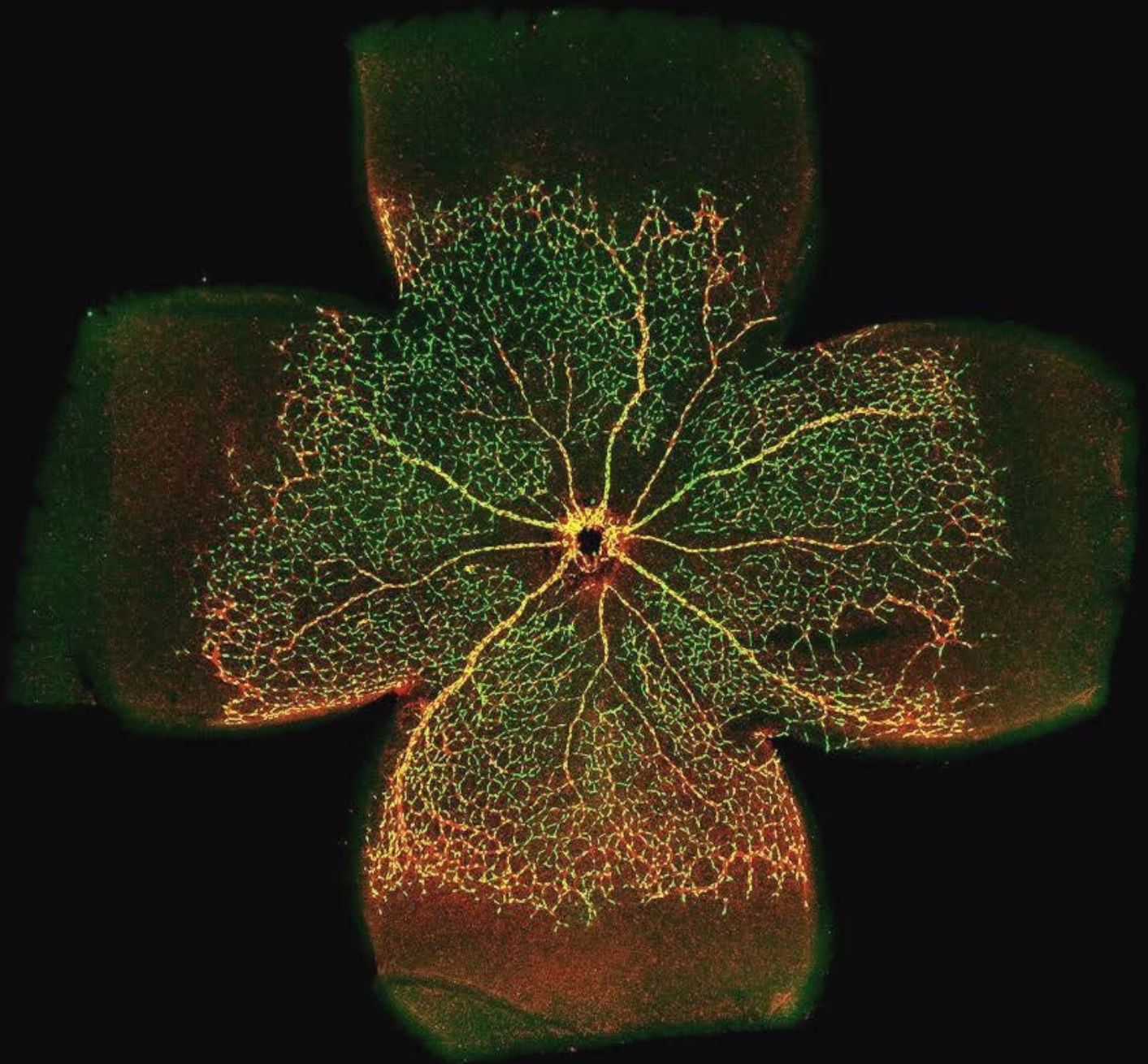


HARMONY

Humanism explored through art and writing

2022 // VOLUME 19



THE UNIVERSITY OF ARIZONA

College of Medicine

Tucson

A Humanities Magazine from the Program in Medical Humanities

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"Emotions" by Sanjana Sreenath

THIS ISSUE OF HARMONY IS DEDICATED TO JULIE HUYNH

*From her friends and colleagues at
the University of Arizona College of Medicine:*

Julie was the brightest star in so many ways. She lit up the room when she walked in: from her sharp wit, infectious laugh and endless hugs, she always knew how to bring a smile to the face of those around her. Her biggest goal in life was to become a physician-scientist: advocating for breast cancer awareness and improved treatments, scientifically advancing the field of chemotherapy responses, and caring for patients with a compassionate heart and a warm smile. She never stopped working towards these goals even in the midst of her own health struggles. The degrees of MD and PhD have been awarded posthumously by the University of Arizona in recognition of her achievements.

Julie was also a gifted photographer, poet and artist. Readers of Harmony will recognize her as five-time editor of this magazine— a testament to her passion for imparting artistic beauty on the world. This edition of Harmony includes a special poem and drawing that Julie created in the midst of her battle with cancer. This beautiful work speaks to her incredible talent and dedication to the magazine over the years.

She was a dear friend to so many of us, always putting others before herself and offering the best advice— we truly are all better for having known her. She will be dearly missed in the College of Medicine community, and her light will forever shine in our hearts.

Julie leaves us all with the following message:

Be brave. Stay strong.
We will be together again.
Live life the way Julie would live life.
Julie does everything she wants to do
so you do everything you want to do.
Remember, I am always doing ok.



1992-2022

UNTITLED | Julie Huynh, MD, PhD

My very first kiss in geometry class
Climbing the steps up the Eiffel Tower
Reading my acceptance letter to medical school
Are all moments
And contenders for when
my body betrayed me

When cells in my body failed to recognize mistakes
That would lead to the creation and growth of an
Immortal substance that
Forgot how to die
This substance, we'll call it
Cancer

Can no longer hear
Signals saying please
Please
STOP

G r o w i n g

Unbeknownst to me for some time
Quite cunning, really
When I think about all the nights I slept soundly
Devine meals I ate
Life in enjoyed
Without knowing all the changes occurring
Within me creating this
Immortal substance that

Feeds off my
dreams and future
Drunk with power and
Uncontrollable
G r o w t h

In a tragic way
As it has no way to know that it cannot truly
Win
It cannot both overtake me and survive
It can only choose one
And it chooses to

G r o w



Phyllodes | Julie Huynh, MD, PhD

The purple is the leaf pattern of the phyllodes pathology, it represents the tumor living inside of me. But the leaf is still whole and I am thanking my oncologist for making me feel like a whole person.

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FROM THE FACULTY ADVISOR



Dr. Amy Hu is an outpatient psychiatrist at the University of Arizona Department of Psychiatry and serves as faculty advisor for Harmony magazine.

"They cannot scare me with their empty spaces
Between stars—on stars where no human race is.
I have it in me so much nearer home
To scare myself with my own desert places."
-Robert Frost

Welcome to the 2022 edition of *Harmony* magazine, as we join our contributors towards a number of desert places, real and metaphorical. I first came across Frost's poem in the writings of psychotherapist Irvin Yalom, who wrote about the idea of existential isolation- that we are born alone and die alone. No matter how close we are to another, there remains an unbridgeable gap as we cannot share completely in another person's experience. Paradoxically, it is the acceptance of this and yet trying to bridge that gap that forms the foundation of meaningful human connection.

I talk about this often with residents when teaching psychotherapy- that our patients are on journeys that they have to make alone. We cannot change this, save them, or even know completely what that journey is like. Accepting this is what allows us to actually relate to them with clarity and honesty, and in the most meaningful way possible. It is this same isolation that underlies the creative process- the creating and viewing of art or writing being a meaningful approximation of bridging that gap and the closest we can come to sharing in the existence of another. As Yalom wrote, "deep loneliness is inherent in the act of self-creation."



Amy Hu, MD

FROM THE EDITORS-IN-CHIEF

Dear Readers,

Medicine isn't just science. It may be simple to write out prescriptions and order labs and give IV fluids but what about the person behind that MRN number? "The patient in Room 16" could be a mother, a sister, a friend. This could be one of the hardest days of her life and maybe she is "noncompliant" because she's scared, doesn't understand the jargon of the long list of medications she's supposed to be taking, and conveniently, her insurance doesn't cover all of them. And she doesn't have transportation either. But maybe it's easy to forget about that because it's easy to compartmentalize. Medicine can be grueling and sometimes it can be easier to go through the motions of the same formula over and over.

But medicine is the perfect opportunity to connect. Oftentimes you are sharing in the most vulnerable times with another human being—moments and secrets they may not even share with their closest loved ones. Medicine is an opportunity to reflect, to understand human suffering, and to grow in the perception of oneself.

Medical school has made it tempting to compartmentalize our artistic sides and stow them away for "a more convenient time", but art is so critical to our well-being that the lack of it affects more than our creative expression— it affects the quality of the medical professionals we are becoming. To us, the medical humanities is a path to empathy, a method of healing, and an outlet for emotion.

Sharing stories through written word allows us to understand that we are not alone, and that we may be more similar to one another through collective experiences of joy, suffering, triumphs, and failures

than we originally thought. When used effectively, the medical humanities can be a tool more powerful than any stethoscope, more exacting than any scalpel. We have found our passions in art through various media such as watercolor, acrylic, or pencil sketching to creatively express ourselves. Attention to detail, patience, introspection, self-reflection— we see these qualities mirrored in both medicine and art. It is this diligent process of creation that has allowed us to meet patients and start "seeing" rather than "looking", to start "listening" rather than "hearing". We have worked to contribute to the medical humanities, and the medical humanities have gifted us back with invaluable skills and knowledge that we hope to carry with us as we continue in our clinical careers.

To those whose lives it has touched, Harmony Magazine is more than the sum of its pages. For Julie Huynh, who shaped this magazine as Editor-in-Chief for many years, the medical humanities was nothing short of essential in her daily life. As a patient herself, she navigated the unknowns of medicine with grace, and used poetry to communicate and convey what she discovered along the way. This edition of Harmony and the newly created **Huynh Poetry Award** are dedicated to her memory and the legacy of excellence she leaves behind.

We would like to sincerely thank every staff member who has made this 2022 edition a memorable one. We are grateful for the contributors who put forth their creative pieces to share a personal part of their lives with the medical world. Lastly, a heartfelt thank you to all of our readers who continue to appreciate the medical humanities in the same way we do.

Sincerely,



Bianca Kao

Jenna Kay



FROM THE EDITORIAL STAFF



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Oumou Bah
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Koustubh Kondapalli
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MS1

Holly Tallman
Holly Tallman
MS4



Marine Khachatryan
Marine Khachatryan
MS4

Tesneem Tamimi
Tesneem Tamimi
MS4



It's easy to go through medical education on autopilot - one difficult task after the other, losing bits of ourselves in the process. 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 2022

Mathiasen Prose Award

Best submission in either poetry or prose

Karol Roman: *Outside the Womb (Page 10)*

Karol is a 3rd year medical student at UA 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. Other than medicine, she has a deep rooted love for art, music and people.



Ryan Visual Arts Award

Best visual arts submission

Lyndsay Kandi: *The Surgeon's Tools (Page 78)*

Lyndsay is a rising 4th year medical student at UA Tucson (Class of 2023), research trainee at Mayo Clinic Arizona in the Division of Plastic & Reconstructive Surgery, and a mom to a precocious 4-year-old girl. She aspires to be an academic plastic surgeon and loves the intersection of art and medicine within this field.



Parada Medical Student Award

Best overall submission from a University of Arizona medical student

Alexandre Motta: *After the Night Shift (Page 86)*

Alexandre is a first generation 3rd year medical student, immigrant, Latino, girls' father, and husband who experienced and continues to live through the generous and harsh facets of the 'American Dream,' which is fruitful to those who toil resiliently. Art is an escape valve that allows him to externalize excesses of thinking - especially the dreary ones - into physical matter that can be analyzed by himself and others.



OUTSIDE THE WOMB | Karol Roman

This is a poem inspired by what I learned from my internship in Egypt working under a pediatric neonatal surgeon. While observing the neonatal intensive care unit (NICU), I noticed how easy it is for the profession of doctors and nurses to become impersonal. The patients were marked by a number rather than a name. The surgeons would not round in the NICU often and would frequently not see the patient before they were laying on the operation table. In addition, as my internship was during times of COVID, parents were not allowed within the walls of the NICU. Babes would be pulled away from their mothers to spend days to weeks within the hospital without being allowed to be held by their parents. The poem is structured as the point of view of one of the neonates within the NICU. With this poem, I hope to share with readers a sense of the events which I witnessed.

I've lived contained all my life
All I've known is the four walls around me
At first comforted by the blanket of my
 mother
Falling asleep to her angelic song
Feeling secured as I dream of the tales she
 tells
This fairytale would quickly turn to my first
 nightmare
As I entered into the world
Pulled away from my mothers chest
To be placed in a plastic tube
With the warmth of a light replacing a touch

Labeled as a number
Poked and prodded
Voiceless and Unheard
I laid and cried

A day, two, three...
A week, two, three...

I Lost track of time before I knew what time
 was
And no one came to see me
All I've known are the eyes of strangers
Smiles hidden behind masks
As the memory of my mother's voice starts
 to fade
Thoughts creep into my head:
 "Will I ever go home?
 Do I have a home?
 What is home?
...I think I'd like to go there now"

Taken into a cold room
As I fall asleep to a face I've never seen
 before
Hands I don't know dissect me
Strange voices lay over me
As I dream of the songs my mother sang to
 me

I miss the womb I once called home



Photograph

This image is from the perspective of working in a public pediatric hospital in Cairo, Egypt where resources are scarce, operations are rushed and people are ignored. Yet there still remains gold hearts that have given pieces of themselves in order to help others and save the lives of children.

DEATH | Joan Nambuba, MSBS

Death came upon me so quickly and so suddenly
It encroached upon my life unexpectedly
It caught me by surprise, off guard, and unprepared
I did not want to accept it simply because I did not know how to welcome it
It just comfortably slithered its way into my life and made home, waiting for me to take it in and nurture it...

But I refused to be a good host!
This stranger I simply did not want a part of
This stranger, I chose to turn my back and close the front door
This stranger would have to wait on my porch until I was ready to find space in my all too comfortable abode.

A CHRISTMAS DUET | Janet Crum

It's Christmas Day 2018, and my Christmas spirit can best be summed up with a hearty, "Bah, humbug." One of my dearest friends died earlier that year, my husband is recovering from his fourth major surgery in less than two years, and my mother is in the late stages of dementia. Our decorating consisted of buying a tiny live tree from Home Depot that was dead by Christmas Eve. Our shopping consisted of replacing the refrigerator that died right after Thanksgiving, along with the microwave that died a week later. So it's Christmas, and I'm not feeling it. I plan to cook our traditional roast beef dinner and hunker down for a quiet evening at home—right after I pay my obligatory visit to my mother.

My mother—or what's left of her--lives in an assisted living group home. Her creativity, her love of music and books, her sense of humor—all have been strangled out of existence by the plaques and tangles of dementia, leaving only a frail, half-blind husk of the woman who birthed me, raised me, and loved me. Her ninety-one-year-old body, however, keeps humming along, seemingly oblivious to the fact that her brain left the building sometime in the late oughts.

I visit her regularly, a ritual I have come to dread. Each time I wonder what new piece of her the disease will have destroyed, and I mourn each of those little deaths. At least she still knows me—most of the time.

But it's Christmas, so I stick a Santa hat on my head, paste a smile on my face, and clomp up the stairs of her care home to do my duty.

I open the door and step into a Christmas card. A huge tree, bedecked with lights and candy canes, sits next to a cozy fire. Snowflakes drift lazily outside the windows while a Hallmark movie plays on the TV. Martha Stewart would be proud.

I sit beside my mother on the couch and extract my knitting from my tote bag. Busy hands make these visits easier to bear. I take the first stitch, and my mother and I attempt a

conversation, a pale echo of the long talks we had in the before times.

"How have you been, Mom?"

"Oh, fine."

I knit and purl and listen to the Hallmark movie.

"I'm so glad to see you."

"I'm glad to see you too, Mom."

LeeAnn Rimes plays the female lead in the movie. Her love interest is a generic clean-cut businessman-type.

"I'm so glad to see you."

"I'm glad to see you too, Mom."

LeeAnn sings a made-for-the-movie Christmas song. I don't catch many of the lyrics, but her voice rings clear and powerful throughout the scene. The woman's got some pipes. I wish I could sing like that.

"How are things at home?"

"Oh, not bad." I tell Mom about my husband's latest surgery—again. It's been less than fifteen minutes since the first time, but she's forgotten. She probably forgot about three seconds after I told her.

LeeAnn sings. LeeAnn tells her fictional love interest she's turning down a job across the country to stay in their fictional town.

"I'm so glad to see you."

"I'm glad to see you too, Mom."

Someone else in the movie starts singing, "Silent night, holy night, all is calm, all is bright."

Tears prick the corners of my eyes. "Silent Night" has always been my favorite Christmas song. I played it on my flute in middle school concerts—which my mother never missed--and sang it to my son as a lullaby when he was small enough not to care that I can't carry a tune in a wheelbarrow.

"Round yon virgin..."

My mother croaks out the lyric, more chanting than singing and so quiet I doubt anyone else in the room hears it over the person warbling on the TV.

"Mother and child..."

I join in, almost as croaky as Mom, forcing

each note past the lump in my throat. How long has it been since my mother and I sang together? Forty years? Forty-five?

"Holy infant so tender and mild."

I swipe the tears from my eyes with the back of my hand, hoping no one sees.

"Sleep in heavenly peace."

We manage one more off-key line before the movie cuts away from the song, and the moment is gone like a snuffed-out candle flame. But in that moment, a piece of my mom returned, fought its way through the plaques and tangles, set free by the simple

melody of an ancient carol.

I fish around in my purse for a tissue and wipe my eyes. I blow my nose and mumble something about allergies.

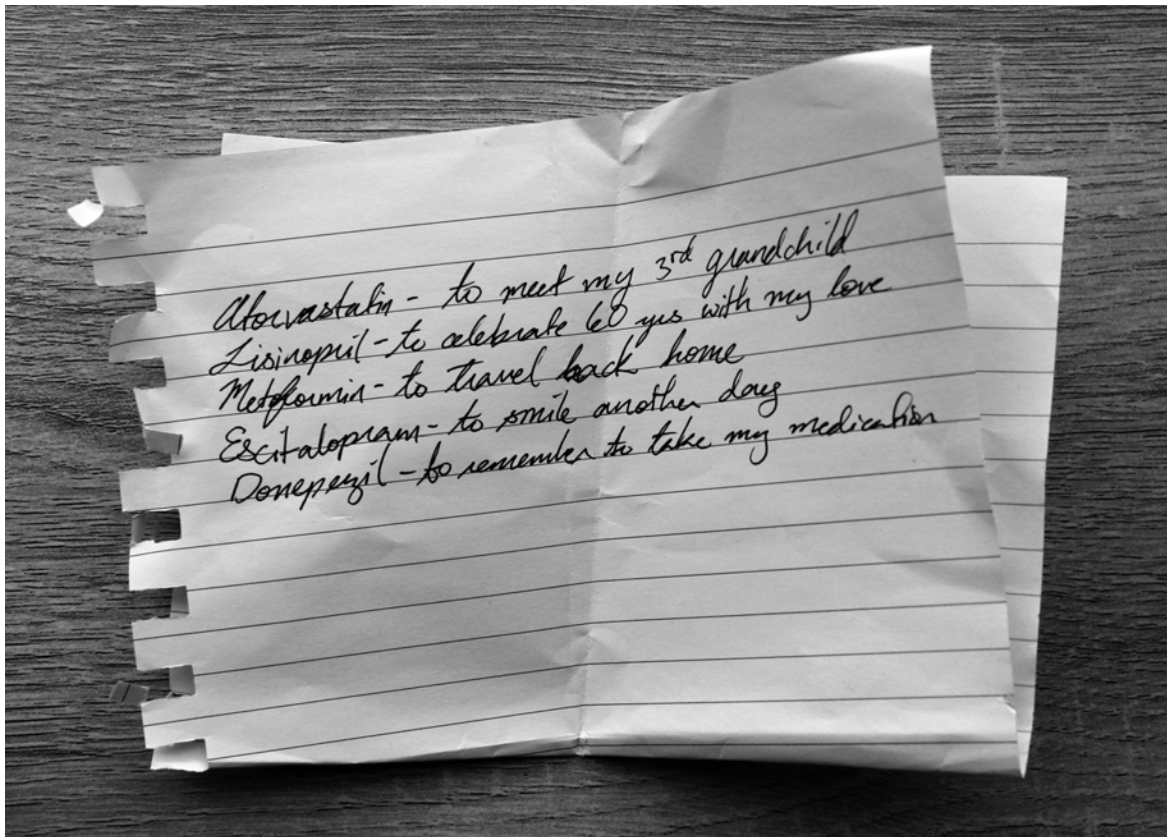
I'm so glad to see you."

"I'm glad to see you too, Mom. Merry Christmas."

I leave, wondering if I've spent my last Christmas with my mom.

I have.

And each year I marvel that for her last Christmas on earth, my mother gave me the best gift I've ever received.



Polyparmacy | Gabrielle Luu

Digital Photograph

Over prescribing - especially to those in the elderly population - has been a growing issue. This piece showcases the confusion that may arise when many drugs are recommended as well as what the patients' priorities may be when their health is deteriorating.

A THROW OF THE COSMIC DICE | S.E.S. Medina, MD

“Doctor Medina, please call extension 2843,” barked the black plastic beeper hanging from my belt.

Glancing at the tiny red LED display on the pager, I saw it was from the Bellevue Hospital 2B psychiatric ward secretary. Since locating a phone in this “museum” would take longer than to just hustle up there, I instead went directly to the unit.

Little did I imagine the first day of my third-year medical school psychiatry clerkship would be one of the most amazing days of my life.

Old Bellevue psyche, on First Avenue and 26th Street in Manhattan, built in 1931, was a nine story, red-brick building covered with long-dead creeping vines and enclosed by tall, rusting, spiked, wrought-iron fencing.

It’s said the building’s architecture was inspiration for the hauntingly evil Arkham Psychiatric Asylum featured in the Batman comic books and movies.

Panting, I reached the second-floor landing, turned left and ran through an interminable, desolate, institutional gray and peach corridor.

My footsteps echoed hollow off twelve-foot-high ceilings of peeling white plaster.

I punched an access code into the 2B Ward door keypad and entered a small, square patient holding area whose only piece of furniture was a mahogany bench bolted to the floor.

A musty smell redolent of a sweaty high school boy’s locker room assaulted me.

I sprinted across the room and punched in another security code, entering the psychiatry ward secretary’s office.

“Good morning,” I said with a mustachioed, polite smile and deep, flamboyant bow. “I’m Ricky Medina, you just paged me?”

“Hi, I’m Marsha, ward secretary ta Doctor Hirshenbaum,” said a precarious mountain of sky-blue filing folders crammed with papers,

Photograph

A Morgan on a cool morning at a Maryland horse farm.



Saint Timothy's Fog | Wayne R. Cohen, MD

piled upon a rectangular, yellowed oak desk.

A silver-haired, corpulent, Caucasian woman dressed in a bright white and black floral dress popped out from behind the assemblage and eyed me.

"Welcome to da 2B unit, Doctor Medina. We have an admission for ya. Gimmie a minute ta locate da patient's psychiatric E.R. chart—I know I have it here somewhere," she said, pilfering through the confusion that was her desktop.

Amid the organized chaos, she located her quarry.

"Ah, here's da file—a Mr. Moe Moskowitz," she trumpeted triumphantly, cheerfully handing me a light blue manila file.

I almost dropped the folder as my entire body froze.

"Did — you say — Moe Moskowitz?"

I held the folder unopened in my fingers.

"Ah, yeah, dat's his name all right," she replied.

"Da N.Y.P.D. brought him in dis mornin' from Stuyvesant High School. Da police report said Mr. Moskowitz was creating quite a ruckus there. He was tryin' ta gain access ta one of da locked classrooms durin' school hours. I read in da chart dat da E.R. psychiatric resident entered a preliminary admittin' diagnosis of manic-depressive disorder wit' active psychotic features. Dey gave him a whoppin' dose of twenty milligrams of haloperidol I.M. downstairs ta calm him down before sendin' him up."

Still frozen in front of her desk, I squeaked, "You did say—Moe Moskowitz, right, Miss Marsha?"

"Yes, Doctor Medina. Why do ya ask? My - yer turnin' red," Marsha said, left eyebrow raised.

I gulped.

"Do you know — if he's — a teacher?"

"Yeah, I believe he told me so himself when he passed through here earlier. Da chart stated he's a resident of B'wooklyn."

My eyes widened with that revelation. "Is he a—math teacher?"

"How'd ya know dat?" she asked, both eyebrows raised, piqued by my unexplained

knowledge of the stranger. "Da chart says he is."

I still couldn't believe what I was hearing. If this was THE Moe Moskowitz I remembered, I was going to see my seventh-grade mathematics instructor from Junior High School for the first time in over fifteen years.

Moskowitz was single-handedly responsible for curing me of my irrational childhood fears of math, turning me into a calculation whiz machine.

But, to my chagrin, I never figured out the water bucket reasoning problem he challenged my classmates and me to solve for a dollar bill prize on the first day of school.

After an unforgettably flamboyant performance by Moskowitz of the humorous American sports poem, "Casey at the Bat," in our math class, I asked him to teach me how to recite the *vers libre*.

With exaggerated physical flourish and aplomb, completed by a passable Irish brogue, incongruent and hilarious from the mouth of a Puerto-Rican teenager, I created my unique interpretation of the piece.

In the eighth grade, I performed "Casey at the Bat" for a school-wide speech contest, which I won to the thunderous applause of my schoolmates.

There were also fond memories of many joyous hours playing fiercely competitive American-style handball with Moskowitz, and Bernard, one of my classmates, on the playground after class.

This wonderful man had been pivotal in my excelling in the sciences and being admitted to medical school.

*This couldn't be the same person, could it?
Naaaaaaaaw.*

"So where is he now, Miss Marsha?"

"He's in da patient television room doin' magic tricks."

"Magic tricks?"

"Yes, Mr. Moskowitz is such a charmin', entertainin' dear!" Laughed Marsha, her triple chin jiggling like peach Jell-O.

"Mr. Moskowitz told me he could do tricks wit' a dollar bill, so I gave him one and he

made it look like he'd torn it in half, only to show it was still in one piece! Amazin'! Af'ta Mr. Moskowitz did da trick, he wanted to return da bill, but I told him to keep it."

"That's him, Miss Marsha! Tell me, how do I get to the T.V. room?" I asked, my right foot tapping staccato.

Her cherubic right index finger pointed to a heavy steel door behind me. "That leads in'ta da main psychiatric patient ward hallway. I'll let ya in."

I turned. She pressed a hidden button located under her desk. A buzzer sounded. I heard the metallic click of a lock opening.

"Just go out dat door and hang a right. Da T.V. room is at da end of da hall, also on ya right. Nice meetin' ya, Doctor Medina," Marsha said, waving goodbye, as the heavy gate clanged shut behind me.

Alone in the psyche ward corridor, I turned and made my way to the T.V. room, my stomach fluttering and heart pounding.

Strolling down the hall I was possessed by an involuntary feeling of having been mystically transported onto the set of a "Twilight Zone" episode, its circular, swirling musical theme playing softly in the background.

The iconic Rod Serling stood behind me, a burning cigarette held between his right index and middle finger, gray-blue smoke languorously churning upward, reciting the famous monologue—"You're traveling through another dimension, a dimension not only of sight and sound but of mind; a journey into a wondrous land whose boundaries are that of imagination. That's the signpost up ahead — your next stop, the Twilight Zone."

I reached the T.V. room. Before entering, I timidly peeked in to see what was happening.

There, performing his dollar bill magic trick with great flourish for a wildly appreciative audience of three psychiatric patients was the bald, bespectacled man I respected and loved: Moe Moskowitz!

Before entering the room, I considered, Mr. Spock-like, the overall probability of this unbelievable happenstance.

First, I weighed the incredibly low possibility of Moskowitz coming all the way from Brooklyn into Manhattan, coupled with the equally unlikely occasion of having some kind of psychotic break.

To this, I added the miniscule chance of being brought specifically to Bellevue psyche, given all the other possible psychiatric hospitals in Manhattan to which they could have taken him.

This improbability was further compounded by the meager possibility of being admitted to my specific psychiatric unit — which was one out of eight wards: four in the old Bellevue where I was located, versus the four wards in the new Bellevue Hospital building next door.

Finally, the infinitesimally tiny probability of being admitted to ME on my FIRST DAY!

Spock-like, with right eyebrow raised, I completed the meticulous calculus and concluded the total, entire chance of this impossible meeting was: ZERO!

This was an incredible throw of the Cosmic Dice for sure!

I entered the room.

The patients watching Mr. Moskowitz perform the illusion scattered upon seeing my white lab coat approach, leaving my teacher standing alone, holding the dollar bill miraculously restored to its pristine condition after undeniably being torn in half.

I walked up to him.

"Hello, Mr. Moskowitz."

As he'd always done years ago in class when concentrating on a matter before him, he scrunched those still all-black bushy eyebrows together while squinting behind thick, black plastic framed eyeglasses, and looked me over. His eyes widened.

"Ricky...?"

"Yes, Mr. Moskowitz," I gave him a refrained, professional smile, extending my right hand.

He took my hand and shook it slowly, escalating the intensity of his grip as he'd always done when we were kids to test one's strength.

Then he said something amazing.

NIGHT-BLOOMING CEREUS | Perri Hartenstein, MD

*Gouache on
Handmade Paper*

An image of the
beautiful cereus plant
that blooms only once
a year in Tucson.



"Ricky," he said, staring at the floor, "Once upon a time I had total authority over you, now -- you're over me."

"Well, Mr. Moskowitz, this is my opportunity to pay you back for all you did for me," I said, smiling. "I'm in my third-year of medical school at N.Y.U. in part thanks to you."

Looking me straight in the eye, Moskowitz said: "Ricky, seeing you right now is helping me a great deal. You're a familiar person I can trust in a very unfamiliar, scary place. I suspect you're going to interview me, no?"

"Yes, Mr. Moskowitz, I'll do a mental status exam and get your clinical psychiatric history, as I'm the medical student in-charge of your case while hospitalized. Please follow me."

Turning to walk toward the door, I waved with my right hand for him to follow.

Before we left the T.V. room, Moskowitz said with an amicable grin, "Ricky, please call me 'Moshe' as you're old enough now and a doctor and all." I nodded.

Moskowitz accompanied me out of the T.V. room and into the hallway, down a wing of the psychiatric unit toward the patient examination room.

Once settled, I performed a cursory physical exam, followed by a mental status exam.

Moskowitz was oriented to person and place but was disoriented to the actual day and date. He remembered who the president of the United States was, but incorrectly named the mayor.

Moshe made other mistakes during the memory and recall part of the questionnaire but had no difficulty with the cognitive calculations portion.

Completing the preliminary evaluation, I asked Moskowitz to describe the events leading to his admission to Bellevue.

"Ricky, in the time since you left our fine school, the behavior of the youngsters has precipitously deteriorated.

"It'd been such a pleasure teaching you and your knowledge-hungry classmates.

"The only disciplinary problems I had to

deal with back then was gum chewing, talking in class, note passing or the occasional spitball shooter.

"Now, these kids are functionally illiterate, filthy, and malnourished, bring knives and even guns to school, and have absolutely no interest in learning.

"Keeping order in the classroom is very difficult at times..."

Moskowitz stopped speaking, sighing several times in succession; his face contorted as if on the verge of tears, while wringing his hands and shaking his head. He resumed:

"Yesterday, there was this big bruiser of a kid in the back of the room talking out of turn and bullying a smaller child sitting next to him. I got up from my desk and sternly called him to the front of the classroom.

"He strolled up arrogantly, laughing and getting high-fives from his buddies along the way. Now, Ricky, I can't discipline a child using my hands, so I came up with a novel approach: when he came up to the front of the classroom, I simply head-butted him," Moskowitz said, snickering; a deranged leer warped his pouting lips. "He lay sprawled out on the floor, knocked out cold!"

Shocked by this revelation, and his inappropriate laughter and sneer, I still maintained a serious, professional demeanor.

Looking Moskowitz straight in the eye without blinking, I said in a calm, firm tone, "Go on, Moshe, so what happened next?"

"Well, Ricky, you can imagine the commotion my head-butting the kid caused. I was immediately called to the Principal's office. Mr. Herbert sat me down in a chair and said with a frown: 'Moshe, Moshe, Moshe - you've been working too hard. I know disciplinary problems at school have worsened, but you very well recognize you can't hit a child the way you did, head-butting him.'

"But I didn't use my hands, Mr. Herbert, wasn't that okay?"

"Ricky, the Principal shook his head at my response. Then he said: 'Moshe, look—take the rest of the week off. You need some rest.

I'll handle the stupid kid's parents. You just go home and take it easy, okay? I'll call you in a couple of days to let you know what happened.'

"Well, Ricky, I did exactly as Mr. Herbert instructed, left the school, grabbed a Coke and a hot pastrami sandwich at the corner Jewish deli, and headed straight for my apartment. It pissed me off being sent home, as you can imagine. Me—Moe Moskowitz, sent home as if I was a delinquent kid for misbehaving!"

He stamped his right foot hard on the examination room floor, shaking my desk, and growled like a mangy dog.

Moskowitz saw my disapproving glare, composed himself, and resumed his story.

"I took a lengthy walk around the neighborhood to work off that delicious pastrami sandwich, meandering through Prospect Park. Pausing by the old Memorial Arch at Grand Army Plaza, I spotted an empty park bench and sat for a little while, watching some old timers play chess. As it was getting dark, I left the park and made it to my apartment by sundown. I decided a long, hot bath would calm my frazzled nerves. Filling my tub with steaming water, I grabbed a Coke from the fridge and slipped into the soothing, warm bathwater.

"The next thing I knew, the gray dawn light was peeking in through my bathroom window and I was laughing my head off, still sitting in the now chilly bathtub water. I don't know what I thought was so freaking hilarious at the time, but I stepped out of the tub and dried myself. I put on a plaid flannel shirt and a pair of blue jeans and, after a quick breakfast of scrambled eggs, OJ and toast, considered my next move.

"After washing the dishes, I decided to visit my favorite nephew, Joseph, who lived in Manhattan. Figuring he'd be at school, I left my apartment and rode the subway into the city.

"Once I reached Stuyvesant High School, I tried to enter, but all the access doors were locked. I suppose I gotta bit too rowdy

expressing my frustration at not being able to see Joseph. The school officials called the cops. They brought me here. That's the gist of it, Ricky old boy," Moskowitz said, giggling and grinning inappropriately while slapping his right knee repeatedly as if this entire episode was some colossal joke.

While Moskowitz related his odyssey to Bellevue, I'd discretely opened the sky-blue admissions chart and peeked at the psychiatry resident's E.R. notes.

Apparently, it took five policemen to subdue Mr. Moskowitz at Stuyvesant High School and bring him to Bellevue.

The resident's notes said my teacher was yelling incoherently, hitting the hospital orderlies with his head after they'd wrapped him in a straitjacket to subdue him.

The psychiatry resident ordered twenty milligrams of haloperidol to be given intramuscularly stat.

After a few hours, Moskowitz calmed enough for transport to the unit.

"That's quite a story, Moshe. How do you feel now?"

"I feel great, Ricky. I'm cured, thanks to you and whatever that E.R. doctor gave me in a shot!" Moskowitz roared. "Can I go home now?"

He startled me by abruptly rising and stomping to the examination room door exit to leave, only to find it locked. In frustration, Moskowitz groaned, kicking the door several times and shook the doorknob vigorously, trying to force it open.

I stood. "I'm sorry Moshe, but you're not going anywhere. Please sit down again. We're not done yet."

Approaching him cautiously, I placed my right hand gently on his left shoulder, squeezing it.

"Remember, you just said a little while ago in the T.V. room that now I'm over you. Moshe—cooperate with me, and I'll do everything in my power to get you well and back home."

A terrifying look of boundless rage distorted the normally kind face of the man I so admired; it shocked me with its ferocity.



*Acrylic
on Canvas*

I created this
piece while
listening to
Beethoven's
Moonlight
Sonata.

I looked him squarely in the eyes, doing my best not to betray the naked fear gripping my fluttering heart because of his bizarre, violent behavior.

If it required five policemen to subdue him earlier, it'd be impossible for me alone to handle him if he were to snap here in the exam room.

But, the rage was instantly replaced by his characteristic friendly smile and a soft chuckle.

"Okay, Ricky, you win," he said, turning from the door and placidly returning to his seat again. "You're the doctor!"

Completing my examination, I accompanied Moshe to the nurses' station.

The Head Nurse gave Mr. Moskowitz an oral dose of five milligrams of haloperidol and escorted him to an assigned room.

I met with Dr. Hirshenbaum and presented Mr. Moskowitz's case.

Hirshenbaum said they'd keep Moskowitz on twice a day haloperidol and that I should evaluate him daily, followed by reporting the outcome of my interaction to him.

Each passing day saw Moskowitz improve in mood and clarity.

After a week, his mental status exam normalized.

On the night before his discharge, I dropped by the psychiatric unit before heading out to my favorite Manhattan club.

I was dressed for an evening at Magique in my "Disco Doc" finery; a long-sleeve, black, brushed silk shirt, black leather vest, black wool pants, black patent leather shoes and a pair of brass, crossed infantry rifles pinned to my shirt lapels.

Arriving at Moskowitz's room, I peeked in.

He was alone, sitting on a rickety wooden chair facing the iron-barred window of his room overlooking the frantic, honking, bumper-to-bumper automobile traffic of the FDR Drive.

"Hey, Moshe," I said, beaming, "You're going home tomorrow. Are you excited?"

"Yes, I most certainly am. Hey, Ricky, you sure look sharp and smell awful good—is that

'Hai Karate' cologne?" smirked Moskowitz, turning in his chair from the window to face me. "Lady-killing tonight, eh, my boy?"

"Yeah, time to have some fun. I'm headed to a night club run by two promoter friends of mine on the corner of East 61st Street and First Avenue, just north of the 59th Street Bridge.

"I came by," I said, walking over to the edge of his bed to sit and face him, "as I was afraid I'd miss seeing you tomorrow when the nurses discharged you.

"Remember, Moshe, you have an outpatient appointment with a psychiatrist to continue your treatments. You've done spectacularly well, considering how ill you were when you arrived."

"Well, Ricky, I owe that all to you and your excellent bedside manner. I don't think I'd have done half as well if you hadn't been here."

The look of deranged, naked madness that had raged in his steel-blue eyes on that first day was gone, replaced by a welcome serenity and peacefulness.

It was amazing how effective a major anti-psychotic drug such as haloperidol had been in helping him regain sanity.

With a smile, I replied: "Heck, Moshe, I'm just glad I could be of some help to you in such a troublesome time, but don't forget—you feel better because of the haloperidol. If you stop the medicine, you'll decompensate and become irrational again.

"In addition, it's imperative you keep all the appointments with the psychiatrist we've scheduled for continuing outpatient treatment. Moshe," I continued, my grin gone, and eyes narrowed, "- this will be a lifelong problem with lifelong treatment. Is that clear?"

Moskowitz nodded.

My demeanor softened. "On a different note, I wanted to tell you I finally figured out the water bucket problem you presented to our seventh-grade math class on the first day of school."

"Water bucket problem?" He asked, face twisted by uncertainty.

“Yeah, the one with the three- and five-gallon buckets. You know, the reasoning problem where we had to measure out exactly four gallons of water, using any amount of water we wanted, but with the important caveat that the two buckets had no volume gradations marked on them, remember?”

“But of course!” Moskowitz said, slapping his knee and grinning. “So, Ricky, what’s the answer, my boy? Sorry I don’t have a dollar to give you if you got it right.”

Standing and using my hands to fill imaginary buckets, I described the process: “First, you fill the three-gallon bucket with water. Then pour it into the five-gallon bucket.

“Next, refill the three-gallon bucket and pour it into the five until you fill the five to the brim. This leaves one gallon of water remaining in the three-gallon bucket.

“You then pour out the five-gallon bucket, emptying it.

“Then pour the one gallon of water still held in the three-gallon bucket into the five, followed by refilling the three, then pouring it into the five. You will have exactly four gallons of water in the five-gallon bucket!” I chirped, with a broad smile.

“Excellent, Ricky, my boy!” Moskowitz declared, clapping his hands in approval. Reaching into his left pocket he announced, “Hey, I still have that dollar the receptionist gave me. Here’s your prize!”

The next day, we discharged Moskowitz. I never saw or heard from him again.

To this day I remain eternally grateful to the cosmos for the opportunity to help a man I so admired come back from the dark, irrational realm of madness.

And I won my dollar bill!



OUR EYES WERE OPENED AND THE SKY FALLS DOWN | Alexander Hoogland, MD

we outcasts, we broken, we dust that transcends;
we weak mockery makers,
we full-grown children of men;
we weaned on white lies and racism,
and still some people contend,
we haven't survived any bad times
that won't come to an end.

this whole goddamn world is dying,
this fucking country went first;
we say we're best in the world,
but then we follow the worst;
we weary soulful professionals,
we understand that we're cursed,
by a pyramidal system
profiting when people get hurt.



Acrylic

This acrylic piece is my interpretation of the mytheme of the Cosmic Turtle, who supports the entire world on its back. This powerful narrative reoccurs through multiple cultures: in Hindu mythology, Chinese mythology, and the mythologies of the Indigenous peoples of the Americas.

BREAKING...BREAK...

BROKE...BROKEN. | Paulina Ramos

My heart broke today when I saw you.
I felt your emptiness, where I previously felt your hope.

You presented to us in need...desperate to find someone who cared.
You told us of your struggles and shared with us your concerns.
We knew you were a good person who was unfortunately in a situation you could not control.
A situation we would aim to tame.
I could feel your soul aching...in need of humanity to extend a hand and pull you up.
We let you stay; you were not turned away.

You had a warm bed, a shower, but what you most appreciated was the warm food.
Your angst began to subside; your presence was calmer.

You cleaned up, shaved your beard and were excited to rekindle relationships once lost.
You were as we say, "future oriented."

You asked if before you left, you could have lunch.
"Of course," we said...Your smile lit up.

I saw your energy transform from a hurt but gentle soul that was in need, to one that was full of hope and fervor for a new opportunity.

You left after being in our unit for a few days.
I was hopeful, but there was a part of me that was also afraid for you.
I was afraid because the sad truth is, our system is broken.
I was afraid it would not support you in the ways you needed, and it would disappoint you.
I was afraid that those relationships you hoped to rekindle, were too far gone and out of reach.
But...still I was hopeful.

I was hopeful that it would all work out.
That life could give you a break and a happy ending.

I saw you 3 weeks later at a bus stop.
I pulled into the drive behind you.
I froze...I could not get myself to get out of the car and call your name to make sure you were doing well.
I wanted to know if you were ok.
I wanted to give you a pair of socks and mylar blankets I always carry to pass out for the cold and rain.
I could not move.

I thought to myself, "is this violating any laws because I previously saw him as a patient."
I sat in my car.
It felt so inhumane to not be able to help a person in need simply because I was a part of your care team.
I decided it was ok to give you the items.
Still, I could not move.
I sat there wondering if it was really you.

I knew that if it was, your happy ending may not have been so happy after all.

I put my car in reverse and began to drive.
I needed to look again and confirm that it really was you.

It was...
I pulled back into the parking lot, grabbed a pair of sacks, blankets, and my hand sanitizer.

I called your name once, twice, three times, then four.
You finally looked back.

I asked if it was you.
Your face, it looked somber.
Your voice sounded full of anger when you said "yes."

I said I had something for you, but it was not much.
You turned away.
I walked to the bus stop, laid it next to you and told you that you were in my prayers.
Your stare felt so empty...your soul disappointed, and hurt once again.

As I made my way to my car, I looked back.
You picked up the items and tossed them in the trash.

My heart was breaking, realizing our help did not extend beyond our hospital walls.
It hurt more because it is not just your hurt...it is about all the individuals who are in a similar situation as you.
It is about all the forgotten people who are hurting and in need, yet left alone...

I arrived at home, and I cried.
I have a home...you and many others do not.
And so, I began to pray for you.
And I began to write with a broken heart.

YOU ARE WHAT YOU EAT | Jon Green



Acrylic on Paper

I have recently been drawn to painting portraits, so for my art piece, I created a self-portrait using fruits, vegetables, and other healthy foods. I love to eat healthy and I visualized what I would look like if I were what I ate.

CHASING FIREFLIES AT MIDNIGHT | Dustin Grinnell, MFA, MS

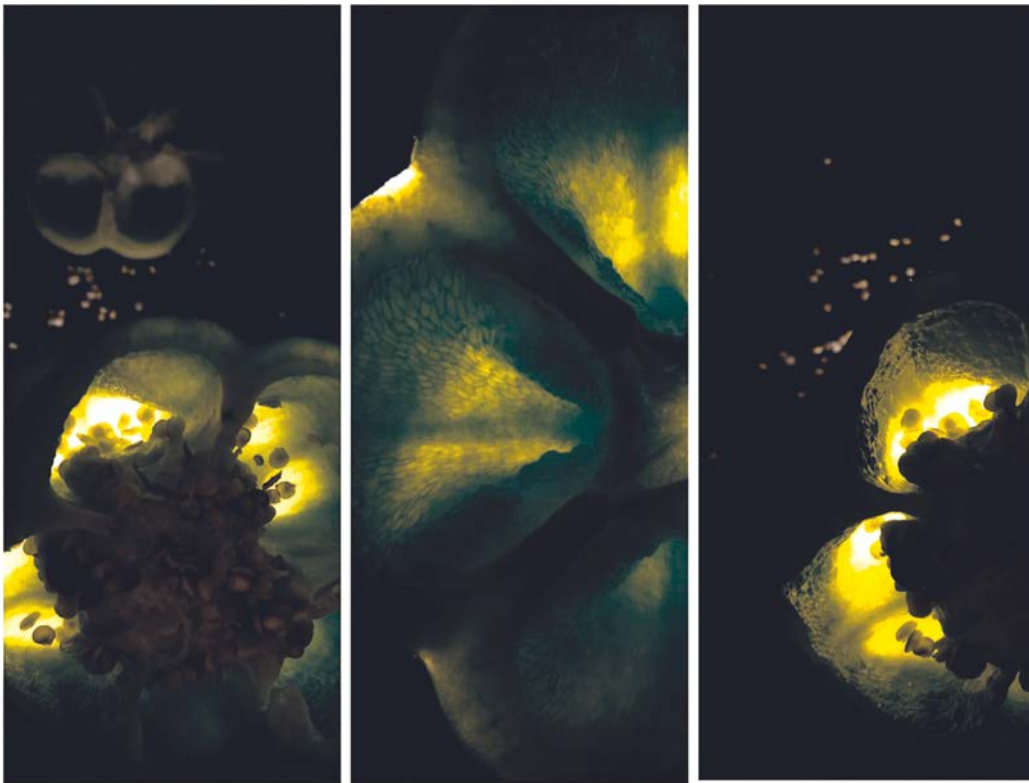
I had just finished dinner when I received a phone call from a nurse at Maine Medical Center. She informed me that my grandmother was in the intensive care unit and might need dialysis. My grandmother, Anne, didn't have COVID-19, thankfully, but her kidney disease had advanced, according to the critical care physician, who wasn't hopeful about her prospects. As soon as I got off the phone with the nurse, I left my apartment in Boston to drive up to Maine.

When I entered her room a few hours later, Anne's skin was pale, and she was having trouble staying awake. The doctor had just given her an anti-anxiety medication, which made her drowsy, but she insisted on talking with me, wanting to know how my latest article was coming along. I told her I had submitted the final draft to my editor and the story was going to be the magazine's cover story. Anne smiled, clutched my hand, and

closed her eyes. I sat back in my chair and wondered how much longer I would have with her.

I hadn't been close to my grandmother growing up, and in my twenties, I was so focused on the future that I charged forward, trying to find my place in the world. I didn't pay much attention to family history as the idea of digging up the past seemed like a waste of time. Meanwhile, Anne researched our family's lineage, read history books, and visited our ancestors' graves. She mapped our heritage exhaustively, while I ignored it.

It was only a few years earlier, sometime in my thirties, that I realized learning more about my past could help me know not only where I had come from but also where I should go. Recognizing this, I began trying to get to know Anne better and encouraged her to share stories of her life.



Photograph

This collage was an attempt to capture the hidden beauty of seeds and fruits as well as draw attention to nature's natural beauty.

Every few months, Anne would send me mini pieces of memoir that captured slices of her life: Dropping out of college after getting married. Going to graduate school in her late thirties to study public policy after a divorce. Meeting her second husband and becoming politically engaged in the seventies. The excitement of the feminist movement and the thrill of becoming a democratic delegate for Massachusetts. My father moving to New Hampshire after high school to become a “mountain man” and start a construction business. Through her, I learned that I came from a long line of rabble-rousers—the origin of my revolutionary spirit.

Anne thought of these as her piecemeal memoir. We both acknowledged the essays probably wouldn’t find publication, but that was never the point. She just wanted to record the past for the family, and maybe for herself too. And because neither my father nor my younger brother seemed to have any interest in learning the details of her life, I would have to become the family historian.

It’s unfortunate that few seem interested in Anne’s stories. She lived a common life, but every life has extraordinary bits when examined closely. How my father takes for granted the traits he inherited from his mother! Indeed, he values education highly and pursued an associate’s degree in adulthood to better himself. Yet he forgets his mother pursued a master’s while raising him. When Anne’s second marriage fell apart, she packed up her belongings and drove from Boston to Los Angeles to start a new life. My father, brother, and I fancy ourselves risk-takers, yet we forget Anne’s pioneering spirit runs through our veins.

After a year of struggling to secure employment, Anne was considering returning home to Boston when she found a job as a city planner in Los Angeles. She’s now been retired for almost twenty years, but to my surprise, she looks back on her twenty-year career as a city planner with some regret. She considers her pension vital, but what she always wanted was to become a journalist.

Anne’s city planning office stood across the hall from the offices of the *Associated Press*. She revered the *AP* for its top-notch journalism, but she never found a way in with them. In fact, she had sophisticated ways of talking herself out of such a career path. She wasn’t a natural storyteller, she convinced herself. She wasn’t resilient enough to pursue a story when doors were slammed in her face. She wasn’t a bulldog like the reporters in her favorite movie, *All the President’s Men*. She thought she was too gullible to see through subjects’ lies. So for twenty years, Anne worked on the wrong side of the hallway.

Though she has never admitted it, I think my grandmother envied my writing career. I wasn’t the type of “balanced” journalist Anne had wanted to become, though. I was a science writer for a biomedical research institute—a hired gun for a development team at the Galen Institute in Cambridge, Massachusetts. Everything I wrote was designed to raise money for scientists’ research projects. I wrote and edited grants, proposals, and letters to grant-making institutions, philanthropic groups, and wealthy donors. I interviewed scientists and wrote feature articles.

I enjoyed the work, but like my grandmother, I revered journalists. I admired them on *60 Minutes* for speaking truth to power during difficult times. I’d been romanced by movies like *Spotlight* and *The Insider* that depicted investigative reporters exposing deep injustices in society.

Haunted by my grandmother’s cautionary tale of working close to the *AP*’s office, I decided to try my hand at freelance journalism. I wrote and eventually published a few pieces of literary journalism in consumer magazines. The writing and rewriting with editors took immense effort, and the pay wasn’t as good as corporate work.

Thinking I could perhaps merge my commercial and journalistic interests, I pitched the idea of writing a feature article to the editor of the Galen Institute’s magazine, *Cellular*.

No doubt the editor thought I was a hack who couldn't write objectively, but he was impressed enough by my clips to let me take on the piece. It was one I had wanted to write since my arrival at Galen two years prior: a story about a plant biologist at the Institute who studied how and why fireflies lit up, a natural phenomenon called bioluminescence.

When I told Anne over the phone that I was writing an article about fireflies, she said that she'd always been fascinated by the insects. When she was a child, she and her father would use nets to catch them late at night. In retirement, Anne became something of an amateur scholar on fireflies. She regaled me with facts about fascinating creatures.

Apparently, fireflies use quick flashes of light to communicate with other fireflies. The flashes also ward off predators and help the fireflies find mates. Each firefly has a distinct courtship signal, with males being the primary signalers. The females remain grounded during the males' courtship displays. If a female likes a male, she responds by flashing back. The females prefer males who give off longer-lasting flashes. A pair will flash back and forth until they've mated. Once they do, they stay together all night. It's as if the flashes are love songs, my grandmother supposed.

As I began writing the article, I immersed myself in the scientific literature the lab had produced. The lab's mission was to explore the biochemistry of plants from all over the world. The lab studied the dizzying array of chemicals plants used to defend themselves against threats, like other creatures, droughts, and lack of light.

I was working on the article one weekend, when I took a break to read Anne's most recent memoir pages. It was then that I sensed we might not have much more time together. She was eighty-three and suffered from various health issues, including chronic kidney disease. She wrote in her piece that she hadn't realized how vital kidneys were until they became deficient.

She also found it strange living in Maine because she had lived in Southern California for most of her adult life. She would have spent the rest of her life in California except she fell and fractured a hip, stripping her of her cherished independence. After the injury, my father convinced her to return to the East Coast. Eventually, Anne decided to move to Kennebunkport, Maine, a charming town she'd always adored and visited whenever she came to see us. In summers, my father, brother, and I would ride bikes around Kennebunkport, stay in a local bed and breakfast, and visit Sharon's Seafood restaurant for lobster rolls.

A week before visiting Anne in the hospital, I stood on the lawn of Acadia Senior Living, and we talked through her window. Since the COVID-19 pandemic began, safety measures have kept people at a distance from high-risk populations like the elderly, as eight out of ten deaths have been among adults over sixty-five. She had spent the last year mostly cooped up in her room; I had been sequestered in my apartment, working from home. A year into the pandemic, we chatted about "caution fatigue" and how tired we were of isolation. The toughest thing about the pandemic for Anne was not being able to touch anyone. She said her "touch tank" was low, and she just wanted a damn hug. She seemed melancholy, even depressed, and had been relying on her anti-anxiety medications to sleep every night.

Most of all, Anne was bored. She was tired of tinkering with a memoir that would never be published and no one but her grandson would read. She was on her third book about kidney disease and hadn't read for enjoyment in months. And the assisted living facility was getting on her nerves. The mind-numbing chair yoga each morning, the painting classes, the daily ritual of gathering around the television and watching *The Price is Right*. Until she moved into an assisted living facility, she had assumed a love of bingo was a myth; it wasn't. Sunday bingo was like Christmas for most of the residents.

TIGERSNAKE IN THE SHADOWS | Perri Hartenstein, MD



*Watercolor, Gouache
on Watercolor Paper*

A rattlesnake found in Tucson emerges from the shadows, I used predominantly complementary colors.

The pandemic had made her living conditions insufferable, Anne told me through her window. Most residents were glued to their televisions or computers all day, soaking up news reports. During socially distanced meetings, people worried about the virus and how their health issues put them at risk. Anne said she'd lived a long life and had gotten her fill. If the virus got her at eighty, so be it.

The sense that Anne needed a project—an adventure, something to take her mind off the pandemic—led me to visit her facility in the middle of the night. With a ten o'clock curfew in Boston, I should've been home like everyone else. Yet I drove an hour and a half north to break my grandmother out of Acadia, dressed in dark jeans and a black T-shirt to avoid being seen. It was midnight when I arrived.

After parking the car, I tiptoed to her window and tapped on the glass. The curtain slid aside on the second knock, and my grandmother appeared in the window, rubbing the sleep from her eyes. She glanced at the clock on the wall. "What the hell are you doing here so late?" she asked shrilly.

"I'm getting you out of this prison to go on an adventure." I reminded her of our last conversation and of how fed up she was with the living conditions. I, too, had been feeling cooped up sitting in front of the computer all day and gorging on the news at night. I had lost touch with the natural world. I felt I'd lost touch with myself.

Anne protested, reminding me of the curfew. The risk of infection.

"It's midnight," I said. "Not another person in sight." I pulled a fresh mask from my pocket for her. "There's enough hand sanitizer in my car for the population of Switzerland. And we'll be home in a few hours."

"I don't like surprises," she said when I dodged her question about where we were going. She eventually agreed, though, and went to get dressed.

Ten minutes later, Anne appeared in the window. Holding her legs and then her lower back, I carried her through the window and placed her on the ground. I helped her adjust her face mask and then led her to my car. "Stay low and keep your voice down," I said as we began to cross the lawn.

Suddenly, a set of automatic lights illuminated the lawn, and we ducked behind some bushes. A window snapped open, and a man with snow-white hair leaned out. "Who's out there?"

When he spotted Anne, she stepped out from behind the bush. "I'm with my grandson, Hank."

"What about the lockdown? And the curfew?"

"Go to bed, Hank. If I'm not back in time for chair yoga, cover for me."

On the highway driving north of Kennebunkport, Anne told me about Hank. "He's one of my only friends at Acadia. I don't much care for the guys he associates with, though. They're lazy. Every day, Hank and four others meet for coffee: same time, same table, same orders. Such a waste of time, idly passing the hours talking about politics or bragging about their kids' accomplishments." Anne's days were different. She took classes on politics and history, organized the Acadia Book Club, and had video conferences with the League of Women's Voters in Los Angeles.

Dodging another question about where we were going, I turned left onto Laudholm Farm Road and took another left onto Skinner Mill Road. Minutes later, I parked in the lot at Wells National Estuarine Research Reserve, a 2,250-acre network of trails that hugged the Maine coast. I hopped out of the car and circled around to open the door for Anne. I squirted a glob of sanitizer into her hands, while she fumbled with her mask. I offered to help, but she said she could do it herself. Opening the trunk, I put two nets in my backpack. After clicking on a flashlight, I studied a paper map. Laudholm Beach was less than a mile away.

I led Anne past a visitor center and onto Knight Trail. We walked the wide, grassy path. Grasshoppers chirped all around us, and waves crashed in the distance. We took a right onto Barrier Beach Trail, passing an estuary that emitted a pungent odor of sulfur. We kept moving, and the woods opened out to a parking area. From there, we followed a boardwalk to Laudholm Beach.

I kicked off my sandals, putting them in my backpack, and offered to put Anne's shoes in as well. When her shoes and socks were off, she pressed her feet into the cool sand. The soft crashing of waves was exciting, and the salty air was invigorating. The nearly full moon lit up the beach. We walked along the shore, admiring the darkened houses along the coast.

As the beach turned to rocks, I led Anne to a grassy meadow. "Wait. Watch."

She didn't understand until we spotted a faint, eerie glow.

Anne's face brightened. Letting out a giggle, she scurried toward the flickering insect. When she was a foot away, the green glow stopped, and she paused. The glow appeared a few steps farther away, and she skipped after the firefly, around a sand dune. I followed, pulling a glass jar from my backpack.

Anne stepped in close to the firefly and cupped her hands together, but she missed the light. The next time, the beetle was in her hands. She watched the firefly crawl across her palm as it blinked. Removing the lid, I nodded for her to drop the firefly in the jar.

"Did you poke holes in the cover so the fireflies won't be hurt?"

I nodded that I had.

She placed her hand over the jar, gave it a tap, and the firefly fell to the bottom. I handed her a net, and we continued along the beach.

Just then, sparks of light rose all around us, and the beach became luminous, ethereal. Filled with awe, we laughed and used our nets to sweep the insects out of the air. After twenty minutes, the jar was glowing with

fireflies.

"It's likely filled with mostly males," Anne said, examining the jar. "They'll glow all night if we add more females."

To find females, we searched the grass for glows that lasted longer. Soon, we had caught a handful of females, and Anne guessed the jar was filled with about a hundred insects. She pulled a few leaves from a shrub and put them inside, explaining that food would also help keep the fireflies blinking all night.

We strolled toward the ocean and sat down on a beach towel. The fireflies flitted across the glass jar in front of us as waves crashed in the background. When I pulled two sandwiches from the backpack, Anne unwrapped the tinfoil to find a lobster roll from Sharon's Seafood. She smiled widely, and we ate in silence. Once finished, Anne balled up the tinfoil.

"Thank you for breaking me out of Acadia. This has been so exciting. I'm getting cold now, though, and I think I'm ready to go home."

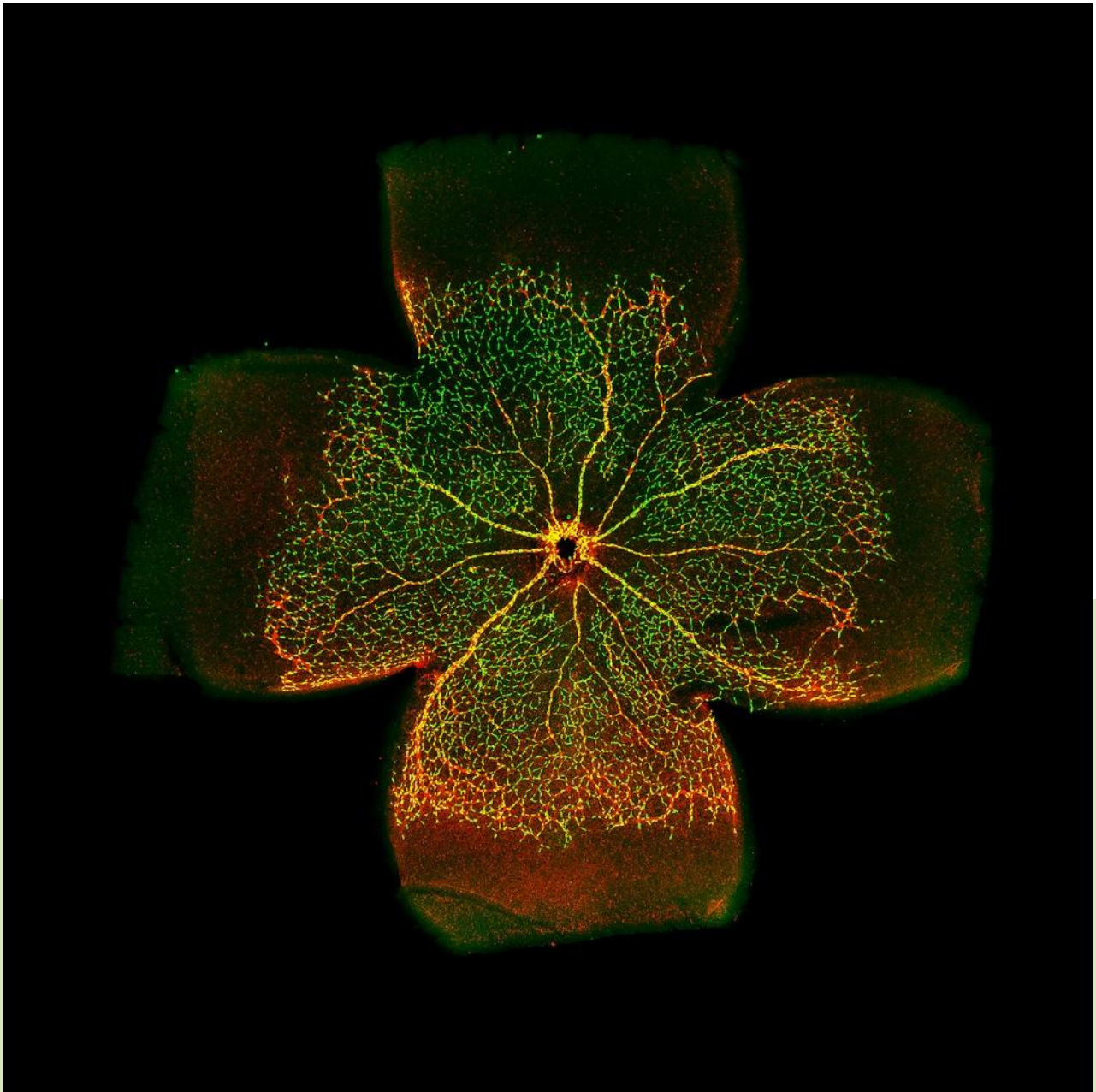
On the drive back, Anne held the glass jar in her lap, mesmerized by the twinkling insects. Back at the assisted living facility, I picked Anne up and slid her back into her room. She gave me a hug through the window and then asked me to wait. After a moment, she returned with a binder.

Anne passed the binder through the window. "This is my research on fireflies."

I flipped through the pages, briefly stopping on an article to read a headline or a passage Anne had highlighted. There were dozens of articles and notes she'd taken. I stopped on what looked like a transcript of an interview.

"A few weeks ago, I interviewed an entomologist from Harvard," Anne said. "Anyway, I knew that I'd never get around to writing something. I want you to have the research. Hopefully, you'll find it useful."

A few days later, I was working on my firefly article at home. The research my grandmother had collected was extremely valuable. It detailed the courtship behaviors



Digital Media

"Looking Glass" depicts the early development of the retina. The flower-like structure shows the intertwining vasculature sprouting from the central optic nerve.

of fireflies, as well as how other animals, like deep-sea creatures, had evolved the ability to glow in the dark. Anne had dug up news reports that proved firefly populations were dwindling in the United States due to development that encroached on forests, fields, and meadows where fireflies lived. The light pollution produced by humans also disrupted firefly populations by obscuring the signals they used to find mates.

These articles became a background for my piece; I cited a few studies and used a couple of quotes from the entomologist. In my interview with Galen's plant biologist, I had learned that the scientists had successfully sequenced the insect's genome and had finished several experiments that revealed the basic chemistry involved in the firefly's bioluminescence. According to the biologist, bioluminescence had likely evolved to ward off predators and then evolved into a way to attract potential mates.

When I visited Anne after she was admitted to the ICU a few days later, the nephrologist said her kidneys had begun to fail and she

didn't have long. When I got to her room, Anne's eyes flickered open, and she smiled. We talked for a few minutes, reminiscing about our adventure. Opening my bag, I pulled out a jar of fireflies I had collected the night before.

She examined the jar and then asked, "How is the article coming?"

I told her the article was finished, and that I'd used a lot of her research to write it.

"I'm proud of you," she said, a smile spreading across her face. "I'm glad someone in this family became a writer."

From my bag, I also retrieved a copy of the new issue of *Cellular*. I had worked with an illustrator to create the cover art. It had a beautiful graphic of a firefly in a meadow at Laudholm Beach. "Check out the article," I urged.

Anne flipped the magazine open to the article and paused. Next to my name was hers. It had always been a dream to see her name in print. Her eyes welled with tears, and she didn't say a word. I sat in my chair, watched the fireflies flicker in the jar, and let her read the story we had written together.

MICROCOSM | Christianna Kreiss, MD

Cyanotype Photographs

Macrophotography of plants allows for the discovery of an incredible variety of life that often remains unseen or is overlooked.

For me these images are a meditation on the fleetingness and inscrutability of life. The image is printed as a cyanotype which is an old photographic printing technique from the late 19th century. Creating these hand-made prints is a lengthy process that generates its power through its slowness. At a time when we are asked to perform instantly and simultaneously in many areas, slowing down and working manually brings its unique inspiration.

This series (I-IV) will be featured within the next several pages.



Microcosm I

"4344 STAT, 4344 STAT," squawked the black plastic beeper hanging from the waistband of my green surgical scrubs.

I glanced up at Franklin, a six-foot African American in his mid-twenties, lounging across from me in the Bellevue Hospital Trauma On-Call break room.

"That's the E.R.!" I snapped, dropping a half-eaten slice of pizza onto my Styrofoam plate. "It's show time!"

The stat page still blaring, we sprang from well-worn plastic lounge chairs and sped through the on-call room's open doorway, turned the corner and barreled toward the elevators.

"I wonder what we're gonna see," Franklin wondered aloud.

"Maybe an auto accident victim, or someone knifed in a bar fight," I offered.

At the elevators, I pressed the "down" button half a dozen times while glancing at my watch.

The third-year surgical resident strode over to join us.

Six-foot-six, Brooklyn-born and bred, it was Dr. Vlad Linsky who so graciously ordered the pizza we'd left mangled in the on-call room. Jim Stark, a burly, Bronx-born Irish American trauma intern, arrived completing our surgical quartet.

"Any news on what we'll see downstairs?" I asked.

"Nope," said Linsky, rolling his eyes. "Only dat three ambulances 'r headed our way uptown from Police Headquarters."

The elevator doors opened; we entered.

The doors closed, and the pleasant momentary weightlessness as the elevator plunged to the ground level reminded me I was careening into the unknown.

Growing up in New York City, Franklin and I heard stories about Bellevue's world-famous trauma service: pioneers in microsurgical techniques who painstakingly reattached traumatically severed limbs.

So during our fourth-year of medical instruction at the New York University School

of Medicine, Franklin and I decided to volunteer for Bellevue's Trauma service on New Year's Eve, December 31, 1982.

We believed time spent on the trauma service would offer a rich clinical experience.

"Where's Dr. Del Valle?" asked Franklin.

"He's already in da E.R. waiting fir our lame asses ta git there," said Stark.

The elevator arrived on the ground floor.

We sprinted through dimly lit, desolate hallways on our way to the E.R.; our frantic footsteps echoed thunderously in the hollow tranquility of the night.

Franklin and I entered the trauma reception room first, snatching up the supplies we'd need to prepare the arriving patients for emergency surgery.

Dr. Del Valle entered the surgical suite.

Joe Del Valle, a stocky, thirty-year-old Italian from the Bensonhurst section of Brooklyn, was the Chief Surgical Resident in charge of the trauma response team. Towering over him on either side were residents Stark and Linsky.

"The report I got from the E.R. dispatcher is that we're going to receive a policeman who was patrolling outside Police Headquarters at One Police Plaza," said Del Valle, addressing both the physicians and nurses who'd gathered to hear the report.

"At 10:30 p.m. the officer discovered a cardboard Kentucky Fried Chicken box abandoned on the sidewalk. As he approached, it exploded. The paramedics bringing him said he lost most of his left leg below the knee and sustained a severe blast injury to the right leg.

"In addition, two more patients being brought in are bomb squad detectives called to remove a second device found at the nearby Federal Building at One St. Andrews Plaza. They were placing a special metal mesh blanket on the suspected explosive to lift and carry it to a bomb-proof van when it detonated. One detective lost fingers on both hands. The second detective sustained severe facial injuries. It looks like we're going to have

our hands full, guys and gals. Has Dr. Bashir been paged?"

"He's on his way to the E.R.," shouted the E.R. Ward Secretary seated nearby.

"Great! We'll need the whole crew. Franklin, Ricky - you guys ready for this?" asked Del Valle.

"As ready as I'll ever be, Chief," Franklin said, giving him the "thumbs up."

"Franklin and I wanted to get some serious experience in trauma," I chimed in, my pulse racing and hands sweaty, "so I guess we're going to get our money's worth!"

Almost on cue, a gurney pushed by two E.M.T.s burst through the heavy stainless-steel double-doors of the trauma suite. The policeman on the stretcher was still in his blood-soaked uniform, his face contorted by severe pain. They maneuvered his gurney into the first of three empty trauma suite work slots.

Organized pandemonium ensued.

The nearest trauma nurse approached and began cutting away the officer's tattered uniform with scissors.

The strong, rusty iron nail smell of coagulated, decomposed blood, the stench of burnt human flesh and the acrid scent of gunpowder assaulted our nostrils as she removed the policeman's clothing.

Franklin and I each took one of the officer's arms and cut away his coat sleeves with scissors. We placed rubber tourniquets around his mid-upper arms and started hunting for good veins.

My classmate found a vein first, inserted a 16-gauge I.V. catheter and attached the clear plastic I.V. bag tubing.

The nurse who'd taken the officer's blood pressure reported it dangerously low, barely palpable, so we opened Franklin's I.V. tubing valve wide open to let the saline rush in.

I missed my first I.V. stick, but found another vein, cannulated it, attached I.V. tubing, and opened it to full flow.

Del Valle and Linsky joined the nurses in cutting away the policeman's heavy navy blue woolen trousers, revealing a hideous sight: the officer's left foot was almost blown off.

Only the fleshy heel remained with a strip of skin attaching it to the rest of the lower calf.

The latter was a bloody mess: the serrated end of the tibial bone protruded from a ragged, beefy-red, muscular calf remnant. The glistening, light maroon, pencil-thick tibial artery that ran down to the foot was hanging free in the air at about the level of where his ankle would have been. It was in a rhythmic spasm with no blood spurting.

I stared at the artery, fascinated by the sight of this bizarre phenomenon which I'd only just read about in a trauma textbook describing war injuries.

The innate wisdom of the body amazed me: the cyclic spasms of the torn end of the artery prevented spurting and additional blood loss.

The policeman's pants now cut away, Linsky meticulously cleaned the left leg wound with sterile cotton sponges soaked in saline. Franklin came alongside to help him, while I watched.

Linsky and Franklin gently wrapped the exposed tissues in saline-moistened sponges, paying special, delicate attention to the spasmodic artery, and finished by covering the entire lower leg with a thick Kling bandage for transport to the waiting O.R. suite.

The third-year surgical resident turned his attention to the freshly exposed right leg.

A full-thickness of skin had been cleanly blown away from most of the officer's upper thigh by the powerful bomb blast.

His skin loss extended down to the mid-calf. Bones, muscles, and tendons were visible. The edges of the remaining skin were charred and devitalized with gray-blue edges.

Del Valle spoke to the injured policeman while Linsky and Franklin worked on the injured right leg. The officer, grimacing through the pain of Linsky's punctilious wound care, told Del Valle he'd been on routine patrol around Police Headquarters when he came upon a KFC cardboard box sitting on the sidewalk. He walked toward it, there was a flash, and then he woke up in the ambulance.



The trauma room doors burst open. In rushed one, then another gurney, each carrying a man dressed in heavy gray clothing. The first victim was screaming at the top of his voice.

"What's wrong with me?! I CAN'T SEE! PLEASE TELL ME WHAT'S GOING ON," he yelled while we rolled his stretcher into the second open slot.

The other victim was strangely quiet while they slipped his gurney into the third slot; the E.R. angels of mercy in white swirled around the injured men, efficiently removing their bloody clothing.

"Nurse Mason," snapped Linsky while still working on the injured policeman's leg wounds, "please draw up one mill'gram o' Ativan, an' 100 mill'grams of Demerol wit 25 mill'grams of Vistaril an' 'minister both meds intramuscularly stat to da yellin' patient, so we kin calm his butt down!"

Nurse Mason, an African American woman, turned to the crash cart behind her, and

prepared syringes containing Ativan, Demerol, and Vistaril.

She returned to the distraught man's side, injecting the medications into the man's now bare right shoulder.

Dr. Said Bashir arrived and joined the team. He and I examined the right hand of the first bomb squad detective.

All the fingers on his right hand were gone - just frayed, bloody knuckle stumps.

His left hand was almost as bad, but the detective still had an intact thumb, and variable length stubby remnants of his other four fingers.

I got queasy at the gory sight but maintained my composure.

Bashir called for sterile dressings and saline, which were handed to him by the nearest nurse.

With completion of his work on the injured man's hands, Bashir moved on to examine the facial wounds.

Standing a few feet away, I saw a look of horror cross Bashir's face as he beheld the bloody mess that'd been the bomb squad detective's eyes. He barked an order to Mason for a stat ophthalmology consult.

Meanwhile, I wrestled to insert an I.V. into the left arm of the first bomb squad detective, who was still thrashing about, screaming in pain, demanding to know what was happening. With Nurse Mason holding the man's arm, I managed to insert a large bore I.V., attached the plastic tubing, and opened the valve wide open.

Feeling a tug on my right arm, I turned to see a medium-sized, gray-haired man in an elegant navy blue pin-stripe suit under an expensive dark gray cashmere overcoat, concern deeply etched on his face.

A prominent gold badge glinted on his left coat lapel.

"Dak'ta, wat's da condition of da police officer, and da two bomb squad detectives?" he asked.

I shared what little information I knew, telling the gentleman the trauma team was preparing all three patients for immediate surgery once their x-rays and blood tests had been completed.

He thanked me politely and joined several other individuals, similarly dressed and also wearing gold police badges, who'd just entered the trauma suite to check on the condition of the three officers.

Moments later, I learned from an off-duty policeman who moonlighted as a Bellevue E.R. security guard, the polite stranger was Police Commissioner Robert J. McGuire.

The ophthalmology trauma team arrived and made their way to the head of the first bomb squad detective's gurney.

Their collective evaluation of the officer's ruined eyes took all of thirty seconds.

The Ophthalmology Attending walked over to Del Valle and told him they'd immediately prep for surgery, but sadly, there wasn't anything to salvage.

The pressure wave of the bomb blast destroyed both of the officer's eyes. They'd

have to remove the remaining pieces of each eyeball and close the sockets. He reported examination of the patient's ears showed the eardrums had been blown out as well. The victim would likely remain permanently deaf.

Del Valle's only reply was a frown.

Talking on a nearby wall-mounted phone, Del Valle updated Dr. Charles Montgomery, Orthopedic Trauma Attending, about the condition of the policeman with the leg injuries as the surgeon prepared to drive to Bellevue.

Bashir, speaking into another wall phone, detailed the injuries of the two bomb squad detectives for Dr. Peter Richards, an orthopedic trauma hand specialist at Bellevue.

Richards was changing into gray scrubs in the orthopedic on-call room on the tenth floor.

Franklin and I stood to the side discussing the upcoming surgeries while transport aides took the injured men to the E.R. radiology department for x-rays when Del Valle approached us.

"Hey guys," he said, "I just heard from one of the senior detectives in charge of the investigation that some lunatic called a radio station claiming responsibility for the bombs.

"The caller said he was a member of the F.A.L.N., a terrorist group wanting independence for Puerto Rico from the United States. So, clearly, this was an act of terrorism. Ricky, as you're our resident Puerto Rican, what can you tell us about them?"

Whatever I was going to say died in my open mouth. A chill washed over my body like an ice bath. My face burned with shame and anger.

The news a revolutionary group well known to me—the F.A.L.N.P.—had perpetrated this obscenity infuriated me; my Taino Indian blood boiled with rage.

The profound cosmic irony that I was a Puerto Rican physician helping these policemen injured by fellow islanders was not lost on me. Snapping out of my trance, I found my voice:

“Joe, the actual acronym for this group in Spanish is the F.A.L.N.P. which stands for Fuerzas Armadas de Liberación Nacional Puertorriqueña, shortened to F.A.L.N. by the media. Translated into English, it’s the Puerto Rican Armed Forces of National Liberation.

“They’re a tiny group of individuals who are not remotely representative of the political will of the overwhelming majority of Puerto Ricans.

“The F.A.L.N.P. has the reputation among law enforcement as the most violent terrorist group in U.S. history, responsible for over 100 separate bombings since 1974.

“You might recall one of their most notorious members, a man by the name of William Morales. He lost nine fingers and part of his face in 1978, following an unintended explosion at his clandestine bomb-making apartment in New York City.

“In fact, Morales was hospitalized right here in a Bellevue Hospital prison ward until he somehow engineered an escape from the secure medical unit. I believe he’s still at large.

“An independence movement has always existed on the island since the days it was a Spanish colony. Puerto Rico was part of the ‘war booty’ gained by the United States when it defeated Spain in the Spanish-American War of 1898. The United States got possession of Cuba, Guam and the Philippines from Spain as well.

“The only time my fellow countrymen were asked about the political future of the island was in a 1967 plebiscite.

“In that referendum, 60% of the voters favored maintenance of the status quo, commonwealth status, another 39% wanted statehood, and the remaining 1% went to the Puerto Rican Independence Party, known as the PIP. So, 99% of the island’s voting citizens overwhelmingly rejected severing ties to the United States.”

“So why do groups like the F.A.L.N.P. still exist if most Puerto Ricans don’t support them?” asked Franklin.

“Because there will always be those who

will resort to violence when the ballot box doesn’t go their way,” I replied.

“As a full-blooded Puerto Rican, born and baptized on the island, I’m sympathetic to their cause because the imposition of American law and culture on my people following the Spanish-American War has at times been cruel and callous over the many decades since 1898.

“But violence is not the answer,” I concluded.

The E.R. Head Nurse crept up behind Del Valle and whispered something into his left ear.

“Haaaarrummp!” said Del Valle, clearing his throat.

“Ricky, thanks for the scholarly exposition, but if I can interrupt you for a second, I think I have something that’ll snare your interest more. Nurse O’Donnell told me Mayor Koch is outside in the corridor and is eager to speak to me about the condition of our three patients. I was wondering, as our Puerto Rican representative, if you’d like to accompany me while I brief him?”

“Hell, Dr. Del Valle, I can educate my trauma colleagues anytime,” I laughed. “Meeting the Mayor of New York City, now that’s a real treat!”

I followed Del Valle out the side trauma room door into the din of Bellevue’s sprawling, bustling E.R.

There, standing in the main corridor of the emergency room was Mayor Edward Koch, dressed in a black tuxedo over which he wore an elegant, tan, ankle-length cashmere overcoat.

The Mayor, brows furrowed, was flanked on the left by a member of his security detail, and on the right by Police Commissioner McGuire.

“Your Honor, I’m Dr. Joseph Del Valle, Chief Surgical Resident of the Bellevue trauma team. This gentleman beside me is Dr. Enrique Medina, one of our trauma team sub-interns.”

I stepped forward, extending my right hand, “It’s an honor to meet you, Mayor Koch.”

The Mayor was an imposing figure. I'd seen him many times on television, but never realized how tall he was in person.

The Mayor warmly shook our hands. "Okay, Dr. Del Valle, tell me about the condition of our brave officers."

The Surgical Chief Resident's description of the policeman's leg injury clearly dismayed the Mayor, but Del Valle's summary of the first bomb squad detective's horrific eye and hand damage shook Mayor Koch.

Del Valle outlined the details of the second bomb squad detective's hand and facial injuries and concluded by advising Koch the three were prepped for surgery and the operating physicians, nurses and anesthesiologists were ready to receive the officers.

"Thank you, Dr. Del Valle, for your thorough report and surgical team's outstanding efforts. I'm shocked at what you've described. Is there someplace I can sit to digest what you've shared with me?" asked the Mayor.

"Certainly, your Honor. Here to your left," said Del Valle as he gestured, "is an empty isolation room where you can sit undisturbed."

Koch thanked Del Valle, somberly walked into the adjoining room, and sat.

His security guard stood outside the doorway at attention.

Returning to the trauma room, I turned to Del Valle. "Joe, I've seen Koch on T.V. a million times. He's always so animated and ebullient. Now he's silent and serious. That's not like him."

"Any normal person would be horrified at what's happened to these three brave men in the trauma suite," said Del Valle. "It's good to see how much he cares about their wellbeing."

Two new trauma admissions involved in a car accident rolled into the E.R. Linsky, Bashir, and Stark split up to assess the victims. This left Franklin and me to serve as surgical assistants for the three maimed officers. I walked over to Del Valle, who was sitting at the nurse's station writing a progress note.



Microcosm III | Christiana Kreiss, MD

“Say, Joe—will it be all right if I scrub in and assist in the surgery on the policeman with the leg wounds?”

“Sure, Ricky. With the rest of the team working on the new arrivals, they’ll need all the help they can get in the O.R.”

“Great! Hey Franklin, are you going to scrub in, too?”

“Naw, I’m goin’ back to my crib and celebrate what’s left of New Year’s with Carissa. I’ve had enough excitement for one night of volunteering. Besides, it’s the beginning of your elective three-month stint as a trauma sub-intern, so have fun!” he said, thumbs up on the way out of the E.R.

During the surgery to amputate the policeman’s mangled leg, I reflected upon the night’s events.

As a Puerto Rican, proud of my island’s 459-year history and rich cultural heritage, I thought about the terrible suffering of these poor innocent policemen and the horror their family would experience because of the appalling actions of the F.A.L.N.P.

Intense anger flared within me toward my fellow countrymen responsible for such savagery.

My heartbeat thundered in my ears.

I’d always been proud to call myself Puerto Rican, but the despicable actions of these madmen brought tears of shame to my eyes.

I had to focus hard to keep my hands steady during the sometime gruesome surgery.

Try as I might, I couldn’t find any rational justification for their brutality.

When the operation was finished my arms and legs were leaden weights, drained by the hours of non-stop exertion. My fingers were numb from the endless cutting and suturing.

The anger possessing me - so potent a stimulant in the charged atmosphere of the operating room - drained from my body, leaving me hollow and nauseated.

Walking out of the O.R., briny tears streamed from my bloodshot eyes. I wiped them with a trembling hand.

I’d volunteered on New Year’s Eve 1982 for the singular experience of working on Bellevue’s trauma service.

But, on that fateful evening as the “token” Puerto Rican physician on the trauma team, I’d been given the opportunity to counter a message of hate with one of compassion.

On a night in which the world had seen the worst of my beloved island, I answered by giving my best.

A weary smile crossed my lips.

“It certainly has been a night to remember,” I mused, wearily trudging down the hall to the surgical on-call room to catch some much-needed sleep before surgical trauma ward resident rounds in a few scant hours.

...Over the ensuing years, the popping of a champagne cork, the clinking of fine crystal glasses held high, the crackle of fireworks, and the descent of the brightly illuminated, sparkling Times Square Ball still elicit powerful memories of those incredible hours spent saving the lives of those brave officers on that momentous New Year’s Eve night.

To my horror, I discovered the same F.A.L.N.P. bomb-maker, William Morales, who escaped Bellevue Hospital despite losing nine of ten fingers when the explosive he was working on detonated in his apartment, had been named the mastermind of the New Year’s Eve attacks by the F.B.I.

Morales escaped to Mexico and eventually made his way to Cuba, an honored guest of Fidel and Raul Castro, where he still lives to this day.

I also learned his accomplice to this heinous crime was another Puerto Rican, Luis Rosado Ayala.

Ayala was both the bomb manufacturer and the anonymous caller to the WCBS radio station claiming F.A.L.N.P. responsibility for the terrorist attack.

Still facing additional charges for kidnapping and armed robbery in Chicago, Ayala remains a fugitive from the law and is on the F.B.I.’s Most Wanted List.

A NIGHT TO REMEMBER

Sadly, the two criminals who executed a failed attempt to force independence on my beloved island stay unpunished.

But my Puerto Rican soul is at peace,

because on that New Year's Eve night I helped push back the darkness of hatred with the light of love and human compassion, forces more powerful than a million terrorist bombs.



Microcosm IV | Christianna Kreiss, MD

TEMPORELLE¹ | Michael J. Leach, PhD

Those steady ticks
are heartbeats transcending
whispered chaos,
bringing future moments

composed of slowly fading
memories
*d'heures chéries avec tois*²
on sun-kissed
days.

When did it dawn on me that you're the one?
Perhaps when I gave you more attention
after you gave me two hands
amidst the dunes of time's sands.

The trickle
of water led to ripples then a wave
that swept up the two of us to lofty heights.

I reread memoirs whose pages rustle
—like old calendars—
through months when you're well

through months when you're so alive
through months when I'm illumined by your *lumière*³
through months when I'm beside myself
whilst your life
FORCE
fades.

Whenever I'm alone out there in space
-time,
the sound of atmospheric air
echoes the name of one who lost her life
young.

*Cet amour*⁴
has long outlasted
cancer.

1. *Temporelle* – Temporal

2. *d'heures chéries avec tois* – cherished hours with you

3. *lumière* – light

4. *Cet amour* – This love

UN AMOR DE VERDAD, BOTAPILAS, CHIHUAHUA, MEXICO | Michael A. Zaccaria



Photograph

This couple is in their tiny general store. Their living quarters are in a room behind. Botapilaas at the bottom of Copper Canyon was declared a Pueblo Magica by the government of Mexico. The de verdad on the clock is promoting Coke as the real thing.

AN ODE TO CARNEGIEA GIGANTEA | Tesneem Tamimi

She stands beneath the open sky, lost within
the endless desert
She is alone.
Surrounded by nothing but need and sorrow
and death
The sun is an unforgiving beast: there is no
pity or kindness
It unloads its cruelty day after day, without
any signs of mercy
Her roots keep her trapped in place, unable to
escape from the agony
A woodpecker uses his beak to slowly carve
out a home for himself within her flesh
He leaves, another takes his place: an owl, a
finch, a sparrow
A pack rat digs in her teeth in search of relief

The need that surrounds her becomes
deafening.
One after the other, each drawing from her
strength without permission
Her silence is permission.
She grows spines to keep this overwhelming
need at bay
Her shallow roots desperately seek comfort,
trying to store enough of it before the sun can
knock her down again by its weight

Isolated travelers stomp through the
desolation
Their strange words and heavy boots are loud
enough to drive out the need for a moment
They are alive.
They are happy.

She tries to follow them, but those roots keep
her fixed
Her spines keep them away at a distance
So instead, she is a spectator to this happiness
Their laughter hurts more than the beaks and
teeth that continue to pillage

She is alone.

They leave and still she stands as she knows
nothing else.

Promises of relief roll in with unexpected
speed
She is shielded from the sun and sweet, sweet
respite floods through
Life sings around her.
The desert is alive.
The desert is happy.

But the sun returns with the same force
stronger even
after her indulgences.

The need and sorrow and death make their
reappearances
Days become weeks, becomes months,
becomes years
She continues to stand tall, growing inch after
agonizing inch

Finally, she smiles.

A white-tailed dove stops mid-flight
He sees rows of white flowers that bloom and
sing
They are a shock of calm amid the withered
landscape
The dove braves the spines to admire them
“Miss Saguaro,” he asks, “how can you find
beauty within this pain?”

She says,
Don't you know?
Yes, I've given away parts of myself and these
wounds will take time to heal.
But I've survived.
I've survived.
And there's nothing more beautiful.

CACTUS GARDEN | Jenna Kay

Watercolor

An ode to the desert's
natural beauty,
reimagined with vivid
colors and stylistic
simplicity.



AN UNCONVENTIONAL DREAM AND THE COURAGE TO STAY THE COURSE | Naiby Rodriguez

My journey to medicine began as an unconventional dream, an aspiration too implausible for a girl with two immigrant farm working parents. My parents were uneducated, did not speak English and were oblivious of higher education in the states. However, they taught me about life and the complexities of the human experience—lessons no book or class could ever teach me. They taught me how to love humanity, show compassion to my neighbor, and serve my community through action. Even on their darkest days, they always found a way to give to others. Their selflessness sparked my desire to help those in need. They planted the seed of service, and over time it bloomed into passion and a devotion to medicine.

I grew up in the small town of Yuma, Arizona where I experienced firsthand the virtues and shortcomings of rural medicine. Insurance and medical care were privileges that only the wealthy obtained. When my family could afford care, accessibility was limited, and often lacked providers who spoke Spanish or understood our culture. Because of this, in my training throughout rural Arizona, I was able to experience medicine through the lens of a provider but always with a deep understanding of who was sitting across from me. Not only did I see myself, my experiences, and struggles reflected across from me; I saw the trust this bond created between my patients and me. These interactions reassured me I was where I was meant to be. Where I was needed.

My initial goal of a career in medicine was to serve women, especially Latinas and mothers, after witnessing countless women in my life put their homes and families before their own health.

I was confident that OB-GYN was my calling. However, life happened. I lost my grandmother towards the end of my first year of medical school, a loss only surpassed by my dad's sudden passing two months later. My dad was my anchor, my guide, my greatest champion. He was a simple man. All he ever asked of my siblings and I was to always show each other love and respect. He is the reason I am a morning person and why I have the biggest sweet tooth. I inherited his gift giving love language and his smile. Our conversations always started with good morning (no matter the time of day) and ended with I love you's. There was nothing in this world my dad would not do for our happiness. As a father to three very different young ladies, he catered to our individual needs and always reminded us of our value as women. He encouraged my sisters and I to strive for greatness. To pursue our passions. He illuminated our path with his love and in doing so he helped us discover our purpose in life. He empowered us to believe in ourselves, providing a sense of belonging and resilience.

Everything changed after losing two of the most important people in my life. I felt broken and lost, I didn't know up from down. I questioned everything, even if I was truly meant to be in medicine. My second year of medical school was a blur, I went through the motions, each day feeling more isolated from medicine than the day before. However, when I began my third-year clinical rotations, my passion for medicine was reignited. During one particular rotation, I cared for a man who was a spitting image of my dad both physically and clinically. That day I took the entire morning explaining his new diagnoses and medication regimen in Spanish.

I cared for him the way I wish my dad had been cared for—the way my dad taught me to treat others. While I was confident OB-GYN was my calling, that encounter convinced me that creating bonds with my patients and caring for diverse populations, not just women, was where I was meant to serve. Where I was needed.

When fourth year rotations came along, I felt like I was finally able to truly appreciate the medicine. I was no longer drowning in study materials or preparing for test after test. I was present in my learning and with my patients. In the months that followed, I held a daughter's hand as her mother took her last breath. I sat with a patient as they received a cancer diagnosis. I saw a homeless man rejected by a broken healthcare system. These raw moments were merely fragments of time in my patients' lives. In those rooms, there was an unspoken shared pain behind our tears. I felt their losses so deeply because every time I was reminded of all that I have lost. Through those interactions, I initially felt like I was giving away pieces of myself.

However, as my mentor reminded me, I wasn't just giving, I was receiving. I wasn't losing pieces of me; I was building myself up. What I did not understand at the time was that loss was making me more human and less blind to my patients' pain, to my pain. I was learning that I could live in a world in which

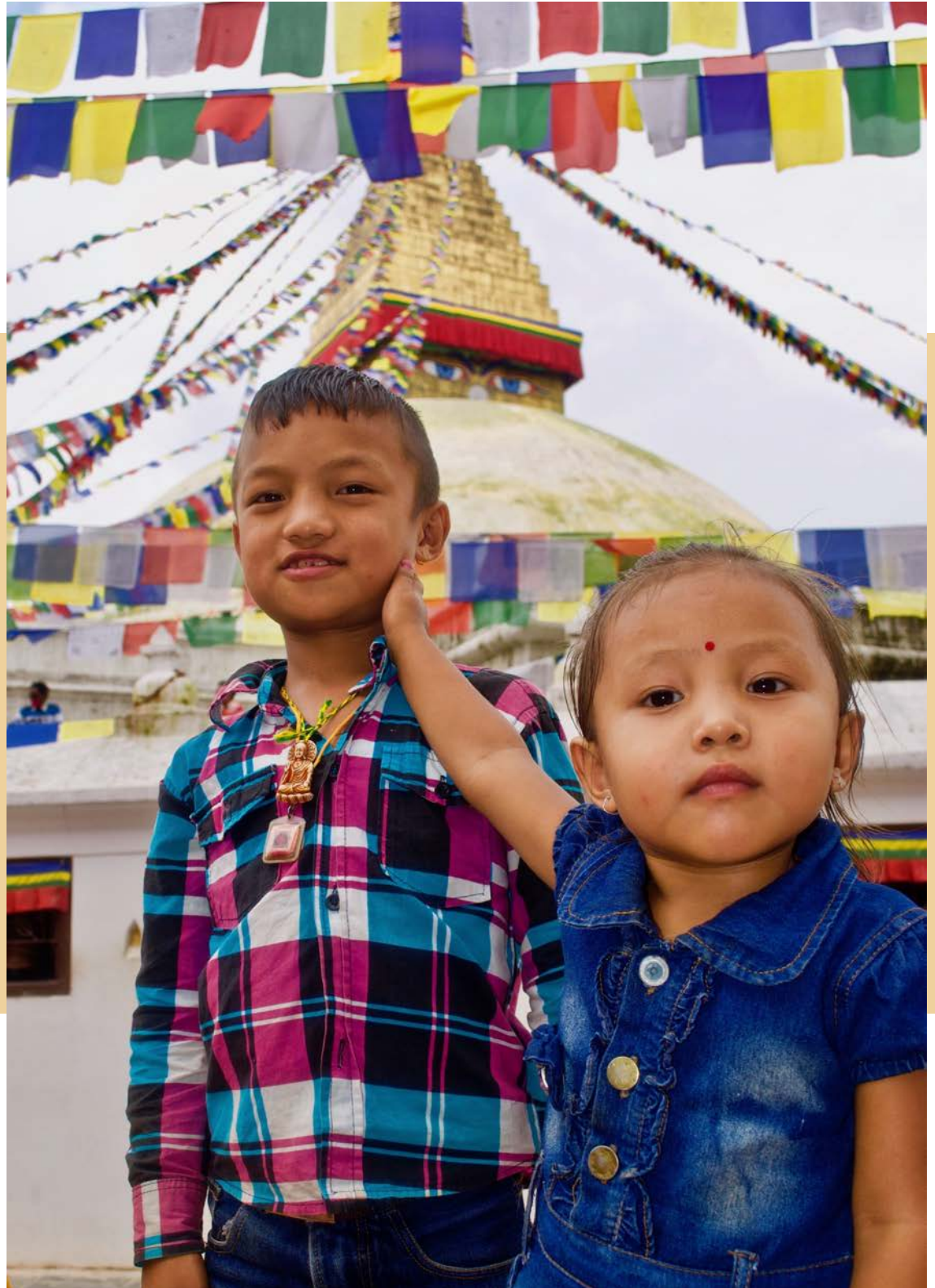
my heart could hold immense sorrow but also tremendous joy. . . at the same time. Medicine gives us the unique opportunity to distill the emotional learning from the emotional experience. It lets us learn and grow from the acute and continuity of care we have the privilege of providing to our patients. My patients taught me how empathy and resilience go hand in hand. My losses taught me how to meet my patients not always with solutions, but rather with acknowledgement that their pain and suffering does not have to go unspoken or unseen.

Medicine is dynamic, heart-splintering, hopeful, and human—not broken. As a little girl, every day I witnessed the true meaning of compassion, dedication, integrity, and courage. I saw it when my parents worked from dawn until dusk to give their five children the opportunity of a future in this country. I strive to embody these pillars of humanism through my dedication to a holistic approach and continuity of care I hope to always provide my patients. Medicine is changing and I hope to be at the frontlines of this transformation. I want to help cultivate a healthcare system where the title on your badge does not limit the amount of kindness and humanity you show to others. A system in which kindness is not a unique quality but a mandatory one.

I LOVE MY BROTHER | Michael A. Zaccaria

Photograph

The photo was taken at the Boudhanath Stupa in Kathmandu, Nepal. In the Nepali language Boudhanath, “the Lord of Awakening,” is said to radiate the very energy of the Buddha’s fully awakened mind.





Photograph

This photo was taken along the Seti River in Nepal in 2014. Namaste is a Hindu gesture respectfully greeting and honoring another person or group. It means my soul honors your soul.

Photograph

In a small village outside Ladakh, India children witness seva volunteers identifying projects they will fund and build for the remote community: new and enhanced water pump, a new kitchen, mending the roof and purchasing beds for the elderly residents.



Seeding Hope | Marcia L. Zaccaria

THE PHYSICIAN'S PHILOSOPHY:

A BRIEF EXPLORATION OF PHILOSOPHICAL HISTORY AND WHERE
PHYSICIANS AND PATIENTS MIGHT FIT | Benjamin Nichols

Abstract: After spending a six-week rotation at a rural site in Arizona in the time of the coronavirus pandemic, a second-year medical student uses the history of philosophy to reflect on the roles and beliefs of physicians and patients.

What kind of philosopher is a physician? It should be uncontroversial that she is one; most physicians certainly love wisdom, at least the physiological kind. Even if an individual physician isn't particularly fond of the wisdom they've attained, their job has a philosophical edge to it, as they must have both knowledge and wisdom regarding medicine and human health. It is less simple, however, to decide what kind of philosopher a physician is or should be. It is helpful, in my view, to look to the history of western philosophy itself as a guide and see where in the timeline we recognize the physician and her aims.

In today's landscape, the word "philosophy" seems to conjure two contrasting images. In one there sits a hunched scholar, poring over massive tomes in his ivory tower, far removed from the goings on of the everyday world. His abstract thoughts, theories, and scribbles are as irrelevant to the concerns of daily life as they are convoluted and opaque, to be published and archived and never thought of again until they are pored over by a future iteration of hunched scholars in their own ivory towers. The other image is more familiar, featuring social media influencers, yoga gurus, secular humanists, activist investors, American secular Buddhists, fitness proponents, health-focused celebrities selling oils and alkaline water, celebrity clinical psychologists, anyone who might loosely use the word "philosophy" to describe the principles they use to organize their lives, often advocating that their followers adopt the same principles to attain the good life. These latter philosophies are deeply concerned with the day-to-day, often to the exclusion of any assertion or belief that could be deemed abstract or transcendental, and they certainly

seem to have more presence in the public consciousness than the former; you're more likely to encounter advice that you take a cold shower every morning than follow Kant's categorical imperative. But while academics might deride these latter-day philosophies as superficial fads, they are akin to a shift that occurred in philosophy around 2,000 years ago in ancient Greece.

During the time of Aristotle (384–322 BC), much of what constituted philosophy resembled the scholar in his ivory tower, what Sarah Bakewell calls "the calm reasonings of science." The theories were abstract and heady, most of the time dealing with questions of what we can possibly know and how we can know it, laying out some of the earliest formalizations of logic. While this work was a significant precursor to the scientific method, and while Aristotle and others did write about ethics, much of this writing is dry and academic in the most historical and literal sense. The early Greek Stoics were much the same, and many of the writings we have from them are obtuse and alien-sounding, hard to digest in the extreme. Even if the educated literati of ancient Greece had read and understood these ideas, it is difficult to imagine that the average Athenian found much in these treatises that could be applied to daily living. But jump forward several hundred years and you encounter the later Stoics: Marcus Aurelius, Epictetus, and Seneca, whose writings share a focus on the kinds of moral dilemmas faced by most people, as opposed to the abstract metaphysical problems that concerned the earlier Stoics. So even though it may be tempting to claim that one vision of philosophy is more "legitimate" than the other, history indicates that both deserve the title.

So where in these two extremes do we find the physician? Certainly they share a resemblance with our hunched scholars; many of the most monumental discoveries in the history of modern medicine were made by extremely bookish medical men and women in white coats holed up in their labs, often laying out their discoveries in language incomprehensible to anyone but the initiated. They talk about peoples' bodies in terms of cells, membranes, molecules, hormones, proteins, atoms, neurotransmitters, synapses, all things not immediately evident and at a remove from how people experience their own bodies. But they also resemble the later Stoics in that this knowledge is not obtained purely for knowledge's sake, but instead to further the flourishing of individuals and humanity at large. This comparison is even more apt in clinical practice, where the physician's concerns are with the concrete problems faced by their individual patients. When asking where physicians fit in this scheme, the answer can only be that they live in both worlds, acting as a bridge between abstract theory and daily living. They can see the patient in a mechanical and contemplative way, using mental models to interpret the complex physiological functions and pathologies, but can also use this reductionist conceptualization to help the patient attain the good life, ideally never losing sight of the fact of the patient's personhood and daily struggles. This is what I find so remarkable about the role of a physician: they must utilize both approaches, often simultaneously, and alter the way they do so depending on the changing needs of each individual patient.

We've explored the physician's philosophy, but there is another question well worth asking: what kind of philosopher is the patient? We've thought about what physicians think of patients, but how do patients think of themselves? The patient could be anyone, so it's nigh-impossible to assume what their life philosophy is. But I would argue that many patients, at least in the way they view medicine and their place in it, most resemble a group of philosophers known as "phenomenologists." The phenomenologists were active from the early-to-mid-twentieth

century and include names like Husserl, Heidegger, and Jean-Paul Sartre. Very basically, these philosophers argued that traditional philosophy had it wrong in its focus on constructing objective theories about the world, such as whether it is real, whether it is made of physical stuff, and how said physical stuff affects the other physical stuff.

They argued that this kind of philosophy jumps the gun, and that we should instead focus purely on describing what we subjectively experience, or how things appear to us, as accurately and completely as possible. This is how I believe most patients approach their experiences with medicine. Most do not understand themselves and their bodies in the objective and mechanical way that medicine does, that is as unimaginably complex collections of tiny machinery that obey natural physical laws. They may even have a perfectly clear understanding of various physiological processes and pathologies, but this is never how they experience their own physical being or illness. The hypothetical neurologist who knows everything there is to know about neurology still wouldn't understand what a stroke felt like until he had one. This is why the patient truly knows their body better than anyone else, and why it is so vitally important that the physician listen to the patient's instincts and intuitions about their body and care. Patients approach their care with the eyes of a phenomenologist, keeping close watch over their personal subjective realm of experience, noting where things feel wrong or out of place, and physicians do them a great disservice if they discredit the patients' expertise in this area.

As we have explored, the physician is able to bridge the abstract and the concrete, but there is yet another gap she must bridge: the one between the physician's objective way of understanding the world and the patient's subjective approach. The disheartening reality is that crossing this chasm is impossible. No matter how hard a physician tries, they cannot truly enter a patient's subjective world and experience it the way the patient does.

Conversely, no matter how objectively true or proven something is according to the physician, it is the patient's choice whether they incorporate an objective truth into their personal reality. This has always been true, but the lesson is being relearned all over the world as physicians and public health experts try and often fail to persuade the public of the desperate realities of the coronavirus as well as the safety and efficacy of vaccines. The gulf between the philosophy of the physician and the philosophy of the patient seems wider

than ever, and the lack of common ground between the two is often frustrating, sometimes despairing. But I find hope in the parallel histories of philosophy and medicine, both of which have morphed and adapted drastically over millennia to suit the needs of a given time and place. This horrific once in a lifetime crisis may act as an inflection point, catalyzing the synthesis of a new philosophy of medicine that brings physicians and patients closer to a better, more shared world.

BOCA BURGER | Cody Kelly



Collage on Canvas

My art piece is a still life of a Boca burger which is made of vegetable protein; I chose to do this because I am showing something healthy. My whole family is trying to eat better and make healthy food choices and this art piece is a reflection of these good choices.

SAYING GOODBYE | Matthew Chaung

I heard someone yell, “Sir, are you ok?” as I walked past a patient room.

Seconds later, the overhead announcement was made. “Rapid Response in room...” My heart sank when I realized that room number was yours.

A team of three people rushed to the room, and I was one of the first responders. As the intern initiated ACLS protocol, the nurse and I swiftly jammed a backboard underneath you. The intern did a sternal rub to try to wake you while repeatedly shouting, “Sir, can you open your eyes for me?!”

The nurse yelled, “Grab the code cart!” and an overhead page was announced seconds later, “Code blue in room...”

The intern pointed to me, “Start CPR now!”

At that moment I tried to remember what I was taught. I overlapped my sweaty, adrenaline filled palms, lowered the bed, and locked my arms to have gravity help me. I pushed as hard as I could to the beat of “Stayin’ Alive.” I felt your ribs crack beneath my hands.

“Keep going!” I thought to myself, and so I pushed on for what seemed like an eternity.

In the midst of all this the ICU team arrived along with more nurses and attendings. The fellow took over running the code as the intern updated him. The next thing I know I see a Miller blade and an endotracheal tube being placed as someone exclaims, “Blood is visualized in the airway!”

Another intern swoops in across from me and signals that it’s been 2 minutes of CPR. I asked, “Ready to switch?” as we coordinated on a count of 10 and he took over chest compressions.

As I stepped back, I winced because the EKG electrodes cut into my right palm. A gentle reminder of what had just unfolded, those 2 minutes of CPR felt like an eternity as medications were pushed, rhythms were analyzed, and 6 rounds of CPR later, ROSC was achieved, and a bedside echo was performed.

I was in complete disbelief. I had spoken with you just days before about what your plans were after the surgery. I remember you telling me that you were looking forward to getting stronger before getting back on the bike to stay healthy for your grandkids.

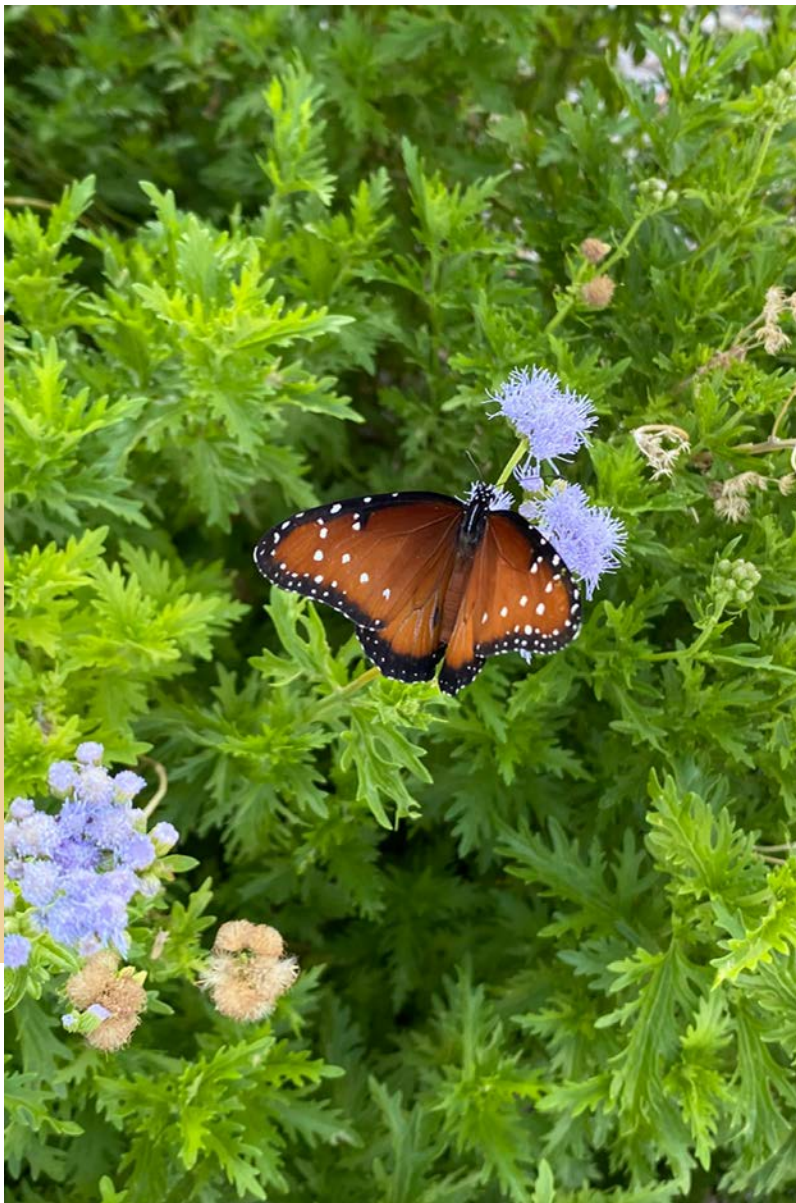
This was not the way that I wanted to say goodbye to you. A few days before, you were joking with me that after this operation you would be Iron Man.

I never was able to tell you that you now had titanium in your body because you never woke up again. Instead, I saw your pale face, seemingly at peace as you were wheeled away while being ventilated to the ICU. Your lactic acid came back at 17 and all I can remember is how worried your wife sounded that morning before this all transpired.

“I am really worried about him, something seems off,” she exclaimed to the intern that morning over the phone. I wanted so badly to say goodbye to you in person as you left the hospital for physical rehab to get stronger again. I wish I never had to say goodbye to you in the ICU as we withdrew your life support because your loving wife told us that you were in fact DNR/DNI. As I am learning as a medical trainee, we can only do our best, I promise you that I will learn from this experience so I can take care of people better in the future. I will never forget you.

Photograph

This image serves as a reminder about the beauty of Mother Nature surrounding us.



Tucson Splendor | Mathew Chaung

THE INTERSECTION OF GAMING, GENDER, MENTAL HEALTH... AND A PANDEMIC | Jennifer Garcia, MA

Identifying as a female in gaming communities often comes with its barriers. Perhaps the greatest challenge is the frequency of sexist and generally negative comments made. Call of Duty is no exception to this dynamic—in fact, it is often viewed as the epitome of toxic gaming communities. I spend most of my nights decompressing in this game, often finding myself switching to party chat, wherein only the voices of those on my team are heard, to avoid the negative dialogue. On one night in particular, however, I chose to stay in game chat amongst strangers and was met with a pleasant surprise.

Since the onset of the COVID-19 pandemic, Call of Duty has served me as a means to maintain connection amidst incredible isolation. Although previously it had served to instill a sense of achievement and entertainment, it took on a whole new meaning in 2021. For many years, I have struggled with social anxiety, and gaming communities have provided the opportunity to explore social interaction in a way that is both educational and fulfilling. Although some may view this distal form of communication as a buffer to true social interaction, providing comfort and anonymity that may only perpetuate future feelings of anxiety, I saw it as a bridge. In a time where I could not see my friends, I could still be with them in a shared experience.

It was on that one particular night that I realized I was not alone—just momentarily isolated. As I hopped into a round on Raid, I heard a chipper voice. We conversed in a manner that was not characterized by negativity, but rather, support. Following Raid, I was promptly invited to another game. Days would pass, and we would game not only with one another, but also with shared friends. We came to break boundaries between our little niches and know strangers, until one day, I was on the platform without my little niche of friends. And this kid recognized.

He had joined my party only to get a message from his friends inviting him to Fortnite.

He told me he had to hop off of Call of Duty—and then—a moment of silence. “Well actually, wait, do you have anyone to play with? If you’re alone I’ll stay here with you.”

Not only was I reminded that I was not alone, but also of the reasons I chose to take the career path that I have (that is, working with children and adolescents in the mental health field). For me, it was not the innocence of these individuals, but rather, the insight that these interactions provided that instilled a sense of hope that I often do not find elsewhere.

And this was not the only instance of building bridges. In a different round, I met another kiddo who would say something to me without recognizing its weight. As the 2v2 began, I made a call out. Immediately, feelings of anxiety submerged—realizing I had likely uncovered my identity as a female. But rather than sexist comments, I was met with a quite different sentiment: “Oh my gosh, are you a girl? I’m so glad. I’m a kid and everyone hates me on here, I bet you understand that. It’s good that we got matched together.” I was perplexed by the duality of this statement; admittedly, I was being labeled as a hated group in the community, but I also felt a sense of solidarity. And he was right. I am a hated group in this community. Yet, in this small moment, there was a sign of empathy and shared struggle. We went on to win the match—of course to be congratulated by people who likely assumed we were grown men.

The COVID-19 pandemic has left space for a lot of just that—shared struggle. Perhaps the silver lining is the connection that has emerged despite. Perhaps my superficial relationships dove below the tip of the iceberg because we ran out of masks to wear. Perhaps it is amidst the less beautiful things that beauty is most appreciated.

QUAIL DREAMS | Perri Hartenstein, MD



Gouache, Tissue Paper, Gold Leaf on Artboard

A quail family enjoying an outing
in a surreal landscape.

PORTRAIT OF VULTURE AS ANOREXIA | Joyce Ker

After Ocean Vuong

This vulture
Is alive.
Its marrow
Is married to blood
Like lung to rib cage.

With ribs clinging to skin,
This vulture
Strikes.
It devours you —

These days your body
Bruises easily.
You count all the bruises
And say it was all the vulture's fault.

This vulture
Says it was for the hunger
And nothing more.

This vulture
Is invisible to everyone else
And they say it was all your fault —

*Has it ever occurred to you
That a body could collapse on itself?*

They try to shove
Bread and butter down your throat.
You are going to die.

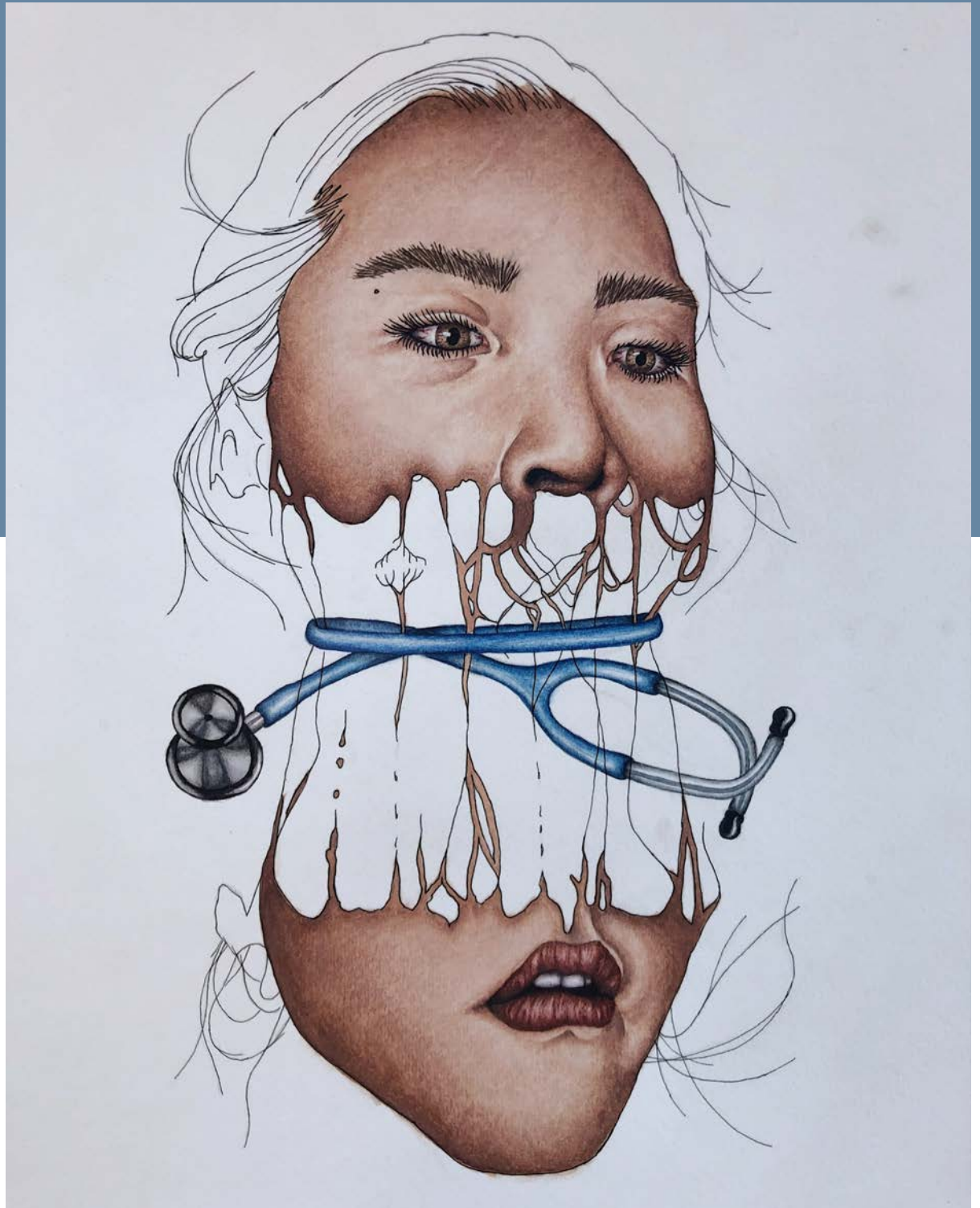
But you are already
Married to vulture,
Married to hunger.
You hate the things that kill.

Hunger: a switchblade in your mouth
Turning into a tongue.

STRETCHED THIN | Jenna Kay

Watercolor

This watercolor piece is an ode to the burnout healthcare workers feel in the ongoing war against the pandemic.



FLEDGING: A FIELD GUIDE TO CHIMNEY SWIFTS AND HIP REPLACEMENTS | Helen Collins Sitler, PhD

Description

The female human, age sixty-six in 2019, is retired but still busy. She enjoys volunteer days at the middle school, although a nap afterward is often welcome. She can complete household chores and, given the opportunity, walk for miles and miles in her favorite public gardens. Nevertheless, she has become hampered. Bottles of anti-inflammatory pills litter the kitchen counter. Pain in her left knee is so constant that she routinely supports that joint with a compression sleeve. At gentle yoga classes, she notices strain on her left hip flexor and is alarmed to realize that she cannot quite stand up straight. When she passes a store window, her reflection confirms a forward-canted posture.

In March of that year, X-rays show a severely deteriorated left hip joint. The orthopedic surgeon surmises that the human's constantly-aching knee comes from years of accommodation to the partially-functional hip. He schedules hip replacement surgery for July 1, so the human can still take that trip to the gardens of British Columbia in early June. Her knee hurts less, she notices, when she's doing things she loves. She can manage the pain until July.

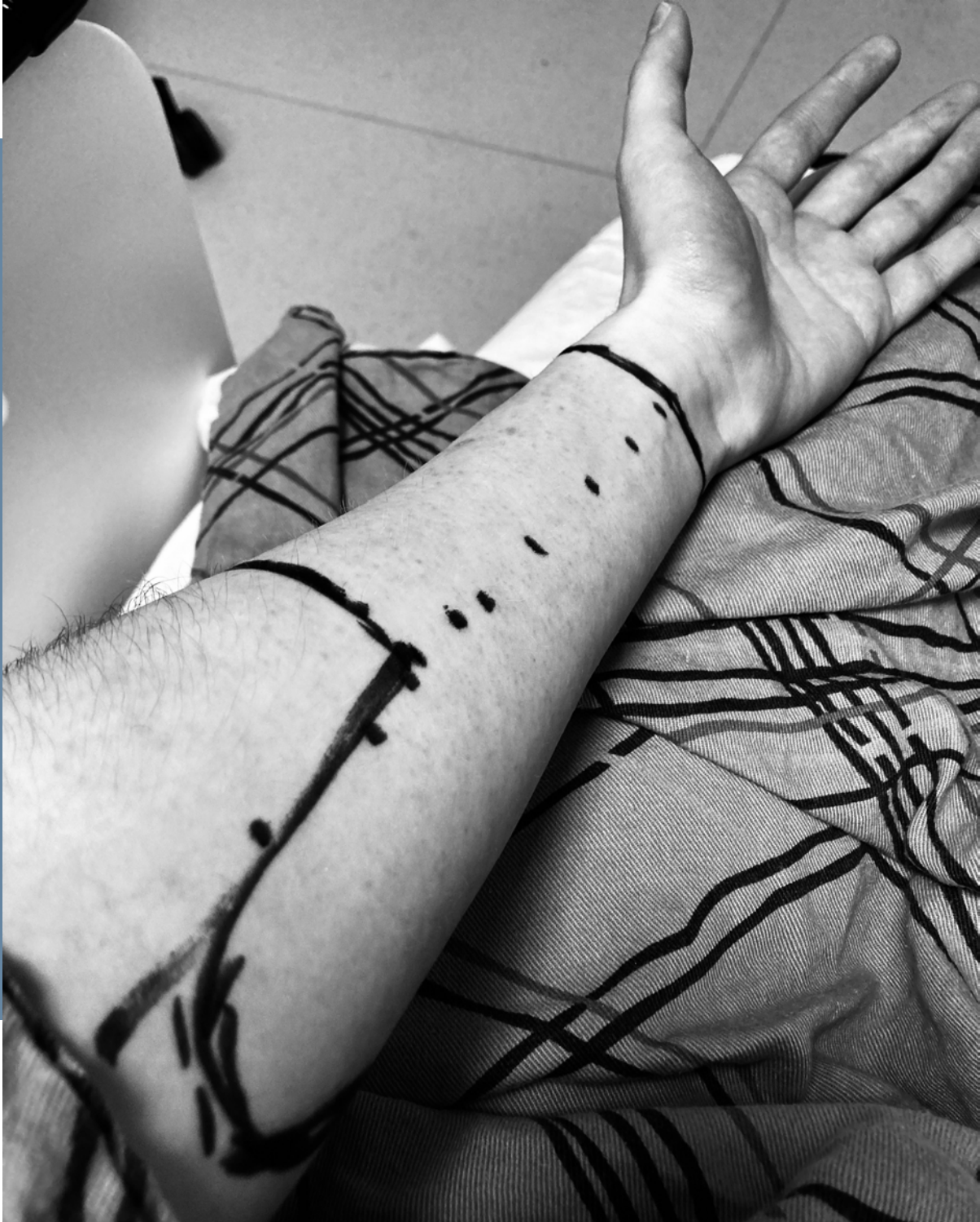
Soon her left hip flexor will no longer hurt all the time. She'll be able to stand up straight. But worries also skitter through her head. After surgery will she be able to take care of routine tasks in the house? She can't be asking a neighbor to climb the step ladder in order to decorate the space above the kitchen cabinets. She regrets laughing at advertisements featuring "I've fallen, and I can't get up." To someone who lives alone, the line isn't funny anymore. And what if something goes wrong in surgery? What if the surgeon actually has to use the Do Not Resuscitate order the human signed a few years ago?

Habitat/Nesting

With surgery four months out, the human female begins with physical preparation. Her home involves a staircase no matter which entry she uses; she will need the railings already present. Her handyman installs grab bars in the tub and shower. Forty years ago when the human had the house built, she never thought about aging, about the potential calamity of fragile knees and hips encountering slippery surfaces. She gets a walker and maneuvers around the living room. She moves a table, then pushes the couch over to make enough space for the walker to deliver her into the recliner chair. Her sister-in-law, a physical therapist and the guardian who will stay with her during and immediately after surgery, shows her how to walk up and down stairs on crutches. "Up with the good, down with the bad." The human, bored because it seems so easy, dutifully practices as the expert observes.

The human female does other planning. She freezes soup and cookies in small batches. She orders pre-made meals. The nearest family member lives over an hour away, so she begins a list of local phone numbers "friends to call for help." Making the list gives her pause. She is accustomed to managing life on her own, not asking for help. But she adds to the numbers as more and more friends say "Call me if you need anything." For her family, she types up other lists—passwords, bank accounts, bills that will arrive via email—and notes about which niece gets which family heirloom. Just in case that DNR ...

The human's mental preparation for surgery is harder than having grab bars installed and making soup. A surprising number of acquaintances tell her about their own or others' hip replacements. Success stories are short and end with "You'll be fine." Horror stories drone on in excruciating detail.



Photograph

This piece represents the moment in which my forearm skin remained able to have multiple futures, right before my recent gender-affirming phalloplasty surgery; I chose euphoria.

The worst of them—the new hip that displaced from the socket, a nurse growing increasingly angry when the patient says she cannot walk, the displacement causing the patient to scream in agony and nearly topple when trying to appease the angry nurse, the return to the OR—lodges itself in the human’s head. What if she falls and her new hip displaces? Worse – what if this happens after her stay-over protectors leave and she is alone? How long would it be before someone found her?

As she prepares her house, the human does not know that chimney swifts are simultaneously preparing theirs. Parent swifts, despite their stuttering and erratic-looking flight patterns, have repeatedly dive-bombed into the human’s chimney with twigs, perhaps from her dogwood or hydrangeas, and used their thick saliva to cement a nest against one vertical wall. They complete this task in the most extraordinary manner. Using sharp claws and stiff, spike-like extensions among their tailfeathers, the swifts, like skilled mountaineers, cling, balance, and stabilize themselves against the brick while nest-building.

Range and Feeding

Possibly on the same day the human lies on the operating table—July 1, three chicks begin to break through their eggs, ready to crowd into the tiny nest above the fireplace damper. The three featherless babies are utterly dependent on their parents for food. In only about eighteen days, the three will feather, then learn to navigate their world, first in the dark confines of the chimney, and then in free flight. Meanwhile, vulnerable, yet testing their strength, they will jockey for space in the crowded nest that clings to the vertical chimney wall. If a nestling falls out, it will die. Neither siblings nor parents will even try to rescue it. Independence can be costly.

The human, who fancies herself independent, is, of course, not. Her friends, knowing she won’t call for help, simply show up. One appears at her door with more soup and a small pan full of mac and cheese. Another states, “I’ll bring you picnic food on July 4.” A third announces that when the human’s sister-in-law leaves a few days post-surgery, she will arrive to stay for the

next few days. Even though the female human is as vulnerable as the nestlings, she would not have asked for any of these kindnesses and becomes overwhelmed by the insistent support around her.

The female human returns home the day after surgery. Getting up the stairs with crutches seems surprisingly difficult. “Up with the good.” Breathe. Next step. “Up with the good.” Her range, using a walker, stretches approximately forty-five feet, from living/dining room to kitchen, bedroom, and nearby bathroom.

The walker—both hands needed for support and balance--prevents her from carrying anything to the table. Her guardian ferries food to her—a plate of mac and cheese, a couple cookies, and the next morning a bowl of cereal and some coffee. Angry that she feels so needy, the human frets. She wants to pour her own coffee, carry her own food, but such actions are too complicated. Besides, she has other annoyances to cope with.

Even though her body is exhausted, she can’t sleep. The human is a side-sleeper, a position forbidden immediately after a hip replacement. She must sleep on her back. Or try to. She squirms and shimmies in misery, often giving up on bed and spending nights in the recliner. Even there, though, sleep is difficult. OxyContin for pain produces hallucinogenic dreams. The human comes awake feeling as if she’s had no rest at all. She nixes the narcotic as much as possible, but struggles for weeks to get two good nights’ sleep in a row.

Worries fill the restless nights. How will her body heal itself without adequate sleep? How will she have enough energy for physical therapy? How will she talk intelligently with the insurance company if her thoughts skitter around, as they do when she’s tired? Sleep. The less she gets the more she thinks about how little she’s getting. Fatigue makes it harder to imagine reclaiming movement through her house, much less through the outside world.

Had she known about the nursery in her chimney, she might have been pleasantly distracted wondering how the nestlings are faring. Do the babies awaken at night and squirm to reposition themselves?

As their bodies begin to feather and grow, do the changes fuel or drain them? Do their parents tire of delivering food? Do the chicks instinctively know that the dim square of light at the top of their chimney home will open to miles and miles of sky? And that, once fledged, they will claim the air for the rest of their lives?

Adult chimney swifts live in the air. They cannot perch; their legs are too short. Some experts speculate that if a swift were to find itself on flat ground, it might be unable to take flight again. Even when nesting, they hug the air, clinging to vertical surfaces.

Swifts eat in the air, gobble up flying insects. They mate in the air. They can even sleep while in flight. Trapped in the nest on the chimney wall, the babies are living the most unswiftlike portion of their swift lives.

Meanwhile the home health physical therapist untraps the female human from the walker. Within days of surgery, she can wander the house with a cane. While parent swifts range freely through the neighborhood gorging on insects and sharing their plunder with the nestlings, the human can now carry one dish, one bowl, one cup—slowly--to the table for herself. Her guardian still helps, as multiple trips between counter and table tire the human quickly.

At the end of week one, the therapist expands the human's range again. He guides her down the stairs and outside. She delights in roaming as far as the mailbox at the end of the driveway, only to discover the walk as a dubious accomplishment. Straining back up the slope to the house, then up the stairs, proves a challenge. The human is happy to access more distant spaces but surprised that such a short, routine walk sends her back to the recliner to fidget once more into semi-comfortable rest.

The human's mobility improves as she becomes more comfortable with the cane. Friends move the couch and table back into their usual places. It feels good to normalize the living room. The walk to the mailbox and back becomes easier. The physical therapist asks the human to be brave, "Try walking just the length of the hall without the cane." She tries. Wobbles. Reaches to the wall to balance herself. Says, "That's enough for today. I'm too unstable." He says, "Keep working on it."

Early in the second week after surgery, the stay-over friend leaves. The human is now independent enough to manage alone. She can feed herself and carry her own coffee, cereal, and soup to the table, still one dish at a time, but faster and with less worry that she will spill. She still thinks about "I've fallen and can't get up," so keeps her phone, filled with helpers' numbers, always closeby.

Two weeks post-surgery, the surgeon clears the human to drive. She no longer has to ask friends to buy raspberries for her, or Pepsi, or eggs. The grocery store seems unusually large as she circles through, balancing against the handle of the cart. Her world has gotten larger, but she learns that she needs to plan trips ahead so as not to remember in Aisle 8 near the pretzels that she forgot salad dressing way back in Aisle 2. The human is happy to bump into friends as she shops but hopes they don't talk too long. Getting groceries is tiring.

While the human still doesn't know about the family in the chimney, an extended range and some bravery are now occurring there. Feathers, wings, and claws of the nestlings, a bit more than two weeks old, have developed enough that they can leap-flutter from the nest to cling-balance against another vertical wall. The fireplace opens into the downstairs family room, a space the human has not entered since the surgery; thus she misses any sounds from the nestlings' acrobatics. Chances are greater than ever that a chick, braving the wall-to-wall leap, will miss the mark and fall to its death. The parent swifts continue to zip in and out of the chimney, their growing brood more demanding of food than ever.

In week five post-surgery, the human is nearly cane-free. She decides to go out to dinner with a friend for the first time since the hip replacement. As she and the friend approach the door near the family room, they hear hissing from the fireplace. "Did you hear that?" she asks. "Is there something wrong with the gas logs? Is it an animal?"

Her friend pulls the family room door closed with an extra tug and responds, "I don't know, but you better get someone here to check it out."

Migrations

The next day, July 31, a local ornithologist clambers up on the human's roof. Peering down her chimney with a huge flashlight, he announces, "You've got chimney swifts. The nest has three chicks." The Migratory Bird Treaty Act prevents nest removal of chimney swifts until the babies have fledged. Now that their presence is known to the human, they're her birds until the nest is abandoned.

Eager to work the new hip more and curious about the babies, the human female tackles the stairs to the family room several times per day. She comes to recognize happy baby birds, chirping for food, vs. angry, frightened baby birds, hissing like snakes. Sometimes when they are silent for a length of time, she bangs her palms on the fireplace brick to stir them up. They hiss in reply.

Rejoicing that the babies are still her birds, the

human commiserates with their annoyance. Many times over the past weeks she herself has wanted to hiss--over trying to pull on compression socks, over the unnatural sleeping position she must maintain, over pain pills that have side effects that make them useless. And now over knowing she is close to not needing the cane; she is so close to walking unsupported, but not quite there. Likewise, the fledglings can see daylight from their enclosure. They are fly-leaping from nest to chimney walls where they cling and balance; sometimes they flutter up and down the vertical shaft. Their wings are eager to take them out of this darkness. So close. They are so close to reaching the light.

So close, but the usual freedoms are not quite attainable for chimney swifts or the female human. The nestlings still depend on their parents to feed them. They hunker down inside the constricted chimney.



Photograph

This piece represents my return home after stage two of my recent gender-affirming phalloplasty surgery--when my body felt simultaneously external and internal, though whole.

The human can grocery shop, but the cane is a nuisance to be thrown into the cart, then pulled back out when she puts the cart away. The human can prepare her own food, but still must ferry it item by item to the table, as the cane occupies one hand. Occasionally, she forgets and is surprised to find herself across the room without it. Still, outside the house, cane-free movement feels dangerous. There are ample reasons for swifts and the human, both straining for normal activity, to hiss.

On August 3, only days after the discovery of the swifts, the human ventures to the mall and realizes she is walking more without the cane than with it. When she stops at the grocery store afterward, she parks close to the entrance and decides to be brave. She leaves the cane in the car. Her first solo flight—to buy bananas.

Giddy with this small success, the human thinks about other travels, to her niece, a two-hour drive away, and to her brother, eight hours away. She wonders when the hip might be ready for those longer drives to visit people she misses and considers how much more than grocery shopping the hip can manage.

The next week, no nestlings hiss when she pounds on the fireplace brick. For several days, she tries to rouse them and realizes, with a pang, that they have made their way up the chimney and taken wing in the sky. Her birds, found and lost to her within the space of a week.

In the humidity of August, the chimney swifts convene in large flocks. The human's birds have joined other swift families a mile uphill from her home. At dusk, their numbers grow and grow in wheels of dark, stuttering forms. Then they drop out of the sky to cling for a night's sleep in the large chimney at the middle school. Her babies, fully fledged now, gobble insects in preparation for migration. They swoop around the neighborhood, not yet knowing that those barely-tested wings will soon have to carry them 2500 miles or more from Southwestern Pennsylvania to South America for the winter. The human imagines her birds as international travelers with miniature passports to be stamped in Venezuela, Ecuador, Brazil's Amazon basin, or even 3400 miles away in northern Peru.

The human, too, has fledged, at least

regarding the hip replacement. She returns to light yoga classes and walks the six blocks to meet friends at a favorite coffee shop. In late August, she drives to her niece's for a picnic. She delights that neither the two-hour drive nor the hike up a long flight of stairs compromises the hip. In November, she makes the 350-mile drive to her brother's. That trip pales in comparison to the journey of her birds. But it marks a fresh independence for the human.

Tenacity in Nesting Sites and Life

In 2020, the summer after the hip replacement, the female human watches for the parent birds. She recalls the mother swift gently stretched across the ornithologist's hand before tagging—the gleam of smooth, smokey brown feathers, her small stillness—and hopes the bird survived the long migrations, hopes that her parent birds maintain the site tenacity that would bring them back to the same nest. But no swifts appear in the human's chimney during the pandemic summer. Rather, she notices swifts in the evening sky a block or two south of her home. She imagines parent swifts hurtling into those nearby chimneys and nestlings chirp-hissing at her neighbors.

The female human rarely even thinks about the hip anymore. Pre-pandemic, she reveled in her return to yoga and time with the seventh graders; trips to galleries, museums, favorite gardens; lunches and dinners out with friends. But as pandemic dangers ebb and grow, she becomes nearly as restricted as when the hip was new and fragile. She empathizes with the nestlings, how alone each was despite a crowded nest and food delivery, as Zoom and Facetime are now her only connections with other humans she cares about.

She wonders if human existence is one fledging after another--learning to ride a bicycle, trying a new recipe, taking a new job, recovering after surgery, coping with the loss of a loved one, steering one's course through a pandemic. And she breathes a sigh of gratitude that through her various vulnerabilities, her attempts to fly have always been more supported by family and friends than her swift nestlings' ever were.



Photograph

This piece shows the forearm and chest scars I bear from deciding to get the gender-affirming surgeries that have enabled me to not only survive, but also choose joy.

THE WATCH | Karen Parker, MD, PhD

How many times have I been here before.

A gentleman is dying on the bed

A busy nurse assesses, tucks a sheet

Loved ones are sitting at the bedside

Talking quietly. I touch his hand

His breathing's ragged, hand cool and pale

Eyes flickering, head back, chin slack

Waxy cheeks, knees reticulated with blue

Voices outside, sweet breeze through the window

He sighs and pauses, we look back to him

I count stretched seconds between his breaths

How many times have I been here before.

He dies and my niece holds me while I cry.

My dad has died. I have never been here before.

UNIVERSITY OF HAWAII INTEGRATED MEDICAL RESIDENCY PROGRAM: A CIRCADIAN RHYTHM | Alan Cohen, MD

Gathering in blue cool under mountains to six buildings
Sun still unseated in the sky
We are the healers
Disease a natural wonder
Setting organism against organism
Organism against itself

We are the alchemists, necromancers, recorders
In tracteries on paper we capture outlines
With small tablets
With ingestions, injections
We modify, transmute, deceive, delimit, name
With articles and texts we approximate
(Like the artist, the engineer, the fisherman
All casting nets, capturing little of what we see)
Faith and lore and lesson
Contending with disease and that most ambiguous of all our gifts, death

Gathering in blue cool under mountains
We are people
Hating darkness
Wakened night after night
Not by dream but by a bleak reality
We detach, dissociate
Though inebriated with the privilege of redemption, of reclamation
We are hung over
Even loving requires moderation
Perfume of plumeria, a star in a nurse's hair
Forgetful, forgiving, leaving the hospital by a quiet door

Feet in grainy soil
Sapphire sea whispering coral whispers
At temples, eyelids
Sailing perhaps far across a quiet sea
I am no physician
Was never meant to be
I am poet, painter, lover, saint
The trees gather in a soft chorus down from the hills
Tongues of flowers taunting, telling
Tales of passion, princes, courts, and castles

Broken on the rock of morning
Return to working
To equivocal, disheartening, contingent
Essential, resounding healing
In the blue cool under the mountains

JOEY'S FAVORITE FOOD | Joey Aschenbrenner

Fiber

My mom makes the best hamburger in the whole entire world, so in my artwork, you can see my mom making burgers on the stove and flipping a burger onto my plate. My mom makes me the delicious burgers because she knows how much I love them and she loves me.



UNLEARNING | Autri Hafezi

Uniforms the shades of the desert grounds they
patrol
Worn by bodies with nameless faces
Sometimes seated, carelessly scrolling
Sometimes alert and proud at the door

The sun is only just rising
Peeking in through the tattered blinds
The officer nods at me from the doorway
It's my first time meeting you

Before that, I'd heard your story.
A trek from the mountains of Guatemala
Escaping a vicious life
towards a more fortuitous one

Now, you couldn't walk.
Not with the bulging, angry, red knee
that attempted to carry your tired body
until you were picked up by the nameless faces.

An hour races by in a symphony of words
between the translator, me, and you
I explain, you're having surgery
I promise to check on you afterward

.....

A microwave meal's plastic cover is peeled off
Artificial flavors waft toward me as my stomach
growls
I squeeze past a lumbering frame
Focused on wheeling the virtual interpreter into the
room

You are sleeping
Your body recovering from surgery
Piles of blankets cover you so no one would know
Your small frame fills less than a third of the bed

A massive shadow overcomes
the light filtering in through the hallway.
Darkness consumes the room
outlining his huge form.

A deep-seated fear takes hold
as I fumble for the computer.
A virtual interpreter appears ready to translate
and illuminates my face.

I politely ask the officer if he wouldn't mind
stepping out while we talk
He replies, It won't be necessary
I explain it's for your privacy
How it enables better patient care

He calls you "a prisoner of the state"
Says he is the one paying your hospital bill
That he has a right to know
When we both know that's not true

Heat rises to my face
He's blocking my exit to the door
Looming over me and speaking falsities of you
I must keep my voice from wavering

And excuse myself before
Hot tears stream from my eyes
I ask my resident, What do I do?
I ask the charge nurse, What is protocol?

I'm instructed to no longer follow you as a patient
I feel ashamed, like this is punishment.
I hope your surgery was successful
I pray your story ends well

No one can answer my questions
And no one knows the protocol
So finally, I am left wondering
Where is the patient advocacy?

[illegible][illegible][illegible]

Digital Photography

In recent years, there have been increasing efforts from non-medically trained lawmakers to restrict both medical practice and fundamental reproductive rights. This piece works to highlight the surrealism of the 2021-22 Texas Senate Bill 8- a bill passed by 19 votes which encourages private citizens to condemn those involved in abortion care, including medical professionals.

SOLDIER'S REMEMBRANCE | Joyce Ker

i have wandered with
no eyelids
through the wordless
geometry
of bullet-studded earth

swallowed sulphurous
caterpillar eggs
of hatching corpses

forever in transit

i rock back and forth
trying to soothe
the wingless moths
lodged in my lungs

find homeostasis
in chest catacombs

i want out —

of this perpetual labyrinth
foreign
as the back of my hand

The Face of Age | Noshin Nuzhat



Wood Bark, Wires

Visual arts is my main mode of self-expression and a way for me to productively reflect on my surroundings. This visual piece is my reflection on how those who are impoverished weather aging. I primarily used texture to convey the meaning of the piece; I used wood bark for the face and wires for the beard to capture the rough and weathered expression.

THE MEASLES VIRUS COMPOSES AN ELEGY FOR THE SMALLPOX VIRUS | Alan Cohen, MD

I

Anticipating center
Father of me
Clueless
Awaiting kernel
Dizzy
Faithful in flux
Craving diamond, sun, star, nest, yolk, nucleus
All unrecognized
Incomplete
Mendicant
Lawless
I gravitate
Featureless
I search

II

At first my own skin frightens me
Suppose the first hand to grasp mine is unkind
Childless
Burst like a gourd
Scattered
Unused
Then suddenly it is my core that frightens me
Suppose my children are evil

III

As I give the password at the wall
I felt old
Newly aware the vocabulary I insinuate alters without
remorse
Escorted to the throne
My orders are wrenched from me
Through tears, I watch a war prepared at my command
Helpless to intercede
And brother, I envy you your suicide

SURVIVOR'S GUILT | Madina Jahed

Conflict may have taken my childhood,
But not my dreams and aspirations.
Trials and tribulations I withstood,
Sudden displacement and immigration.

A new life in America gave me hope
Education gave me a way to cope
A commitment to medicine was made,
An Afghan female physician unafraid

To have this opportunity, lucky me,
While my people clung to planes at rise
Dreaming for the chance given to me,
Instead plummeting to their demise.

"Help! The Taliban are coming," they beg,
Their voices echoing in my head
"You are our family, please help," they beg,
Their fate fills me with dread—

Why did I survive, and you didn't?
Forgive me.
Why am I still here and you aren't?
Forgive me.

Ferruginous Hawk | Wayne R. Cohen, MD



Photograph

A majestic *Buteo regalis* settles on a branch near Tucson.

I fought the urge to look back as the third consecutive iron gate slid shut behind me, signaling the beginning of my “imprisonment” — another moonlighting shift at New York City’s Riker’s Island Correctional Facility.

My nerves competed with my purpose and resolved into a wry smile.

I was starting my third-year internal medicine residency training program at the Maimonides Medical Center in Brooklyn when I began working at Riker’s.

But that wasn’t why I was smiling.

In a few short months I’d marry a young lady from Ohio I’d met three years earlier waiting for the Riverdale Express bus.

I’d been standing in line on the corner of 33rd Street and Third Avenue, Manhattan, tapping my foot as I waited for the bus to arrive, when raindrops fell. “Wonderful,” I groaned and turned to open my backpack and take out my trusty collapsible umbrella.

That’s when I saw her.

Elaine, blonde and green-eyed, was standing next to me.

When she noticed my admiring glance, her eyes widened. Sizing me up in an instant, she looked away.

How I couldn’t blame her: unshaven and sunken-eyed in beat-up clothes--I looked like hell after completing three grueling days of National Board of Internal Medicine examinations.

Graciously offering her the shelter of my umbrella, Elaine shied away because of my disheveled appearance. To reassure her I was no vagrant, I pulled out my medical school I.D. card and handed it to her.

Still wary but impressed by my gesture, Elaine scanned my I.D., returned the card and edged closer beside me. There, in our little sanctuary from the deluge, we got to know each other, and the rest, as they say, is history.

Elaine and I planned a New York City fairytale wedding that we’d look back on with nostalgia: a marriage ceremony at First Lutheran Church on Central Park West, with a reception aboard the Binghampton, an

elegant, retired ferryboat moored to the western shore of the Hudson River, in the shadow of the George Washington Bridge.

The boat’s nighttime view of the Manhattan skyline to the East, and the sparkling, steel suspension bridge to the North, was breathtaking.

But not priceless.

Such a panorama had a jaw-dropping price tag, and my resident-in-training salary was woefully inadequate.

So with my wedding date rapidly approaching, I took the advice of my best friend from medical school, Franklin, and began moonlighting at the Riker’s Island Correctional Facility.

“Hey, Doctor Ricky, welcome to another day at paradise,” chimed Marge, the ward secretary, after buzzing me into the main medical clinic of Building C, one of the eight Adult Men Houses of Detention on Riker’s Island.

Riker’s myriad prisons included an Adolescent House of Detention for males aged sixteen to twenty years, and one Women’s House of Detention.

Altogether, Riker’s Island had over 10,000 inmates, making it the largest jail in the world.

“The Deputy Warden was just here looking for you,” Marge drawled mischievously. “The D.P. has a ‘special case’ for you to see. I’ll page him, so he can tell you about it himself.”

“Sounds good, Marge. I’ll be in the inner office, reviewing some charts.”

After a few minutes, the imposing figure of Deputy Warden Willson loomed in my rickety doorway.

“Doctor Medina, I have a delicate problem,” he said, clearing his throat. “I think I have an inmate with V.D.”

My chair shrieked as I swiveled to face him. “Hmmm—you don’t say? Do you know anything about ‘how’ he got ‘it’?”

“That’s why I need your help. He’s tight as a clam and just says it ‘hurts’ to pee. Can you see him for me?”

"Sure, Deputy Warden Willson - send him over."

Half an hour later, two burly correction officers appeared, escorting a diminutive African American male in his early twenties.

I waved them away with the inmate's clinic chart in my left hand and pointed to a nearby examination table.

"Have a seat right here, Mister Elroy."

The dull, gray linoleum floor complained with a grinding screech as I dragged my stool across the room and plopped down in front of Elroy, who reacted to neither the sound nor my presence.

"So, Mr. Elroy, tell me what's bothering you today?"

No reply. The inmate just looked at his feet, fidgeting on the edge of the examination table.

"Mr. Elroy, I'm here to help you, but if you don't talk to me, I can't do much."

Silence.

I absentmindedly fingered the stethoscope curled in the right pocket of my white coat.

"Mr. Elroy—the Deputy Warden said you were having some pain when trying to urinate. Is that true?"

"Yeah."

"Okay—when did it start?"

"A few days ago. It really hoits when I trwy ta pee," said Elroy, grimacing.

"Is there a discharge?"

"W'at's dat?" His face morphed into a question mark.

"Does anything ooze out of the opening of your penis?"

"My w'at?"

"Your penis..."

"Ya mean my dick?"

"Ah, yes."

"Yeah. My unda'wear is gettin' a yella stain frum da crap comin' out. Do I have V.D. doc?"

"Perhaps. I must examine you, Mr. Elroy, to know for sure. Let me gather a few things first."

Standing, I wandered over to a dingy yellow medical supplies closet. I opened the glass doors with a creak, located a pair of rubber gloves, a sterile cotton-tipped swab

with culture tube, and a glass slide. The latter was for performing a smear of the pus so I could do a Gram-Stain and examine it using the clinic microscope.

Returning to Elroy, I ordered him to stand and drop his pants.

"Why da ya want me ta do dat, Doc?"

"I need to get a culture of the discharge."

Elroy cringed. "Is it gonna hoit?"

"It'll be a bit uncomfortable for a moment. I'll make it quick."

"Okay, Doc," said Elroy, standing before me, trembling, his head turned to the left and eyes closed.

Lowering his pants, I observed a heavy, lemon-yellow discharge pouring out of the opening of his penis.

I groaned inwardly. It sure looks like a rip-roaring case of gonorrhea,

Carefully gripping his penis, I inserted the cotton swab into the opening of his urethra.

"OOOOOOOWWWW! Dat hurts! Stop it, Doc!"

I quickly completed the maneuver before he could pull away.

"Wow," said Elroy, stamping his foot. "Dat freakin' burns like hell!"

"Sorry, Mr. Elroy, but I needed a sample for the lab. Please pull up your pants and sit back up on the examination table." I swabbed the glass slide with a portion of the yellow pus, then slipped the swab into a special gonorrhea culturette.

While Elroy fidgeted on the exam table, I heated the slide over a nearby Bunsen burner flame for a few seconds and performed a Gram-Stain. Placing the slide on the observation stage of a microscope, I peered through the objective lens.

Hmmm—red, paired, kidney-bean shaped cells inside white blood cells—yep, classic gonorrhea, all right.

I returned to my stool. Elroy was still squirming, his face a screw.

"Well, Mr. Elroy, it looks like you have a rip-roaring case of gonorrhea."

"A wat?"

"You have a venereal disease. I'll have the nurse give you an injection."

You'll also have to go to the clinic pharmacy twice a day for seven days to take a pill. Both treatments are necessary for you to get better. If you miss any of the pills, the infection will come back. Is that clear, Mr. Elroy?"

"Yeah."

"One last thing—I need to treat your 'contacts' so we can get rid of this V.D. in your cell block."

"My 'contacts'? Wat's dat?"

I sighed. "I need to treat all the people you've had sex with, so this infection won't keep spreading. Who were they?"

Elroy looked at the floor, swinging his feet.

"I can't tell ya, Doc."

"What do you mean, you can't tell me?"

Elroy kept looking at the floor, swinging his feet.

"Sorry, Doc, I can't tell ya."

"Mr. Elroy, this is serious. I need to know who your other sex partners were."

Silence.

We spent the next ten minutes going around and around, with Elroy evading me until...

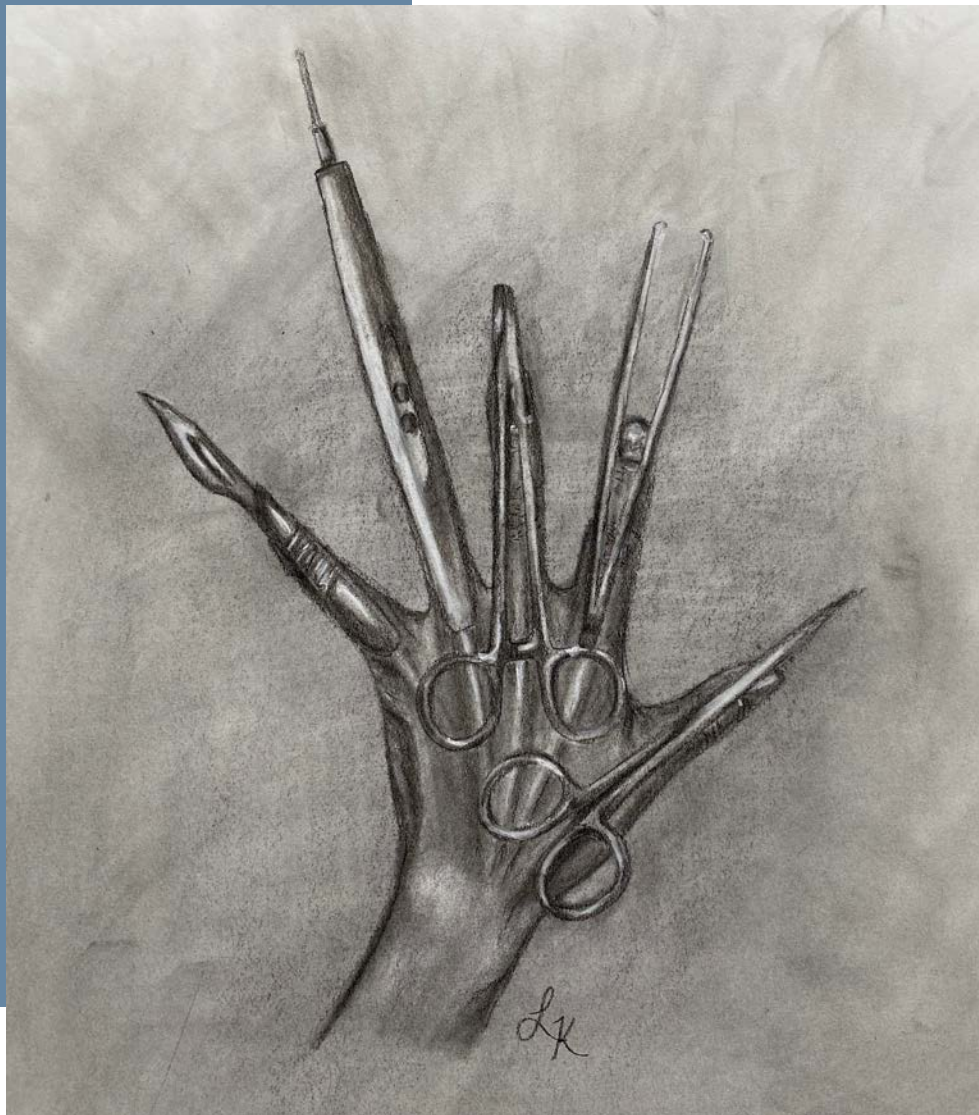
"Okay, Doc. It waz da C.O. Kin I go?"

"The cell block corrections officer?"

"Yeah," said Elroy with a churlish grin. "We all got ta screw da C.O. taking turns."

"What was his name?"

The Surgeon's Tools | Lyndsay Kandi



*Charcoal with White
Pastel Chalk*

Surgery is artistry, demanding both creativity and technical skill. The hand represents a surgeon's ultimate tool, yet a variety of instruments assist with channeling the surgeon's mode of healing and artistic expression.

Elroy folded his arms across his chest and turned away. "Sorry, Doc, but dat's all ya gonna git outta me."

"Okay, Mr. Elroy. I can find out. I'll tell the nurse to give you an antibiotic shot and your first antibiotic pill. You can leave now."

After Elroy received treatment, I told Marge to page the Deputy Warden and ask he come to the clinic.

"Okay, Dr. Medina, what's the news?" Willson asked, arms crossed against his massive chest as he leaned against the door frame of my dilapidated clinic office.

"Well, to start, he has a whopping case of gonorrhea."

Wilson rolled his eyes. "No surprise there. It sounded like the little bastard had the clap."

"The real problem, Warden Willson, is the inmate said he contracted the infection from having sex with the cell block C.O. We must treat that C.O. and find out what other inmates he had homosexual sex with, as all must be treated immediately. Do you know what his name is?"

Willson looked at his shoes. His body sagged.

"That won't be possible, Dr. Medina."

"Why?"

With some effort, the Deputy Warden blinked and stood erect in the doorway.

"There are four female C.O.s assigned to that cell block. It could have been any of them, Dr. Medina. If I brought those four C.O.s into my office to confront them with a charge that one of them illegally had sex with an inmate based solely on the word of said inmate, their union would have my badge! No, Dr. Medina, just treat the inmate and forget the whole thing."

His hands raised in surrender, the deputy warden spun around and left the clinic.

I sat stunned. This meant the C.O. would continue to have unprotected sex with the inmates, further spreading the infection within the prison, not to mention to any sexual partners on the outside.

There's nothing I can do, dammit! Willson has the last word here. I guess I'll write the note in the chart as an isolated case with no

contacts revealed by the inmate. If it gets reviewed, well—we'll just have to see. I'll just refer the interested party to Deputy Warden Willson.

Shrugging, I wrote the note...

My stomach grumbled and rumbled. I looked up at the wall clock: "7:27pm."

Time to get something to eat at the C.O. Mess Hall. I smiled. My intestinal tapeworms are getting restless.

"Marge, I'm off to get a heaping helping of salmonella with a side order of botulism. I'll be back in half an hour."

Marge laughed as she buzzed me out.

My footsteps echoed through the 500 feet of institutional cream-yellow, cinderblock-walled corridor on my way to the correctional officer mess hall.

Coming toward me in the distance, I saw a mountain of an African American man being escorted by what looked like four small children. It wasn't until they were much closer could I discern the four "small children" were adult male C.O.s in full riot gear.

Crap. That guy is enormous. I guess they're not taking any chances with him.

I stopped and let the "convoy" pass before continuing. Three of the four C.O.s trembled as they paraded by. The closest had several beads of sweat visible through his face protector dribbling down the side of his face.

I'd be a little shaky walking along this guy, too. I wonder what he did to get in here?

I wolfed down some rubber chicken breast, plastic pellet herbal rice, and overcooked vegetable medley and wandered back to the clinic, resolving for the nth time to bring a more edible dinner with me from home.

All of this drama to pay for our wedding...

Turning the corner to enter the clinic, I spied the "Mountain Man" sitting on a well-worn, mahogany bench, alone in the center of the inmate waiting area.

The four C.O.s standing just inside the inner clinic entrance were still wearing their riot gear.

My steps slowed. This isn't good. Mountain Man must be here for a medical problem.

Crap!

I made a wide turn of the patient on the bench and entered the inner clinic. Waiting in my office was a deputy warden.

“Dr. Medina, how are you tonight?” asked Deputy Warden O’Connell.

“Good, Warden. What can I do for you?” As if I didn’t know...

“I think you saw Mr. DelRon Henry sitting in your Waiting Room?”

“Yes, he’s kinda hard to miss.”

“He’s currently locked up in our drug detox unit. Mr. Henry completed one of your clinic methadone detoxification protocols three days ago and has been complaining of severe insomnia ever since. Doc, is there anything you can do for him?”

“Well, I must speak to him, first. Let me review his chart, and then I’ll talk to

Mr. Henry in the Waiting Room.” I cocked my left eyebrow. “Warden O’Connell, what’d he do to get in here and why does he need such heavy guarding?”

Leaning forward, O’Connell whispered, “I can’t tell you that, Dr. Medina, but let’s just say he has a ‘violent’ temper.”

“Okay. I’ll keep that in mind,” I said with a dubious nod.

The Deputy Warden left me alone in my office. My desk chair creaked as I leaned back and read Henry’s chart.

Mountain Man was a heavy heroin user. Henry told the Intake Nurse he shot up \$450 a day. Considering most users averaged \$100-\$175 of heroin a day, I wasn’t surprised Mountain Man didn’t do well on the standard methadone detoxification protocol.

COVID-19 Cookout | Anne Meacham



Fiber

My art piece is a felt sculpture of my favorite meal, cheeseburgers with potato chips, and a cupcake. Grilling outside helped us ‘survive’ the quarantine and allowed us to spend time together; we look forward to these cheeseburger meals together.

It usually consisted of a quick seven- or fourteen-day detox, starting with forty milligrams of methadone a day and quickly tapering.

Forty milligrams of methadone probably didn't even touch Mountain Man's opiate cravings based on his daily heroin use, I demurred, absent-mindedly fingering my stethoscope again.

No wonder he couldn't sleep after completing it.

I dropped Henry's medical chart on the desk with a thud.

Swallowing hard, I stood and shuffled back to the inner clinic waiting room and stopped in the doorway. Four, heavily equipped C.O.s, remained clustered around the inner entrance, eyes glued on Henry, fingering their nightsticks.

The Supervising C.O. approached me.

"Doctor, I want to warn you before you see him - inmate Henry injured several C.O.s on his unit when he didn't get what he wanted. One of them had to be taken to Elmhurst Hospital by ambulance unconscious with several broken bones. He's still in Elmhurst's I.C.U. So, would you like one or two of us to stand guard next to you when speaking to Henry?"

Looking over at Mountain Man, I stroked my chin. "I think the presence of your guards would make Mr. Henry clam up or provoke him to violence. Let see him alone."

The supervisor blinked.

"You're a brave man," was all he said.

Yeah. Brave or incredibly stupid, I mused. This guy could snap me like a twig before the C.O.s could even get through the door. I gulped hard, straightened up, and stepped into the Waiting Room. Was taking this risk worth the cost of a reception aboard the Binghampton...?

I sat next to Henry on the opposite end of the twelve-foot bench. Turning to face him, I put on my best "New York City" face, working hard to keep my voice from faltering—I can't show Henry how terrified I am...

"Hi, Mr. Henry, I'm Dr. Medina," I said with what I hoped looked like a smile. "Deputy

Warden O'Connell told me you've had trouble sleeping?"

No reply. Henry sat slumped on the bench, looking off into the distance.

"Mr. Henry, did you hear what I said?"

Eyes forward, gaze fixed on some invisible scene, Henry replied, "Yeah, Doc. Sorry. I done ain't slept for a freakin' week. Kin ya give me sumptin' ta sleep? I need ta sleep, Doc." Henry yawned.

"The chart said you spend almost five hundred bucks a day on heroin. Is that true?"

"Yeah." Henry fidgeted, his face a haggard portrait, and eyes shadowy hollows in his skull.

"Okay. I can prescribe some Dalmane for sleep. How much do you weigh?"

"I weigh 487 lbs., Doc."

I winced.

"Mr. Henry, since you're a big guy," I said, straightening up on the bench, "I will order a higher dose than normal for you. Let's try ninety milligrams each night for the next three nights. I'll have the Clinic Nurse medicate you as soon as the Dalmane arrives from the pharmacy. Will that be okay?"

Henry turned to face me, his eyes as dead as stone, "Yeah, Doc. But wat happens if I kin't sleep afta da t'ree days?"

"Well, Mr. Henry, the prison won't let me medicate you longer than that. It'll be hard enough getting you that much Dalmane, but I'll make sure it's what you get. Besides, no one's ever died from insomnia," I said, stomach clenched; a solitary drop of cold sweat trickled down the left side of my face. I didn't know if Henry would accept my explanation without getting violent.

"Yeah, I understans, Doc," Henry nodded, mustering a thin smile. "Yur doin' da best ya kin."

"Okay, Mr. Henry, let's get you the medicine and off to sleep." Standing, I walked back into the inner clinic past incredulous C.O.s. Once back in my office, I let out a deep breath in relief, dropping into my chair with a shrill creak.

I called the drug dispensary and spoke to the pharmacist regarding the need for a high dose of Dalmane.

BEFORE & AFTER | Mark Edwards



"The inmate is huge, prone to violence, and put a C.O. in the Elmhurst Hospital I.C.U." Upon hearing the latter, the pharmacist relented.

After Henry was medicated and escorted back to his cell block, there were no further inmates to see. I flopped onto the clinic office examination table to lie down. The thick, white paper sheet crackled and crumpled as I struggled to find a comfortable position.

Man, the things we do for love...

No sooner had I closed my eyes, when the gentle, insistent hand of Clinic Nurse Sharon White shook me back to the land of the living.

"Dr. Medina, we have an emergency," whispered White.

"Huh?" I asked, rubbing sand out of my bloodshot eyes. "An emergency?"

"Yes, Doctor. They stabbed an inmate with a shank on cell block 4B. The C.O.s are bringing him here on a gurney."

My face flushed and mouth desiccated as the news shot adrenalin through me,

demanding immediate alertness from weary brain cells.

On cue, two C.O.s burst into the clinic, pushing a gurney carrying a writhing inmate, gasping for air. His face was turning sapphire-blue.

"Where's his shank wound?" I barked, sprinting to the side of the violently squirming inmate.

"He got stabbed from behind on his right side, doctor," said the taller of the two C.O.s, struggling to hold the inmate on his back.

I placed my stethoscope head to the left of the inmate's right nipple. Hmmmm - No breath sounds. He's struggling to breathe—this isn't a simple collapsed lung.

"He got a tension pneumothorax, Nurse White. Let's get some clear, plastic I.V. tubing, a 16-gauge needle, sterile saline and a tub."

White and I desperately scavenged the poorly equipped clinic for the life-saving supplies.

Food for Life | Madison Harper

Mixed Media on Paper

My art piece shows my life-long relationship with food or "food stages".

These include nursing from my mother; eating seven cents due to Pika; waking up my mouth and tongue with speech therapy; only eating orange foods; different diets like gluten-free, corn-free, G-Tube and NG Tube; exploring normal and ethnic foods and the uncertainty of my future relationship with food.



I returned to the gasping inmate's side. Okay, let's locate an intercostal space above the inmate's right nipple — just below the middle of the collarbone — pressing with my right fingertip—here!

With my left hand I grasped the large-bore, steel needle attached to a lengthy piece of clear plastic I.V. tubing that ended below the surface of sterile saline in the tub.

Slide the needle — above the rib —like so.

The needle pierced and entered the chest cavity—Bingo! Frantic bubbling issued from the open end of the tubing submerged in the saline—Relief!

The inmate's color improved in a few seconds!

I taped the needle in place on the inmate's chest.

Now for part two.

I darted back to the clinic crash cart, taking out a new chest tube kit.

Racing back to the inmate's gurney, I hurriedly unwrapped the sealed plastic box on a nearby table.

Slipping into a fresh pair of latex gloves, I opened an iodine pad packet and cleaned a wide area of the inmate's skin, prepping an insertion site for the chest tube.

Grabbing the kit scalpel, I cut a shallow slit in the inmate's chest at what felt like the fifth rib space, just behind the edge of the pectoralis muscle.

Sliding my right index finger into the superficial cut, I felt a "pop" as my digit entered the chest cavity. I rolled the tip of my latex-covered finger around the internal edge of the slit to make sure I was in the pleural space.

Using my left hand, I grasped the large-bore, clear plastic chest tube with a Kelly clamp and slid both into the hole while White connected the other end to a chest tube suction set and turned it on. Bubbles exploded within the water seal of the chest

tube drainage repository.

The inmate's breathing slowed and became comfortable.

The remaining blue drained from his face, becoming a healthy pink.

I stitched the chest tube securely into place, finishing with a sterile bandage.

"Oh, crap, we did it, Ms. White! He's out of the woods now," I beamed.

Wearing a tired smile, White nodded.

With the inmate stabilized, Nurse White called Elmhurst Hospital to alert them of the inmate's transfer.

Within twenty minutes, a pair of E.M.T.s arrived with a transport stretcher and left with the inmate, accompanied by an Elmhurst policewoman.

Wearily looking up through the sole clinic window, I saw a full moon.

Who the hell says a full moon isn't associated with lunacy? It always seems this place is a violent crazy house during full moons!

I completed the required post-chest tube insertion paperwork and trudged back to the examination room table to resume my catnap.

Glancing at my watch I realized my shift was over.

Hooray!

Collecting my belongings, I bid the weary nursing staff goodbye and left the clinic.

I managed a crooked smile by the time the third set of cast iron security gates closed shut behind me.

Dragging my feet, I plodded to my car in the staff parking lot.

Another shift completed at the Riker's Island Country Club - another installment toward the wedding IOU.

Now to survive the drive home on the pitted moonscape of the Brooklyn-Queens Expressway...

NODULE | Joyce Ker

I still remember: Dad came home and sat alone.
He did not say a word with his face of stone.
That night, I listened to him cough for minutes on end.

That night, I heard: the doctors found a nodule in his lung.
EGFR mutation, but Dad was still young.
And Dad never smoked—he will not succumb.

Last summer we climbed the Great Wall.
Dad was always a step ahead, so strong, so tall.

When I was two, he carried me on his back
And hiked his favorite winter trail, blue as the midnight sky.
That night, I ran a fever, 100 degrees.
Dad cried and held my little hand all night without fail.

I crossed my fingers the night before his surgery.
My fingers grew cold, my body weary.
Stay. Stay, I whispered steadily.



Synapse | Jenna Kay

Watercolor and Ink

The neuronal synapse is the basis for biologic communication between brain cells. This connection, at it's simplest form, is the building block for thought, action, and the mind itself.



Photograph

Although I love medicine and feel honored to use it to help patients on a daily basis, nothing is more rewarding than coming home after a week of exhaustive work and having my daughters and wife, the three most precious women in the world, take a quick nap with me before we start our day. The love and peace that reigns in my home provides the perfect energy to recharge my “mental batteries” so that I can learn medicine and deliver the best medical care possible to my patients. To my daughters, Lua and Bea, “Te tudo”, and to my wife Jeri, the most precious of all, “I love you”.



Digital Art

Wellness is described as encompassing seven different dimensions such as emotional, spiritual, social, environmental, etc. This digital painting is an exploration of the fluctuating and dynamic emotional dimension of wellbeing.

ARTWORKS

Artworks is an outreach program at the University of Arizona (UA) Sonoran Center for Excellence in Disabilities within the Department of Family & 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 unique experiences and fulfilling the needs of people with intellectual disabilities 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 projects 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

Joey Aschenbrenner: *Joey's Favorite Food*

Jon Green: *You are What you Eat*

Madison Harper: *Food for Life*

Cody Kelly: *Boca Burger*

Anne Meacham: *COVID-19 Cookout*

AUTHOR BIOS

Alan Cohen, MD

University of Hawaii Integrated Medical Residency Program: A Circadian Rhythm and The Measels Virus Composes an Elegy for the Smallpox Virus

Alan Cohen's first publication as a poet was in the PTA Newsletter when he was 10 years old. He graduated Farmingdale High School (where he was Poetry Editor of the magazine, *The Bard*), Vassar College (with a BA in English) and University of California at Davis Medical School, did his internship in Boston and his residency in Hawaii, and was then a Primary Care physician, teacher, and Chief of Primary Care at the VA, first in Fresno, CA and later in Roseburg, OR. He was nominated for his performance in Fresno for the 2012 VA Mark Wolcott Award for Excellence in Clinical Care Leadership. He has gone on writing poems for 60 years and, now retired from medicine, is beginning to share some of his discoveries. He has had a poem ("Autopsy") and a medical letter to the editor in the *New England Journal of Medicine* and, more recently, an article called "Annals of Communication: Giving a Patient a Diagnosis and Other Idioms In Development" in the *American Journal of Medicine*; a Commentary, "Concerns About Our Public Medical Response to COVID 19," is pending, also in *AJM*. He has had 158 poems accepted in 82 venues over the past 2 years.

Alexander Hoogland, MD

Our Eyes Were Opened and the Sky Falls Down

Alex is a bipolar doctor who is preparing for law school. For all that moveth doth in change delight.

Autri Hafezi

Unlearning

Autri Hafezi (*she/her*) is a fourth-year medical student at the University of Arizona COM-Tucson.

Benjamin Nichols

The Physician's Philosophy

Benjamin Nichols is currently a second year medical student at the University of Arizona College of Medicine Tucson. He has a strong interest in rural, narrative, and integrative medicine, and is an active member of the Rural Health Professions Program, AHEC, and the Medical Humanities elective. Buddhism, philosophy, and music form the core of his extracurricular studies, and he hopes to apply his knowledge of these fields when caring for his future patients.

Dustin Grinnell, MFA, MS

Chasing Fireflies at Midnight

Dustin Grinnell is a writer based in Boston. His creative nonfiction and fiction combine medicine and the humanities and have appeared in many popular and literary publications, including *Intima: A Journal of Narrative Medicine*, *New Scientist*, *Tendon Magazine*, *VICE*, and *Salon*. He's the author of *The Genius Dilemma*, *Without Limits*, and *The Empathy Academy*. He holds an MFA in fiction from the Solstice MFA Program, an MS in physiology from Penn State, and a BA in psychobiology from Wheaton College (MA). Learn more at dustingrinnell.com.

Helen Collins Sitler, PhD

Fledging: A Field Guide to Chimney Swifts and Hip Replacements

Helen Collins Sitler's creative nonfiction and craft essays have appeared in a previous edition of *Harmony Magazine*, as well as in *Hippocampus*, *Post Road*, and *Brevity* blog. *The Sunlight Press* nominated her flash essay "Reconstruction" for the 2022 Pushcart Prize. She lives and writes in Southwestern Pennsylvania.

AUTHOR BIOS

Janet Crum

A Christmas Duet

Janet Crum is Director of the Health Sciences Library at the University of Arizona and a published author of both academic and creative works. Her short stories (most written under her pen name, Janet Alcorn) have been published in the annual Deathlehem holiday horror anthology, the Storyteller Series podcast, and the Arizona Authors Association annual literary magazine, and she's currently seeking agent representation for her first novel. When she isn't wrangling cantankerous fictional people or earning a living, Janet gardens, listens to 80s rock at ear-bleeding volume, and hangs out in Tucson with her husband and son. Learn more about Janet at <http://janetalcorn.com> (creative work) or <https://www.linkedin.com/in/janetcrum/> (academic work).

Jennifer Garcia, MA

The Intersection of Gaming, Gender, Mental Health... and a Pandemic

Jennifer Garcia is from Tucson, Arizona and is currently pursuing her doctoral degree in clinical psychology at Pacific University's School of Graduate Psychology. Throughout her career, she has strived to merge her two greatest passions: gaming and psychology. In recognizing that academic writing is often inaccessible to the public, Jennifer hopes to disseminate work that is digestible and relatable to readers from all walks of life.

Joan Nambuba, MSBS

Death

Joan Nambuba is a graduating medical student at the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University who has a keen appreciation for narrative medicine and how patients' stories serve as the foundational basis for optimal care. She plans to pursue a career in emergency medicine and has academic interests in global health and research, along with diversity, equity, and inclusion. In her free time, you can find her exploring nature trails, taking candid photos of loved ones, and searching for the best ice cream in town.

Joyce Ker

Soldier's Remembrance, Portrait of Vulture as Anorexia, and Nodule

Joyce Ker is a third-year pre-medical student at Johns Hopkins University. A Best New Poets and two-time Pushcart Prize nominee, Joyce has also been recognized by the Bridport Prize and the Lex Allen Literary Festival. Ker's works have appeared in *Boxcar Poetry Review*, *The Louisville Review*, and *TAB Journal of Poetry & Poetics*, among others. At Hopkins, Joyce is the recipient of the Dean's Undergraduate Research Award, WGS Summer Fellowship, and Provost's Undergraduate Research Award; her projects have focused on uplifting underrepresented women writers and the use of poetry as a healing art form in medicine.

Karen Parker, MD, PhD

The Watch

Karen Parker is a hospitalist, a geriatrician, a UAZ faculty member, a wife, a mom to two lovely adult children, a reader, a slow runner, a singer, and an occasional poet.

Madina Jahed

Survivor's Guilt

Madina Jahed was born in Kabul, Afghanistan, and immigrated to Northern California as a child. Living in a third-world country and not having proper access to healthcare and education motivated her to pursue medicine. She is currently a fourth-year at the University of Arizona College of Medicine in Tucson and is specializing in psychiatry. Her interests include traveling, couponing, and cultural psychiatry.

AUTHOR BIOS

Michael J. Leach, PhD

Temporelle

Michael J. Leach (@m_jleach) is an Australian poet and academic at the Monash University School of Rural Health. As part of his academic role, Michael collaboratively runs haiku writing workshops for medical students. His poems have appeared in *Cordite*, *Meniscus*, *Rabbit*, *Verandah*, *Harmony*, *Medical Humanities*, the *Medical Journal of Australia*, the 2021 *Hippocrates Prize Anthology*, and elsewhere. Michael's poetry collections include *Chronicity* (Melbourne Poets Union, 2020) and *Natural Philosophies* (Recent Work Press, forthcoming). He lives on unceded Dja Dja Wurrung Country and acknowledges the traditional custodians of the land.

Naiby Rodriguez

An Unconventional Dream and the Courage to Stay the Course

Naiby Rodriguez is a fourth-year medical student at the University of Arizona College of Medicine-Tucson who is from Yuma, AZ. She will be pursuing a career in Family Medicine and uses writing as a way to reflect on and process her experiences in medicine.

Paulina Ramos

Breaking...Break...Broke...Broken.

Paulina is a fourth-year medical student and future pediatrician who reminds herself to find harmony in each day whether it be the laughter of a child in our clinics, the sound of four legs trotting when walking her dog, or the smell of brownies when baking with her significant other Michael. She makes a conscious decision to find harmony.

S.E.S Medina, MD

Doc in a Box, A Night to Remember, A Throw of the Cosmic Dice

S.E.S. MEDINA, MD, is a retired Internal Medicine specialist with a sub-specialty in Infectious Diseases. His initial medical training took place at the New York University School of Medicine in the late 1970s when the AIDS epidemic was just beginning, working with severely ill HIV infected patients. Clinical research under Dr. Linda Laubenstein during his fourth year at the NYU Medical School resulted in a contributing paper which was included in the first medical textbook on AIDS.

Dr. Medina would like to acknowledge the creative and editorial contributions of his nephew and godson, David I. Banchs, in the writing of this piece, as well as insightful observations by his daughter, Lauren Evangeline, and editorial assistance by her mother, Joyce Elaine.

Tesneem Tamimi

*An Ode to *Carnegiea gigantea**

Tesneem Tamimi is a fourth-year medical student and a future pediatrician. She wants to spend her career advocating for children to ensure their little voices do not go unheard. She enjoys hiking within the quiet beauty of the Arizona desert.

ARTIST BIOS

Aaron Ramonett

Looking Glass

Aaron Ramonett is a Tucson native. In 2019 he earned a Chemistry degree from the University of Arizona. During his Chemistry studies he joined Dr. Nam Lee's laboratory to research tumor angiogenesis and used mouse retinas as a model to investigate early sprouting vasculature. His piece "Looking Glass" depicts the early development of the retina. The flower-like structure shows the intertwining vasculature sprouting from the central optic nerve.

Alexandre Motta

After the Night Shift

Alexandre is a 1st generation 3rd-year medical student, immigrant, Latino, girls' father, and husband, who experienced and continues to live through the generous and harsh facets of the 'American Dream,' which is fruitful to those who toil resiliently. Art is an escape valve that allows him to externalize excesses of thinking - especially the dreary ones - into physical matter that can be analyzed by him and others.

Christianna Kreiss, MD

Microcosm I - IV

Christianna is a gastroenterologist currently working at University Hospitals in Cleveland, Ohio. She is a graduate of the Technical University of Munich, Germany, and has been a physician for many years. In 2017, Christianna completed a Certificate of Photography at Pittsburgh Filmmakers. She brings these experiences to her work as an artist and feels that visual art is another way of communication, exploration, and interaction.

Gabrielle Luu

Polypharmacy and 19 Votes

Gabrielle Luu is a current medical student at the University of Arizona College of Medicine-Tucson, who graduated from ASU with a minor in Studio Art. Her artistic journey began long before then when she started teaching herself the ins-and-outs of digital photography, which is now her primary focus. Gabrielle's work has been displayed in her hometown of Gilbert, AZ, including at Art Intersection's *Emergence* 2014 and 2015 exhibitions. Her other work includes street, landscape, and nature photography as well as acrylic and oil painting.

Jenna Kay

Stretched Thin, Cosmic, Synapse, and Cactus Garden

Jenna Kay is a fourth-year medical medical student at UACOM-T. She is passionate about rural family medicine, enjoys creating art, and loves spending time with her husband Jarred and dog Blu.

Karol Roman

Hands and Heart of the Middle East and Outside the Womb

Karol Roman is a third 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. Other than medicine she has a deep rooted love for art, music and people.

Lyndsay Kandi

The Surgeon's Tools

Lyndsay is a rising 4th year medical student at UA Tucson (Class of 2023), research trainee at Mayo Clinic Arizona in the Division of Plastic & Reconstructive Surgery, and a mom to a precocious 4-year-old girl. She aspires to be an academic plastic surgeon and loves the intersection of art and medicine within this field.

ARTIST BIOS

Marcia L. Zaccaria

Seeding Hope

Marcia Leiser Zaccaria uses her clay creations, collages, and photographs to reflect the resiliency of the human spirit and to open to something larger than ourselves which has the potential of guiding us on our way.

Mark R. Abrams, PhD

Progression

Mark Abrams is a long-term Transpersonal psychotherapist, and photographer who draws great spiritual sustenance from the Sonoran Desert and Lake Champlain, Vermont.

Mark Edwards

Before & After

Mark Edwards is a fourth year medical student at the UACOM-T. While exploring a career in Internal Medicine, he enjoys spending time with family, playing music, and hiking.

Martin Demant, MD

Beethoven

Martin rarely gets the time to paint. He mostly starts without a plan and lets things happen. He likes large canvases, simple subjects, and bold colors. He gets his inspiration from his wife who is the real artist in the house.

Matthew Chaung

Tucson Splendor and Saying Goodbye

Matthew Chaung is a fourth year medical student at the University of Arizona College of Medicine - Tucson. He has been taking photos of nature and architecture since high school and loves helping his friends get that shot for their Insta. He is pursuing a career in internal medicine.

Michael A. Zaccaria

Namaste, I Love My Brother, and Un Amor de Verdad, Botapilas, Chihuahua, Mexico

Michael A. Zaccaria is a student of the diversity of the world and its people. He is fascinated by the uniqueness of each person, time and place. Those uniquenesses are compounded by the multiplicity of ways in which individual people, times and places have been captured in word and picture.

Noshin Nuzhat

The Face of Age

Noshin Nuzhat is an MS1 at the University of Arizona College of Medicine. She immigrated to the US from Bangladesh when she was thirteen and has called Phoenix, AZ home ever since. Noshin loves making art because it gives her the opportunity to express herself creatively and shine a light on issues that are important to her. She hopes to continue making art throughout her medical career and she is excited to see how her art evolves as she continues on her journey in medicine.

Perri Hartenstein, MD

Quail Dreams, Night-Blooming Cereus, and Tigersnake in the Shadows

Perri has been living in Tucson since 2014 and is greatly inspired by her surroundings. She loves to recreate elements of the Sonoran desert in her artwork, using her favorite media: watercolor, gouache and handmade paper.

ARTIST BIOS

Sanjana Sreenath

Blooming Seeds and Emotions

Sanjana is a second year medical student in the United States. She is particularly interested in digital art, medical humanities, as well as narrative medicine.

Teddy G. Goetz, MD, MS

Cannot Be Contained, Unapologetic and Pluripotent

Teddy G. Goetz (they/them or he/him) is a psychiatry resident at the University of Pennsylvania. Prior to earning their M.D. at Columbia, they studied biochemistry and gender studies at Yale, conducting research on a wide spectrum of biologically- and socially-determined aspects of gender-based health disparities, including earning their M.S. developing the first animal model of gender-affirming hormone therapy. They have two forthcoming books entitled *Gender-Affirming Psychiatric Care for Transgender and Gender Diverse People*, the first textbook on gender-affirming psychiatric care (APA Publishers, 2023) and *Gender is Really Strange*, a graphic novel about the weird complexities of gender—sociocultural to neuroscience (Jessica Kinglsey Publishers, 2023). Their current focuses include mixed-methods research on LGBTQ mental health, as well as narrative medicine and physician advocacy. More about their scholarly and artistic work can be found at teddygoetz.com.

Wayne R. Cohen, MD

Saint Timothy's Fog and Ferruginous Hawk

Wayne R. Cohen is a Professor in the Department of Obstetrics and Gynecology at the U of A College of Medicine. His primary photographic subjects are fauna of all kinds.

