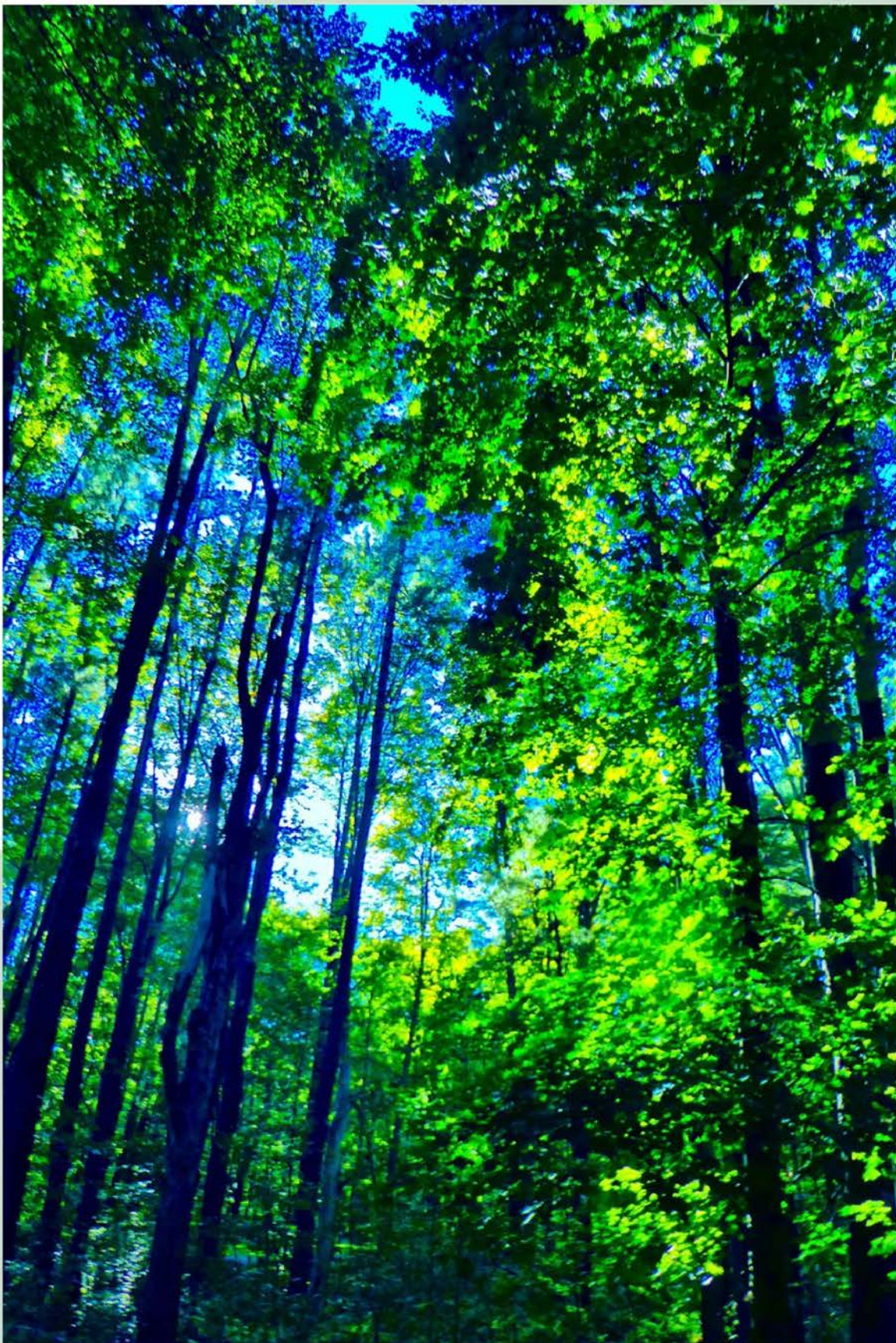
the car barely starts,  
you drive an hour to park  
under bare elms between streetlights,  
Jack of Hearts, standing alone  
in the dark, winter filling  
your footprints and tracks,

in front of the house  
she might have lived  
when just a girl,

as if that could bring her back.







*"Lately hearing a fair amount about the benefits of conscious time among plants, I've been more attuned to natural luminosity than ever. I've shared this photograph from So. Burlington, VT, half-jokingly captioning it 'Portable Forest Bath;' I wouldn't be surprised if gazing at it when we can't be outside might provide a bit of neurophysiological uplift. The Jan. 2023 (v 36, no. 1) issue of Tucson's 'Desert Leaf Magazine' has an informative cover story on forest bathing."*



# SONGS, PSYCHEDELICS & SEIZURES: A ONE-WOMAN FLOW

*(Adapted from "Songs, Psychedelics and Seizures: A One-Woman Flow", a dramatic monologue presented at the 2022 Science of Consciousness Conference at the University of Arizona, Tucson).*

Karen Kohler

## PROLOGUE (I Come To)

The day the gatekeeper re-entered my life, I wasn't exactly in my best attire. It was the morning of January 11, 2017, I was 54 years old. From my hospital bed, the view across the Brooklyn rooftops was gray and cloudy with occasional streaks of sunshine. It'd been a long night following a frightful day. My husband Mac sat on a chair to my left holding my hand, his eyes tired, curious and concerned.

After a brief knock on the door, Dr. Stravinsky entered and introduced herself as the attending neurologist in the ER. Glancing at my chart, she crossed the room, stood with her back in the window and addressed me:

"You had quite a day yesterday. I'm sorry it was so fraught. How lucky you are that your husband was home when it happened. This is your first seizure, correct?" she asked.

"That's right," I answered.

"We found nothing abnormal on the CT scan or MRI," she continued. "Just now we got the EEG results and are seeing an anomaly in the left temporal lobe. From your husband's description of finding you collapsed in the bathroom yesterday and these results, you've experienced what we call syncope seizure." Suddenly, there was a flurry of activity outside the window. A hawk landed on the adjacent

rooftop, his broad wings arched and protective. He pinned his prey to the roof with his talons, pitched back his aqua beak and landed it straight into the creature's chest. A streak of blood sprayed the raptor's spotted breast as he tore at his fresh kill. Dr. Stravinsky didn't notice the frenzy outside or the plume of gray and white New York City pigeon feathers billowing upward.

"You're fully through menopause, right?" Dr. Stravinsky asked.

I moved my eyes back to her. "Yes," I answered.

"And there's no history of seizures in your family?" she asked.

"Not that I know, but I'll ask my parents."

She directed her next question at Mac. My eyes shifted to the window. The whole five-minute scene was over. The hawk puffed up his chest, drew up on his powerful legs, lifted his feathers, caught the air and flew off.

"Wow, what does that mean?" I said aloud.

"It means," the doctor said looking up from my chart, "that we plan to release you today. We'll start you on an antiepileptic medication and give you something to help heal the bruise on your face. You should see a neurologist as soon as you can. I have one to recommend at Mount Sinai who specializes in women's late onset epilepsy." She wished us well and left.



I turned to my husband, my eyes wide, a lump catching in my throat.

"Epilepsy," said Mac sympathetically.

"Yeah," I muttered, "But did you see the hawk?"

## MY SEIZURE STORY

The morning before, Mac had found me in our Brooklyn apartment in the middle of a grand mal seizure. As traumatic as it was for him, I have no memory of it. When he first reached the bathroom door, he couldn't open it.

Through the gap he saw me lying face down, pinned into the corner behind the door and convulsing. Breaking down the door meant crushing me. Shouting my name, he willed his tall body through the narrow opening, climbed over the sink, pulled me onto my knees, got in front of me and felt my pulse. It was steady but my breathing was irregular, pupils dilated and eyes rolled up in my head. He carried me to our bed and called 911.

Slowly I came to, my mood light as I emerged from what he recalls as something of an ecstatic struggle, saying "Oooh!" and "Wow, Wow!" as I looked around fascinated. I wanted to know how I got to the bed and when I saw his face, what on earth was wrong. I was cyanotic when the EMS techs arrived, administered oxygen, checked my vitals and scanned me for bruises and breaks. The ride to Methodist Hospital was calm; no lights flashing and no racing through the late morning traffic. A comfort. And so began my journey into the

latest mystery of my life, left temporal lobe epilepsy, my newest flow state - or flow gate - as I call it. A dent in the radiator marked where I'd hit my face as I fell, the bruise blue and yellow along the entire right side. I queried my worried parents in Maryland and their sisters in Germany. No one knew of any epilepsy or seizures in the family. A week later, I met the neurologist who would see me through the first year of my journey. She interviewed me at length at our first meeting and ordered a 24-hour ambulatory EEG which later confirmed spikes in the Delta waves of the left temporal lobe during Stage 3 NREM sleep.

She asked me about auras. I reported no smells or streaks of light, but I described the sensations I'd been having since about 2013 when I was 50 and still menstrual, and that I began to call my risings. These energetic lifts typically came on in the morning as a tingling feeling rising up from my belly to the top of my head. The doctor noted these as simple partial seizures because of the "deja vu" feeling I also described.

As a rising would come on, I'd find a soft place to sit or lay. Each one lasted from a few seconds to 6 or 7 minutes. Mac would check on me when I hadn't spoken in awhile and find me staring off into space. I'd flutter back to awareness "sparkling", he would say. Gradually, I stopped fearing them and almost looked forward to them. The feeling was pleasant, even blissful, and I decided it was all part of the wild

hormonal change of mid-life that had begun. I told myself I was floating like a "butterfly at the edge of consciousness," as author Norman Lebrecht put it. Any hot flashes, fuzzy moods or temporal oddities that I experienced, I chalked them up to menopause.

Gradually, I began to notice a channel opening up shortly before, right after or within a day of an episode. I've always enjoyed writing and noticed that ideas were flowing now with greater ease and potency. I would feel the rising begin and say to Mac, "Off I go to download," and proceeded to channel poetry, prose and verse, as well as notions about the true nature of fear and the cosmic impossibility of balance. I just had to get to the blank page, it seemed, and words would tumble out of my pen. The downloads felt personal. I was the one who had the antenna to pick up that particular signal and would show up prepared. I began to feel a responsibility to them.

When a friend in India, where I'd once done an artist residency, heard the news of the grand mal seizure, she announced: "You may have had a Kundalini awakening. Don't drug that away too much." Her words went right into me. "Stay open to the mystery," I told myself. "Seizing could be just another way to flow."

## MY SONG STORY

Singing is the flow gate I know best. It's been my play, profession and spiritual practice since the age of six when it saved my life the first

time. I was born in Germany in 1963. My father was an executive with Lufthansa Airlines, and when I was five he was transferred to New York. Folk music, free love and psychedelics played alongside labor strikes, protests and race riots. The tension was everywhere and too much for my small self to process, so I retreated. Music cured me of my shyness.

In the first grade choir I came out of my shell, made a few friends and learned English to the songs of The Jackson Five, Elton John, The 5th Dimension and Bill Withers: *You just call on me brother when you need a hand, We all need somebody...*

I first experienced flow in music in college choirs; first at Long Island University and then in the opera department at the UofA where I finished a BA in 1985. I aimed for a career in diplomacy but would find my calling in performance, specifically in singing great big songs in small spaces: European cabaret and American jazz. To this day, shaping new realities on a stage is for me a form of ecstasy.

## MY PSYCHEDELIC STORY

I came late to psychedelics. For my 50th birthday, I had my first experience - MDMA, the love drug. My heart exploded into pure love for my sitter, myself, for all of us. Three years later, I ate my first magic mushrooms. Psilocybin felt like kin - a partner, agent and collaborator that gently encouraged reaching inward to touch unseen things. Venturing into the mysteries of



existence with psychedelics for me has meant drawing down something etheric and grounding it. A creative channel has opened wide during my psychedelic journeys, downloading the raw materials of fables, poetry, lyrics, compositions, and a brand new worldview. Things I'd have never undertaken to do before, but which were completely aligned with how far I'd come already.

## CHALLENGING FATE

In 2017, my health took center stage. I explored what a seizure disorder really was and found myself in good company: Prince, Elton John, Charlie Chaplin, Charles Dickens, Neil Young, Harriet Tubman, Vincent Van Gogh, Socrates, Michelangelo and my beloved George Gershwin all had epilepsy. But the more I read about this deeply stigmatized illness, the more I resisted my seizure as anything other than a one-time occurrence. I was worried and yet deep inside me, I felt I was onto something. On April 4th, 2017, I wrote in my journal: "I long for a culture that sees this as a blessing; a healing, not a wounding."

What made integrating the seizure challenging was the antiepileptic medication I'd been prescribed, Keppra. I had a very difficult first few months assimilating it, feeling as though I was walking next to myself, not exactly in phase, and questioning how I'd continue to navigate a stage with confidence. I experienced a range of negative emotions on Keppra, from sadness and anger to depression and even

suicidal ideation. On the positive side, I was more decisive, clear, had a more flow-with attitude and, helpfully, no seizures. I did not love the idea of being on a drug for the rest of my life for having had just one seizure. I wanted to heal my body naturally by fully committing to a ketogenic diet, exercising more and reducing stress. I wanted to integrate the illness, not its cure. I wanted to get off Keppra, and I concocted a plan.

"The risings are a part of me," I said to Mac.

"What if they're controlled? What if I create a setting for them to be what they are?"

Wherever I go during a simple partial seizure, I always return. I come back with ideas, inspiration and new language from what feels like another dimension." Mac was intrigued. My partner of 30 years by then knew me and that this line of thinking is how I do things. My neurologist was less enthused:

"I don't recommend you give up the medication, but I can't force you to be on anything you don't want to be on. We have to taper you off, slowly." And so over the course of eight weeks, I tapered from 750 milligrams twice a day to zero. On New Year's Eve, I was medication-free and ready to put 2017 behind me. On January 1st, the risings returned. "I feel one coming on," I said and within 3-5 seconds I was in and gone. Within the first week, I experienced 13 to 14 simple partial seizures each morning, each one lasting about 20 seconds. During these episodes, I'd launch into a string of *internally* coherent words about

hamsters on treadmills, tidal pools, airport hanger doors and various curious visuals, while asking, "What are these people doing here?" and "How many breaths were in that 100 yard dash?" Once when I was laying on my back, I effused:

"Honey, it's beautiful!"

"What's beautiful?" Mac asked, drawing nearer.

"The pattern, don't you see it?" I asked.

"I only see you," he answered.

On January 8th as a rising was starting, I asked Mac if the room was going white. He said it wasn't but that he too felt a tingling in his body. On the 9th, it all stopped.

It seemed we'd come up with a workable plan: allow the risings into my life, let myself seize now and then in a carefully controlled setting, and thereby create another window for flow.

The rest of January I felt good and early February was completely normal. On Feb 12, 2018, we were visiting my parents in Maryland and I was in the kitchen preparing coffee when I seized. No grand mal this time, no rigid body convulsing. I went limp like a rag doll.

The coffee cup crashed onto the tiled kitchen floor and shattered. I crashed onto the tiled floor and shattered - broke my right collarbone. Later that morning, the doctors at the Easton ER asked my permission to administer Keppra, and I haven't missed a dose since.

Back in Brooklyn, as I began physical therapy

to heal my bone, the full reality of epilepsy finally dawned on me because now I'd had two major seizures. During the weeks of emotional and physical pain that followed, I searched for more meaning and answers: "What am I doing? What's going on? What's trying to get through to me? What a stupid idea it was to get off Keppra. Who do I think I am?" I looked into the etymology of clavicle - clave - Latin for 'key'. There is something to this, I felt. Along with a broken bone and bruised ego, somewhere in all of this is a key.

By now hawks had practically become a daily feature in my life. On the day after the initial grand mal, a red tail had flown into a stand of trees behind our apartment building and turned in my direction.

"You're being guarded," said a friend who witnessed it. Then and there, I took this raptor as my spirit guide to remind me to keep a broader perspective on the road ahead. I was convinced there was a hidden teaching in this journey and began seeing hawks all the time. I attended falconry shows and learned how to fly them. They were constantly circling over our rooftop apartment and appeared sometimes as if on cue.

"My hawk whisperer," said Mac.

## THE COMPONENTS OF FLOW

Hungarian-American psychologist, Mihaly Csikszentmihalyi, wrote the book on flow. In fact, he wrote a bunch of books over 40 years,



popularized the term “flow state”, and outlined the components of such states, including these that characterize my own experience:

Intense and focused concentration on the present moment. In songspace, all my thoughts, feelings and actions harmonize as I'm deeply attuned and effortlessly integrating whatever comes my way that might boost flow. Mistakes are not seen as mistakes at all as everything is incorporated.

My stage partners flow around me and so there's immediate feedback, another component, as I take their input and give it back afloat in trust and support. The audience is flowing with our groove and its energy is yet another boost.

In flow, there's a sense of personal control over an outcome as skill and task are blended. Mastery for me comes from entering flow often enough until I feel I have the potential to succeed whenever I get on stage. In 2008, I wrote and performed a one-woman Off-Broadway show, *Little Death: Songs of Coming and Going*, where for the first time I combined all my musical influences - classical, jazz, blues, folk-rock, cabaret - across 26 songs in seven languages. I trusted set and setting, my band and my audience, and I surrendered. The show was never the same from one night to the next, but each time I emerged exhausted and enlivened, exactly as I'd intended. If I could not necessarily control the outcome, I could trust how I'd feel about it.

Intrinsic reward. I've made a career of singing beautiful songs about ugly truths. The last time I experienced peak flow in performance prior to my seizures was when I sang the WWII ballad, *Lili Marleen*, before an audience of thousands with newly discovered lyrics about peace. Upon singing the last note, I stepped back from the microphone and released the audience. For a long few seconds there was complete stillness before applause came roaring forward like a wave. The feeling was so sublime that I said to Mac: "If that were to have been my last song ever, I picked a great one." Communing with mushrooms has been similarly rewarding for while the experience itself is variable, the outcome is trustworthy. Riding out a seizure is intrinsically rewarding too, as long as I regard it as a gift and not a curse.

## MY OWN DISCOVERIES OF FLOW

To add to Csikszentmihalyi's characterization of flow, I offer the following amendments from my personal experience:

**Flow is novel** and apt to arise in new experiences. German architect Ludwig Mies van der Rohe said: "Gott ist im Detail." God is in the details. When preparing a set of songs, I ask myself: "How can I make this experience different, not necessarily more challenging but fresh?" My accompanist and I can perform the same song over and over and find flow because many of the details vary; it's always a new day, stage, season and audience. Unlike psychedelics, where metabolically I may develop tolerances after many uses, flow

potential in music is boundless. Ask any musician about a composition they love performing and they'll tell you it never gets old.

**The 3 Fs of Flow: forgetting, following, filling up.** As a singer-actress creating worlds and characters, I can't pretend to be someone else if I have no me to give up to be them. My practice entails getting sufficiently full of myself in service to each song, and then emptying myself of need or desire and making myself an instrument to be played (or in my case, sung). When I forget who I am, I naturally follow the music's lead. Setting my intention for a psychedelic trip entails that kind of self-gathering too; emptying out mind and heart to not only let the trip be what it wants to be, but leaving useful artifacts in the space I made for it.

**Flow is infectious.** Reports of something like a contact buzz are common among psychedelic trip sitters, and Mac has experienced "tingling" and "perceptual shifts" while not knowing that on the other side of the house I was seizing. Similarly in performance, I can drop into the current of another musician's flow, and likewise, their exit from flow can break my own spell.

**Flow itself has flow.** I've discovered flow states within my flow state - call it meta flow. There are layers within the cosmos of my flow, phases and levels - early flow, mid flow and

late flow. When creative energy is collectively harnessed on stage, flow can act like a booster dose; a tune may be winding down, then someone catches a lift and off we go again.

Flow's witness. Whether in song, psychedelics or a seizure, I'm aware of an entity present or in a nearby dimension. Perhaps, as Deepak Chopra describes it: "Awareness as a silent witnessing entity. Awareness having an experience of itself as sound, shadow, color and form." When I flow there is a sense of pure awareness watching, guiding and steering, almost like a puppet master. Pianist Kenny Werner is onto it when he describes his own flow: "It's just one instrument playing another instrument, which then opens up the whole world of spirit, because if I'm an instrument playing the instrument, whose playing?"

## SHARED TRAITS AMONG THE GATES

A number of traits are common to the gates of songs, psychedelics and seizures. For example:

**Aura or Onset Trait.** Before taking the stage, flutters in the tummy and waves of warmth throughout my body suggest I'm at a flow gate. In a psychedelic journey, flow is often preceded by an energetic lift. A seizure is signaled by an "aura" which I've characterized as a rising.

**Elasticity of Time.** At the gate of performance art, time is elastic.

While singing, I exist inside the beats of music and the cadence of lyrics and therefore don't



entirely lose my sense of time. I can experience flow and maintain my feeling for pacing and meter. My whole being is streaming as I arrive at the same place with others in our common flow; we are alive as one pulse. In psychedelic flow, time is similarly transformed. As it dissolves, it's my sitter who reminds me that it's time to eat, drink or boost. Around the seizure gate, there exists in a single moment an immensity of interconnected timelines as other dimensions flow into this one.

I feel complete freedom in the currents of singing, or rolling and tripping, or rising into or out of a seizure - discharged from any obligations. Freedom to me is being alive in a song, in its tones and resonances, and its silences. When a song ends, I've gone to where I come from and returned. I've been home.

Set and Setting. With psychedelics, care is taken to have the right guide, environment and intention for a prosperous trip. Epilepsy calls on me to regard the aura as a signal and prepare to meet the seizure. In the intimate art of cabaret, we concern ourselves with every detail - lighting, sound, seating, etc., because in a strong sense intimacy means that nothing gets missed.

These flow gates are ancient. Humans are likely to have been singing before we developed language. Psychedelic use has been recorded in ceremony and shamanic preparation throughout history. Ethnobotanist and mystic, Terence

McKenna, posited that communing with plants has made us human.

It's equally fair to say that humans became accomplished bipeds by falling down and learning from it. Democritus said the brain was the center of the soul and Galen first described the aura, which is Greek for 'breeze'. Epilepsy is considered a rapid maturation experience in some traditional cultures, endowing unusual talents and skills. Inuit culture teaches that a seizure is a step in becoming who one is destined to be, a sacred test that once completed, makes one a shaman.

All three flow gates share the trait of stigma. Stigma in art brings to mind Piss Christ, a photograph by Andres Serrano who was accused of sacrilege. Art as a life path is stigmatized to this day with myths persisting about the suffering, impoverished artist. The power of psychedelics has long been feared, with war declared upon them. The world is only now awakening from that nightmare. Seizures have also defied our understanding and evoked fear. Hippocrates held that epilepsy was a punishment from the gods and named it the 'great disease'. In the Dark Ages, doctors believed seizures were the result of demonic possession and treated epileptics like witches and warlocks rather than patients. People with epilepsy have been barred from procreating, forcibly sterilized and even "euthanized". In the West, well into the 20th century, epilepsy had to be disclosed before marriage, otherwise the marriage could be forcibly annulled.

## FLOW AS THE ORDINARY STATE

What if the Gods are not unhappy and a seizure is not punishment? What if all illnesses are sacred lenses into remembering who we truly are?

Today the medical profession openly allows that one's attitude toward wellness is a major component of its maintenance, so what keeps altered states stigmatized? The Default Mode Network, the DMN, that collection of brain regions that's active when we're thinking about the past or future. The place in my mind where I've narrowed myself down.

In 2016, I wrote in my journal: Consciousness is onto itself and here's what I mean by that. Once in a while, Consciousness takes on the mantle of individuation, a separate "I". I alter myself to enter a playspace called the DMN. I squeeze myself into this tight place to crystallize flow, freeze it and separate myself from it so I can, as the song says, love and be loved in return. Inside time and space, I can play and discover, and then return to the numinous, essential vastness. Only as an individuated point can a perspective on my infinity be gained. The point that crystallizes out is the gate through which I pass in and out of flow.

Woe is not me, flow is me. The artist is a child with one foot in the numinous and one here in the DMN. That's the frictive constant. The artist's struggle is not cause to turn away from play - that's just another box built by humans.

The artist must struggle. The artist abides struggle because the artist knows that struggle serves flow. My DMN rests as I'm wrapped up in flow, wrapped up in this thing I love and that is love.

I believe we are all artists of life and that flow is our natural state of being - a deeper default, intrinsic and deriving from the infinite.

Flow is not the altered state, it is the primary state. Flow doesn't take me away and when flow ends I'm home. Flow is home. Time/space is the away place. My DMN is an altered playspace for Consciousness, one that I can't fathom from anywhere other than outside it, where I am who I truly am.

I visit home through the gates of music, medicine and the mystery of epilepsy, and through each have been able to follow a cosmic umbilical cord back to where I come from. Songs, psychedelics and seizures default me out of the DMN. Choice and circumstance take me back. Combined, I enjoy a broad view, a laser-like eye, an appreciation for small things and an easeful adaptation to turbulent currents. In short, a hawk's perspective.

## MY FLOW GATE STATUS

"Those who dream by day are cognizant of many things which escape those who dream only by night." - Edgar Allen Poe, artist with epilepsy

My seizures were an opening. The grand mal



was an unblocking that erupted violently onto the scene. The question that lay before me was: "Here's some pain. What will you do with it?"

On February 12th, 2022, I marked 4-years seizure-free. The risings that preceded the seizures have completely stopped since we began controlling my epilepsy with medication. The same drugs that keep me on my feet are also modulating the part of my seizure life that was heaven-sent. I wish there was a way to prevent the seizures but preserve the ecstatic nature of the risings and their downloads.

There's a silver lining: I was flowing with the research for this piece when I made a discovery about the nature of my epilepsy that hadn't come up in two ER visits and five years with three highly qualified neurologists. I reread a passage in Dostoyevsky's *The Idiot* where Prince Myshkin is describing his experience in his own words. The protagonist, with the same disease as his creator, believes epilepsy is a gift and means of reaching salvation. I shouted aloud, "Yes! - there was a feeling of harmony and beauty in the highest degree. Yes! - they occurred in the mornings. Yes! - there was a premonition of something that would later happen. Yes! - there was a quickening of the life force inside." No one mentioned *ecstatic* epileptic seizures to me. Five years after my grand mal, I self-diagnosed this form of seizures while preparing this monologue; once again, through the art gate.

After the *Lili Marleen* pinnacle flow experience, I took a pause from my performance career to focus on writing and begin deciphering the many downloads I've received during nine years of embodied flow through the gateways of songs, psychedelics and seizures. Through *gatehopping*, as I call it, I've experienced a deeper connection into a larger matrix by becoming a channel of creativity. I will return to singing one day soon, with wholly new songs.

After my last seizure, I imagined that the gate of psychedelics would be closed to me. "Can an epileptic singer cross the Rubicon with magic mushrooms?" I mused.

I've since discovered that it's possible to continue a relationship with this gentle teacher. I'm not advocating it, I'm simply reporting from a particular point. It turns out that psilocybin doesn't mind my left temporal lobe epilepsy. I'm very grateful to have this flow gate still open to me.

## CONSCIOUS EVOLUTION THROUGH FLOW

Integration is the key I found tucked inside the gates of flow. Through integration comes connection and through connection comes conscious evolution through flow. As I evolve myself, I evolve my community and my world.

Creative integration for me means recognizing that my grand mal seizure was the hawk, the

ancient companion whose job it is to tear into life and limb. Everything essential stayed and everything useless was blown away. It means recognizing that my grand mal was also the pigeon that surrendered to its fate in the way that I learned to surrender to mine. In exchange, my seizures have brought sustenance and healing to my life, and a key into the nature of infinity.

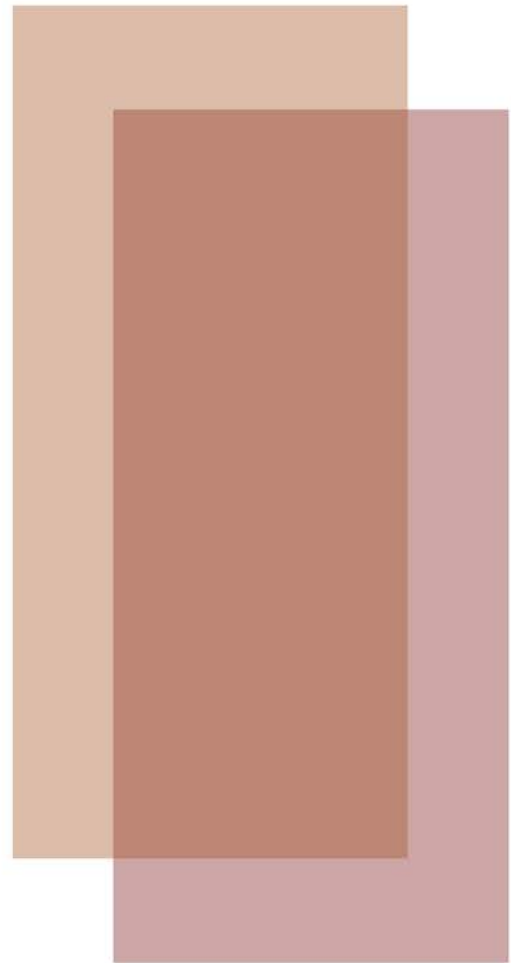
## **EPILOGUE (I Come From)**

*I come from where the hawks fly.*

*I come from the network of stars and fungal feet.*

*I come from the sound of the first voice singing, the first hand clapping, the first drum beating.*

*And I know that you do too.*



Karen Kohler's prose piece, "Songs, Psychedelics and Seizures: A One-Woman Flow," is an adaptation of a dramatic monologue she presented at the 2022 Science of Consciousness Conference at the University of Arizona that orients around three gateways to flow states - performance art, psychedelic tripping and epileptic seizures - through which Kohler has passed repeatedly. Using stories from her life as a professional singer and actor, she first outlines the similarities between performance flow and psychedelics, then between psychedelic flow and seizures, and finally draws a circle around them all to newly investigate the larger question of what truly constitutes an altered state of consciousness.



# CLUSTER B NOS (B IS FOR BAD)

ALEX HOOGLAND MD

FOR THE PSYCHIATRISTS WHO SAVED MY LIFE; FOR THE LOST WHO ARE NOT SO LUCKY

the weakness is persistent, emptiness  
disguised behind laughter, cockiness;  
    genial desperado lifestyle:  
    unhappy clown, master imposter.  
crises recurrent, losses innumerable,  
history of trauma poorly defined, but  
    devastating  
    to what you once were.

need for support accommodated;  
    lability generally unnoticed,  
except by those who matter most;  
    rejection so dreadful, better  
    to be the one who pulls back first  
indurated despair reduces tolerance,  
magnifies insults, amplifies depressive  
    episodes.  
tell your best friend your suicide plan,  
    that it is no longer active.  
    a delicate lie.

medicine has its limits, cannot stop  
the quotidian indignities, inexplicable  
    shortcomings  
loss of what was taken for granted  
continuation of faults you thought you  
    would grow out of.

I am the hated.  
professionals trained to see me  
    look the other way  
try to conceal their disdain,  
classic example of countertransference  
    —  
    can be diagnostic even.  
I associate with those who know,  
behind the mask is nothing.

## WINNER OF THE HUYNH POETRY AWARD

For the psychiatrists who saved  
my life; for the lost who are not  
so lucky.



**MOZGHAN**  
**MICHAEL ZACCARIA**

At the Friday Mosque in Yazd, Iran, Mozghan, wishing to speak English, approached us with serenity and self-assurance.

**INIYAN**  
**MICHAEL ZACCARIA**

Iniyan finds happiness at Quiet Beach, in Auroville, India, where people live in peace and harmony.





# GRANDMA CECILIA

JEFFERY FISHER, MD

Grandma Cecilia was my first patient. During our time together she introduced me to a very different way of life from my own in an upscale suburb of Detroit.

Her full name was Cecilia Silverfish, a respected elder of the Tinné tribe of Athabascan Indians. Cecilia lived in Shageluk, Alaska, an isolated village of three hundred residents on the bank of the Innoko River, a tributary of the Yukon. She was known by all as Grandma Cecilia. She had lived for at least eighty-five winters when we met. She spoke only limited English, preferring her Na-Diné language, similar to that spoken by the Navajo and Apache tribes of the American Southwest. We communicated with signs and broken English. Her light brown skin was deeply wrinkled from many seasons of exposure to the harsh Alaskan environment. Her two front teeth were worn to the gumline from stripping moose sinew into leather lashings and also from smoothing stiff water reeds which she used to fashion beautifully proportioned baskets. She colored the baskets with the juice of blueberries, chokecherries and a concentrate of crushed leaves. The baskets were sent to Fairbanks and Anchorage by a native cooperative for the tourist trade.

Despite her age, Cecilia walked and moved more like a fifty year old. In summers she gathered wildflowers for the altar at St.

Stephen's Episcopal church. She mostly adhered to her native traditions with a few concessions. She owned a small electric "kicker" to power a birch canoe when she was too tired to paddle. She made the craft herself as a young woman after her husband drowned. Cecilia wore boots and a parka from LL Bean and used Tupperware containers for tobacco, smoked salmon and fishing lures. Otherwise, her clothing and possessions were handmade. They had changed little from her birth in the late 19th century.

I met Cecilia during the summer of 1966 after my first year in medical school. There were no classes or regular curriculum between the first and second years of school. In those days, medical students had no exposure to clinical medicine or patient care until the third year. I was familiar with anatomy, physiology, microbiology, and pharmacology--textbooks, microscopes, cadavers, and petri dishes. Most of my classmates chose to do research projects to strengthen their resumes. I would have chosen a similar pathway were it not for the unfortunate outcome of my senior research project in college and an unexpected offer from our church in Michigan. Permit me to digress a bit.

For my senior research paper I chose to do a biochemical study of the genetic pattern of mating-type substances in the one-celled

# GRANDMA CECILIA

JEFFERY FISHER, MD

organism, *Paramecium aurelia*. Why I chose this obscure topic I cannot recall. During Christmas break I was home in Michigan for the holidays. It was six months before my college graduation when the heating system in our university lab malfunctioned. When I returned to school, after vacation, I found my population of carefully isolated paramecia frozen and floating on the surface of their broth breeding cups. I had five months to replenish, selectively breed and chemically analyze a new population. In addition to my other coursework, I was stroke and captain of Princeton's lightweight rowing team. I often pulled all-nighters alone in the lab and then analyzed my data on bus rides with our crew to regattas. I had to leave the laboratory at 3:30 in the afternoon for crew practice while my classmates and our professor remained in the lab until 6 p.m. This early trauma with basic research dampened my enthusiasm for more time in a laboratory.

The experience was further etched in my memory when I was interviewed by Dean George Perrera, Director of Admissions at Columbia University College of Physicians and Surgeons. He asked about my relationship with Professor Samuel Strobe, my faculty advisor, who agreed to write a letter of recommendation. I told Dr. Perrera I believed we had a cordial and professional relationship. I had a decent but not outstanding GPA. Dr. Perrera was concerned

that perhaps I would not be able to keep up with the work in medical school. I told him, diplomatically, the decision must be his, but I had no concerns in that regard. He asked if I could have done better academically if I had not spent so much time with the varsity rowing team. I told him I worked hard for my grades, enjoyed my studies and, in general, did my best. Then Dr. Perrera, breaking with all protocol, decided to show me Professor Strobe's letter of "recommendation": "Under no circumstance can I recommend Fisher for any position of responsibility in higher education. His work in my lab was erratic. He usually left early in the afternoon and showed little devotion to the experimental method." Wow! Neither Dr. Perrera nor I had much more to say. I think the letter said more about Professor Strobe than me. The next day I received a telegram from Dr. Perrera accepting me for the class of 1969. My acceptance, I believe, was based on the truthfulness of my answers to Dr. Perrera's questions and my perseverance with the paramecia. Despite Dr. Perrera's concerns I did manage to do reasonably well during the first year of medical school.

I apologize for this long aside, but the reader should understand my frame of mind when trying to plan for the upcoming summer recess. Luckily, fate intervened. While enjoying the Christmas holiday at home in Michigan (while my frigid paramecia were in their death



# GRANDMA CECILIA

JEFFERY FISHER, MD

throws in New Jersey), I attended a service at our church. After his sermon, Reverend O'Grady announced the need for a volunteer to work at a small church at our companion diocese in Alaska. The parish minister suffered a back injury. Someone was needed to help with a remodel of the church located in a small Indian village in western Alaska. The Episcopal Church would pay for a round-trip ticket from Detroit to Alaska. When the service ended, I talked with Reverend O'Grady in his office. After our conversation he decided that I was a good choice for the Alaskan mission. I was in good physical condition, a requirement for the manual labor needed in Alaska. Reverend O'Grady also knew me during the four years I served as chairman of St. Andrews Guild, the program for teens at our church.

In early June I boarded a flight from Detroit to Anchorage on Alaska Airlines. This was my first exposure to Native Americans and, as it turned out, to clinical medicine. The flight to Anchorage was smooth and comfortable. The bush plane flight from Anchorage to Holy Cross and then on to Shageluk was another matter.

A thirty mile per hour headwind and a torrential rain buffeted our Cessna 185 like a flake of green confetti in the grey Alaskan sky. The pilot, unconcerned, worked a crossword puzzle, took an occasional swig from a flask, and turned in his seat to

converse with two other passengers about the best fishing spots in western Alaska. There was an actual runway for our plane in Holy Cross, but in Shageluk, before we could land, we had to buzz the gravel beach to chase off two moose. Familiar with this "motorized bird," the moose sauntered off with nonchalance into the deep grass. On our second pass we clipped the top of a pine tree at the near end of the beach, executed a perilous drop to the rough gravel landing strip below and then hit the brakes and reversed the engine to avoid plunging into the forest a hundred and fifty yards at the far end of the beach.

I barely had time to notice the hundred log homes, fish racks, smoke houses and a few villagers waving from the shore. I soon realized that Alaskan bush pilots must occupy a human sub-species, only a distant relation to the remainder of *Homo sapiens*. I shakily disembarked and was greeted by Reverend David Kelsey and his wife Rosalind, who led me to the parish hall. In the attic was a bed, a nightstand with a kerosene lamp and books about Alaska. This would be my home for the summer.

The next day David showed me the progress on the church remodel that was well underway. His back injury had improved and he had plenty of help from the villagers. I was assigned to be an outreach coordinator for the church to organize a summer camp for

# GRANDMA CECILIA

JEFFERY FISHER, MD

kids and assist older villagers in need of help. In reality I was a “cheechako” (tenderfoot) from the “outside” (not an Alaskan). Word spread quickly through the village that I was a doctor, a misunderstanding of considerable magnitude, failing to distinguish an experienced physician from a first year medical student with no clinical skills, years away from taking the Hippocratic oath. Everyone called me “Doc.”

After the weekend, I was introduced to Grandma Cecilia. I was told she needed help chopping wood for the winter and assistance with her gill nets used to trap salmon that were cleaned, dried on fish racks, and then smoked to preserve the fish to feed her sled dogs during the long winter. We emptied the netted salmon in the morning, replaced the net and rechecked it the next day. I recall being struck by a flashback. It was the bizarre juxtaposition of the trapped salmon floating on the water’s surface in the net and the memory of my frozen paramecia floating on the surface of their breeding cups; the in vitro in New Jersey; the in vivo in Alaska.

Younger residents in Shagaluk owned motorized Skidoos for winter travel but Cecilia preferred to use traditional sled dogs that didn’t rust, need repair, or use gasoline. She encouraged me to greet her lead dog, Minto, and take her for a short walk. At the time I weighed a hundred and sixty pounds

and was in great physical shape. Minto took off (apparently mistaking the leash and myself for a winter sled), and I was literally airborne for ten yards and then dragged for another twenty. Cecilia apologized, but the twinkle in her eyes belied her feigned sympathy. She found the episode quite humorous.

Cecilia had a kind nature and a warm smile that clearly displayed her worn incisors. I was to help Cecilia but, in actuality, she was the one who instructed me. We spent hours together. I felt she was humoring me by allowing me to chop her firewood. I began working with an axe until she showed me how much easier it was to use a metal wedge and a sledge hammer to split the wood. She enjoyed my companionship as she lived alone and had no children. Because it was never dark during the Alaskan summer we went fishing at all hours of the night. She taught me the Indian names and uses for various medicinal plants and berries, ones that were not included in Goodman and Gilman’s Textbook of Pharmacology, the bible of pharmacology. She made fresh blueberry jam and prepared smoked salmon jerky that we took on outings. When not with Cecilia, another adult and I took fifteen to twenty kids from Shagaluk to Hologachagut, an abandoned fishcamp ten miles upriver. We busied the campers with soccer, steal the flag, craft projects and swims in the river. One



# GRANDMA CECILIA

JEFFERY FISHER, MD

of us was always on guard with a magnum rifle watching for grizzly bears feasting on the ripe blueberries.

One day, while cleaning salmon with a traditional curved Athabaskan knife, Cecilia accidentally lacerated her forearm from the wrist to the elbow, a deep wound that fortunately missed the radial and brachial arteries. She was probably distracted by watching my progress with cleaning the salmon and a sudden bark from Minto. I knew enough to address the problem from my First Aid Merit Badge in Boy Scouts and from watching doctors repair my own injuries over the years. David and Rosalind kept a large stock of medical supplies in their attic. I thoroughly cleaned the wound, injected the anesthetic, lidocaine, opposed the margins of the laceration and closed the defect with interrupted nylon suture. I also gave her an injection of tetanus toxoid. This was my first medical encounter. She was impressed with my surgical skills and, for payment, gave me three of her beautiful grass baskets. They still stand on a bookshelf in our den.

Healthcare was not altogether lacking in Shagaluk or in other isolated Indian villages. Nurse assistants were trained during an eight week program at the Alaskan Native Medical Center in Anchorage. The nurse assistants were instructed in basic first aid, common illnesses and infections and the rudiments of midwifery. Every morning there was open

radio traffic from the villages of Shagaluk, Holy Cross, McGrath, and Anvik to the Regional Medical Center in Bethel. The calls were “open mic” – a party line citizen band radio with no privacy or HIPAA regulations. For me the calls were educational and often entertaining. Here are some examples:

*Shagaluk: Annabel Jim is 32 years old. She has blood in her urine. Over*

*Bethel: Does she have a fever? Pain? Is she on her period? Has she had this before? Over*

*Shagaluk: No fever. No period. She had a kidney stone one year ago. She has pain in her back on the right side. Over*

*Bethel: Probably another stone. Give her 10 mg of hydrocodone every 6 hours, begin an IV with lactated ringers, and run it at 200 cc/hour for 3 hours. Make sure she drinks lots of fluids, no alcohol. If she is not better tomorrow, call back. Over*

*Shagaluk: Thank you doctor. Over*

*McGrath: Doctor, we have an injury. Over*

*Bethel: What type of injury? Over*

*McGrath: A very bad one. Over*

*Bethel: Where is the injury? Over*

*McGrath: Down by the river. It's Jim Charley. Over*

*Bethel: Didn't we see Mr. Charley three months ago? Over*

*McGrath: Yes. His wife is still mad. She shot him in the other leg. Over*

*Bethel: Where in the leg? Over*

# GRANDMA CECILIA

JEFFERY FISHER, MD

McGrath: Below the knee. His leg is mostly in shreds. Over

Bethel: Did you treat him. Is he conscious? How is his blood pressure? Over

McGrath: We applied a tourniquet above the injury. The bleeding has stopped. He is conscious. Feels better after the morphine.

Blood pressure is 110/60. Over

Bethel: Good job. A plane is on the way. Over

McGrath: Thank you, Doctor. Over

Bethel: Does Mrs. Charley still have the gun? Over

McGrath: We took it. She has no more weapons. Over

Bethel: We are on the way. Over

Other calls that day were about a baby with a high fever, a powerboat injury, questions about prenatal care, a respiratory infection, and a patient with schizophrenia who had stopped her medication. I learned more about patient care listening to these calls than I had learned thus far in medical school.

Alcohol is a major problem in Alaskan native villages. For example, after a few stiff shots of white mule (a homemade mash whiskey) many villagers, perhaps trying to maintain a measure of independence and dignity, removed the housings from their outboard motors, exposing the sharp-toothed fly wheel. I was told this was the "Indian way." Perhaps this was a misguided defiance of the White Man's manufactured motor. As might be

expected, many parkas, T-shirts and layers of skin and muscle were caught in the machinery of these rusty motors resulting in a variety of gruesome injuries. Upon reflection, I later realized I was witness to a culture in transition. The traditional ways now changed by alcoholism and the materialistic influences of the outside culture: men fighting, women crying, dogs barking in that strange, crepuscular nighttime light of the Alaskan summer.

Grandma Cecilia's Athabascan ancestors lived in harmony with the land for more than twenty thousand years. Where the Bering Strait now exists, a broad landbridge connected Siberia with Alaska. Glacial ice sheets sequestered vast amounts of water. The forests were replaced by tundra and grass that attracted large herds of game animals. Men hunted the abundance of bison, caribou, mammoth and musk ox into the New World. When the Ice Age abated, the tundra and grass receded. These migrants were then isolated into the North American wilderness to form the tribes of "First Nation People" that spread across America.

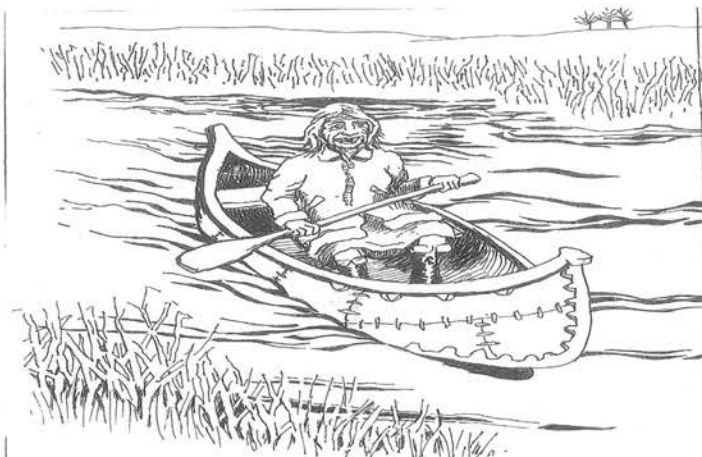
During that summer in 1966, few of us were aware of global warming that was leading to the gradual disruption of trusted weather patterns and to the erosion of sensitive ecosystems. In addition, social pressures from the outside world were unsettling the traditional ways of many Native Americans. I



# GRANDMA CECILIA

JEFFERY FISHER, MD

realize that Cecilia's way of life cannot be recaptured, but those of us in the dominate culture might learn from Cecilia and her people other ways to live more simply, mindful of the fragile nature of our small, blue planet; the need to protect our precious Earth as it orbits the sun with us, her passengers.



A physician can learn important life lessons by participating in the lives of his patients. Other stories can be found in my book, *Postscripts for a Doctor*.

## RESIDENCY IN THE TIME OF COVID-19

RICARDO REYES, MD



# MASK

ARI AZANI, MD

A mask

-  
-  
-

A defense against COVID, and also a  
defense mechanism

While not everyone will wear a face  
mask, most will mask their feelings

A twitch of the lips, a sniffle of the nose

An invisible disguise envelops their  
visage

Internal panic makes way for outward  
jubilation

Momentarily...

Hours later those feelings remain  
unaddressed

How are you doing? Good.

How are you doing? Good.

Exchanging pleasantries like a game of  
ping pong

We will say anything...to not say anything

We fail to unroot the root of the issue.

It is not the face mask that divides us

It is what we all wear

-  
-  
-

A mask

This is a concrete poem meaning that the shape of the poem takes the form of the content of the poem – in this case a mask. The poem illustrates the abstract concept of the mask we wear juxtaposed with the physical mask we all wear in the hospital.



# SANDRA

## SABINE OBAGI

Sandra is color. Bright, eye-catching, vivid color. Her eyes and hair are a café au lait brown (she likes coffee), but her soul is flashy and rich. The first thing people notice about Sandra is her soul.

When she walks, her spirit radiates waves of serenity and peace — people can't resist turning their heads. Her angelic heart spreads throughout her soft skin, her prime health, her smile-creases (around the eyes and mouth), her giggle.

Sandra is strength, clarity, warmth, and movie-theater popcorn. Sandra is thirty-two, and she is my sister.

She and I go to France every summer. We wake up before our alarms ring and sneak out to the farthest boulangerie and buy warm, crunchy baguettes. Sandra won't eat the ends because they hurt her teeth. I don't eat the chewy insides; I like the crust.

We are fluid and we connect and our likes and dislikes merge into one perfect being. We are unity, inseparable-ness.

Sandra is loved — oh man, she's loved.

She is starting to get bumps on her skin, many bumps, of many different sizes, so I think they are bumps of adoration — one bump for every person who loves her.

Bumps of strength.

She always tells me to have tough skin and to not let anyone hurt me without my permission.

She is getting tough skin herself, now. There are a lot of bumps.

She is smiling less frequently. She comes to visit my parents and me twice a week; she brings vanilla sugar cookies but doesn't eat them, only offers.

Today is Sunday morning and I smell flowers, medicine, wet dogs, and breakfast. Mom, dad, and I are visiting Sandra in her new hospital room.

She and her glowing, strong, bumpy skin are in 6870 and my mom, after worryingly talking to a nurse, tells me our France trip "isn't possible anymore."

I feel confused, betrayed, angry, hopeless. I walk towards Sandra (towards Sandra's hospital bed, which is covered with light-blue pills and iPhone cords) and she tells me her bumps are not a good thing.

That I need to be ready. That I need to be strong and that I need to remember her always.

My head spins; my stomach tightens. My heart

# SANDRA

## SABINE OBAGI

is about to burst and I flee the suffocating hospital room. What is going on, I think. Our trip is canceled and Sandra's bumps are bad and I won't ever sneak out to buy baguettes or swim in the salty beach with her again.

My toes shake with anger and my body bloats with frustration. I cannot — will not — accept this. I feel a heaviness on my shoulders, sinking me to the floor. Pause. Breathe.

Reality blurs and I become a spectator in the steamy battle between anger, vengeance and forgiveness — two against one.

I decide to root for forgiveness; the opposing team looks too heavy. I resolve to make Sandra and I's hearts the happiest and purest they can be while they are both present, and to forgive her for leaving me alone in this world for however much longer I remain.

I bring Sandra memories and love and good jokes and emotion because she says nothing tangible matters. We play Uno and I try to let her win but doing so brings out the opposite effect.

We sit together on the small twin-size mattress and say nothing; we appreciate each other's presence and feel at ease — our toes relax. We forget the tragedy we have been cursed with.

She smiles and I feel warm looking at the creases beside her watery eyes. Her skin bumps have a competition with her soul for which can become the biggest; her soul wins by far.

I walk into room 6870, embraced by the smell of chocolate croissants and café au lait and see Sandra curiously reading a magazine, drinking black coffee. Her goodness penetrates through her body and I am reminded of her heavenly soul.

The bumps have gotten worse. Sandra tells me there is one really super large bump on the side of her brain now.

Sandra, my Sandra. My beloved, strong, glowing, invincible, movie-theater-popcorn-eating Sandra tells me she wants more than a life in pain.

She says that living in pain and frustration is pointless, is not a life. And to remember to have tough skin.

She doesn't come with me to France this Summer (my mom says Sandra would still have wanted us to go).

I still wake up at 5:30 and walk through the yellow sleepy morning until I reach the boulangerie.

I buy two baguettes and eat four ends; I eat the fluffy insides as well.



**SANDRA**  
**SABINE OBAGI**

The world is more colorful. I close my eyes  
and see rainbows and see laughter and see  
sunlight and see memories and see angels.

There's a stranger in 6870 now — Sandra  
moves into too big a room for it to be on

Earth. She walks a steep incline and  
traverses worlds lightly, humbly, gracefully;

The other angels can't help but turn their  
heads.

The submission exemplifies a family member's  
journey regarding the non-linear journey of  
acceptance with their loved one's terminal illness.

**SPOTTED OWL**  
**PERRI HARTENSTEIN MD**  
**WATERCOLOR**

Spotted owl perched in a  
snowy landscape



# THE ROAD TO CT

MONICA SILVA

WINNER OF THE RYAN VISUAL ARTS AWARD

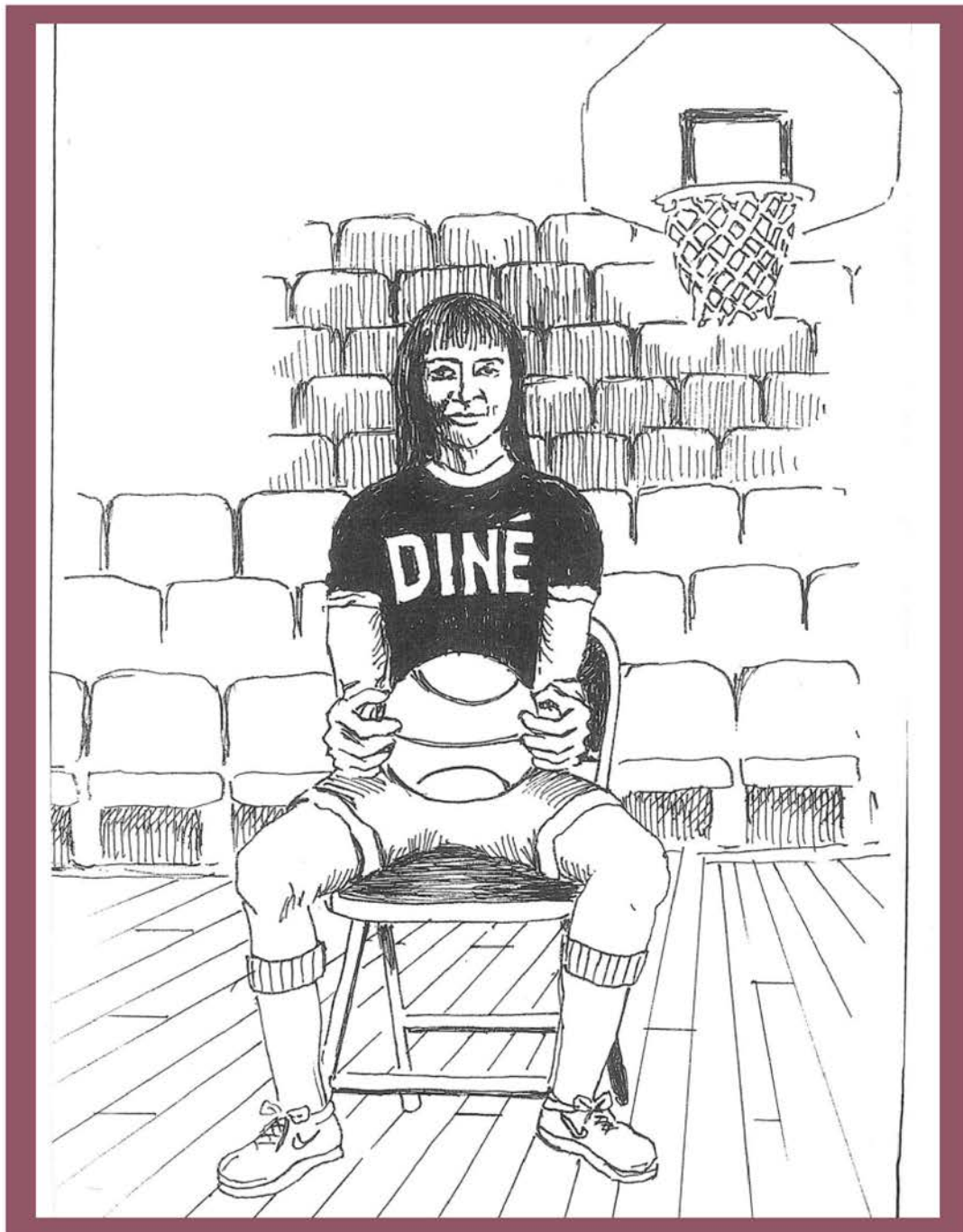


A nurse's-eye view of dreams and machinery, transporting a vented patient to CT scan. Monica Silva is a multidisciplinary artist, including paint, printmaking, aerial performance, dance, and nursing. She has worked as a nurse in Tucson hospitals for the last 15 years. Her art is an unfolding map of her curiosity about the unseen relationships and possibilities always present under the surface of everyday life.



# KENNY TSOSIE AND THE NBA

## JEFFERY FISHER, MD



Kenny Tsosie was a Navajo radiology tech at the Indian Hospital in Winslow, Arizona. I was a White medical intern at Harlem Hospital in New York City. I didn't know that Kenny was a star basketball player and a rodeo champion. Neither did I know that the "T" in his family name was silent.

Those are things I learned later. Before we began a friendship, however, I had to jump through more logistic and professional hoops than an Apache hoop dancer. Let me describe some of these challenges.

In 1970 medical interns, like myself, were on edge. The Selective Service could

## KENNY TSOSIE AND THE NBA

### JEFFERY FISHER, MD

call our number for conscription into the contentious war being fought in Vietnam at any time. Some young doctors considered conscientious objection and burned their draft cards. Others considered a move to Canada. There were, however, additional options to serve our country in lieu of military service. The Indian Health Service (IHS) and the Federal Bureau of Prisons, branches of the United States Public Health Service (USPHS), were looking for recruits. A two year commitment would satisfy the service obligation. Positions in the IHS were coveted and limited.

To improve my chances for a position I scheduled an appointment with Dr. Michael Osgood, Director of the IHS in Washington, D.C. to plead my case. We had a pleasant thirty minute conversation mostly about his experiences. Dr. Osgood did not ask me a single question about myself. Nevertheless, he somehow intuited that I was an ideal choice for the IHS. A week later I received a position as a General Medical Officer in the Commissioned Corps of the Indian Health Service. I was assigned to the Indian Hospital in Winslow, Arizona.

In May, after completing my internship, I embarked on a memorable three-week relaxed journey to Arizona, driving and camping along the backroads of America. In Enid, Oklahoma, I met two brothers from the Kiowa Tribe dressed in varsity jackets with leather sleeves. I was sitting on a folding aluminum camp chair next to my Ford Bronco with New

York license plates. The older brother spoke: "Hey, man, whatcha doin?" I was reading a book about Vietnam. "Readin bout Nam, Huh? You a Yankee?" He was looking at my license plate. I was prepared to get my ass kicked. Then he said, "Our Mama's cookin' a cherry pie. Wanta go to an all-Indian rodeo with us tonight?" What a surprise! And what a memorable outing with a wonderful family. This was my first rodeo but it would not be my last. Kenny Tsosie would see to that when I arrived in Winslow.

Before long, like the Grammy winning rock group, The Eagles, sang, "I was standing on a corner, in Winslow, Arizona." Soon after my arrival, I met the administrative staff and the four other doctors at the hospital. We were all dressed in the Navy summer uniform worn by PHS officers - khaki pants and short-sleeved khaki shirts with our nameplates above the left pocket and silver bars on the collars indicating our rank. I was concerned that our uniforms might be offensive to our Native American patients recalling the historic and infamous massacres at Wounded Knee and Sand Creek. There was no need to worry. Our uniforms were taken as a sign of respect. American Indians have a greater percentage of military service than any other ethnic group in our country. There were, however, other reasons to warrant my concern.

Dr. Larry Wallach was on duty the previous night and calmly reported that it was a relatively quiet night: a urinary tract infection and a routine delivery. I was speechless. My heart began to race.



## KENNY TSOSIE AND THE NBA

### JEFFERY FISHER, MD

My obstetric rotation was the last course taken in my fourth year of medical school. I did well enough in school and didn't need to excel in the course to assure graduation. Besides, why would an internist need to deliver babies? Thus far, during the course, I had to compete with other medical students and the OB residents for experience. I had only delivered one placenta. Furthermore, the obstetric rotation was in early May, coinciding with the peak of the warbler migration best seen in the Ramble of Central Park.

During med school I managed to continue my interest in birding. As a member of the Audubon Society I recorded more than three hundred and fifty birds on my "life list," a record kept by most serious birders. I had yet to see the cerulean, Connecticut or prothonotary warblers. I decided to attend the OB classes part-time swapping more afterbirths for a few warblers. Reluctantly, I shared this information with my new colleagues in Winslow. The service unit director suggested I immediately forego two weeks of my allotted four weeks of vacation. He would arrange for me to spend the time in the delivery room at the Gallup Indian Medical Center in New Mexico, a large referral center.

I lived in the delivery on-call room for two weeks 24/7; no apartment, no rented house. I delivered thirty-four babies, became familiar with the use of forceps, repair of

fourth degree lacerations, the details of pudendal and paracervical blocks and the proper technique of doing a dilatation and curettage. I was no expert, but at least on par with the other doctors who had availed themselves of these experiences in med school or had taken rotating internships.

Because of my absence the other four physicians were forced to cover my weekend and night call. I had to make it up. As it turned out, my on-call duty coincided with the rodeo season. That's how I became the personal physician for Kenny Tsosie, our Navajo X-ray technician. Kenny was a devoted rodeo bronc rider. He didn't need my newly acquired obstetric skills. I did treat him, however, for a broken wrist, three cracked ribs, and a concussion on separate occasions. We became friends. Two months later Kenny asked me to help recruit a hospital team for the newly formed NBA (Navajo Basketball Association). The NBA required that half of each team be comprised of Native Americans. I had no special basketball prowess. He asked because I was his doctor. Perhaps I could help recruit the non-Indian members of our hospital staff for the team. Little did I know at the time that playing on our hospital team would bind us together like brothers.

Kenny Tsosie, our leader, was in his late twenties. A five-foot-ten-inch compact athlete, he was built like a Pony Express rider, although historically, as a Navajo, he was more likely to have ambushed the riders delivering

## KENNY TSOSIE AND THE NBA

### JEFFERY FISHER, MD

the mail. Kenny was the starting point guard on his college team at the Navajo Community College in Tsaile, Arizona. He graduated with a two-year associate degree in biology, then joined the Army for two years as a medic in Viet Nam. With the GI Bill he earned a degree as a Certified Radiology Technician. A natural leader with unbridled enthusiasm and a keen sense of humor, he was the heart and inspiration of our eclectic team. Kenny was also intelligent and resourceful. He was the sole member of the X-ray department equipped with technology that appeared to have been used by Pierre and Marie Curie in the mid-19th century. The X-ray films were developed in a chemical bath and then hung with clothespins on a line to dry. No one was allowed to view them until they were fully processed and dried. While Kenny labored in the X-ray department, he trusted me to help recruit other members of the hospital staff.

My first acquisition was Floyd Lasher, a lean, thirty-five-year old six foot sanitarian, a career USPHS officer. Floyd was in charge of disease outbreaks and the management of health and safety considerations for the hospital. In truth, his main assignment at the time required him to leave the hospital at 8am with his Browning 22-250 rifle, drive to the nearest prairie dog town and gun down the resident mammals. Prairie dogs harbor fleas that can serve as vectors of bubonic plague. To my recollection, however, the "Black Death" was not rampant in Arizona in the 1970's.

To be safe, Floyd spent six hours a day vaporizing these otherwise endearing animals as they sat up on their hind legs looking for trouble. Floyd fired from a distance of a hundred yards atop a twin mattress secured in the bed of a light green USPHS pickup truck, his lunch and thermos of coffee near at hand. Perhaps his steady hand and keen eyesight perfected by patiently picking off prairie dogs accounted for his remarkable ability to sink three-point shots from almost anywhere on the court.

My next recruit was Steve Lamehorse, the hospital pharmacist, also a career government employee in his mid to late thirties. Steve hailed from Ponca City, Oklahoma. He was one half Osage Indian and helped to meet our Native American quota for the NBA. We gave him the nickname, "Tic," when I removed a blood engorged tick from his left ear canal. Steve liked the moniker although, secretly, the three doctors on the team, perhaps unkindly, deemed his appearance and uselessness on the hardwood court to be that of a Meckel's diverTICulum, a long, skinny gastrointestinal appendage in the small intestine that serves no purpose but occasionally causes problems. Steve was a lanky, six foot two inch ectomorph, sporting a pencil thin mustache. He frequently mouthed off to referees and opposing players that led to a number of technical fowls and a few ejections. Steve was familiar with the rudiments of basketball having played in high school and pickup games after work at a nearby playground.



## KENNY TSOSIE AND THE NBA

### JEFFERY FISHER, MD

I also recruited two doctors for the team, commissioned officers like myself. Larry Wallach, a reserved, six-foot-two-inch academic from Pennsylvania, was our center. He once rolled a score of 240 in a bowling tournament. This achievement, however, marked the peak of his athletic prowess. He had a passing interest in basketball but mostly enjoyed the fellowship and discussions we had on road trips. Finally, I convinced Myron Mitzenmacher to join the team. Myron was a solid six-foot graduate of the University of Southern California and was our best rebounder. He was not afraid to “mix it up” under the hoop.

Meanwhile, Kenny was also busy recruiting. He signed Tom Begay, Sam Benally, and Ray Yoyoyetewa, all in their late twenties. Tom was six feet two inches, tall for a Navajo. Quick and aggressive, he helped Myron with rebounds. He worked in the hospital kitchen and was known for his special dish, a tasty mutton stew, served with Indian fry bread. He had played with Kenny at the Navajo Community College and, like Kenny, was an avid rodeo enthusiast, specializing in team roping. Not infrequently, he could be found in the hospital parking lot during breaks, practicing his roping skills on Dr. Wallach’s red sports car, a Datson 240Z.

Kenny’s next recruit was Sam Benally, a compact, muscular, five-foot-eight-inch firecracker with the reflexes of a rattlesnake. He accounted for at least five steals per game. Sam worked in the hospital mail room and

always showed up early for pregame warmup drills. At home he spoke only Navajo with his wife and three kids. On weekends he played bass guitar in a country western band at a popular Winslow watering hole.

Kenny’s last recruit was Ray Yoyoyetewa, a five-foot-eleven-inch Hopi who worked as assistant manager at the BVD underwear plant in Winslow, a business owned by the Hopi tribe. Ray was familiar with “White Man’s time schedule” after serving three years in the Marine Corps. He became aggravated when employees at the plant adhered to a more relaxed “Indian time.” As assistant manager he was often agitated when the production line slowed. This occurred, for example, when those assigned to install the elastic waistband in the BVD underwear failed to show up on time, making the sagging legs and crotch of the product unsecured and useless. He frequently carried these frustrations with him to games, providing encouragement for Steve Lamahorse’s unsportsmanlike outbursts. Ray was a fan of the Los Angeles Lakers and played some basketball as a high school student in Flagstaff. We all played well together and enjoyed our team’s diversity.

During the 1971-72 season we achieved moderate success, winning about half of our games. Toward the end of the season I received an unexpected phone call from the youth coordinator of the local Mormon Church of the Latter Day Saints (LDS). A youth group

from Utah was scheduled to come to Winslow for a church retreat that included worship and basketball. He heard we had a hospital team. Would we be interested in playing a game? The invitation from the LDS minister was my first contact with the church. I discussed the offer with Kenny. Maybe it would be fun. Why not support some high school kids? Kenny agreed.

The game was scheduled on a Saturday night at 7:00 PM at the Winslow High School multipurpose gym. It was attended by nearly three hundred spectators, friends and family of the LDS Church and random residents of Winslow and the nearby towns of Joseph City and Holbrook seeking free entertainment. Ray volunteered to create new team shirts with player numbers on the back and "Winslow Indian Hospital" in red, white and blue printed on the front. Unfortunately, at game time, Ray arrived empty handed. Sabotaged by "Indian time" at the BVD plant, the shirts would not arrive until the following week. We were forced to play in a bizarre assortment of practice shirts.

Myron wore a maroon T-shirt with the word "Trojans" prominently displayed in gold across the chest. For those not familiar with the mascot of the University of Southern California, he gave the impression of an overzealous salesman pitching a common contraceptive device. Larry, the bowling champ, had a faded shirt from a summer math camp. I sported an Audubon Society T-shirt with the image of a white-breasted nuthatch. Floyd was

in camouflage, a gift from the National Rifle Association. Steve, the pharmacist, wore a promo shirt from the Merck Pharmaceutical Company depicting a healing fracture of the femur. Kenny and Tom had shirts from their alma mater, the Navajo Community College. Printed on the front was "DINE" (pronounced DIN-AY) which in Navaho means "The People." To the untutored, however, it appeared to denote membership in an exclusive gourmet club. Sam displayed a shirt from the radical American Indian Movement (AIM), black with crossed silver war clubs. One of the LDS mothers inscribed random numbers on patches of canvas stored in her pickup truck. The patches were affixed to the back of our shirts with safety pins at game time.

Our opponents, we discovered, were champions of the LDS league in Salt Lake City. Dressed in matching silk warmups, they performed pregame drills that resembled those of a college team at the NCAA Final Four. Their shortest man was six-feet-two-inches, their tallest was six-feet-eight-inches. They appeared to have devoted themselves largely to basketball since preschool. At halftime the score was 68 to 12. During the halftime intermission each of the LDS players stood on the stage with a microphone and gave a testimonial about how Jesus had entered and changed his life. Four of the young men, upon graduation, would begin two year missions to Bolivia, Mexico, France and Iceland. All would study the local language to help proselytize



## KENNY TSOSIE AND THE NBA

### JEFFERY FISHER, MD

the teachings from the Book of Mormon. The well-groomed six-foot-eight-ten-inch team captain quietly recounted for the non-LDS spectators a brief history of the church. He spoke from the stage with his dapper teammates, while the nine members of our ragtag team sat huddled in the far corner of the gym, dressed in the odd assortment of shirts due to the BVD debacle.

The basketball captain recounted, during his speech, the Mormon history of an Israeli tribe, the Lamanites, who settled in present day Missouri, escaping persecution in Israel. He testified it was the Lamanites who populated the New World and were the ancestors of all North American Indians. This story was in contrast to extensive anthropological evidence that the Anasazi, the “ancient ones,” crossed into North America from Asia by way of a land bridge spanning the Bering Strait when ice and tundra connected the two continents. These early migrants carried with them numerous biochemical, physical and genetic stigmata found today in American Indians, attesting to their Asian, not Israeli origin.

My Indian teammates did not seem to hear or absorb this startling information. Tom Begay was busy sharing a bag of corn chips with Kenny. Sam was playing a portable video game while Ray and Steve chatted about their beloved L.A. Lakers. We were the non-believing foils for the Mormon youth, crushed by the righteous, clean-cut, impeccably outfitted LDS

students at halftime. The youth minister, to his credit, was alert to the predicament. He may have been the only one. The LDS youth were too young for irony. The LDS families and friends were mesmerized by enthusiasm in support of their boys. The minister must have had a word at halftime with his team, instructing them to let up a bit. The final score was a more respectable 88 to 42.

Joining with Kenny and his interest in basketball, taught me the value of getting to know a patient at a deeper level. Some boundaries must be kept between a doctor and his patients. However, at times, when boundaries are crossed, true friendship and mutual respect ensues. Kenny and the NBA diminished our differences and like soldiers in a trench, created a team with a sense of purpose. After the season ended, Steve was still the “TIC,” but his outbursts were not for himself but for his teammates. We now considered him to be a beneficial member of the team, not a useless gastrointestinal appendage, but more like the endoplasmic reTICulum, a subcellular organelle critical to survival. Ray’s worries were finally left behind at the BVD plant so he could concentrate on basketball. Floyd decreased the prairie dog slaughter to once a month, focusing on other sanitary conditions at the hospital. Larry suggested we attend a bowling tournament in Flagstaff. Myron wore a new practice shirt, one from his medical school, the UCLA Bruins,

## KENNY TSOSIE AND THE NBA

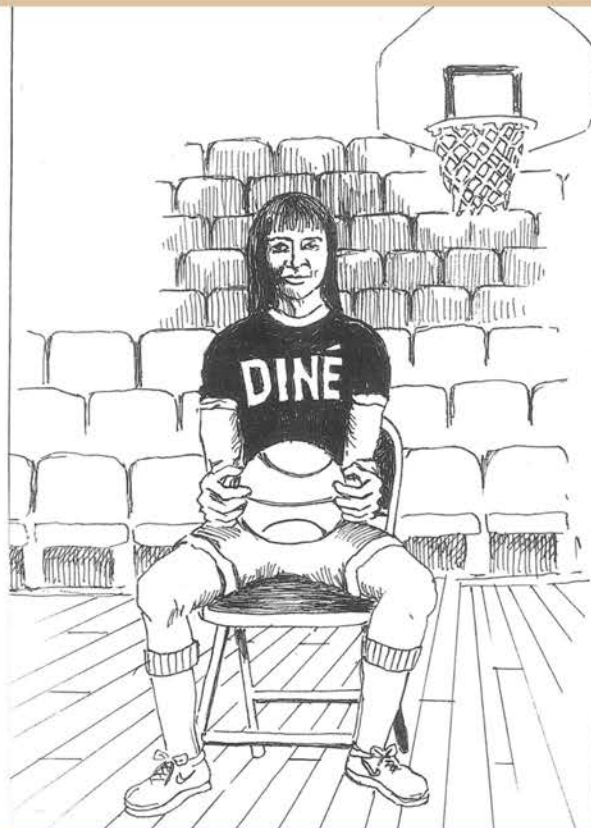
### JEFFERY FISHER, MD

substituting a Bear for the Trojan.

After finishing my two-year service requirement in Winslow, I completed a residency in internal medicine and returned to the IHS. I spent the next ten years as Chief of Medicine at the Indian Medical Center in Phoenix, Arizona. In that position I helped manage acute and chronically ill patients and also traveled to smaller Indian clinics in Arizona providing consultation.

Years later, when I became the clinical director of a private internal medicine group practice, I ordered T-shirts for our entire staff – doctors, nurses, nurse practitioners, receptionists and administrators – when we participated in a charity 10K walk/run. The shirts, lettered on the back, read: “Consultants in Internal Medicine.” The front said, “Get a physical” not “Get physical”. While playing basketball in the NBA with Kenny I learned the value of teamwork, patience and, of course, the impact of a distinctive T-shirt.

A physician can learn important life lessons by participating in the lives of his patients. Other stories can be found in my book, *Postscripts for a Doctor*.



Artwork by the author

Dr. Fisher is a graduate of Columbia University College of Physicians and Surgeons. He has worked for over 40 years with the US State Department, the Indian Health Service, and in Internal Medicine Private Practice. He currently teaches clinical based instruction for first and second year students at the University of Arizona College of Medicine in Phoenix.





---

## SPOONBILLS

**PERRI HARTENSTEIN MD**

I've been living and working in Tucson as a pediatrician since 2014. I enjoy making art in watercolors and mixed media, portraying animals and landscapes around us.

A row of spoonbills gathered for preening in a calm lake, made with watercolor

# NOT THE BETTER MAN

## ANDRES F DIAZ

If my grandfather taught me anything, it is that people are not black and white; there are no absolutes. In his final moments, as the demons of his life crawled through the cracks to mock his last breaths, and the man that I once revered became tainted by the past, I searched deep through family albums to find solace and poignant memories.

Our families are imperfect. They are full of flawed, irritable, and sometimes unapproachable people with whom we share mostly superficial strands of DNA. Yet, my unhealthy optimism for people has also shown me that our families have an incredible capacity for love.

Bedridden and exposed, my grandfather's demons sought to take his final moments of peace. They failed. They were confronted by an unexpected quantity of love from family and friends alike. Instead of indignation, my grandfather was surrounded by people indifferent to his flaws. Ultimately, his demons were repelled by a light of love and redemption.

I, however, was not one of the loving people surrounding my grandfather in his last moments.

The morning before his death, I had the opportunity to call him, yet I refused because I was angry and despondent about the past. His demons failed to bring him down to the abyss, but successfully clutched at my heart and dragged me to their pit. I succumbed to fickle stubbornness about events and actions that ultimately did not matter.

I rarely regret things in life, but I do regret this. In my hubris, I was unable to look beyond my bias and veiled resentment. And thus, I missed the last opportunity to tell my grandfather how much I cared for him.

Do not ever let this happen to you. Reach out to those who have wronged you but that you still love. Make amends. Life can be short, capricious, and fragile. And I am sorry to say that I was not the better man.

In the end, I remember a man that valued education and professionalism. A man who loved his family dearly and was loved in return.

I am sorry abuelo; I will miss you dearly and I hope you look over us from above.





This work depicts a young Bangladeshi bride on her wedding day as she prepares to leave her familial home to join her husband's family. In many such marriages, the bride often does not know her husband or her new family. Clothed in a ceremonial red saree, she is surrounded by the friendly faces of those she loves and is leaving behind. Alongside them are masked figures representing the frightening unfamiliarity of those who are to be her new family.

# STRANDS OF TIME

MARCIA PRADZINKSI

I quit my teaching position at the University of Illinois, Chicago in January of 1986 during the winter break. I was pregnant, and experiencing cervical bleeding. Forty years old and afraid of losing the baby my husband, Pat, and I longed for, I requested medical leave. At home I did light household chores, sewed, took walks, and read a lot. Time slowed immeasurably for me. The only books that occupied my interest explored pregnancy, labor, and delivery.

One day in February I lay on the sofa reading in the afternoon. No one else around. No sounds to disturb me. The couch faced a second-hand upright piano my parents had bought when I was about five years old. My eyes strayed from my book and settled on the keyboard.

My older sister Carol's fingers had danced on those black and whites when she played, "The Hungarian Rhapsody," "Moonlight Sonata," "Malaguena," and other pieces, classical and popular. I played piano, too, but never with the same expertise as her. The room cradled me in a semi-dream state. The tall windows in the piano room and adjacent dining room offered little light, despite their height, since they opened onto brick buildings on each side

of the house. But, striations of light fought their way from the gangways through the windows, and sneaked into the rooms.

The stir of light and dark created a mellow atmosphere where I floated in a timeless capsule to a past, permeable and surrounded by its trappings—the piano, the built-in china closet in the dining room, the high ceilings, the stairs leading to the second story. Was I breathing in what I had released with each strip of wallpaper pulled down weeks earlier? My head nodded in the quiet darkness. The ambiance enveloped and lulled me.

An odd, quivering tickle stirred inside me as I dozed. Not uncomfortable. A delicate, almost silky rhythmic movement I'd never before experienced. It stopped. I waited. It came again. And again. It resurfaced at intervals, had shape, and stayed in one place. What was it? It seemed independent of my bodily processes; as if a butterfly, broken free of a chrysalis, was doing a test flight. At that moment, my child confirmed his presence in a flutter of newly-sprouted wings. I rested my hand over the spot on my abdomen. My heart beat fast as my baby's movement continued. The darkened room cocooned me with promise for a future lying within.



# STRANDS OF TIME

MARCIA PRADZINKSI

Two blood tests positive for an enzyme in my blood threatened that promise. The enzyme was a sign of spinal fluid in the amniotic sac and evidence of spina bifida. My doctor ordered a Level II ultrasound to confirm or deny the results of the blood tests.

The hallways of Evanston Hospital engulfed Pat and me with a confusion of smells on our way to the ultrasound examining office: coffee brewing, the antiseptic odor of alcohol, and a woman's flowery perfume as she passed us. The waiting room had a TV, some tattered children's books, assorted small toys, and magazines. I checked in and sat down. Could a magazine or the TV keep my mind at bay from creating tragic scenarios? The jitters swept over me as I flipped through a magazine, glanced up at the TV, and later grabbed a Dr. Seuss book. Neither Pat nor I were familiar with spina bifida. We knew no one with the condition, and neither of our family histories showed evidence of it. The first time my doctor mentioned neural tube defects, I had no idea what she meant. As we waited, my thoughts fragmented, broke off into unarticulated chunks of fear about our baby. To calm myself I created a mantra of my obstetrician's words: "The results could be a

false positive; that does happen." My mind focused on "false-positive, false-positive, false-positive."

I was counting on that and our family medical backgrounds. I kept an eye on the television's morning news, but my thoughts kept turning back to my doctor's explanation: "just prior to 5 weeks gestation the spinal column of the embryo looks like a flat piece of paper," she said, "then at about 5 weeks it rolls up into a tube," she said, fashioning her hands into a telescope. "With spina bifida, the tube does not close completely." The open areas are spots where nerves that control the kidneys, the bladder, and the legs do not develop.

I watched my sister Carol's fingers play the black and whites on the second-hand upright piano planted against the living room wall in our house in Chicago. The music inspired me to dance. Lifting my legs. Swimming my arms in delicate strokes through the room to "Moonlight Sonata." Or, stomping my feet to the rhythms of "Malaguena." Only seven or eight years old, but I knew I wanted to be like Carol. No! I wanted to be her. Have her long, graceful fingers instead of my short, stubby ones. Have her talent. But, I didn't. What I remember most about my grade-school piano

# STRANDS OF TIME

MARCIA PRADZINKSI

playing is an embarrassing recital incident: my fingers caught in a repeating measure of Chopin's "Minute Waltz", my heart in a panic-pulse until I finally broke the repeating coda's spell and went forward to the next movement.

"Kathleen O'Toole?" My hand jumped up in response. "Follow me," the receptionist said as she led us to a small room. "Someone will be with you shortly." The technician arrived and had me lie on the examining table, while she set up her computer. She pointed Pat to a chair near me, "You can sit next to her so that you can see the film too." As I slipped my pants down, I felt more vulnerable, more exposed than when I had the scan that revealed my son's heartbeat. A stranger was about to peer into my uterus to inspect and evaluate my baby. My maternal instincts geared up wanting to protect him from any pronouncements.

The technician squeezed clear warm gel on my belly then slid a computer-like mouse over my abdomen. A foggy background with undulating white lines surfaced on the computer monitor. She scanned and typed. I watched as shadows and a wavering silhouette came to life on the screen. I didn't ask questions. I didn't know what to ask.

Besides, the ultrasound technician didn't have the authority to answer even if I had a question – that was the province of the doctor, but I wasn't even sure I knew what to ask him.

The doctor arrived, a man of medium height with dark, neatly combed hair. He shook Pat's hand and mine. "I'll be reading and interpreting your film today." He slid the scanner over my abdomen, stopping in different spots to take a closer look at the monitor. He stopped and said,

"See that," pointing at waving lines on the monitor's foggy face. "Those are the fingers." I felt a shiver of excitement watching my child's movements. Pat squeezed my hand.

"They're so long, so graceful," the doctor said. "Like a piano player's." His words calmed me, sparked hope.

"I don't see any opening in the spine." I sighed relief as he slid the probe and pointed to the baby's legs and back.

"But,..." he added, and stopped to consider his words. He cupped his fingers as if holding a small ball. "The cortex isn't developing the way it should."

What did that mean? He continued trying to explain but did not make direct eye contact. He either did not really understand what he



# STRANDS OF TIME

MARCIA PRADZINKSI

saw or what he saw was so terrible he had a hard time informing us. He gestured with his fingers and tried to explain about “something sticky like bubble gum.” I tuned him out and watched the ghostly presence on the screen, saw my baby’s fingers moving up and down, in and out of focus: a pianist practicing arpeggios.

“And his head seems quite small for this stage of development,” the doctor added.

The following week my obstetrician told us what the doctor interpreting the ultrasound had been struggling to tell us: his diagnosis, impending microcephaly, an abnormally small head. Images of circus pinheads and the shrinking head in the movie *Beetlejuice* came to mind.

His recommendation: termination of the pregnancy.

I was five and afraid of the dark. We had recently moved to a house two blocks and around the corner from the 3-flat we’d lived in. The darkness in the new house frightened me – deep darkness each night. It surrounded me as I crept upstairs to the bedrooms. I squeezed the banister, the only thing that kept me rooted. I turned the corner at the landing. No more banister! A palpable

inkiness took hold, a debilitating emptiness. Everything vanished. Was I disappearing into a bottomless hole in space?

When my OB/GYN delivered the news in her office, Pat and I sat still, not uttering a word. We had told the doctor we would parent a baby with Down Syndrome. Why was she acting as if we had no choice now? Pat asked, “What does microcephaly entail?” Her answer: “Well, your child could be severely retarded...slow or... possibly even normal.” We were expected to abort based on that information? I bit my lip as my stomach churned. It was hard enough to find out something was wrong with our child, but to be told to end the pregnancy was too much to take in. I took a deep breath, steeled myself with a mix of anger, sadness, and fear, and asked, “Do you have any books you could recommend?”

“I’ll go check the clinic library,” she said, walking out of the office.

After she left, Pat and I sat stunned. My arm snaked around his; we both held back tears, not wanting to make a scene in the doctor’s office. After about five minutes, the doctor returned to tell us she had found nothing.

“Well, we could check the public library,” Pat said. “Shouldn’t there be something

# STRANDS OF TIME

MARCIA PRADZINKSI

there?" I placed my hands on my knees to steady them and stared at the floor, listening.

"Maybe. I'm not sure how much information you'll get there. She placed herself behind her desk looking at me, and said, "The procedure is really simple. Then you can try again."

Did she hear herself? She was speaking to me, a 40-year-old, who had been trying to get pregnant for three years. Now that I was, the doctor was asking me to get rid of the baby swimming in my uterus; the baby whose heart I watched on her ultrasound monitor; the baby whose heart I heard beat on her mic; and the baby now fluttering in my womb. A simple procedure? I was angry, sad, and confused. She was telling me nothing, could offer us nothing about a prognosis other than "the baby could be slightly slow or even normal." She left us with: "Ultrasound is not a predictive test, you know."

The diagnosis and recommendation had dealt a blow to my dreams and filtered into my sleep where a baby swaddled in a receiving blanket appeared with no face; all that peeked out from the bundle I cradled was a circle, like what a child might draw, with undeveloped bumps of flesh in place of a nose, eyes, and mouth.

My narrative is about a difficult time in my pregnancy that resonates with times in my childhood when I experienced similar emotions of anxiety and fear.





## SICK

ROSARIO VALENTIN

Rosario is an avid portrait artist, often creating pieces depicting her loved ones but Sick is about herself.

It is a sort of portrait “diary” depicting her being sick. It perfectly captures her essence.

## PREPARATORY JOURNEY

SUSAN GOLDEN

It wasn't her final journey. That would come three months later, when she finally succumbed to nearly three decades of fighting cancer. This was a glorious trip of minor proportions and major significance.

My ailing mother took me and my tiny, nine-year-old daughter to Spain. Not to a far-off, exotic destination that would be social-media-worthy, but for her to revel in the companionship of these three generations while exploring the beauty and culture of that country. She and my daughter had developed a lovely bond, despite the 3,000 miles that

separated them. They shared frequent calls, cards, faxes, and letters. Then, the airline became our taxi, as we visited several times a year. Their time together lovingly overflowed with tasty treats and hours of curling up to read books and hear stories. They delighted in each other's company, with my mother dually cognizant of both building memories for a lifetime while enjoying the present, and my daughter, unaware of the gravity of my mother's illness, very focused on the “here and now”.

# PREPARATORY JOURNEY

SUSAN GOLDEN

---

My mother's love of international travel became a natural extension of that cherished relationship. It was a legacy that she wished to share with us. She kept in reserve her gut-based knowledge that time was running short and this would be her last trip. The cancer had begun to dramatically steal her mobility and dexterity, yet the tickets were purchased and the reservations made. The latest MRI results were still pending, but she trudged forward. Her bout of illness that had thwarted our joint trip to Amsterdam earlier that year would not take this last chance away from her.

The shuttle cart in the Barcelona airport brought her to rendezvous with my daughter and me. A determined woman in her seventies, she trundled off the cart, leaning on the seatback for stability. Her navy blue bucket hat rested on her chemo-bald head. Slightly breathless, she proudly embraced us. She had made it that far.

She spent the first day in bed at the hotel, too sick to journey out. At her insistence, my daughter and I went out to explore the Gothic Quarter neighborhood. In a nearby cathedral courtyard, an artisan was selling a beautiful, handwoven shawl, silky-soft and containing many hues of blue, my mother's favorite color. I purchased it immediately. Back at the hotel room, my mother stood, a bit unsteadily, and draped the shawl over her pale pink

nightgown. Her smile was weak but radiant. All was not lost that day after all. In Madrid, I took a photo that again reminded me about how her joy in this journey transcended her illness-ravaged body. The tall, white shutters of the hotel window were open, and she was leaning out, immersed in the energy of the lively plaza four floors down. Her face beamed with happiness. Someone later said that, to them, the photo simply showed a puffy-cheeked, cartoonish, bald guy; they did not catch the fire in her eyes, the genuine appreciation for that moment.

The next day, we set out for the museum after a light rain. The street was delightfully picturesque with wet grey cobblestones and fallen leaves, but it was difficult to push my mother in her wheelchair. Never wanting to be a burden nor to give in to her illness, my mother insisted upon getting up and slowly pushing her empty wheelchair. I snapped a photo as she walked in front of me, shrouded in her navy raincoat and hat, slightly hunched over, and gripping the wheelchair's handles for stability, with my young daughter walking alongside her. They were such opposites, one nearing the end of her life, the other just starting out, but both finding peace in that brief time together.

After the trip, my mother's lurking prognosis was finally made known: the cancer had



# PREPARATORY JOURNEY

SUSAN GOLDEN

---

reached her brain, and the end was likely very near. She entered a clinical trial at a world-renowned cancer center, hopeful that it might give her more time with her family. But, she suffered severe side effects and declined rapidly. Her oncologist grimly informed me that she needed to discontinue the treatment and refer my mother to hospice.

The nursing facility discharged her to home on a dreary winter day in the Northeast. I drove behind the ambulance down the highway and thought of my mother on the gurney inside. The windows in the latched doors were much too high for her to see the low clouds, the bare-branched trees, and the steel-gray waves lapping at the shoreline.

That would be her last trip, yet she could not view it. I hoped that the views likely swirling in her head at that time may have included our journey to Spain. Those fascinating sights, like the Gaudi mosaics at Park Guell, and the weaving of deep family memories, like the engaging rhythms of the late-night flamenco performance, had already lined her final path

This piece is in memory of – and in tribute to  
– my valiant mother, who honored my then-  
young daughter and me with the privilege of  
sharing in her final voyage

# PRAMIPEXOLE IS A HELL OF A DRUG

ALEX HOOGLAND, MD

FOR THE PSYCHIATRISTS WHO SAVED MY LIFE; FOR THE LOST WHO ARE NOT SO LUCKY.

the clothes that used to fit snugly

now drape my skeletal frame;

new signature dance move, "the shorts falling  
off;"

abs achieved through perforced abstinence,

cuts of muscle and sinew

significant for abuse, neglect, age;

frenetic activity sustained

through dopamine agonism and delusion,

"meaning" worth living and dying for.

this body, this vessel,

this ghost in this shell –

can't give up the essay, yet;

another draft, another default;

another unintended progression.

These pyrrhic failures must lead somewhere

though the path is dark and cluttered.

**FOLLOWING PAGE:**

**WITH FLARE**

**TEDDY G GOETZ MD**

Part of a series documenting my gender-affirming surgeries, "With Flare" celebrates embodied art, both inherited and created. The focal point is my left chest: a healed top surgery scar and nipple graft with flared ribs stretching forward below; a skin graft on the proximal arm is seen, blurred.





# BETTER TOGETHER

MEGAN NICOLE IRBY

BACK COVER



Differences - whether in opinion, skin tone, sexuality, culture, or beliefs - are inevitable and should be celebrated. Highlighting the uniqueness of each individual is an important step toward collaboration and harmony.



## A TARGETED FLIGHT



*Yan Leyfman*

Just like a bee requires nectar to feed itself and its hives, medical professionals are ready to jump to action when called. The unpredictability of the field leaves one prepared for all instances—just like the daily uncertainty that bees experience. Nonetheless despite the circumstances, both groups are always prepared to sacrifice for their respective peers.

# CATERPILLAR

VICKY PISANO

WATERCOLOR



Caterpillar is an animal watercolor study created during a COVID art studio class. In this piece, Victoria explored the unique animal anatomy and color patterns in a caterpillar. With any luck this little caterpillar will eventually be a butterfly.

Helicopter is an art piece Anne created as a project for a COVID zoom studio art class. Anne focused on creating the unique helicopter shape and added the UA logo as a special personal touch.

# HELICOPTER

ANNE MECHAM

WATERCOLOR





# POST MORTEM

THOMAS HEALY

A squat man in a bulky charcoal gray suit slowly approached the long table set up at the north end of the hotel ballroom. When he reached the table he stared for a moment at the nearly one hundred people in the audience as if searching for someone in particular then in a very hoarse voice thanked everyone for coming out on such a blustery evening. He seemed uncomfortable standing before so many people. His left eye twitched. His forehead quickly became damp under the glare of the powerful twin lamps that were on either end of the table. Then, after an audible sigh, he said, "Now it is my pleasure to introduce the person you have come to see, Dr. Stanley Sackheim," and urgently he began to clap his hands.

A man well over six feet tall, with a shock of wedding cake white hair, strode from the back of the ballroom past the members of the audience. He was dressed in bright blue scrubs with a surgical mask hanging loosely around his neck. He moved briskly, seemingly oblivious to the applause that greeted his entrance. When he reached the table, the gentleman who introduced him took a seat in the front row beside a woman with a pair of opera glasses in her lap. For a brief moment, he also surveyed the people in the ballroom then he bent down and slapped his child-size hands on the table. Almost at once, from a side door of the room, a younger man also in scrubs wheeled in a gurney. On it was a dark blue human remains pouch.

"I am here this evening to show what you are ... what we all are," he announced as he hovered above the pouch. "And I trust it is something you won't soon forget."

Kyle Jarrett, who sat in the third row, leaned back as Sackheim started to unzip the pouch. To his surprise, a vein in his forehead began to pulse, and briefly he shut his eyes, not sure if he wanted to see what was inside the pouch.

\*

Jarrett, a part-time custodian at a community college on the edge of town, was walking to a coffee bar near the campus late one afternoon when he spotted someone outside the fieldhouse in hospital scrubs waving a handful of papers. Curious, he went over to see what he was promoting.

"You want to see something you've probably never seen before, brother?" he asked him.

He shrugged.

"There's going to be a public autopsy conducted at the Alhambra Hotel tomorrow night. You can see it for only five bucks."

"Is that legal?" he asked, stunned by the idea.

"It's going to happen so it must be."

Jarrett was skeptical. He knew from a world history course he took one semester at the college that public autopsies were banned over a hundred years ago in most western countries because of the spread of body snatchers eager to sell cadavers. So he could

not believe such an event could take place in his hometown. Not here, not anywhere in the country for that matter. More likely, he figured what was being promoted as an autopsy was a stunt of some kind performed by some self-proclaimed artist. Just last summer, at a storefront theater downtown, he watched a woman who billed herself as a contemporary Godiva put on one of the strangest performances he had ever seen. She was close to two hundred pounds, dressed in a shimmering silver evening gown that reached her ankles. She was barefoot, her toenails blood-red. She cracked a few lame jokes then took out of her purse a pair of scissors and invited members of the audience to come onto the stage and snip off pieces of her gown.

"All of us should be willing to be vulnerable," she declared after she was practically naked on the tiny stage.

\*

Once the pouch was opened, Sackheim removed a plastic sheet from inside it and flung it on the floor then he removed a pale white cloth that covered the remains. It was a man, a very elderly man, with skin the color of rain.

A woman behind Jarrett gasped, as did some others, but most of the audience remained eerily quiet.

"I shall call him 'David'," Sackheim announced, "though he bears little resemblance to Michelangelo's sculpture."

Several people in the audience smiled at the reference, a few even laughed out loud.

Not Jarrett, though, he scarcely heard what the anatomist said because he was so stunned that an actual person was lying on the surgical table. When he purchased a ticket for the performance, he assumed the autopsy was going to be a simulation with some kind of detailed mannequin serving as the cadaver. If he had known an actual person was going to be used, he never would have come, not even if the event was free. He wondered if many others in the audience were as surprised as he was when they realized what was about to take place. Certainly a majority of them he figured because who, in his right mind, would pay to see such a spectacle.

\*

You should leave now, Jarrett told himself. You should leave this instant.

He didn't, though, because he sat in the middle of a long row and would have to make his way past several others who would not be pleased. So he was stuck, he reckoned, in a roomful of ghouls.

\*

A medical bag sat under the table and Sackheim picked it up and took out his dissecting kit and from it took out a scalpel. Raising it above his head, he slowly swiped it through the air so the audience could see how sharp it was then held it for a moment under one of the lamps where it gleamed like a Christmas ornament.

He was a performer all right, Jarrett thought to himself, accustomed to being in



the limelight.

With the scalpel in his left hand, Sackheim snapped his right fingers and, at once, an image of the cadaver was projected on the blank wall behind him. Some in the audience applauded, impressed by the size of the image which nearly covered the wall.

"The internal examination of a specimen often begins with what is known as a Y-shaped incision," he announced as he transferred the scalpel to his dominant hand. "This approach is used in forensic autopsies because it allows maximum exposure of the neck structures for Glater detailed examination."

Bending over the cadaver, he made a deep cut at the top of each shoulder and continued to cut down the front of the chest to the pubis. Then, with his fingers, he began to peel the skin back from the underlying bones.

\*

Jarrett watched only for a moment then looked away and stared at a fire exit door in a corner of the ballroom. The only deceased person he had ever seen until now was his grandfather lying in his casket but he didn't look anything like this man. He just looked as if he were sound asleep.

Trying not to listen to the droning commentary of Sackheim, who had yet to say a word about the identity of the person he was cutting to pieces, he decided to invent one for him. Because he appeared close to the age of his grandfather who died last spring he figured they probably had a few things in common.

He suspected David likely served in the armed forces like Gramps since the Selective Service program was in existence when he and his grandfather were young men. Quite likely, they had married and raised families and attended some church that told them how to conduct themselves throughout their lives. Too, he assumed they liked baseball because when they were youngsters it was the most popular sport in the country. Often, when he visited his grandfather as a kid, Gramps would shake his hand with a Kennedy half dollar tucked inside it then invite him out to the backyard to play catch for close to an hour.

He wondered if David ever played catch with a grandchild. He had no idea, of course, but he liked to think he did, maybe at some park swarming with other children and grandparents.

\*

"The liver is the largest organ in our bodies," Sackheim declared, after shaking the drippings from David's into a pan on the table. "There is quite a bit of scarring on this one so it is likely David suffered from non-alcoholic fatty liver disease."

He then held the organ above his head, idly passing it back and forth in his hands as if it were a child's toy.

\*

You should leave, Jarrett counselled himself again, before it's too late.

\*

## POST MORTEM

A burst of laughter swept through the audience, and Jarrett looked again at the table and saw Sackheim pulling some tendons which caused David's toes to wiggle.

"He's quite the showman," an admiring man seated next to Jarrett whispered out of the side of his mouth.

"He's something all right."

\*

Jarrett didn't know very much about autopsies but it was his understanding that one could not be conducted on an individual without the consent of a relative. So how could a relative of David's sanction what was going on tonight, he wondered, which seemed more of a desecration than a dissection? Perhaps whoever let this happen was in desperate need of money. Or perhaps the relative was under the mistaken assumption that the body was to be used for research at some medical facility. Whatever the reason, he just hoped the relative didn't know David would become a prop in what amounted to a theatrical performance.

\*

Minutes later, a sharp bang reverberated through the ballroom, and Jarrett looked up and saw that Sackheim had set a small hacksaw on the table. His forehead became damp, a pulse throbbed in his temples.

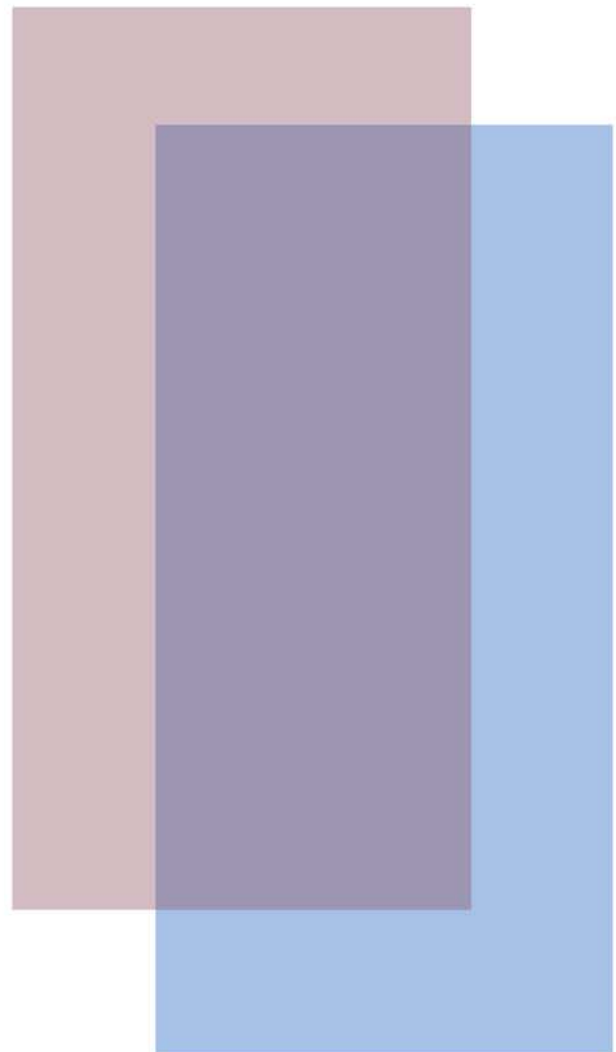
"As you may or may not know, ladies and gentlemen, bone is a very hard tissue," Sackheim informed the audience as he stroked the back of David's head.

Jarrett, realizing what was about to happen, got up from his seat and started to squirm past the others in his row.

"You're not going to be sick, are you, son?" Sackheim asked with a slight grin.

Not as sick as you are, he thought, as he made his way to the back of the ballroom.

All he wanted to do now was get out of there, out of the entire city really because it had permitted such a travesty to take place.





# DREAMS OF ME IN FLAGSTAFF WITH FRIENDS

BRAD BIDDLECOME

WATERCOLOR

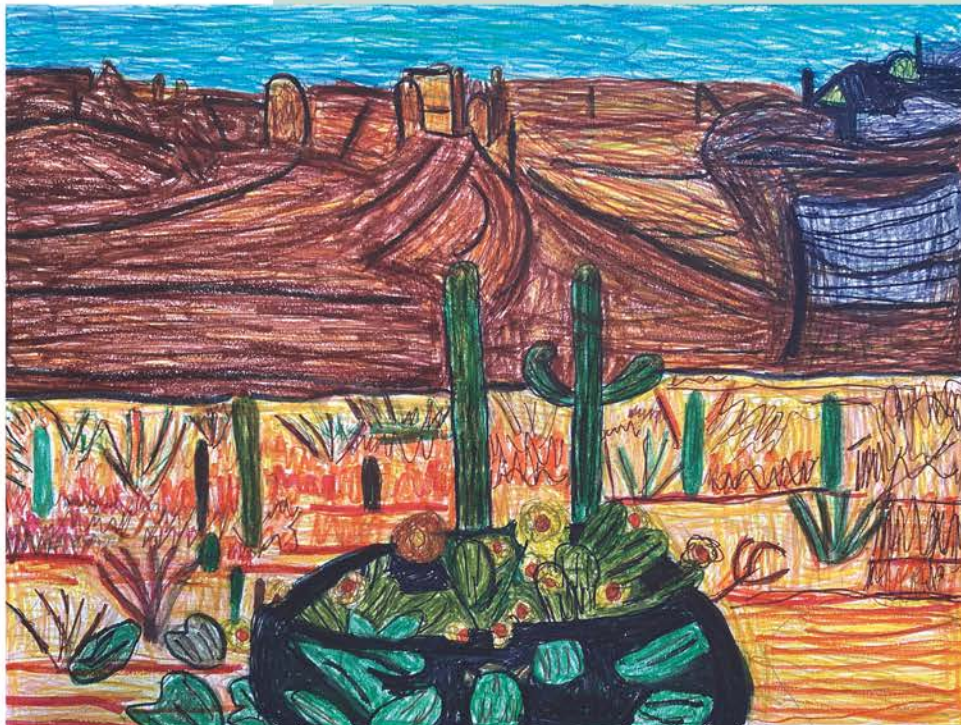
In Dreams of Me in Flagstaff with Friends, Brad explored using only a palette knife to paint a landscape. This piece is dedicated to Brad's Flagstaff friends from the Hozhoni Foundation whom he misses very much.



## DESERT DREAMS

CAROL LYNCH

WATERCOLOR



Desert Dreams is a classic Carol creation; a beautiful landscape created to simply be admired. In this piece, Carol paid special attention to drawing a variety of desert plants and using bright contrasting colors.



# THE CONTOURS

SAILAJA DEVAGUPTAPU

Befriending the silhouettes of black and white  
The welkin sheds thine love and light  
The contours I see to the left, to the right  
The soothing breeze, the rumbling thunder  
Impel me to write  
As I am lost in wonder  
Of life and death  
The incertitude of the next breath  
Of the voiceless runes  
Yet, alchemizing the banes into boons  
Enrapturing with thine divine tunes  
How the Empyrean with Gaia communes?  
The billows' melting contours  
Unto the ailing lands, the cures  
Symbolizing oneness  
Thine expanding consciousness!  
Surrendering unto love true  
As though what she seeks sought her too  
For, the Welkin and the Gaia as one, wed  
Who the lover, who the beloved?  
The nectars brew the bees  
Yet, thine greater destiny as though the beekeeper  
foresees  
To heal else as thrive the bay trees  
The elixirs merge with the seas  
The contours of the snowfields when melt  
Else's pain, deep within oneself when felt  
Symbolizing oneness  
Thine expanding consciousness!  
The soundless sound by else too to let be felt  
Contours mine as verse, I let melt!

"The Contours" is a metaphorical poem. It is open to multiple interpretations. One is a depiction of the need to venerate the interconnectedness with fellow beings, nature and beyond by allowing the contours to melt. It's both the cause and effect of expansion of consciousness. As nature bestows and teaches us benevolently. The melting of snow and clouds as rivers and rain is a portrayal of symbolizing it. The intuitive response to quench humanity's and planet's thirst (for love) calling us to be so. The welkin shedding its love and light by befriending the silhouettes of black and white alike is personification of one's innate harmony inspiring, becoming the source and leading to universal love. The oneness and expansion of consciousness can also be epitomized as the awakening and ascension of oneself and interpersonal relationship from transactional to transformational and transcendental kinship. Such an elevated connection enables transmutation as it helps evolve from communication to communion. Probably, to advanced medical intuition, healing and wellbeing.



# AUTOPILOT

LEILA JAMAL

PROSE AND PHOTOGRAPH

It's 5am. You get up, wear scrubs, and make coffee. Next thing you know, you're in your car driving down the street. Three blocks later, your hands automatically steer the wheel to smoothly turn at the light towards the hospital. At this point, you're just a passenger in the car.

Some would say it's miraculous how our brains can function on autopilot. I would argue otherwise. Our brains are capable of registering edematous legs & orthopnea in a 70 year old man as heart failure, and automatically start him on a treatment option as we move on to the next breathless 70 year old. You no longer see that the 70 year old man with heart failure was someone's first love, who then became a father, then a grandfather. Someone who was probably overworked with no adequate resources, so he found comfort in temporary measures such a tobacco, alcohol, and nutrient deficient diets....

It's 5pm. The next thing you know, you're in your car driving up the road. The same road you've been driving for the past 3 years with the same cacti, mountains contouring the skies, and neighborhood turns. You suddenly stop... you realize bright orange cacti flowers blooming... at this point you escaped autopilot, and you are no longer a passenger you are a driver in your car.

This submission is a reflection on how the mundane routine we live in robbed me from experiencing each patient as a unique individual with their own story to share. I found nature as a source that helps me break through the routine and appreciate the small details that have ample to share.



# FIRST EDIT

ALAN COHEN MD

FIRST EDIT WAS A RESPONSE TO WINTER GARDENING, AGING, AND COVID.

Large pink flowermouths with yellow throats  
In mid-March  
Just outside our bow window  
On four camellia shrubs  
Pruned each fall  
There must be more than a thousand blossoms  
Right now  
Many tarnished  
Turning yellow and then brown

So out we go  
To freshen the bushes  
In winter coats  
In a light rain  
As we cull  
Each discolored flower  
Some come away willingly  
But others cling  
Apparently surprised, unready  
Later they all are pink corpses in a green bucket  
for compost

I scan myself  
For any sign of dyspnea  
We've not been out for nine days  
And my mild symptoms  
Congestion  
Scratchy throat  
Have once or twice  
Descended to a cough  
Seeming to move into the chest

I might still live  
For 30 years  
But could be gone  
In three days  
Culled  
Like the petals we've been removing  
Still surrounded  
By vigorous pink flowers and glossy green  
shoots  
Ready  
If not yet fully ripe

**ON THE  
FOLLOWING  
PAGE:**

Carolee's Snow is an art piece that was created during our COVID zoom studio art class. It is a design based on colors, patterns, and nature.



# SNOW

CAROLEE STEWART



# THE STATE OF NURSING

The state of the world is increasingly alarming.  
News each day bringing fear and trepidation.  
Sickness and death, though waning – still pervade.  
Nurses are tired, beyond tired. Collapsing.

“Mass Exodus”

“Ongoing Shortage”

“Burnout”

Do these refrains a desirable legacy make?

The question is raised; how to escape this slow demise?  
How can those who care, be cared for themselves?  
How can their burdens be conclusively allayed?  
The key to this quandary simultaneously simple and hard.

The answers, multifaceted, from a primary source spring.  
Pause, listen, ponder - repeat  
Then let the collective nurse voice resonate, reverberate  
Not returning void, but emanating a spark of change.

**Angela C. Brittain, PhD, RN**

Nurses have long been battling the dilemma of burnout, which has been even more problematic since the advent of COVID-19. The subsequent response has been an approach of teaching nurses resiliency skills, when in fact we should be listening to what nurses are saying they actually need.



# LIMITS OF MODERN MEDICINE

ALAN COHEN MD

Just behind your breastbone is a heart that doesn't beat right  
The harder it works, the less it does  
Which took us six months to discover  
Me and the cardiologist  
Your heart beats like a clock with sand grains scattered among its  
jewels  
Or a jaguar running on three legs  
At first we thought your arteries were clogged  
Like the ones that bury most of the rest of us  
But then, even after we knew better  
And I gave you the pills like it says to in the book  
Still your heart went on beating wrong  
A little less wrong perhaps  
But wrong all the same  
I wanted to say, "I'll have this heart fixed in time for tea. No  
problem."  
But you were still short of breath when you walked  
When you bent to smell a flower  
It simply wouldn't come right  
So we drifted to other things

After a few visits we did learn to talk right  
And so we talked of your family and feelings  
Forgetting your lumbering heart  
You'd say, "I can't cope, I can't go on"  
And I: "Of course you can," and try to explain why  
Which you already knew but liked to hear  
Next month you'd return and say, "Everything is so much better"  
And I'd recall so many others who never felt better, even when  
they were  
Often it seemed you were coming to treat me  
But you did feel better  
And I had done something  
I don't know quite how  
For your feelings and family  
Though your flawed heart kept on beating wrong in your chest  
Like a fire under a blanket  
Or a song missing three notes  
Like a doctor trying to fix a heart that beats wrong  
With kind words

Limits of Modern Medicine concerns a patient I managed for ten years starting 40 years ago. The avoidance of jargon, the slightly jokey tone, and the sincerity were adopted to openly express how I felt about a difficulty many doctors don't recognize and more don't admit. I've always loved it but it had been rejected 10 times, 5 times by medical magazines, before you gave it a home.

# BOBCAT

ABBY LOVE

WATERCOLOR



Abby's Bobcat is an animal watercolor study from a COVID zoom studio art class. Abby has flourished into an artist that tries new things and Bobcat is a good example of this. For this art piece, Abby used colors and perspective to showcase what makes a bobcat look distinctly different.



# THOU SHALT NOT DRINK BLOOD

S.E.S MEDINA, MD

A Third-Year Medical Resident is called for a STAT midnight consult on the hospital's Obstetrical Service. The patient is a seriously ill Jehovah's Witness with a dangerously low red blood cell count post-delivery who is refusing transfusion. What can the medical resident do to help?

*"And any man from the house of Israel, or from the aliens who sojourn among them, who eats any blood, I will set My face against that person who eats blood and will cut him off from among his people. For the life of the flesh is in the blood, and I have given it to you on the altar to make atonement for your souls; for it is the blood by reason of the life that makes atonement."*

*Therefore, I said to the sons of Israel, "No person among you may eat blood, nor may any alien who sojourns among you eat blood." Leviticus 17:10-12 KJV*

The only light came from a beat-up copper wire desk lamp as I sat alone in the resident On-Call Room, scribbling final remarks and recommendations on yet another admission note for my exhausted medical team.

I glanced at the bedside clock: 3:23 AM.

Sipping on cold coffee, my beeper squeaked out an unfamiliar extension.

"Hi," I said, in a tone hoarse from hours spent talking to patients and their families. "This is

Doctor Medina returning a page. How can I be of assistance?"

"Doctor Medina, this is Obstetrics," the Ward Secretary replied. "Are you the Medical Consult on-call tonight?"

I groaned inwardly, dreading what was to follow.

"Yep."

As the third-year resident on overnight call, I served as the hospital's medical consultant to any allied specialty requiring help.

With brain and body numb from working almost twenty-four hours straight, all I wanted to do was lay down for a few minutes before presenting the night's admissions to the Chief Medical Resident at Morning Report.

I was not in the mood for "extra work."

"Doctor Medina, let me put Doctor Malone on the phone. He needs a stat consultation on one of our patients."

I rolled my eyes.

"Sure."

Why on Earth does an obstetrics resident need a medical consult at this freakin' time of night?

"Doctor Medina," a gravelly, cigarette-smoke infused voice crackled. "This is Doctor Malone."

"Call me Ricky," I said, with a weary smile.

"Great, I'm Sean. Sorry for the timing of this consultation, but we really need your help.

What do you know about Jehovah's Witnesses?"

Bushy black eyebrows knit together.

"Jehovah's Witnesses...?"

## THOU SHALT NOT DRINK BLOOD

My mind drifted back fifteen years earlier, when my older sibling, Esther, unhappy with Roman Catholicism, was on a spiritual pilgrimage looking at different Christian religions.

As a little boy, I'd travel with mother to Fort Bragg, North Carolina, to visit her. Esther was married to a soldier.

In those days, copies of the monthly publications, "The Watchtower" and "Awake," would be strewn about the house.

As a curious youngster, I'd read the periodicals, intrigued by the Jehovah's Witnesses arguments condemning much of Catholic orthodoxy.

The magazine writers would constantly declare "the end of days was approaching with Jesus Christ coming to establish His kingdom on Earth and wage war on sinners."

The obstetrics resident brought me back to reality.

"Yes, Ricky, Jehovah's Witnesses. Don't know much about them, and I have a helluva problem."

"Okay, Sean. What's the deal?"

"Well, I have a twenty-year-old prima gravida on the ward who gave birth this afternoon to a healthy baby boy, but during delivery lost a tremendous amount of blood. The lady was pretty anemic to begin with, as she'd received no prenatal care. Her current hematocrit is 11% and—"

Both eyes popped out of their sockets.

"Eleven percent?? Why, that's a blood count barely compatible with life!"

"Yeah, Ricky," he said with a sigh, "I'm fully aware of that. We told the patient, Maria, and her husband, José, that the woman needed a blood transfusion, otherwise she'd die. They professed to be Jehovah's Witnesses, so no blood transfusions. Can you come to the unit and help us get out of this dangerous situation?"

"Of course, Sean. I'll be there in fifteen minutes. Let me finish an admission note first."

"That'll be great, Ricky. One more thing—speak any Spanish?"

"I guess it's your lucky night, Sean. I'm a full-blooded Puerto Rican and speak Spanish fluently."

"Fantastic! I believe they're Puerto Rican as well. See you soon."

Arriving at the Maternity Ward, I greeted Dr. Malone with a handshake. He handed me Maria's chart and pointed to her suite.

"Good luck," Malone said. "I look forward to your recommendations."

After a careful review of the relevant medical information, I left the binder at the Nurse's Station and entered the patient's room.

"Buenas noches," I said, offering a hand to José, who was fidgeting by the door. "Yo soy Doctor Medina. I'm here to see Maria at the request of Dr. Malone."

"Buenas noches, Doctor Medina," José replied in Spanish. "My wife is very sick."



## THOU SHALT NOT DRINK BLOOD

"Sí. She's lost a lot of blood giving birth to your little son. May I examine her?"

"Por supuesto - of course, Dr. Medina. Maria?"

Maria was whiter than the bedsheets.

The woman's face, hands and feet were terribly swollen.

There was far too little blood coursing through the woman's system to hold water, allowing plasma to leak and escape thru the walls of the arteries and veins, engorging the tissues, leading to total body swelling.

"Hola, Doctor Medina," she whispered through pale, pursed lips. Maria's breathing was rapid, shallow, and labored.

"Buenas noches, Señora," I said, taking a tangled stethoscope out of a white coat pocket. "¿Me permite examinarla?"

"Por supuesto, doctor."

I took her pulse first—Maria was zipping along at 138 beats a minute, twice the normal heart rate. The blood pressure was low as well, despite profuse intravenous hydration by Dr. Malone.

Examination of Maria's heart with my stethoscope uncovered a loud, blowing flow murmur through the left-sided mitral valve caused by watery, anemic blood.

Listening to her chest, I heard soft wet sounds at the bases of the lungs. She was developing high output heart failure from the severe anemia.

Something had to be done.

Quickly.

"Señora Maria," I said, carefully considering each thought before uttering a word. "You're in grave danger. The red blood cell count is dangerously low. Maria, you're alive only by the Grace of God and because of being so young. We need a transfusion of at least three to four units of packed cells emergently to get you back to a more normal hemoglobin, otherwise your heart will give out from overwork and exhaustion."

"Lo siento mucho, Doctor Medina," Maria said, gasping for air between sentences, "but I cannot receive blood transfusions. We are Jehovah's Witnesses and are forbidden to 'drink blood' per church order."

"I'm familiar with the beliefs of the Witnesses," I said, sitting down on the edge of the bed, "including those religious convictions that prohibit blood infusions as my sister studied to become one years ago, but your life is in danger. Do you want to die and leave José alone to raise your little son?"

"Doctor Medina," Maria said, looking into the physician's dark eyes, "if it's God's Will that I die, then I'll die."

"José," I said, turning to her husband still standing by the doorway. "What do you have to say about this?"

"My wife is right," he replied, wringing his hands. "We can't go against God's commandments, even if it means Maria could die."

"Damn it," I said, stamping my right foot. "She

## THOU SHALT NOT DRINK BLOOD

needs blood!”

“I’m sorry, Doctor Medina,” José said, shaking his head, “But our decision is final.”

“Muy bien, muy bien—I’ll order a series of vitamin B-12, and folic acids shots, and several intravenous infusions of iron—Imferon—to stimulate Maria’s own bone marrow to produce enough red cells to save her. I believe your principles permit that, no?”

“Sí, Doctor Medina. That’ll be fine,” José said, walking over to his wife’s bedside, taking Maria’s hand, squeezing it. “Que sea la Voluntad de Dios—whatever God’s Will deems. Maria and I will accept His Judgment as law.”

Returning to the Nurse’s Station, I wrote a consultation note in Maria’s medical chart followed by a lengthy list of physician orders for iron infusions, vitamin shots and several daily serial blood counts to document a response to therapy.

Dr. Malone was busy with a delivery, so I told the Ward Secretary to tell him what I’d ordered, and for him to look over my notes. If he had any questions, just page me.

Both feet were made of lead as I trudged thru dark, desolate corridors to the resident room with its inviting bed. I briefly considered contacting the Hospital Administrator On-Call to discuss the case.

But as neither Maria nor José were minors, there would be no point to a court-ordered

blood transfusion, as patients have the right to refuse treatment, even if it might contribute to their demise.

A few days later, I received a page from the Maternity Ward.

“Hi, this is Dr. Medina. Someone paged me?”

“Hey, Ricky, this is Sean. I wanted to provide some follow-up on your medical consult from three nights ago. We were able to safely discharge Maria today. The iron and vitamin cocktail got her hematocrit up to 20% by this morning. Thanks so much for the help. Ricky, you saved Maria’s life.”

“Aww,” I replied with a broad smile, “just another day doin’ my job in the House of God, Sean.”

That night my personal and ethical boundaries of medicine were stretched to a breaking point.

The couple’s faith and unwavering commitment to a religious belief was both inspiring and troubling.

Instead of life-saving treatment, José was willing to sacrifice Maria in obedience to strict biblical interpretations decreed by Jehovah’s Witnesses elders.

José’s decision still bothers me to this day.

But as with all patients, a doctor has to respect their undeniable right to refuse a particular remedy, even if it results in severe injury or death.

That’s what informed consent is all about.

And as a responsible, freedom-loving physician, it’s a patient right I’ll defend to my last breath.



# ARTWORKS

Artworks is an outreach program at the University of Arizona (UA) Sonoran Center for Excellence in Disabilities within the Department of Family and Community Medicine. Artworks promotes community and mutual learning through creative and expressive arts interactions between artists with disabilities, UA students, and the surrounding community. Together they create a safe space for expression, connection, and growth.

Through three core programs, including Sister Jeanne Art Studio, Mary T Paulin Gallery, and the Student Art Collaborative, Artworks' artists contribute to the mission of the UA by advocating as well as modeling ways to show how the arts can be used as a critical tool for community building and resiliency.

They provide lectures, facilitate community conversation, and share aesthetic talents and unique voices via classroom visits, collaborative arts programs such as mosaic tiles at the UA health sciences plaza, and public art exhibitions. Through these creative interactions, UA students and community members understand the insights and resiliency of the artists with intellectual and developmental disabilities, and the positive impact the artists can have in the community around them.

## WORKS BY ARTWORKS ARTISTS

Jon Green: *Discombobulated*

Brad Biddlecome: *Dreams of Me in Flagstaff with Friends*

Carol Lynch: *Desert Dreams*

Carolee Stewart: *Snow*

Abby Love: *Bobcat*

Anne Mecham: *Helicopter*

Cody Kelly: *Countryside*

Madison Harper: *Bleeding Truth*

Maggie Johnson: *The Iguana*

Paul McLaughlin: *Cactus*

Rosario Valentin: *Sick*

Scott Belton: *Arizona*

Vicky Pisano: *Caterpillar*

# AUTHORS

**Armaan Dhaliwal**, MD moved from India to become a hematologist/oncologist. Dr Dhaliwal has always been a fan of physician authors and thought he would try his hand at it to advocate for his patients.

**Lily Nguyen** is a third year medical student who loves the outdoors, making lists, and plant-based cooking.

**J.C. Cordova** is a poet/anesthesiology resident working in the National Capital Region. He thoroughly enjoys spending time with his wife and daughter, along with reading and traveling.

**S.E.S. Medina MD, BS CHE** is a retired Internal Medicine specialist with a sub-specialty in Infectious Diseases. Recent publications include medically-based short stories and several academic papers on COVID-19 and the Philosophers Stone. Dr. Medina would like to acknowledge the editorial assistance of his nephew and godson, David I. Banchs, and Mrs. Joyce O. Meyer.

**Susan Golden** has lived for much of her life in Boston and Southern California, with travel throughout the world. She writes both fiction and non-fiction, drawing inspiration from her senior, longhaired mini dachshund, who joyfully treks through life while showing that obstacles are just challenges rather than limitations."

**Julia Liatti** is a current medical student, a former would-be teacher, an unapologetic desert rat, a vehement detractor of white chocolate, and a willing servant to her geriatric cat.

**Andria Albert** is a third-year medical student from Gilbert who says that she "Is still trying to figure out what I want to do with my life!"

**Alex Hoogland** graduated from Stony Brook medical school in 2021, but did not match and chose to switch careers. He is now a 1L at the University of Maryland Law School, hoping to specialize in patent law and to help bring new medications to market.

**Sailaja Devaguptapu** is a futurist, strategist, change enthusiast, researcher and a science trained artist exploring health humanities. She is an emerging poetess with poems published at the national and international level. She is inspired and excited about using arts for elevation of consciousness and universal harmony.

**Joan T Tran, MD** is a first generation college student and third year family medicine resident at the UA - South Campus.

Born in Germany and raised in the U.S., **Karen Kohler** left management with a Fortune 500 company to answer a call to the stage. She has since led a critically acclaimed performance career as singer, actress, and ensemble leader, lectures at the university level on small stage performance art, and guides a range of artists in fulfilling their creative calling.

**Alan Cohen** was a poet before beginning his medical career and has continued writing since retirement. He's been writing poems for 60 years and has had 166 poems published in 86 venues over the past two years. He's been married to Anita for 41 years, and they've been in Eugene, OR these past 12.

**Sabine Obagi** is a first-generation Syrian-American MS1 from Los Angeles. When she is not studying, you can find her writing, eating spicy food, volunteering, styling clothes, petting dogs or listening to Drake, among other things.

**Karol Roman** is a fourth-year medical student at the UofA Tucson. She grew up in Egypt where her passion for service started and where she hopes to one day give her time as a Doctor to those who do not have the quality of life that each human deserves. Besides medicine, she has a deep-rooted love for art, music, and people.



**Ari Azani** is a 2nd year Psychiatry Resident at the University of Arizona – Tucson. He writes reflective poetry about psychiatry, medicine, and society in hopes of bringing people together and illuminating perspectives.

**Dr. Jeffrey Fisher** is a graduate of Columbia University College of Physicians and Surgeons. He has worked for over 40 years with the US State Department, the Indian Health Service, and in Internal Medicine Private Practice. He currently teaches clinical based instruction for first and second year students at the University of Arizona College of Medicine in Phoenix.

**Leila Jamal** is a Syrian American who grew up in various countries and across multiple coasts in the United States. She is currently a third year medical student at UofA-Com-Tucson. She loves any form of art, as she finds it therapeutic and universal. Art has served as an outlet of hers during her educational journey.

**George Christopher** is a retired infectious diseases physician. He spent most of his career as clinician, medical educator, and administrator in the US Air Force, and supported the management of research to develop vaccines, diagnostic tests, and therapeutics. He views medicine as a liberal art, and has written two essays for Hektoen International. *Akúyamoc* is his first work of fiction.

**Dr. Angela C. Brittain** obtained her MSN (2016) and PhD in Nursing (2020) from the University of Arizona College of Nursing. She is now a Clinical Assistant Professor at Washington State University.

**Audrey Yang** authored "For:"

**Thomas Healy** authored "Post Mortem"

**R.A. Pavoldi** is a self-trained poet writing over 50 years. He credits the "near Naples" Italian American dialect and the school of hard knocks for his voice. Some places his poems have been published include North American Review, The Hudson Review, Italian Americana, FIELD, Cold Mountain Review, Crab Orchard Review, ARS MEDICA, Hanging Loose, and Tar River Poetry, to name a few.

**Marcia Pradzinski** is a retired Instructor of International Teaching Assistants at The University of Illinois Chicago. She has published two books of poetry, several memoir pieces and, is currently working on a memoir about raising her son who had multiple disabilities.

# ARTISTS

**Brittany Chy** is a second year medical student at the University of Arizona College of Medicine - Tucson. She is a child of Cambodian refugees to the United States. She enjoys watercolor painting, plant care, and rock climbing.

**Luis Novelo Hernandez** is currently a second-year medical student at the University of Arizona College of Medicine - Tucson.

**Megan Irby** is a second year medical student at the University of Arizona College of Medicine - Tucson. She enjoys drawing and water color painting, but is always trying to expand her knowledge, horizons, and skillset by trying new things.

**Noshin Nuzhat** is an MS2 at the University of Arizona College of Medicine. She immigrated to the US from Bangladesh when she was thirteen and now calls Phoenix, AZ home. She enjoys art because it gives her the opportunity to express herself creatively and shine a light on issues that are important to her.

**Mark Abrams** is a transpersonal psychotherapist. Having spent forty winters in Vermont, Mark is happy to now divide his time between there and Tucson.

**Martin Demant** graduated pediatric residency at the University of Arizona in 2019 and completed emergency medicine residency there June 2022. He is currently in UACOMT-Ts ultrasound fellowship. He enjoys mosaics and nurturing his creative interests.

**Teddy G. Goetz** (they/them or he/him) is an overly enthusiastic non-binary transmasculine, queer, neurodivergent, chronically ill, Jewish psychiatry resident, writer, photographer, athlete, and research dork. Their goal (as both an artist and a doctor) is to help people feel seen. More about their scholarly and artistic work can be found at [teddygoetz.com](http://teddygoetz.com).

**Cary Davis** has been creating assemblage art since 1988. Hers are unusual pieces from unusual sources, recycled with love.

**Perri Hartenstein** has been living and working in Tucson as a pediatrician since 2014. Perri enjoys making art in watercolors and mixed media, portraying animals and landscapes around us.

**Monica Silva** is a multidisciplinary artist, including paint, printmaking, aerial performance, dance, and nursing. She has worked as a nurse in Tucson hospitals for the last 15 years. Her art is an unfolding map of her curiosity about the unseen relationships and possibilities always present under the surface of everyday life.

**Aseel Ibrahim** is a second-year medical student that loves to take photographs as stress-relieving downtime. Aseel believes photography is a great way to not only improve creativity and give the brain a break, but also a means to go outside and get moving.

**Yan Leyfman** is a resident physician at the Icahn School of Medicine at Mount Sinai. He has a passion for research, medical education, mentorship, and community service.



