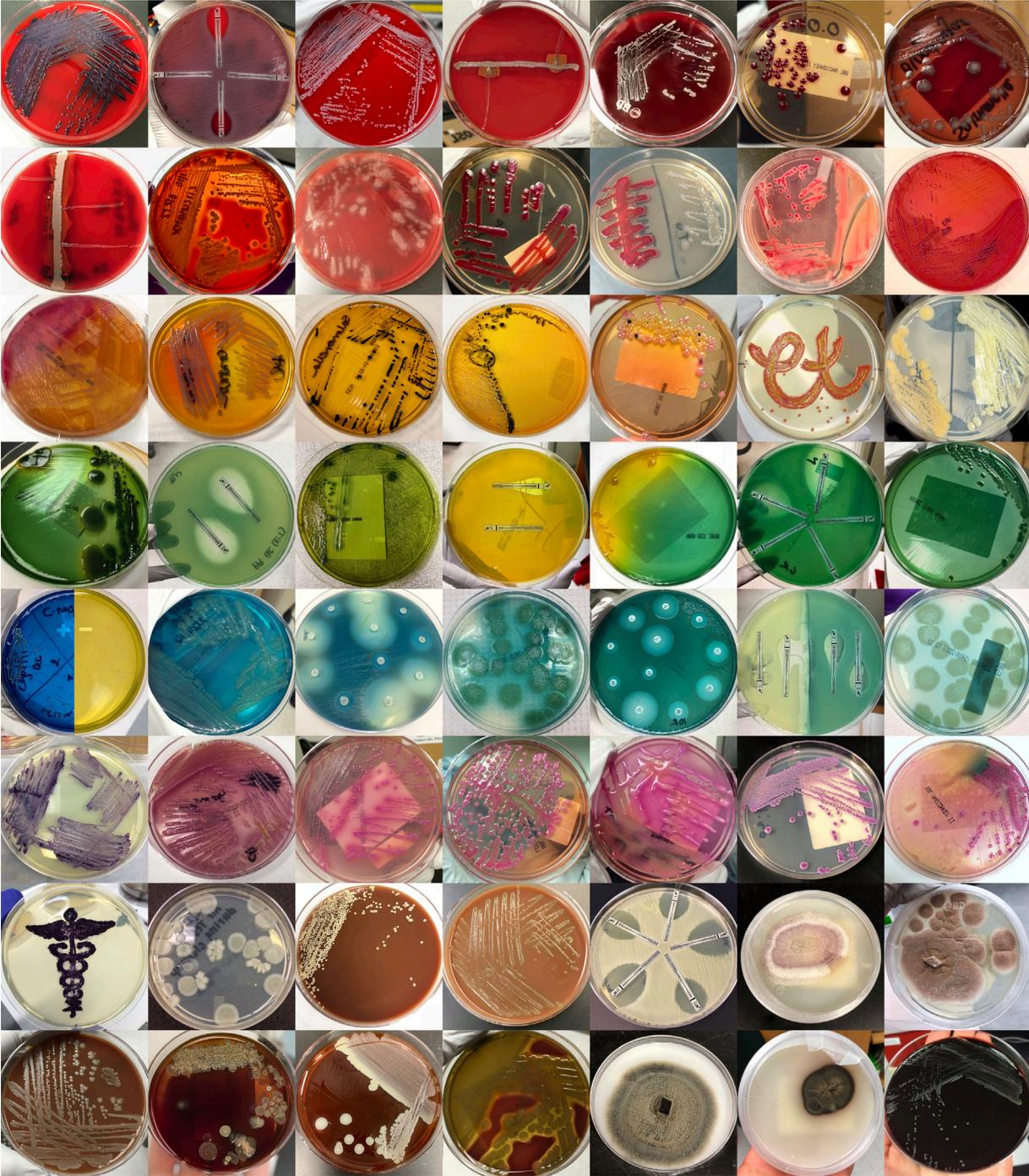


H E A L

Humanism Evolving through Arts and Literature



FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

volume eleven • 2020



Humanism Evolving through Arts and Literature

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LETTER

from the Editors

In one of her many articles on the value of narrative medicine, Dr. Rita Charon notes, “When health professionals write, in whatever genre and diction they choose, about clinical experiences, they as a matter of course discover aspects of the experience that, until writing, were not evident to them.” This speaks directly to HEAL’s primary mission—to serve as a venue for medical students and healthcare professionals to reflect and discover.

The pages of HEAL Volume 11 further demonstrate the value of creative, reflective expression and its byproduct—humanism and compassion in healthcare. Throughout this issue you’ll find writers working through their experiences in order to actively practice better medicine. The winner of our 5th Annual Humanism in Medicine Essay Contest, fourth-year medical student Ariana Trautmann, is no exception. In “Speaking Up,” Trautmann reflects on a time she witnessed colleagues behaving insensitively toward a patient (page 16). Although she initially wishes she were brave enough to reprimand them, she corrects the situation not by calling out her colleagues, but by redirecting her focus on the patient. The others notice and fall in line. Trautmann writes, “That day taught me there are many ways to handle any given situation...Causing a scene certainly would not have made the patient feel more comfortable. But the warm blanket did. Someone sitting by her and acknowledging her did...I will carry this moment with me for the rest of my career.”

Visual art also provides a space for reflection. *Eye*, created by third-year medical student Julianna Kacheris, was the runner-up for this year’s cover art contest (page 33). Of *Eye*, Kacheris says:

I was inspired to paint an eye because I feel as though the colored part of our eye, or iris, is a wonderful representation of how unique we are as humans. Whether green, brown, blue or hazel, no two sets of eyes are identical. Each have an array of patterns that fold onto one another. Similarly, we each have our own story, our own struggles we are dealing with, our own hopes, dreams and fears. As a medical student in clinical rotations, one of the greatest gifts I've been given is the opportunity to look each person in their eyes and listen to their story unfold. In doing so, a whole realm of possibility opens – trust, empathy, support, even love. Eyes serve as vessels for human connection. My hope is that when people see Eye, they will feel inspired to form these connections themselves and will be reminded of the remarkable gift that it is.

Of course, life is more than medicine. Thus, HEAL also provides a venue for our community to observe and reflect on the outside world. The photography in Volume 11 is largely focused on the beauty of the nonhuman natural world we interconnect with on a daily basis. And of special note is “Ladybug,” a poem (page 30) by Dr. Stephen Quintero in which the speaker meditates on a soothing encounter with one of these dotted-wing beauties: “In the spark of a moment it flew through the air, / swaying this way and that way and with it my cares.”

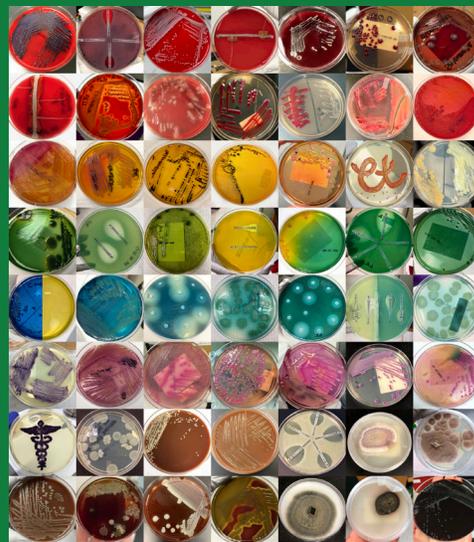
Please enjoy Volume 11 of HEAL, and may you find comfort, awareness, and healing in the pages that follow.

Warmly,

Tana Jean Welch, PhD



Suzanne Leonard Harrison, MD



On the Cover

AGAR ART COLLAGE

Elizabeth E. Tremblay, MPH
Class of 2023

At its core, the agar art collage is just agar, soy-based gelatinous bacteria food, and microbes, bacteria and fungi. While they can occasionally cause human disease, their presence on agar in the lab allows us to properly diagnose and treat those with an infection. Through this collage, I'm admiring their presence and reframing it, quite literally, in a more positive light.

The collage contains 10+ different types of agar and 30 different species of bacteria and fungi.

Over the years, I've amassed a collection of about 2,000 photos. I simply selected a few for this collage that would be a visually appealing representation of the diversity we see on a weekly basis in the clinical laboratory.

Elizabeth Tremblay is a former infection control practitioner, current medical student, and always a lifelong learner.



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ART

SMALL D E T A I L S

Erin Petrie, Class of 2020

In my second week of outpatient Internal Medicine I felt comfortable taking a history and performing a thorough physical exam to present to my preceptor when he entered the room. On one particularly busy morning, I knocked on the door to the next patient's room and was greeted by a thin, energetic man in his 60s. As I glanced at his medication list after shaking his hand and introducing myself, I remarked, "It looks like you're a pretty healthy guy! We don't usually get patients in here on so few medications." He laughed and proudly told me he exercises five times a week and eats a mostly vegetarian diet.

I remember thinking it was nice to have an uncomplicated patient after three stressful encounters back-to-back-to-back and maybe if we wrapped this up quickly I could actually have more than ten minutes for lunch. As I inquired about past medical history, there was nothing of significance, just as I suspected. He was here for his annual physical and as ready to get to lunch as I was. When I asked about anything new he wanted the physician to know about, he told me he'd had some knee pain but thinks it was due to overuse in the gym and was responding well to acetaminophen. I made a mental note to include that in my oral presentation and prepared to move to the physical exam.

As I was about to encourage the gentlemen to get on the exam table, he paused and said there was this other "silly" thing he should bring up since we had the time. Instead of trying to explain it, he said it would be easier if I gave him my pen and paper. He took the pen in his right hand and began to write his name. His hand quivered violently and he had to use his left hand to stabilize his right just so he could finish the last few letters of his last name. Putting the pen down, he laughed and said, "Isn't that strange? It's just one of those kooky things that happens with old age, right?"

My heart sank. I had seen quite a few people well into their nineties in this practice and this felt like more than just old age to me. The lightness to the encounter dissipated as I began asking rapid fire questions related to the tremor and he began to sense my concern. As medical students, we often jump to the worst case scenario. As a medical student whose own grandmother was initially diagnosed with Parkinson's disease by a sudden change in handwriting, the worst case scenario was jumping out at me.

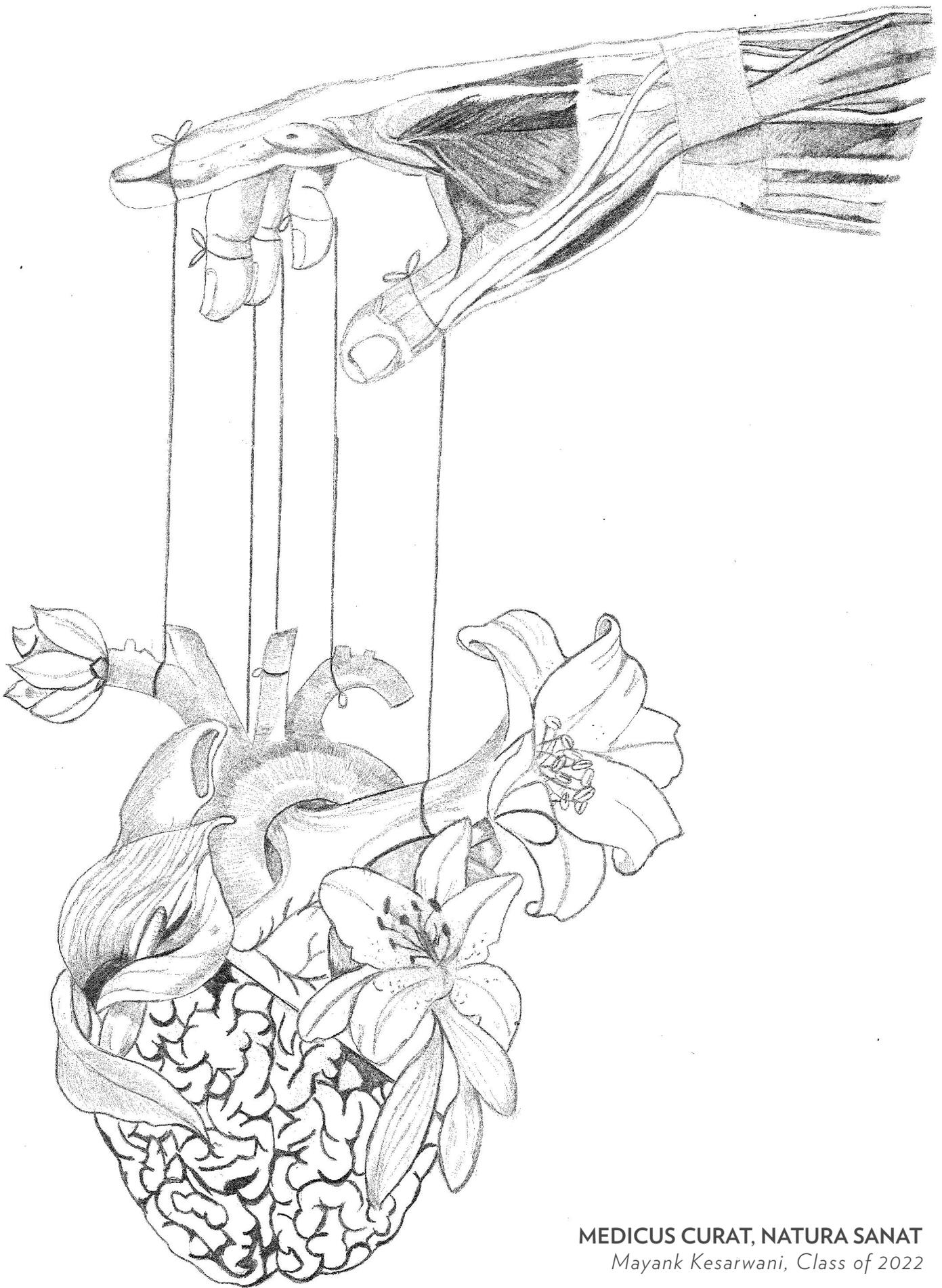
Before I could figure out a way to discuss my concerns with the patient, my preceptor entered and asked me to present the patient. I quickly started, "This is a 63-year-old male who presents today for his annual wellness exam..." I continued my routine until the part of the presentation where I included new problems to address. I looked pointedly at my preceptor and mentioned the patient had noticed a change in his handwriting associated with a new tremor. The patient jumped in, clarifying it was nothing to be concerned about medically and felt silly he even mentioned it to me. I pressed on and asked the patient to rewrite his name on the paper for my preceptor as he had demonstrated for me.

The mood shifted once again. My preceptor had the patient get on the exam table and conducted a full neurological exam and asked him to walk back and forth across the room a few times so we could assess his gait. During this, we asked if he'd had any changes in his sense of smell or increasingly vivid dreams.

Aside from the tremor when writing, everything appeared perfectly normal. This gave me some relief but I couldn't get rid of the feeling in the pit of my stomach. My preceptor wasn't completely satisfied either and recommended the patient follow-up with a neurologist. While he assured him there was nothing urgent about his situation, my preceptor explained how changes in handwriting can be an early sign of Parkinson's disease and it would be best to get additional assessments to rule it out.

The healthiest patient I'd seen in days left the office being the one I worried about most. While I'll likely never know if this symptom was due to Parkinson's, or was just a benign essential tremor, I think about that man every so often. He reminded me that we serve a vital purpose as physicians to listen to what our patients are telling us and pick up on subtle findings that may go unnoticed to an untrained observer. Every patient deserves your full undivided attention because we risk patients staying silent in fear they are burdening us with their problems.

One thing that was emphasized ad nauseum in the clinical learning center during our first and second year was asking patients "anything else?" to ensure we didn't miss any details. While it felt silly for standardized patients to withhold information they knew would lead us to the right diagnosis on the score sheet, I've now realized that's exactly how patients in the real world act. They may tell you about their runny nose and weird elbow pain but forget to mention their stools have become black or they've lost a good amount of weight without trying since you last saw them. As physicians, we should strive to be present with each patient during every encounter. While it can be important to let our guard down to develop relationships, our ears should always be tuned to those alarm bells in simple conversations. With time I hope to continue to develop this gut sense in addition to continuing to develop the skills needed to deliver difficult news to patients in a kind, thorough manner. ■



MEDICUS CURAT, NATURA SANAT
Mayank Kesarwani, Class of 2022



HEAL
Humanism Evolving through Arts and Literature

Cover
Artwork
Finalist

YOSEMITE

Logan Ancelet Reed, Class of 2022

THE NATURE OF LOVE

Shellon Baugh, MSc, Class of 2023

Not every soil is good for growing a flower;
One must find the best environment
Optimum to nurture its growth.
Even then the sower has no control
Over which seed will take hold;
It might be the right seed at the wrong time
Or the wrong seed altogether.
The sower is nonetheless hopeful that
Nature will do the trick.
Rain will fall and water the seed;
As nutrients flow, a flower will grow.
With expectations of a masterpiece in mind,
The sower dreams of the vibrant bloom.
Despite his many efforts of preparation,
He is never fully ready for the unique beauty
That will bring happiness and love to his life.

Shellon Baugh, native of Jamaica, received a bachelor's degree from Florida State University in 2017. She is proud to be part of the HEAL team, combining her love for arts and literature with her passion for serving others through medicine.



AT THE BEACH

*Lisa Gardner, Program Coordinator
Department of Family Medicine and Rural Health*



CANNON BEACH

Chelsea Life, Class of 2020

FORCES OF NATURE

Chelsea Life, Class of 2020

One woman faces discrimination,
staring up at her glass ceiling.
She knows the odds are against her;
the prospect leaves her reeling.

Another struggles to balance it all—
care for her kids, finish the manuscript on time.
She clutches her third cup of coffee,
convincing herself she can meet that deadline.

A girl marches in Washington,
making her voice heard.
She holds up her sign and shouts for equal rights—
the freedoms all women deserve!

A woman rings the bell in a hospital,
celebrating her improved condition.
She knew she could beat cancer, and here she is,
rejoicing in her newfound remission.

Throughout our endeavors, we question ourselves,
“Am I equipped to handle this strife?”
We push ourselves forward, trudging ahead,
seeking the most we can get from life.

Sisters, we are strong,
unstoppable forces of nature.
Let us join hands and stand together!
United, we will forge our future.

FIGHTING

a losing

BATTLE

Brian Bowden, Class of 2020

The first time I met him was in the emergency department, as the first consult visit of my surgery rotation. Before seeing him, my preceptor briefly described the nature of the consult—an elderly man presenting with an infected decubitus ulcer. As I slid open the door to the room, he was on the bed, facing me in a reclined, uncomfortable position, with a younger man, his son, standing to the right of the bed. I introduced myself to the patient and his son and explained my role. As taught, I addressed the patient first. However, after a few attempts to gain the patient's attention without a response, I turned toward his son, and began to receive a history from him.

My patient had a long history of fractures, nerve damage, and a chronic decubitus ulcer, along with a history of diabetes and hypertension. Due to a complicated vertebral and pelvic fracture, he had been bedbound for the past two and a half years, essentially now a paraplegic.

Something had happened over the past few days, as his son had just seen him the previous weekend. At that time, he was his normal self—alert, oriented, cheerful, and without any sign of acute illness. However, over the last two days, he had progressively declined, becoming more delirious and agitated.

When my preceptor arrived shortly after, we examined his decubitus ulcer. It was pungent, necrotic, and desperately needed debridement. However, this wasn't what was making him septic. His lab results came back with an elevated white count, elevated BUN and creatinine, and urinalysis showing infection. He was treated with fluids and antibiotics, and his delirium resolved by the next day.

I saw him the next morning during rounds. I reintroduced myself, and thought he could recognize my face but didn't seem to remember my name. He was much more alert than he was the day prior in the emergency department, but not to his baseline that his son had described. His labs had improved with decreased white count, and resolved urosepsis. However, he remained tachycardic and tachypneic.

The next day, I again reintroduced myself, still unsure of whether he remembered me. Again I got a vague sense he remembered, but the look in his eyes made me seem unsure. I explained that we would be operating on him later that day in order to clean his wound. He simply nodded, without saying any words.

His surgery was a much different experience than any of the previous ones I'd done before. Those had been elective surgeries that would result in a curative outcome. This one, however,

seemed to be making a painful situation only a little less painful, as if what we were doing was futile. During the surgery, we removed a large amount of necrotic tissue, going all the way down to the sacral bone, and even into the edges of the gluteus muscle on both sides. The blood loss wasn't insignificant, and as the minutes passed I felt like I was battling two feelings—one telling me that what we were doing could allow him to be comfortable and back to his baseline, and the other, that we were doing no good whatsoever.

I don't know if anyone else gets a boost of energy and confidence after finishing a surgery, accompanied by the feeling you've accomplished something, and that your patient will be better off than they were before. But I know I do. Well, this didn't feel like that. It felt just the opposite, like I wish I had never scrubbed in. It felt like we had made things even worse, like we were in a lose-lose situation. Don't operate and he'll still have dead, necrotic tissue that is prone to making him even sicker. Or operate, and we'll carve a large hole in his backside, leaving him a long and nearly impossible road to recovery.

Over the next few days I rounded on him in the hospital. He remained on our patient list, but he was now under the charge of the hospital's wound care clinic. He continued to remain tachycardic, tachypneic, and generally did not appear well. Each day I went to see him, I got the sense that he remembered me, that I'd been seeing him for the past week, and that most of the time I had a white coat on over surgical green scrubs. But each time I looked in his eyes, something told me that he didn't really know who I was, what my role in his care was, or the extent of what had been done for him just days prior.

The next week, because of other school obligations, I didn't go back to the hospital until Thursday. When I got to the hospital to see the patients on our list, I didn't see his name. It seemed odd to me, but I didn't think much of it. As a third year medical student, I know nearly nothing about how a hospital system works. I assumed he'd been transferred to another unit, was transferred to a different facility, transferred out of my preceptor's care, or simply not showing up on the list due to an error in the system. I saw the patients on our list and then headed to the surgery center for our morning cases.

As I was scrubbing in for the first case of the day, my preceptor came up and began scrubbing as well. As he started scrubbing, he asked me, "Did you see the patient wasn't on the list?" To which I simply nodded and replied, "Yes." He waited a few seconds, thinking I'd put two and two together. When it was clear I hadn't, he then said, "He died yesterday morning."

My heart sank. Not just from the sadness of a life I knew was now gone. But also from embarrassment, that I had neither realized why his name wasn't on the list, nor tried to figure out why when I first pulled up the list earlier that morning. I quickly refocused in order to finish my scrub and mentally prepare for the first case.

At the end of the day, after we had finished our cases, I began to think differently about his situation. Maybe it was better off that he had passed. I know that sounds morbid, but I think it's right to feel this way based on his situation. What quality of meaningful life did he have? It was obvious he was in discomfort, pain, and who knows how he was perceiving his situation. As

my preceptor explained after we finished debriding his wound, his long-term prognosis for recovery was dismal. Even with the best wound care and nutrition, his paraplegia would leave him little chance for complete healing of the area.

My patient's situation, his treatment, and his ultimate passing was unique from anything else I experienced in my third year. It was the first time that I had a patient pass away who I spent a significant amount of time caring for. Even though it took me until the end of my third year, I felt like I finally had a substantial role in the care of a patient. For the most part, all of the patients I had seen this year were healthy—far from their death bed. But he was an exception.

As I continue medical school, and progress into residency next year, this patient will provide a reminder that I will experience more of these same situations. And though they'll have their own unique challenges, and I will learn from past experiences, the passing of any patient will never be easy. ■



BOSS BASE
Jonnah Sciallo

Jonnah Sciallo is a 10th grader at Lincoln High School in Tallahassee. He enjoys drawing and playing video games and combines his two passions through the creation of video games.

A DOCTOR I SET OUT TO BE

James Park, MD

A doctor I set out to be
Until they stripped away from me:
The heart they took
The eyes to see
The brain to ask why
The ears to hear
The tongue that said, "I'm here"
The hands that touched
The feet that walked
Side by side
With many.

These they took
Now none remain
Sadder still
I watch and pray
To you my child
Your gifts will stay
A doctor you've set out to be
Pray you don't end up like me.

Dr. Park is a Family Medicine Intern in Southern California and an alumnus of the University of Florida College of Medicine. He is interested in the topics of burnout and hospice and palliative medicine.



MOTHER NATURE

*Aisha Khodijah Kholib Jati
Universiti Sains Malaysia*

*Aisha Kholib is a final year medical student at Universiti Sains
Malaysia, Health Campus. She loves to photograph magnificent
views of mother nature and every miracle in between.*

TWILIGHT ZONE

Nicholas Ott, Class of 2022



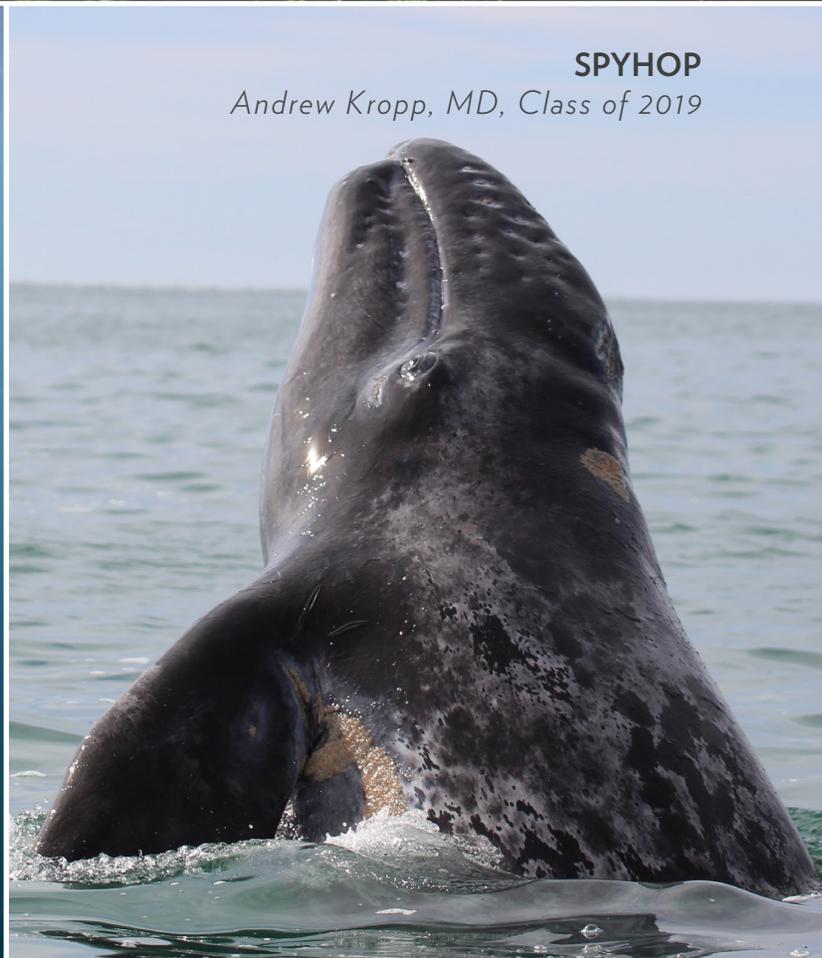
SEA PUPPY

Andrew Kropp, MD, Class of 2019



SPYHOP

Andrew Kropp, MD, Class of 2019



YOGA PUZZLE POEM

Joanna White, DMA
Central Michigan University

Hey diddle diddle, the cat and the friendly cow,
with all their might, jumped over the half moon.
On the other side, they saw the first
warrior shooting arrows from his bow at a coiled
cobra, while silent monkeys lunged
from tree to purple tree. Running away, cat and cow
stumbled upon a corpse. Leaping, they landed
in a swarm of locusts and dragonflies,
but pigeon wobbled in, scattering the insects
into the wind. Cat and cow traipsed on. Soon they spied
a chair and a table with a lotus floating in a bowl.
Guarding the lotus, loomed a lion, silent
as a sphinx. Cat and cow did a sun salutation saying,
tell us a story so Lion spoke of frog, who went
courting in a pea green boat by the light
of the crescent moon, and when the boat reached shore,
frog hopped down the plank, dolphins popping out
of the water to greet him. In the shallow, frog came
to a crooked bridge, upon which sat a child, fishing line
triangled in the plume. Swooping down, a heron snatched
at the fish on the end of the line but frog did a handstand
into the water, startling the bird off over the deep
blue sea. After the story, cat and cow waved
goodbye, and climbed to the top of a mountain. Unlatching
a wooden gate, they followed a stone path round
to a gingerbread house and knocked on the door. Out came
the cobbler with his happy baby. *If you see scorpion or an eagle,*
don't be a hero, call for goddess. She will bring the second
warrior, he advised. Cat and cow nodded and turned to follow
the downward facing dog who was trotting down the mountain.

Music professor Joanna White, DMA and MA, has works in several literary journals, including Healing Muse, Intima, and the "Poetry and Medicine" column of The Journal of the American Medical Association (JAMA), among others. Her first poetry collection, Drumskin and Bones, will be published by Salmon Press (Ireland) in 2021.

THE 5TH ANNUAL “HUMANISM IN MEDICINE” ESSAY CONTEST

Sponsored by the Florida State University
College of Medicine Chapman Chapter
of the Gold Humanism Honor Society, in
partnership with *HEAL: Humanism Evolving
through Arts and Literature.*

1ST PLACE

Ariana Trautmann, Class of 2020

It was the last week of my EMS elective. I was incredibly lucky to ride with one of the EMS captains who was eager to take me to any call that sounded interesting. We were called to a possible stroke. An 82-year-old woman with sudden onset unilateral weakness and expressive aphasia. The paramedic and EMT on scene were two I had met before. We actually talked earlier that day about the love we share for the medical field. The captain told me to hop in the back of the ambulance while they got the patient set up for transportation. I sat in the back next to the patient and smiled at her trying to think of how I could interact with this woman who couldn't speak. That's when I heard it. The crew was talking about the "f-ing stroke this woman is having." I was taken aback. Maybe I had misheard them? No. There it was again. They said it again, and again, and they were laughing. "I mean she's over here having an f-ing stroke." They were maybe a foot away from the patient and they were making jokes about her condition.

She may have had a stroke, I thought, but she's not deaf, what are they doing? I turned red. My cheeks have the unforgiving habit of gradually but surely painting themselves the color of any emotion I feel. Wasn't I just having a conversation earlier with the both of them about how much they love caring for patients? I know they have seen a lot. I know they might be burned out. I know they have seen the system be abused and misused, but I don't understand why they think it's okay to talk inches away from a patient about her probable stroke and joke about it.

In that moment, I wished I was bold. I wished I was the kind of person who could speak my mind if something irked me. I wished I was a better medical student. If I couldn't even speak up now in front of people I likely would never meet again, then what kind of doctor would I be? If I couldn't do something to stop this woman from hearing the words "f-ing stroke" being spat out repeatedly and carelessly behind her, then what good was I? Ashamed, I bit my lip. I was too meek to ask them to stop. Whoever said "the meek shall inherit the earth" clearly has never spoken to me. All I could think to do was distract her. I may not have been able to muster up the courage to say anything, but I wasn't going to let her listen to it any longer. She wasn't able to speak, but her ability to comprehend what was being said behind her was indisputably intact as one could visibly see the tears that were pooling in her eyes as she heard the words "stroke, stroke, stroke."

ES
SPEAKING

“You look a little chilly. Do you want a blanket?” It was all I could think to say. A yes or no question. She could still communicate that way, after all. And she did look cold. She was pulled out of her own bed, from her home, into the pouring rain and into a freezing, metal truck. She gave a small nod yes. To my surprise, the truck finally became quiet. All that could be heard was the rumbling of the loud engine. The paramedic looked up at me, seemingly caught off guard and said, “Oh. Thank you.” And she handed me a blanket for the patient. The conversation had ceased. No more was said about her possible stroke and they continued to perform their duties in silence. I sat by the patient and reached for her tiny, cold hand and she gave mine a tiny squeeze in return.

I did not ride with the ambulance to the hospital. Once all had been done in the back of the bus and the EMT was in the driver’s seat preparing for departure, I turned to leave for the captain’s truck where he had been waiting for me. I made sure she was still warm enough before I left and told her that they were going to take good care of her.

I couldn’t be absolutely sure they would actually take good care of her in the remainder of that ride, but I had a feeling that somehow, even without being bold, I had gotten through to them. That day taught me that there are many ways to handle any given situation. Reflecting on that experience, I don’t believe boldly scolding and shaking my finger at the two that were in the bus with me would have done any good. Causing a scene certainly would not have made the patient feel more comfortable. But the warm blanket did. Someone sitting by her and acknowledging her did. Being meek did. In the end, less was truly more. It’s often easy to forget other people’s comfort and fears and lose it in the intricacies and duties required of one in the healthcare profession. I believe the paramedic and EMT from that day are actually good-hearted, caring people, who, at one time, never forgot to check on a patient’s comfort and never joked about a patient’s condition within arms distance from them. I have seen many healthcare professionals who seem to forget. Forget why they went into medicine. Forget the patient’s comfort. Forget the patient.

My biggest fear is that one day, I too, will forget. In our clinical learning center, we’re taught to always ask if the patient is comfortable before beginning an exam; it’s become routine. However, it’s important to remember comfort isn’t just defined physically. I will carry the memory of this moment with me for the rest of my career. I will remember how I handled that situation and keep the patient at the forefront of everything I do. After all, that’s why I went into medicine. I will not forget. ■



BOK TOWER
Roddy Bernard, MD, Class of 2019

Dominique Williams, MS, Class of 2023

The initial encounter went smoothly. I stepped into my preceptor’s office, calculating the various outcomes of my next encounter, and proceeded to give a detailed outline of my patient. I eagerly awaited for a response as my preceptor diligently typed away on his phone. As my words became fewer, he peered over his email and smiled. I was unsure if he was elated that my rambling had ended or if he was pleased with my thorough report. He plainly said “Good, we will return to the room and you can discuss your plan of care with the patient.” This was a reward unlike any other. I was floating as we walked across the hall, proud that I had proven my worth as a medical student. I was determined to give this patient the best care he had received all day. I knocked on the door, put on my game face, and walked inside.

“Hello again!” I wanted him to feel at ease so I asked if he wanted to discuss any other issues with the doctor before I proceeded. He kindly declined and rested back on his chair. I happily explained that most of his labs were good and then abruptly changed my tone when I showed him my disapproval of his high LDL cholesterol. I questioned why the value had changed so drastically from his previous visit. He looked at me with reluctance and explained that he had been consuming meals from every fast food restaurant his sights landed on. He enthusiastically listed places like Popeye’s, Zaxby’s, Chick-Fil-A, KFC, and a slew of other similar places. Without hesitation I told him he should not be eating fried foods so often. I was adamant that this was a risk to his health. I was so passionate about helping him that I didn’t realize my voice was forceful instead of suggestive.

He looked at me like a child who had just been reprimanded by his parents. The tone in his voice changed and he stated his next words so clearly I felt them resonate in my bones. “You don’t understand.” Immediately I felt my reaction, I was offended. How could I not understand? I was someone who tried sincerely to see other’s perspectives. I held my tongue and continued to listen to what he had to say. He explained that he was recently released from incarceration. The food they served was beneath any known edible substance. They are forced to eat slime called food because it was the next best option to starvation. Anything served was either expired, stepped on, rolled in dirt, or a mixture of all three. He continued to explain that when he was released,

the food on the outside was a sanctuary he had been deprived of for all of those years. He explained that he didn’t know when the next time he would get a meal like this was, so he was going to eat up as much as he could for as long as he could. I felt guilty but I still lacked empathy. I responded by saying I understood, but I still stood by my initial recommendation of avoiding the fried foods and consuming more vegetables. He gently said, “I understand. I will do better.” We shook hands and parted ways soon after.

My preceptor was composed, silent, and observant during the entire encounter. We returned to his office and he looked at me with his usual demeanor. I felt relieved that I had let the patient know how important his health was and expected my preceptor



to congratulate me on a job well done. He took a few moments before he spoke. The first words that followed were “I expected more.” My mind went into full panic mode. I was rerunning scenarios of what had potentially gone wrong. He said, “For someone full of empathy, you showed our last patient none.” I felt like a dagger had been thrown and pierced me straight in the heart. Had we developed two different memories from that last patient encounter? He explained to me the realities of jail and what our previous patient had endured. I felt like a monster. I lacked understanding with the one patient who probably needed it the most. I sat in my chair and licked my wounds as I replayed the situation the way it should have gone. That patient was one of the most kind and understanding people I had encountered on my preceptorship. Thanks to him, every patient I encountered after him has been welcomed with empathy and understanding. My only regret is that I didn’t get the chance to treat him with the same honor. ■



LOOKING GLASS

Julianna Kacheris, Class of 2021

Representation MATTERS

Shalom Wangechi Chege, Class of 2022

Representation saves lives. Representation lifts folks up from the ground and gives them a reason to dream, to hope. Representation provides vision, and vision fuels dreams.

As a young, black, immigrant woman in the STEM field, representation made all of the difference. My father, a young, black immigrant physician, was the reason why I never doubted that such a career was made for me as well. My entire life, I grew up assuming, taking for granted that I could be a doctor. I was not intimidated by the academic rigor, the years in school, the long nights, the loans you take out, any of that. Why? Well, because my daddy did it.

And he always told me I could do it too. Representation matters.

However, until my senior year of college, I didn't fully understand representation's importance. Then I had the honor and pleasure of co-teaching a liberal studies math class in a nearby county's high school during the fall semester of my senior year. The children in my class were typical high school students—excepting the fact that they attended school in a poor county. Thus, the resources afforded to them from elementary school until the time they walked into my class were slim at best.

In the early days, it was a disaster. The students didn't trust us, or like that we expected much more from them than previous teachers had. Defiance was rampant and performance was abysmal. At the peak of my frustration, it finally struck me that I was the problem, not them. Here I was, in a classroom of predominantly black students, standing at the front as a black student myself and taking absolutely no steps to really get to know them or allow them to get to know me.

So the next day, I walked into the classroom, sat down on top of a desk and asked, “Well, what do you want to know about me?”

What followed was an extremely awe-inspiring conversation. These children asked everything you could imagine—where I was born, who my parents were, where I have lived—until finally, one of them got up the courage and yelled from the back, “So what you mixed with?”

I was stunned. I blinked and looked up, so he immediately began to apologize, but I said, “No, you have nothing to be sorry for.”

So then I stood up and asked the class, “How many of you think I'm part white?” Nearly every hand in the room went up.

I had to hold on to the chairs to stop the trembling in my knees as my heart broke for all of these students. I tried to look into as many faces as possible and saw nothing but sincerity and curiosity. Here I was, a dark-skinned black girl teaching their class, but the world had taught them already, at such a young age, that this level of success must be correlated with some hidden whiteness.

I cleared my throat. As I spoke, I made eye contact with every single student in the classroom. “I am black, like you. Just like you. I'm not part white or anything else. All of the stuff I've talked about doing, like applying to college, I did so well because of, not in spite of, who I am. That means all of you have that in you, too, and my goal in this class is to make you see it. Someone told me long ago that I was smart enough to do anything I wanted, and before I walk out that door for the last time y'all are gonna believe that too.”

A holy hush fell on that classroom and I know God was there with me, with all of us. In the coming months I got questions about SATs, college applications, careers, and not because I was some sort of brilliant educator. I cannot pretend that I did such an incredible job teaching them that immediately they began looking up colleges and technical schools.

I believe what happened in that classroom on that day was representation. The kids finally had a picture of what they would look like if they ran full speed towards greatness. Most importantly, they saw it was something very possible to do. It clearly wasn't super hard or impossible. Why? Well it's simple—because I had done it. And I was there to tell them that they could do it, too.

I think about those kids almost every day, and how they defied all expectations by raising the class average from a D on the first

test to an A by the time their final for the semester came around. I did not lower the bar. I did not, as many people suggested, “dumb the class down” for them. I taught them advanced material at an advanced pace and they absorbed all of it, proving just how incredible they were.

Towards the end of the semester, as I was handing back homework assignments, I told one student that his aptitude for word problems pointed towards a possible career in physics.

“Really, Ms. Shalom?” he asked with a big grin. “Hey, maybe I wanna be one of those who teach physics at college! Like your professors!”

“Absolutely! You would be an amazing physics professor,” I replied.

Immediately, his friends exploded into laughter and I turned around, baffled. He seemed to be deep in thought, but the rest of them were literally bent over, in tears.

“What’s so funny?” I asked.

“Nothing, Ms. Shalom,” he said, lifting his face up to mine, “It’s just that no one ever took me saying that kind of stuff seriously before. Usually, they kind of just laugh. ■

Shalom Wangechi Chege is a 2nd year medical student at FSU College of Medicine, and she worked for SSTRIDE in her senior year of college at FSU. She is the daughter of immigrants, and is extremely passionate about issues of social justice in America.



WHERE IT ALL BEGINS

Anmol Patel, Cortez Brown, Class of 2021

BROKEN HANDS

Erin McConnell, MD

The Ohio State University Wexner Medical Center

ulcerations weep between
like interdigital islands
floating amidst
compromised flesh

sheets of tissue
peel off in strips
enough to fund
a graft
or Christmas

erythema creeps
towards dorsal
patches of
xerosis

where water
becomes fire
the epidermis
erodes
cracks and fissures

Dr. McConnell is an internal medicine and pediatrics physician at Ohio State University. When not (w)riting hack poetry she enjoys the other two R's: reading and running.

HEVEL

AJ Rhodes, Class of 2020

Corporeality rests with the soul at the place of death.
To meet these two brothers. To escort them in. He undertakes.
To usher in solace. To rage against light. This is his lot.
They sleep among slaves. They toil among stones. Inscriptions complete.
He cleaves with his family. He moves high away. To work alone.
Good doctor, will you be with me there when the silver cord breaks?

EOS (BOTTOM)

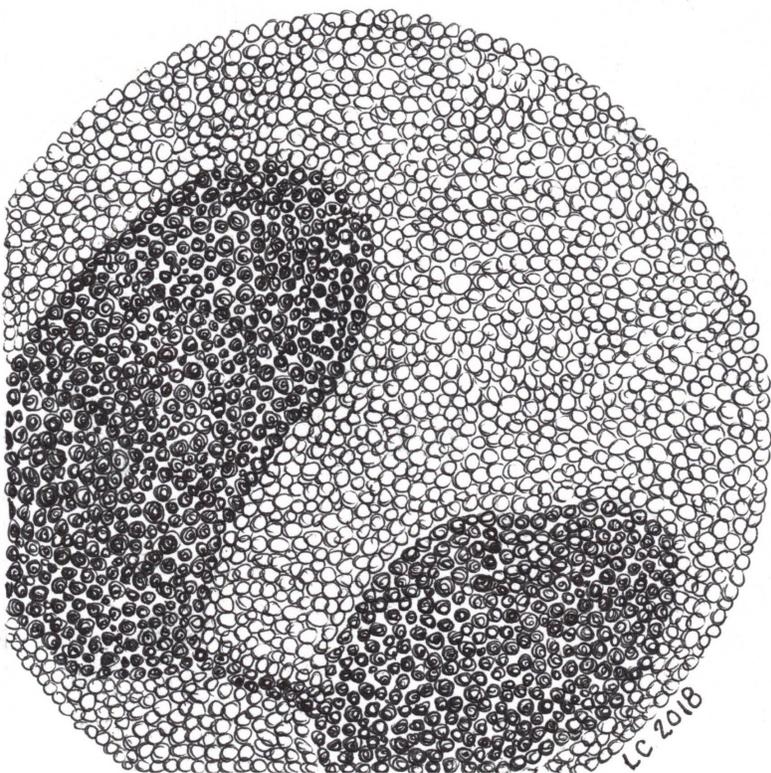
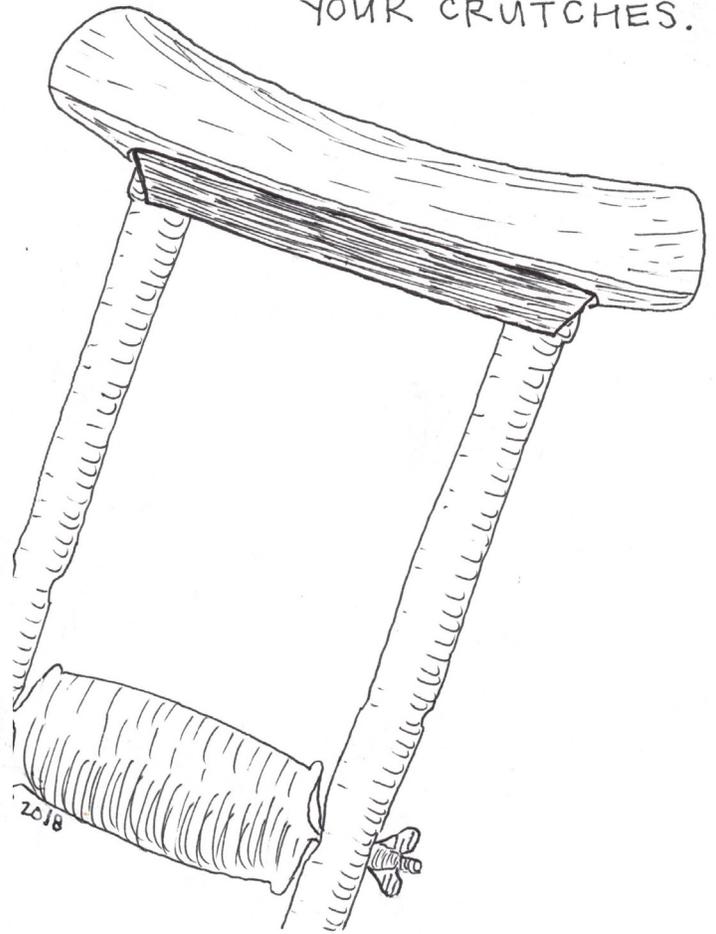
CRUTCH (RIGHT)

Lucy Chisler

Lucy Chisler is a fourth year medical student and aspiring child psychiatrist. Her yearly hand-drawn 'med school valentines' have served as a study aid and a welcome study break.

LIKE EOSINOPHILS
RESPONDING TO A PARASITIC
INFECTION, I KNOW THAT
I CAN ALWAYS COUNT ON YOU
TO BE THERE FOR ME.

LEAN ON ME - UNTIL WE CAN
PROPERLY ADJUST
YOUR CRUTCHES.



“Ok, last one of the day. Go ahead and see the child in room 2. It’s a wellness visit so it should be simple,” said my preceptor. If my third year of medical school had taught me anything, it was that very few cases are actually “simple.” Nonetheless, this was my first week of outpatient pediatrics in Immokalee so without hesitation I grabbed the child’s immunization records and proceeded as instructed.

When entering the room, I introduced myself and shuffled through what I thought was her immunization records. I quickly halted when I came across page 2 titled “toxic stress” with the words “positive screen” in red, bolded capital letters. I scanned the survey questions until I came across, “Have you ever wanted to hurt yourself, or feel that you would be better off dead?” And to my shock, she had answered “yes.”

First of all, I had never seen a toxic stress screen in my textbooks, UWorld question bank, or in the charts of any of my other patients. And secondly, before me sat a beautiful 12-year-old girl. “What on earth could be that bad for a 12-year-old?” I thought.

Unsure of how to proceed I quickly gathered my thoughts and asked questions about school, band class, and if she has ever felt depressed or anxious. Naturally, I received all positive answers to which mom smilingly reaffirmed. At this point I assumed there must have been some sort of mistake. I knew better than to ask directly, as I could not breach this young girl’s confidentiality in front of her mother, but I had no idea how to approach this scenario otherwise. I finished my physical exam, collected my papers, and went back to present the case to my attending.

As soon as I showed my attending the toxic stress screen, we quickly turned around and were immediately re-entering the room. My attending tactfully found a way to remove the patient from the examining room so we could privately address her positive results. Unwilling to voice her secret aloud, we offered the young girl a pen and paper. And she wrote:

“I am pansexual and I do not know how to tell my father. I am scared he will not love me anymore. Other kids, especially the boys, tease me too...”

I was astonished by how well this young girl, who I perceived as happy, had managed to bottle up all her emotions. And yet here we were, 5:30pm at the pediatrician’s office, addressing this young girl’s darkest fears at a “simple” wellness visit.

We paged the on-call psychologist at the health center and explained the situation. It was slipping past 5:30pm and the building was emptying, but to my amazement the on-call psychologist appeared within minutes to assess the child’s immediate safety and suicidal risk. For the next hour, the psychologist, pediatrician, and I encouraged both mom and her daughter to voice their reservations and concerns. A box of tissues later, we all agreed she was safe and not a danger to herself.

A

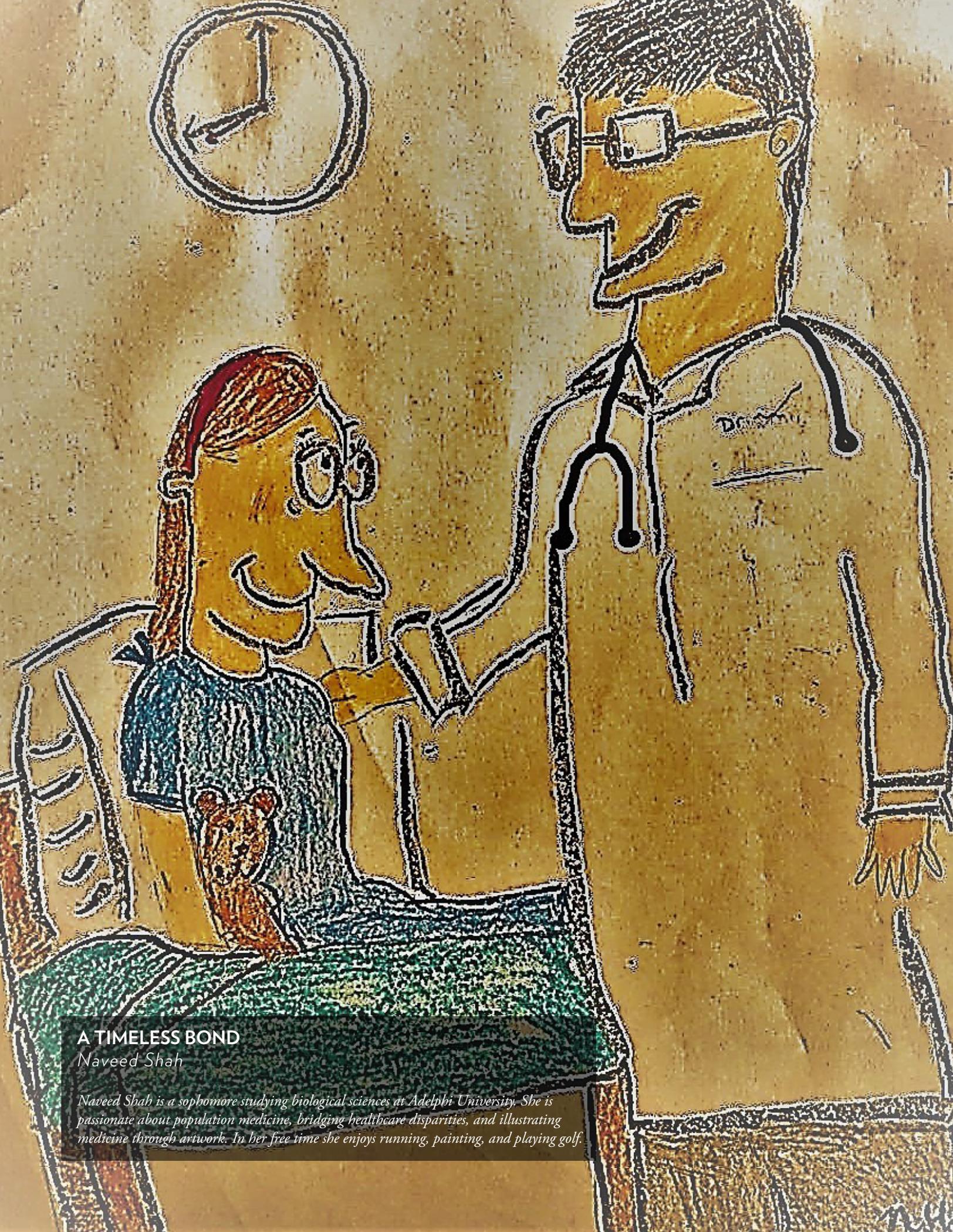
This entire experience came as a shock to me. I had already finished my psychiatry rotation months ago and never did I experience anything like this. I was taken back by the efficiency of the process and amazed that I never knew the role of adverse childhood experiences

SIMPLE WELLNESS VISIT

(ACES) in pediatric healthcare, nor had I seen the implementation of routine toxic stress screenings. Toxic stress by definition is a prolonged activation of stress response systems in the absence of protective relationships or support, a phenomenon that

countless children undergo, especially among lower economic social classes. In general, a higher ACEs score is associated with a greater physical and mental morbidity. As physicians, we are taught to solve problems and ultimately save lives. If a child presents with unrelenting abdominal pain, we do a history and physical, make a diagnosis, and consult the surgeon for an appendectomy. With this integrated care model the psychologist, like a surgeon, ultimately achieves a similar result by performing a lifesaving procedure.

During the remainder of my pediatric rotation, my preceptor told me stories of the infinite cases she has seen and the tragedies that many children from underserved communities face. I am surprised more places have not yet adopted this routine screening system and the integrated primary care-psychology model. Imagine the amount of lives that could be altered and suicides prevented if more health care providers installed universal screening to assess their pediatric patients’ ACEs and toxic stress. After all, why should a child’s general well-being be separated from their wellness? ■



A TIMELESS BOND

Naveed Shah

Naveed Shah is a sophomore studying biological sciences at Adelphi University. She is passionate about population medicine, bridging healthcare disparities, and illustrating medicine through artwork. In her free time she enjoys running, painting, and playing golf.



PIER TO HEAVEN, ST. AUGUSTINE BEACH, FL

Michael Hayward

Michael Hayward holds an MBA from the University of North Florida. He is a Certified Financial Planner(r) and the proud parent of Anna Hayward, Florida State University College of Medicine Class of 2022.



INTERSPECIES COMMUNICATION *(TOP)*

AIRBORNE *(BOTTOM)*

Andrew Kropp, MD, Class of 2019

Dr. Kropp graduated from the Florida State University College of Medicine in 2019. He is currently a resident in the Emergency Medicine Program at the University of Connecticut School of Medicine.



Emotional

S Y N C O P E

Evan Schrader, MS, Class of 2020

Sometimes life is really hard. Everyone thinks they've found the meaning of life when they spew quotes of motivational encouragement—the hard parts make you stronger; these trying times help you grow. But that doesn't make the hard parts any easier. Hard parts in life are hard, and they are inevitable.

On my second week of pediatrics, I walked into a patient's room, an 18 year-old male at his final well-child visit with his pediatrician. I walked in and before I could get out my minute-long spiel about who I was and why I wasn't his doctor, my heart got mushy and my med-student brain shut off. He was crying. Already. Not just tears, but uncontrollable sobbing, a full-fledged avalanche of emotions that he couldn't even keep up with. We just scratched the surface as he told me about how things were good—sometimes—and yet bad at the same time. I was confused. He had such powerful tears coming from a place of restless soul-searching and exhaustion. He couldn't figure it out.

When my precepting pediatrician entered, I learned about how Sam was a straight-A student, dual-enrolled for college credit in his senior year with a 5.1 GPA. I didn't even know it was possible to earn a GPA that high. His mom was in the other room with his sister for her well-check and the family was normal—they didn't have any socioeconomic hardships and lived well together. Sam was a well-developed, healthy kid with no medical conditions, and plans to leave for Chicago on a full-ride scholarship for volleyball. He had built himself to perfection. But after this proud distraction, the tears returned. They were fearful tears, coming from a dark and unfulfilled place. I could really feel that he didn't understand where they were coming from. His life seemed enviable, but he was deeply, internally unwell. Then I learned that a year and a half ago, Sam hung himself in his bedroom. The frame of his closet snapped from his weight suspended on the rope. He attempted suicide, but survived. His family and entire community surrounded him with immense support after this event, but as each month had since passed, his family and friends slowly started to get back to normal, "pre-suicide" life and leave the past in the past. That concern he was initially met with started changing, and I think Sam was beginning to hit those same obstacles that he faced two years ago. For Sam, he wasn't able to just leave them in the past.

By the end of his visit, he still refused to see a counselor. He refused to take any medications. My preceptor tried as much convincing as he could, but they ended up in a stalemate.

He had begun to open up to me in our few minutes alone before the visit, and just leaving him at this point didn't feel right. I realized I was having one of those gut-feelings moments—a feeling that came from somewhere way down deep, a feeling that would linger until I did the right thing. So I stayed and ended up talking with Sam for 45 minutes. It turns out it's a lot easier for an 18 year-old to connect with me than with his 63 year-old pediatrician. But I don't think it was age. I don't think it was age or gender, student or doctor. It was an element of humanism. It was empathy, because I saw little me sitting on that table. I saw little me on that table who really needed the now me. I saw little me with the same 4.0 GPA and the same perfect nuclear family and the same full-ride scholarship to college, yet the same incompleteness and turmoil. I struggled with my sexuality when I was in high school. I coped through stellar performance and constant self-pressure to succeed, thinking that might 'make up for' what I hadn't yet accepted about myself as okay. I felt that I may never prove my self-worth and so I lived in undulating fear of the repercussions of the inescapable moment where I'd finally come out to my family. I knew I would have no control over their reactions, so I worked tirelessly, knowing that still might not change things. Not that I thought this was the exact problem that he was struggling with, but I knew exactly what he was feeling inside. As I shared with him the pressures I put on myself and how I completely lost self-love, the words just came out of my mouth: "It's okay to not be okay."

"It's okay to not be okay."

Because remember, life is hard. These hard parts of life are inevitable. And so, you know what else is inevitable? Being not okay.

As we started talking about all the different ways and times that he's been feeling these emotions, we realized together that this wasn't the first time he had felt this way. And really, we saw that we've both experienced this feeling multiple times. We threw out our ideas on the things that are hard and contribute to being "not okay" and as therapeutic as it was for Sam—it was the same for me. Life brings unexpected changes that can rip our support scaffolds from under us, yet we're expected to show up and be our same selves in our daily commitments when we're "not okay." It's sort of unfair. As we connected, I realized how we began to normalize all of the times we had felt this way. If we can just expect to eventually be "not okay" at some point or another, then we can



accept
when
we're not okay
and actually do
something about it.

I realized that Sam's uncontrollable tears had become my newly-discovered phenomenon: emotional syncope. Just like how our bodies overpower our executive function by removing gravity when we are underperfusing our brains, I think that our emotions can do something similar. We see this as Sam sobs uncontrollably, his call for help when he wasn't otherwise able to do so for himself. His emotions overpowered every function in his body to get him help and restore balance, thus, an episode of emotional syncope. Today, we're lucky that he was in a place where he was okay to not be okay.

I didn't work as a doctor today, just as a human. I saw myself on the table. I saw the times when I wasn't okay and how much better I would have felt if someone would have just told me, "It's okay to feel this way right now—you're normal." I got to give that to someone today. I got Sam to commit to himself and to see a counselor. But above everything, I got the chance to believe today that it's okay to not be okay, because that feeling's not permanent, and we are graced with the empathy to understand and share that with everyone who needs it. ■

Evan Schrader is a fourth year medical student and future women's healthcare specialist.

FLYING IN THE RAIN
Shellon Baugh, MSc, Class of 2023

LADYBUG

Stephen Quintero, MD
Department of Family Medicine & Rural Health

In the golden meadow,
In the warm sun I lay.
Trying to lighten my burden away,
My troubles and sorrows flickered the more,
Til my head and my heart were nothing but sore.

Then suddenly a tickle on my left hand,
The little black feet did softly land.
It was round and orange with two little black spots,
It was tiny, so small; no more than a dot.

It crawled up my finger to the very top tip,
Where it waltzed a little circle and then seemed to dip.
Why around it went then down and then up,
All the way back to the tippy tip top.

Was it sent for me or here merely by chance?
I wondered and pondered as I watched it dance.
My heart was warmed and my face had a smile,
The burdens I'd suffered had gone for a while.

This littlest creature had held back the rain,
With its strange little dance, it erased all my pain.
With one last scurry it went to the top,
Then it turned and it faced me and came to a stop.

Then it curtsied and dipped and with a small bow,
Seemed to declare it was finished for now.
Two little curtains parted with grace,
They hid the smallest of wings, barely a trace.

In the spark of a moment it flew through the air,
Swaying this way and that way and with it my cares.

Dr. Quintero is an associate professor in the Department of Family Medicine and Rural Health and also serves as the Medical Director of TMH Transition Center and the Medical Director of School of Physician Assistant Practice.

PRETTY MISLEADING (A LOVE POEM)

Caitlin Marquis, Class of 2023

A pretty plate of food is brightly colored
with greens, yellows, oranges, and browns.
A pretty plate of food is well-balanced,
with 60% raw and 40% cooked.
But sometimes, a pretty plate of food is just that—
pretty.
Appealing to the eyes, but hard to swallow, to chew.
Each bite, harsher than the last.
Sometimes, we may pass on the pretty plate of food.

LOVE

Ghazal Farajzadeh, MS, Class of 2023

The Sun
Most days we want more of it
Some days a little less
Only to realize when it's gone
How much we miss it
Most mornings, you welcome
The kiss of its rays
Upon your face
Only to feel its sting
When you forget your SPF –
Still, it brings out your best,
Turning your skin to a soft glow.
And it brings out your worst
When it burns and that same skin peels off.
But we can't live without it.
Because through the many moods
Of the sun
We still want it.



TRASH PANDA

Jonathan Grisiaffi, Class of 2022



SPRING BLOOMS

Casey Gentile, Class of 2022



SERENITY AND SPLENDOR

Shellon Baugh, MSc, Class of 2023

GREENERY

Kacper Niburski, McGill University

Four screens hang in the aggressively lit room. A single eye – large, red, dull – is fixed in the middle of each. It bobs left then right then left, matching the radio pop music about some girl loving some boy who loves some other girl. The eyelid is peeled back like an apple slice left to suffer under the sultry sun.

“Do you think it’ll really happen?”

I am in the corner, watching the feet of the woman wiggle under the blue sterile sheet. As a medical student, I am to shadow this basic operation, a cataract removal, which stands as the runny lifeblood of any ophthalmologist.

Prior to the operation, I was idle outside the operating bay. “This is clockwork,” the resident who I was assigned to said while eating an Oreo. “Easy stuff. I don’t even look at the charts of the patients. Heck, even someone like you could do it after a while.” I smile, thank him for what I hope is a compliment. “But what is important is to be fast. Faster than fast. Machine-like, even.”

I nod. “See this?” He points to a fat, bold, black 25 claiming two-thirds of a white board. “And see this?” Underneath, the words written: To go slow is to not go at all. “Do not get in the way of this factory.” He laughs, I laugh, and I notice only after the rumble has died down that beside us in a bed I thought empty is the next patient, eyeing a ceiling with miscellaneous brown stains, skin the colour of a blue, faded metal. She does not watch us as we wheel her in. Her nails are a bright, unrelenting pink.

“Do you think they’ll allow it?” The resident asks again.

The attending ophthalmologist peers up from his microscope. Sweat slips on his bearded face. The music seems to pause, switching to the next sugar-high song. Even the patient’s single eye captured on the multiple screens gazes up, as if to politely show that she too is listening to the response, “No.” He takes a breath, “Of course I don’t think it’ll fucking happen. We won’t be replaced by robots.”

Everything pounds back to normal. The music croons on electronically. The nurses hand the tools without mention of name. The surgeons continue the work with the lyrics of how you’ll be the only one for me, for me, for me ringing hollow.

“Can you please look straight?” The ophthalmologist demands of the patient.

The eye complies, still as the dead. “But anyways, Dr. L fit 30 patients. Would you believe that?”

Much of the sight is obscured by the milky muteness of the cataract. Under the ceaseless light of the OR, the lens looks like a sea before a storm – heavy black is caught in the center, a slight green is hinted at near the edges of the overwhelming grey, hard cloud.

“Horse shit. No one has topped my record yet.”

A small knife enters just above the limbus, the junction of the sclera and cornea. A little spring of blood swims in the socket. It flows freely, birds trying to escape the surrounding hole.

“I think Dr. L really did. I saw his taxes to the government.”

The song chatters about how the lover has the most blue, brown, yellow, lovely eyes they have ever seen. A small oscillator enters the gap left by the knife, breaking up the mass of grey ocular cement. The remains of the cataract are whirled in a circle, graceful in its own currents.

“What was he paid? A million? Two?”

Once hard, the cataract has become a soft fish of movement, a ghost-like specter of life at its most beautiful, flowing. On the screen, I cannot help but think that it looks the way a memory must, moving and marvelous.

The patient glares up again, causing the four screens to see only white. “I won’t say it again,” the ophthalmologist raises his voice, “Look at the ceiling please.”

The eye fixes itself back on the unseen above. Whatever is left of the cataract is removed in swift, deliberate movements. Echoes of some sunshine matching some colour of hair can be heard on the radio.

“More like three.”

The full eye is in view. There where the grey sank itself belly up is the giving green of the iris, the kind of deep, whole green that is impossible to describe, one that you could spend a life with, where you would bathe in it, study it, fall in love with it, be with it each moment of each day until you are old, weak, green yourself from the ages that have beaten past, and you would still not understand its depth. Against the abrasive whiteness of the room, against its bleeding brightness of a flame too strong, her green iris was the only colour that would ever be in this world.

“Greedy fuck. Leave some for the rest of us.”

The view is soon hidden by a black, artificial lens. It is slipped in, spreading like those puddles in some city that never seem to evaporate. It fits perfectly.



“Even God couldn’t do better, eh?”

An oily substance is secreted into the cornea to keep the lens in place. It sinks to the blackness around. As the final drop is placed, the eye rolls up.

“For Christ sake, stop moving your eye.”

But the eye does not fall back down. It continues its elevation to the brain, to where the radio is perched and singing its chorus. I love you.

The nurse bounces to the heart rate and saturation monitor at the end of the bed. She yells.

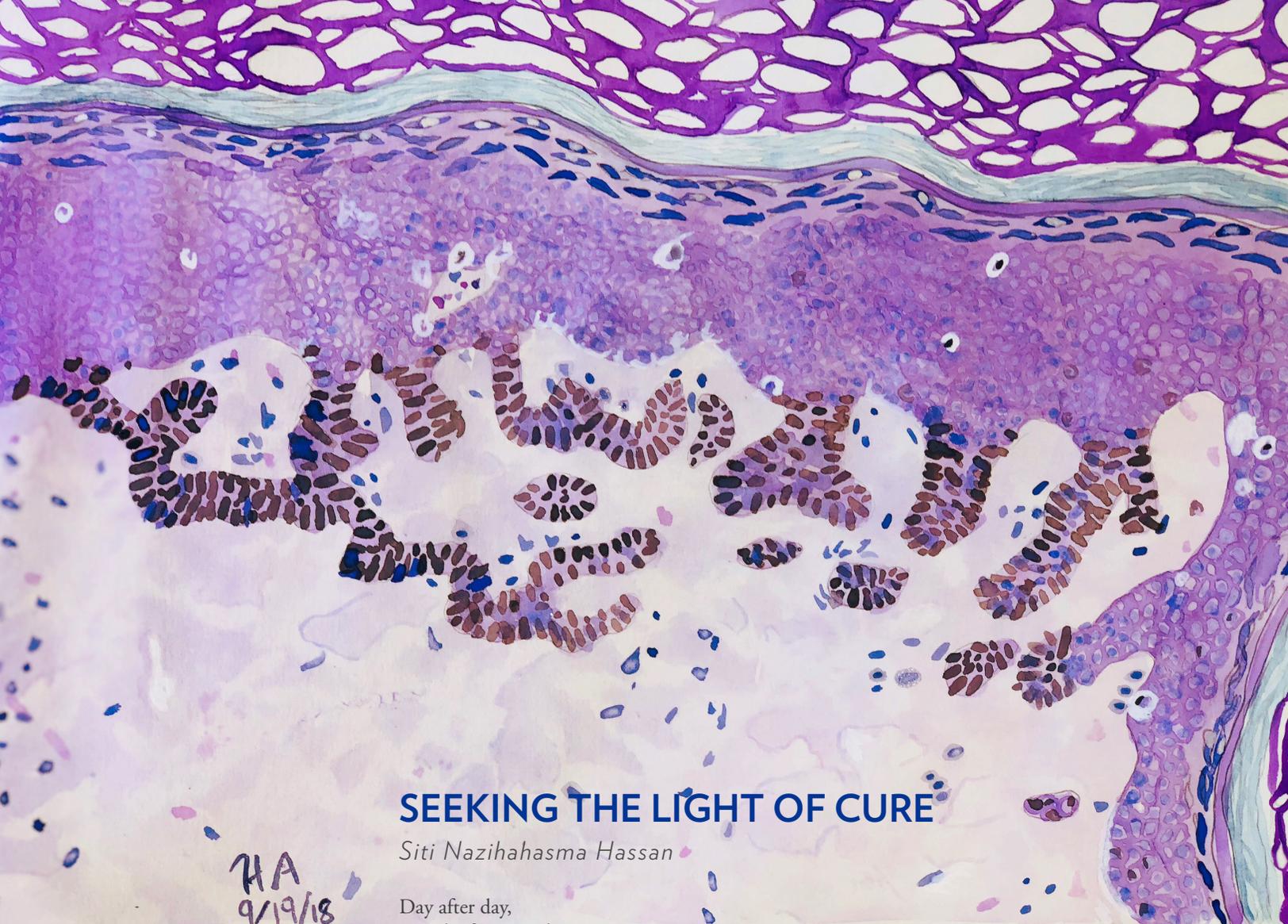
I love you.

The surgeon lifts his head from the microscope for the second time. The resident follows. He says almost as if it were a rhetorical question to leave in the air, “The patient isn’t breathing.”

I love you.

The resident begins to perform CPR on the patient. I stand up, unsure of what to do, not yet trained for this situation. A code is called. A team comes in a few forever minutes. It is cramped, hot in the room with the numerous bodies hurrying. In between each shock, the total whiteness of the four screens shake. The radio has been drowned out by breaths, the noisy air. I am moved out the room by a nurse, who has green eyes, too. ■

Kacper Niburski is a third year medical student at McGill University, a wobbly writer, and a person who believes in the habit of art. Follow his instagram at @_kenkan.



SEEKING THE LIGHT OF CURE

Siti Nazihahasma Hassan

Day after day,
month after month
things seem grey
since the summer gone
Those wicked cells,
aggressive and progressive
dividing and resistive
stopping life like a beast
deep beneath the thickest of skin

My heart thumps fast
seeking for answers
what is the cure?
will the knife do?
or the radiation rays?
or the magic bullet?
or just sit and pray?

To kill, we need a triad of spells
blocking the cycle, so it won't flourish
inhibiting the proliferation, so it won't conquer
inducing the apoptosis, so it won't spread

This journey will never end
hope keeps moving
work keeps going
in search of that meaningful turning point
when life is not a joke
to surrender for that thing we call 'cancer.'

SOLAR LENTIGO

Hana Ahmed, MD, Class of 2019

Dr. Ahmed graduated from the Florida State University College of Medicine in 2019. She is currently a resident in the Dermatology Program at the University of Alabama Medical Center-Birmingham.

NOT QUITE A CHEVRON

Alexandra “Xan” C.H. Nowakowski, PhD, MPH

Department of Geriatrics / Department of Behavioral Sciences and Social Medicine

We find togetherness
in sordid pictures.
It looks more like a peace symbol,
my mother says,
arguing with my father—or as usual,
agreeing at the top
of her lungs—
about his transplant scar.
It’s supposed to be a chevron,
he insists, brandishing the skin
shot full of staples.

I agree with my mother.
Of course—
or perhaps not—
I often do. These things
are complicated like the reasons
I could never be a match.
Left censoring *cystic fibrosis*
from lists of disqualifiers
for liver transplantation
takes a certain art.

The person who made me
may not have used a brush
but certainly
there was a cup.
Made me so my father
could be just that, and then—
much later, a lifetime of much later—
hear my desperate words.

A plea, two publications.
Tears that rolled unseen
down my cheeks.
I knew that story well;
one day I may argue
over chevrons of my own.
For now my scars
are all inside:
thickened tubes, blocked passages,
dark places filled with grime.
Small clocks, ticking away.

I had a lifetime
of acclimating,
of growing accustomed
to what feels normal
when nothing
really is.
Suddenly, there was so little
time for anything.

And then, the call—
or two, because my father
was swimming.
Strange to others how
we can be at once
sick and well.
Within one person,
multitudes.
I know you understand, he said
when last I saw him
with original parts.

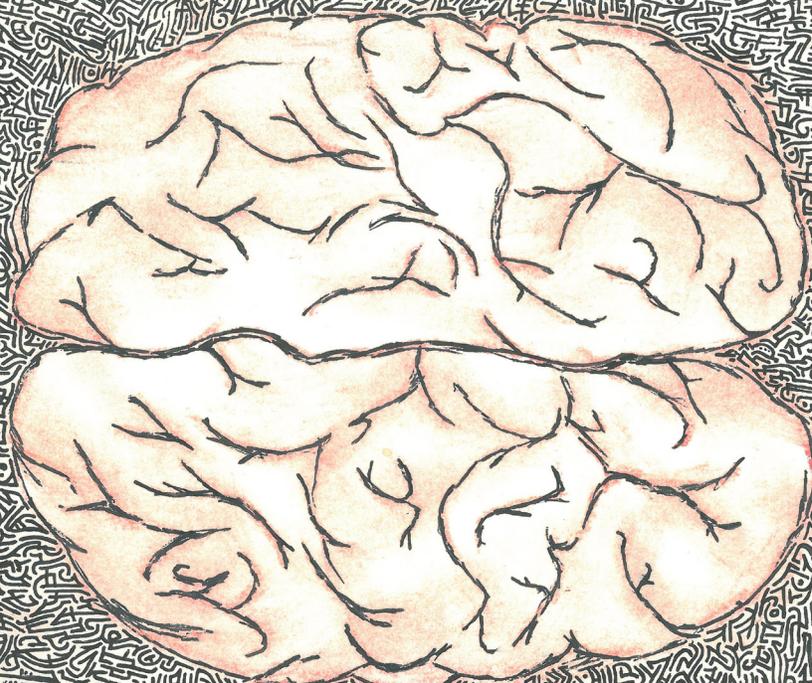
My father opened himself
and scalpels opened him
to put life back inside.
Messages came like
cryptic warnings.
21 tubes, 23 tubes—then silence.
And then my mother,
in the small hours:
Liver is already producing bile.

Nouns as communication
all that next day:
Physiotherapy. Solids. Sitting. Walking.
Drains, pumps, catheters. Pain.
Unmentioned, but hovering:
Elation, relief, hope.
I breathed deep in my
infected lungs,
gave thanks.

It may be months until I see him.
The danger within me
looms too great, and even
between family, some things
should not be shared.
Yet those same perils
let me reach past fears
to the hope chest within,
where scalpels cannot go.
I fill my own with patience
and a short familiar checklist:
masks, wipes, nitriles.
In time, I will need them.

For now, I have the pictures
and the arguments
and the pricking tears
of having made some difference.
Not quite a guardian angel—
too little dead to qualify—
but something.
I love you and your words, he says.
This time, they were enough.

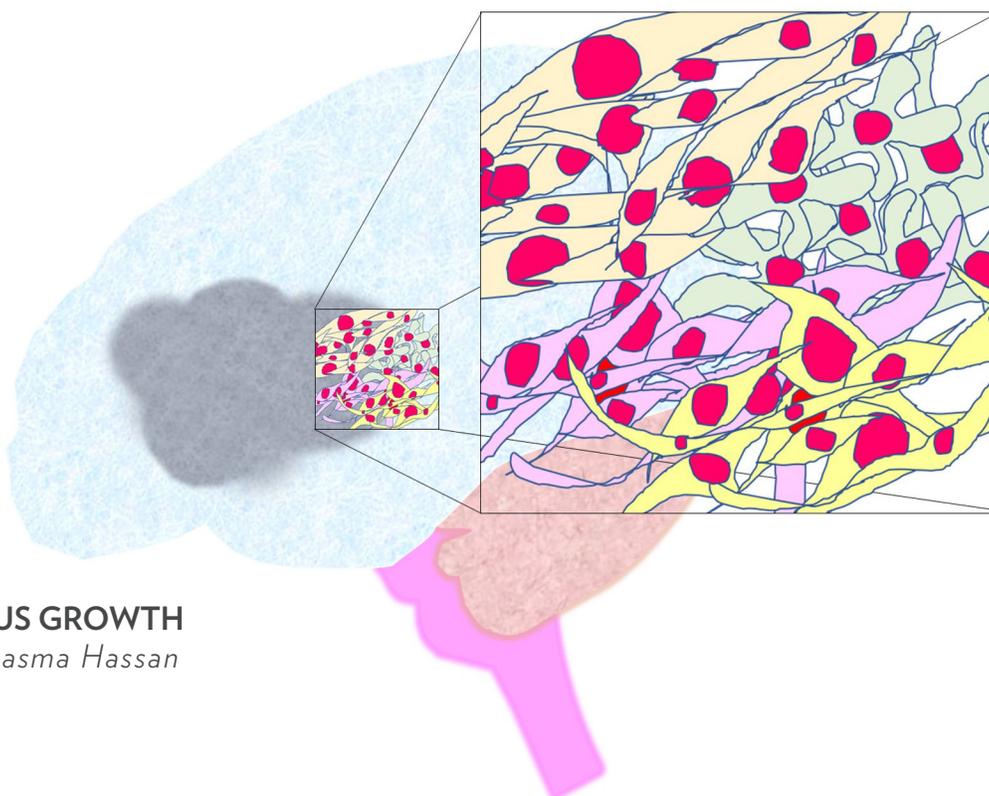
Dr. Nowakowski is an assistant professor in the Department of Geriatrics and the Department of Behavioral Sciences and Social Medicine.



CHAOTIC THOUGHTS

Kevin Dick

Kevin Dick is a PhD Candidate studying Biomedical Engineering in Ottawa, Canada.



CANCEROUS GROWTH

Siti Nazihahasma Hassan



I see your
future. I see you
winning the fight
against cancer.

A GLIMPSE INTO THE FUTURE

Elizabeth Bentze

*Elizabeth Bentze, age 11, is the daughter of Nicole Bentze,
DO, the Sarasota Regional Campus Dean.*

BALCONY. FIRENZE, ITALY

Michael Hayward



LA PROMESA PERDIDA

*Lisandra Mendoza, Psy.D.
Immokalee Health Education Site*

Tras el sueño inocente de promesa perdida se marcha el jinete.
La humedad en los ojos ajenos salpica sus mejillas,
mientras la sonrisa de da Vinci vacila, es insegura y miente.
Se aleja, irreflexivo, presuntuoso, con su promesa incauta.

Por un camino azaroso va cabalgado el jinete...
en su estado hipnagógico, desde un ferrocarril, conversa con la luna
y navega como barco perdido buscando un puerto donde poder anclar.
Aquel jinete, casi hipotérmico, aún preserva su promesa incoherente que le abriga el alma.
Ni el tiempo helado detiene al jinete, quien cachazudo, llega a su destino.

Un destino inesperado pero real, y como niño a quien le roban los sueños llora.
Parece confundido el jinete en su catarsis: con ganas de reír y también de llorar.
Aquel umbral rojo y lleno de espinas detiene al jinete en su cabalgar,
y moribundo, descalzo y seco continúa caminando en busca de su libertad.

Va caminando aquel jinete por su propia vida, guarda la promesa incauta,
aquella promesa que en su mitológica existencia fue robada a Pandora.
Como aromas en el viento, como la vida misma, son las lecciones aprendidas del jinete.
y con su destino seguro, los pies curados, conservando su sueño inocente y su promesa inocente
se detiene.

Ya no está lejos de sí mismo el jinete: introspectivo, metafórico y benevolente.
Eternamente conservando su promesa infantil y su sonrisa inocente en el rostro ya añejo.
Es diligente para oír, es tardado en el hablar, es paciente y es filantrópico.
Ya sin poder cabalgar disfruta el guiar a otros jinetes
mientras conserva eternamente su promesa perdida y su sueño inocente.

Dr. Mendoza, of Cuban origin, immigrated to the United States in 2009. She is presently completing her Clinical Health Psychology Postdoctoral Fellowship at Florida State University College of Medicine-Immokalee Health Education Site in affiliation with Lee Health-Fort Myers, FL. Through her clinical experiences she provides mental health services to underserved populations while she further contributes to the field of psychology through ongoing participation in cross-cultural research projects.

SELF-ANALYSIS

Roddy Bernard, MD, Class of 2019

More or less
Less is more.
That is unless
I desire more.

Reassess
My inner core.
Weightless stress
Prevents I soar.

New distress.
Self-fought War.
Ideal success,
Not as before.

Defy the guess.
Not anymore.
Proudly confess
What I care for.

Happiness
Opens doors.
Cleans a mess
Calms the shores.

So happiness
I will explore.
For with it
Life is more.

Author's note: As we grow in the medical field, we become aware of previously unknown opportunities. Career choices based on salaries and the desire to win recognition through awards can shift the way we approach our medical career. Our original intentions of why we pursued medicine are tested. However, we should reflect and consider if altering the path is what will truly lead to our ultimate happiness.

Dr. Bernard graduated from the Florida State University College of Medicine in 2019. He is currently a resident in the Internal Medicine Program at UF Health-Shands in Gainesville, Florida.



YOUNG LIFE

Chelsea Life, Class of 2020

Tea Sweet

TO BE TRUE

Edward Corty, Class of 2021

When a 40-year-old woman arrives at the integrative care clinic in Immokalee, Florida with a fasting blood sugar of 255 g/dL (normal is below 126), alarm bells ring in the minds of providers. As a third year medical student, my job was to speak with patients about behavioral issues during the 15 minute window before the medical team arrived. This would make the most of everyone's time and, ideally, improve health outcomes.

Before entering this patient's room, I was expecting to find a woman who would benefit from learning about lifestyle modifications and preparing for the addition of another diabetes medication. I was surprised when I found a healthy-appearing, smiling woman who looked younger than her age. She had bright, hazel eyes and a soft smile. Only 15 minutes was allotted for this meeting, so we got straight to the point, conducting the interview in Spanish.

"Hi, Clara, I saw that your sugar was pretty high today. How has your diet been recently?" I asked.

"Um, not too bad, I guess," she said timidly. "Sometimes I do eat a lot all at once in the middle of the night."

"What kinds of foods do you normally choose?"

"Well, when it's late at night, usually tortillas, maybe with some marmalade or other snacks."

While a large percentage of Immokalee's population works picking nutritious tomatoes and peppers, the foods most available to those same workers are often high in carbohydrates and saturated fats. Furthermore, when people have several children to feed on an exceedingly tight budget, their own nutritional needs are often considered last. The snacks Clara described also happen to be delicious – I know because I've indulged. Something about her clinical picture didn't quite add up, but I was willing to accept it. I knew we had some options for her.

"Look, I know how difficult it can be to change diets. Could we try to set you up with a nutritionist?"

"Yes, I'll try that," Clara responded. She looked down and to the side like someone trying to do mental math.

Type 2 diabetes starts as a problem with cellular ability to effectively use sugar in the blood – the cells become "insulin resistant." This leads the pancreas to pump out more insulin. Eventually, the pancreas can't keep up and "burns out," stopping production altogether. When blood sugars stay elevated for years, complications set in – vision becomes blurred from retinal damage, foot ulcers and infections form due to nerve and blood vessel destruction, and the kidneys begin to fail.

Pride was bubbling inside of me – in less than 10 minutes we had uncovered the source of Clara's newly high blood sugar and, better yet, we almost had a solution in place. All she would have to do is follow up with a nutritionist. This was too simple.

But I had missed the mark. As we were wrapping up our conversation Clara held up a hand like a diner hesitantly asking the waiter for a check.

"One thing," she said. "Could stress make sugars go high?" Now, alarm bells sounded in my own head.

"Actually, yes," I told her, remembering that stress hormones like cortisol increase blood sugar levels and hunger. "Has something changed recently?"

"Well, my husband was arrested by Immigration," she said in a matter of fact tone. Silence hung for the next 10 seconds, which felt like minutes. She continued, "That, and we just found out my father has cancer."

When someone has back pain for years it is considered "chronic" pain. When that same person has an "acute" attack of back pain it can be considered "acute on chronic" – an acute exacerbation in the setting of a chronic problem. Clara wasn't suffering from normal worsening of chronic diabetes, she was

suffering from acute on chronic diabetes that I had failed to uncover. I relied on the patient to give me her perspective instead of asking, "Why?" In just the past month, her husband was arrested, her father had received a cancer diagnosis, and she had continued working to support her two young children and herself. Now, instead of having two sub-minimum wage paychecks for rent, utilities, and food, the burden fell on her alone.

I more completely uncovered Clara's perspective by asking her about new challenges she was facing. I asked others in the clinic about how they had approached similar problems in the past and laid out options to her about how we could help. She needed support for her children while she worked longer hours, so we connected her with a free after school program. She would grapple with intense stress and anxiety for the foreseeable

future, so we informed her about a clinical psychologist who specializes in spouse separation and associated anxieties. These services existed, but she had no way of knowing and almost missed out.

Even after finally finding Clara's perspective, her situation is not reassuring. Economic, social, and political structures are all in place to make her fail, but we can hope additional services will provide some real relief. In health care, we have a unique opportunity to give an open ear to our patients, complete with confidentiality and completely free of judgement. It is now clear to me that the benefits of our system are easily wasted if we don't take the vital extra step to ask, "Why?" ■

SOMEWHERE DOWN THE CANOPY ROADS

Anna Hayward, Class of 2022





GREEN

Harold Bland, MD

*Dr. Bland is Professor Emeritus in
the Department of Clinical Sciences.*

MAINTAINING THE PEACE

Shellon Baugh, MSc, Class of 2023

It is dark outside.
The wind is calm and I
fall asleep.
I should have watered
the plants or let
the dog out but I forgot.
They'll be alright, though.
I'll do it tomorrow.
The wind is calm and
it's dark outside.
Someone just whispered.
I think there is someone
in my house.
I thought I locked the door.
Maybe if I crawl under
the bed, they won't find me.
Footsteps are getting louder.
I'm under the bed and
I see the shadows made
by the moonlight on the bodies.
Should I stay quiet?
I should stay quiet because
the wind is calm and
it's dark outside.



NOT IN FLORIDA ANYMORE
Andrew Kropp, MD, Class of 2019



SLOW MOTION
Cordy McGill-Scarlett, Class of 2020



LA ÚLTIMA Canción

Gabriela Cintron, Class of 2022

Entré de puntillas en la habitación con mi ukelele en la mano. Su cuerpo frágil yacía contra las grandes mantas que cubrían su cama. No quería molestarla mientras dormía, pero giró la cabeza para mirarme, sus ojos brillantes estaban despiertos y alertas. Abrí la ventana y dejé que el sol de la primavera brillara en su habitación oscura. La luz iluminó su rostro y sus abundantes arrugas profundas. Su cabello gris resplandecía y me senté y comencé a rasguear mi instrumento. La música llenó la habitación y ella recostó su cabeza en la cama. En ese momento nos conectamos. Ella no habló, pero la música es un lenguaje universal y a través de ella pudimos conversar.

No sabía mucho de la Señora Neal, solo algunos detalles de sus documentos. No tenía parientes cercanos y sufría de demencia y de problemas renales. A pesar de la situación, ella era una luchadora. Es por eso que del asilo de ancianos en que vivía me llamaron. Ella siempre peleaba con las enfermeras y con el personal de la institución. Para ser una mujer frágil, tenía una fuerza inesperada y se resistía cada vez que intentaban bañarla o alimentarla. A las enfermeras que la cuidaban se les ocurrió que si yo tocaba un poquito de música podría calmarla. En ese momento, yo era estudiante y estaba completando un proyecto sobre el efecto de la música en pacientes con Alzheimer. Así que vine a su habitación para ver si mi música podría ayudar.

El primer día entré justo cuando las enfermeras se estaban preparando para bañarla. Me senté en la esquina y comencé a tocar una melodía simple. La Sra. Neal giró para mirarme y aflojó su agarre de la muñeca de la enfermera. Comencé a cantar un viejo himno y su rostro se iluminó al reconocer la melodía. Las enfermeras pudieron bañarla y ella se mantuvo tranquila mientras la música sonaba. Las enfermeras me dieron las gracias y comenzaron a incluirme en su horario dos veces por semana para tocar música. Su himno favorito se llamaba “En el Monte Calvario” y ella canturreaba mientras yo tocaba y cantaba.

Mis visitas se convirtieron en un tiempo simple, musical y tranquilo reservado para nosotras dos. Me sentaba a su lado y le contaba sobre mis problemas universitarios y ella me escuchaba. Todavía podía decir algunas palabras y retener su fuerte personalidad, dándome la bienvenida con fuertes abrazos y resoplando cuando intentaba convencerla de que se comiera la comida que no quería. Estas visitas se convirtieron en el punto

culminante de mi semana, pero a medida que pasaban los meses, su enfermedad comenzó a pasar factura. Sus abrazos se debilitaron y luego dejó de sentarse. Su canto se detuvo y finalmente, ya no reaccionó a mi presencia. Me sentaba en silencio a su lado durante mis visitas.

Pero una tarde, entré y la encontré despierta. La recuerdo mirándome como si me reconociera. Canté algunos clásicos que ella sabía y comenzó a tararear como solía hacerlo en el pasado. Así que comencé a cantar su canto favorito, “En el Monte Calvario”. Terminé el primer verso cuando, de repente, ella se incorporó en su cama y agarró mi mano. Entonces ella comenzó a cantar el coro. Dejé de tocar mi ukelele y me quedé impresionada cuando su voz envolvió la habitación; fue una vibración conmovedora que resonó en cada esquina. Las lágrimas llenaron mis ojos mientras continuaba la canción:

¡Oh! yo siempre amaré esa cruz,
en sus triunfos mi gloria será;
Y algún día en vez de una cruz,
mi corona Jesús me dará.

Su rostro brillaba mientras cantaba y de repente la vi como lo que realmente era, una luchadora. Solo más tarde me enteré de los detalles de su vida. Como luchó contra la segregación racial siendo mujer afroamericana y como luchó por educarse, al ser la primera en su familia en ir a la universidad. Ella fue pilar de su iglesia y en ese tiempo fue la solista principal en el coro. Todos estos detalles me los confió su bisnieta cuando vino a recoger los recuerdos de su abuela unas semanas después de su fallecimiento. Sin embargo, su canción anunciaba todo lo que necesitaba saber sobre el tipo de mujer que fue.

Cantó la última estrofa con todo lo que tenía; sus ojos se encendieron como si estuviera estado cantando para su congregación una vez más. Luego se calló, se recostó en la cama y se durmió rápidamente. Salí ese día con un mejor conocimiento de la Sra. Neal. Entonces entendí. Después de todo este tiempo, ¿cómo no supe de la música que estaba dentro de ella? Había tanto que no sabía de ella; la vida que había vivido y las historias que por su enfermedad nunca pudo contarme. La Sra. Neal no era solo una paciente en la esquina de un centro de vida asistida. No era solo una anciana que vivía con enfermedad renal y con Alzheimer. Ella era música, líder, activista, y una luchadora.

El director del centro de cuidados paliativos una vez me dijo que antes de morir los pacientes podían tener un estallido de energía,

A rooftop pool in Havana, Cuba, with the Capitol building in the background. The pool is in the foreground, and the Capitol building is in the middle ground. The sky is blue with some clouds. The text is overlaid on the left side of the image.

un momento de lucidez. El director creía que esa energía era dada para que la persona tuviera la fuerza para despedirse. Me pregunto si ese fue su adiós para mí, un agradecimiento por la amistad que habíamos desarrollado ese año. Aunque nuestro tiempo juntas no involucró mucho hablar, aprendí muchas lecciones: aprendí sobre la fuerza oculta que puede estar dentro de un alma humana, aprendí a nunca juzgar a una persona sin permitir que me cuente su historia, y aprendí sobre el poder de la música; su capacidad para unir a las personas y su poder como una de las últimas fortalezas en una mente perdida por el Alzheimer. Estoy agradecida por mi tiempo con la Sra. Neal y por la oportunidad de escuchar lo que podría haber sido su última canción.

– Translated –

I tiptoed into the room with my ukulele in hand. Her frail body lay against the big blankets covering her bed. I didn't want to disturb her while she slept, but she turned her head to look at me, her bright eyes awake and alert. I opened her window and let the sun shine into her dark room. The rays illuminated her face and the many deep wrinkles. Her grey hair sparkled in the light and I sat down and began to strum. The music filled the room as she laid her head back. In these moments, we connected. She didn't speak, but music is a universal language and through it we could converse.

I didn't know much about Mrs. Neal except a few details in her documents. She had no close living relatives, and she suffered from Alzheimer's and renal disease. Despite the situation, she was a fighter. That's why the assisted living facility had called me in. She constantly put up a fight with the nurses and staff. For a frail woman, she had surprising strength and grabbed their hands every time they tried to bathe or feed her. The nurses who cared for her thought if I played some music it might calm her. At the

A NIGHT IN HAVANA
Anmol Patel, Class of 2021

La Ultima Canción continued

time, I was a student completing a service learning project on the effect of music on patients with Alzheimer's. So I came to her room to see if music could help.

The first day I walked in just as the nurses were getting ready for her bath. I sat down in the corner and began to strum a simple tune. She turned to look at me and loosened her grip on the nurse's wrist. I began to sing an old hymn and her face lit up as she recognized the tune. The nurses were able to clean her and she stayed calm through it all. The nurses began to include me in her schedule twice a week to play music. Her favorite was "Old Rugged Cross" and she would hum along as I sang.

My visits became a simple, musical, and peaceful time reserved for both of us. I would sit beside her and tell her about my college struggles and she would listen. She could still say a few words and retained her strong personality—welcoming me with open arms and strong hugs and huffing at

me when I would try to convince her to eat the food she didn't want. These visits became the highlight of my week, but as the months passed, her disease began to take its toll. Her hugs grew weaker and then she stopped sitting up. Her humming stopped and eventually she no longer reacted to my presence. I would sit silently by her side during my visits.

But one afternoon, I walked in and found her awake. I remember her looking at me as if she recognized me. I sang a few classics she knew and she began to hum like she used to in the past. So I started to sing her favorite, "Old Rugged Cross." I finished the first verse when suddenly she pushed herself upright onto her bed and grabbed hold of my hand. Then she began to sing the chorus. I stopped playing and became awestruck as her voice enveloped the room, a soulful vibrato that reverberated into every corner. Tears filled my eyes as she continued the song:

"And I'll cherish the old rugged cross
Till my trophies at last I lay down
And I will cling to the old rugged cross
And exchange it some day for a crown"

CHASING KANYAKUMARI
INDIA 2009
Marcus Lackey, Class of 2023



Her face glowed as she sang out and I suddenly saw her for who she truly was, a fighter. Only later would I learn of her life details: her struggle through segregation as an African American woman, her fight for education as the first in her family to go to college, the pillar she was within her church throughout her life, and her time as the lead soloist in her choir. All these details I would gather from her great-niece when she came to pick up Mrs. Neal's keepsakes a few weeks later after she had passed away, but her song had foreshadowed everything I needed to know about the kind of woman she was.

She sang the last stanza with everything she had, her eyes alight, as if she was performing for her congregation once again. Then she grew quiet, laid back in bed, and quickly fell asleep. I left that day with a greater understanding for Mrs. Neal, and a realization. After all this time, how could I not know the music that was within her? There was so much I did not know, all the life she had lived, all the stories she never told. Mrs. Neal was not just a patient in the corner of an assisted living facility. She was not just an elderly lady living with renal disease and Alzheimer's. She was a musician, a leader, an activist, a fighter.

The hospice director at the facility once told me that before a chronically ill patient died they might have a burst of energy, a moment of lucidity. The director believed that it was energy given for the person to have the strength to say their goodbyes. I wonder if that was her goodbye to me, a thank you for the friendship we had developed that year. Although our time together didn't involve much talking, I learned many lessons. I learned of the hidden strength that can lie within a human soul. I learned to never judge a person without allowing their story to be told, and I learned about the power of music—its ability to join people together and its power as one of the last strongholds in a mind lost to Alzheimer's. I am thankful for my time with Mrs. Neal and the opportunity to hear what might have been her last song. ■

XIII

*Yolany Martínez Hyde, PhD
Department of Behavioral Sciences and Social Medicine*

Dentro de la CASA
llaves y objetos cobran vida. Los AFECTOS.
Yo afuera, en un reflejo del vidrio de la ventana.
Lágrimas de mi hija
robando un paso. Deteniendo el SiLeNcIo. Mis ojos
no se atreven a decirle la partida. Los suyos incansables me buscan.
Después de tantos rodeos a mí misma, vacío lo que me queda
en sus manos pequeñas. Las SELLO
con la estampa gastada de mis labios. Hoy no me he ido,
más bien, me he quedado para siempre.

Inside the HOUSE
keys and other objects come to life. AFFECTIONS.
I am outside, on the reflection of the window.
Tears of my daughter
stealing every step. Detaining SiLeNcE. My eyes
do not dare to tell her I am leaving. Her eyes tirelessly look for me.
After going around myself in circles, I empty all what is left
in her small hands. I SEAL them
with the worn stamp of my lips. I did not leave today,
rather, I stayed forever.

A poem from Este sol que respiro / The Sun I Breathe (2011)

MADRE (MOTHER)

Yolany Martínez Hyde, PhD
Department of Behavioral Sciences
and Social Medicine

Me golpea esta despedida.
La nube en los ojos
contenida de puro orgullo.
La sombrilla cubriendo sus hombros
pero no el temblor de las piernas
que se alejan en perspectiva.
Yo anclada en este lado del frío.
De pronto la lluvia.

Todo parece reducirse a la física
a la inmediata lejanía.
Sin embargo
su silueta se ha implantado
en el iris de este mar que viene de todos lados.

He podido fingir el rumor de río
con un aclarar de garganta
pero el fuego es extremo en el pecho
y todos mis miembros acuden a cubrirlo.
No me doy cuenta
que ahora ardo en una constante llama.

Hay un grito imposible.
Se expande lo que está destinado a ser breve.
Los cuerpos se resisten
y los brazos no obedecen.

La voz acuchillada en la garganta
está resuelta
a no pronunciar
esa frase
que nunca he querido
que siempre he repugnado a propósito.

Madre
Me golpea esta forma de no estar
de no abrazar lo que me pertenece.
Ahora todo parece irse desvaneciendo . . .

-Su silueta ya ha doblado la esquina.
La nube en los ojos . . .

A poem from Espejos de arena / Mirrors of Sand (2013)

Dr. Hyde is an Assistant Professor in the Department of Behavioral Sciences and Social Medicine, where she teaches Medical Spanish. She has a Ph.D. in Hispanic Literature and Culture, and has published three poetry books. Her research focuses on Central and Latin American Literature.



This farewell hits me.
A cloud in my eyes
kept back in pride.
The umbrella covering your shoulders
but not the trembling of the legs
that walk away along the road.
Since then, I am anchored here in this side of the cold.
Suddenly, the rain.

Everything seems to be narrowed down to physics
to the immediate distance.
However
her silhouette has been grafted
in the iris of this sea that surges from everywhere.

I was able to pretend the rumor of a river
with just clearing up my throat
but the fire is extreme in my chest
even if all my body comes to the rescue.
I do not realize
that now I blaze in a constant flame.

There is an impossible scream.
What is meant to be brief is now expanded.
Bodies resist
and arms do not obey.

The voice stabbed in the throat
is resolved
not to pronounce
that utterance
that phrase I never wanted
and I have always hated it on purpose.

Mother
This way of not being with you hits me
this way of not hugging what belongs to me hits me.
Now everything seems to vanish . . .

-Her silhouette just turned the corner.
A cloud in my eyes. . .



BUFFALO

Tayina Gilles, Class of 2022

HEAR ME, I'M STILL HERE

*Samantha Hurt, MA
Interdisciplinary Medical Sciences*

My body is weak.
My arm drifts down
My leg won't hold me
My once strong voice
Is only a whisper.

Vowels change form
Suddenly, my fluent tongue
Is no longer understood
But I'm still here,
And I have a voice.

I still know Shakespeare,
Can tell the nurse that TV
Is sound and fury,
Signifying nothing,
Turn it off!

I still know the intimate
Workings of DNA
And humor
And fear,
And I'm still here.

One nurse hears me.
She sees my pain,
She massages my healing body
And speaks
In the tender language of the soul.
She doesn't have to do that,
But she hears me.

One nurse doesn't hear me.
I ask questions
About her family and her life
But I can only whisper.
She thinks I am mumbling
Incoherent
And doesn't hear—
I am invisible to her.

I'm still here.
I have a voice.
Some can hear me,
Some cannot.
Will you?

Samantha Hurt, a Tallahassee native, got her BA in Anthropology/Sociology from Rhodes College and her MA in Chinese Studies from the University of Michigan. She enjoys languages, traveling, cooking, martial arts, reading, and doing any combination thereof with her fiancé.



H E A L
Humanism Evolving through Arts and Literature

Cover
Artwork
Finalist

AUTUMN IN PROVIDENCE CANYON
Natalia Correa, Class of 2023

Natalia Correa is a first year medical student born and raised in Miami, Florida. Outside of medicine, Natalia has a passion for exploring and capturing these unique moments, especially those in nature. She loves looking back at her pictures every now and then to reminisce and escape from her studies.

the ORACLE

Mason T. Bennett
Trinity School of Medicine

The Man awoke within his small limestone home. He stood and moved to the window, staring out to view Athens. A slow feeling of trepidation flowed into his heart.

“Today I speak to the Oracle,” he thought.

The Man emptied his chamber pot and put on his tunic. Walking into the next room he noticed his Father, who was already awake and sitting quietly at the table. The Man didn't want to see his Father, not today. It was painful to look at the old man, especially his hands. Hands that once made the finest pottery in Athens, that once were strong and sure, now sat shriveled and spasmodically jerked. It had all started with the hands.

The Father was an artist. He crafted graceful amphoras and curved hydrias. This provided well for his family and they lived comfortably. Very slowly, the Father's hands began to rebel. They started to shake and twitch at odd times. Often these twitches would ruin the pottery as it spun on the wheel. Worried at this curse the gods had inflicted upon him, the Father went to the Temple to sacrifice to Athena. The tremors and twitches continued to get worse. The curse seemed beyond the powers of the Goddess of War and Wisdom. In desperation, the Father petitioned the goddess Hygieia and her children, Asclepius and Epione.

The Man wished that his Father had never sacrificed to Hygieia. For while Athena seemed unwilling or unable to remove the curse, this infidelity angered her. She made the curse spread. The Father began to have trouble swallowing his food and started losing weight. He began forgetting simple things. Soon he became angry and impulsive. He would smash the precious pottery, yelling at his son, his wife, the gods, and the fates. Lately he just sat staring into space.

For years the Man watched his Father crumble like a forgotten marble temple falling into disrepair. Bricks crack, pillars fall, and censures sit long cold. So too did the Father's muscles atrophy, his mind became dim, and while his body remained, his mind had mostly flown.

There the Father quietly sat. The human ruin, cared for by the Man.

“Today I speak to the Oracle,” the Man mused once again.

Despite his disdain for spending time with his Father, the Man worried about leaving him alone. Sometimes the Father would walk out the door, wander, and become lost. The Man had

spoken with his neighbor, the bronze-smith, who said he would keep an eye on the Father.

The sun was still rising as the Man stepped outside. He looked at his small and shabby hovel for a moment, and then turned his feet towards the Temple.

When his Father's curse kept him from making the pottery that provided for the family, they became destitute. To survive they sold off their possessions, and finally their home; driven to live on the streets. During this time the Mother was taken ill with the coughing-sickness. She died soon after. The Father didn't even realize his wife was gone. The Man, however, decided to try and make things better. He began to shape clay, like his Father, but with an inferior talent. Nevertheless, it had provided the small home they now lived in.

“I am improving,” the Man thought to himself. “Perhaps one day I'll be better than Father! It depends on what the Oracle has to say,” he reminded himself with dread. The thought of the Oracle made his heart race. It was already beating hard from the exertion of walking from the city slums up to the Temple hill.

The sun was at its zenith when the Man finally stood before the majestic fluted pillars of the Temple. Slowly striding forward, he entered. His fear of the Oracle was momentarily tempered by the awe-evoking surroundings. A Priest approached the Man and found him a place in the supplicant line. There were many inquirers today.

The sun was well on its descent when the Man finally stood before the Oracle. She sat on a simple stool. Her eyes were cloudy as they gazed toward the Man. A pungent sulfur smoke rose out of holes in the ground around her. This was smoke from Athena's fires. Their wisdom blessed the Oracle with her visions. A Priest was standing to the left of the Man.

“Speak your question,” the Priest prompted.

His throat dry with fear the Man whispered, “Do I carry my Father's curse?”

The Oracle took the Man's hand in a strong grip. She produced a needle and pricked his index finger. Squeezing the wounded finger, three red droplets fell into a bronze basin below. The Oracle lifted the basin and sniffed the blood. She poured in a milky liquid while chanting quietly. Setting the basin down once more, she pushed along its edge, causing it to spin. Faster and faster, creating a tiny whirlpool in the center.

Then raising her hands, she fixed her white eyes on the bowl and its swirling pink liquid. The Oracle inhaled deeply, sucking the smoke of Athena's Wisdom deep into her lungs. She then began

a new chant.

“c...a...g...c...a...g...C...A-G...C-A-G-C-A-G-CAGCAGCAGCAGCAGCAG...” Each pronounced letter rose in volume and fell faster from her lips.

The Priest furiously recorded everything onto a parchment. Finally, the Oracle screamed the last chant and fell silent, her empty eyes open wide. With horror the Man turned his nervously sweating face towards the Priest. The Man paled when he saw the Priest’s somber expression.

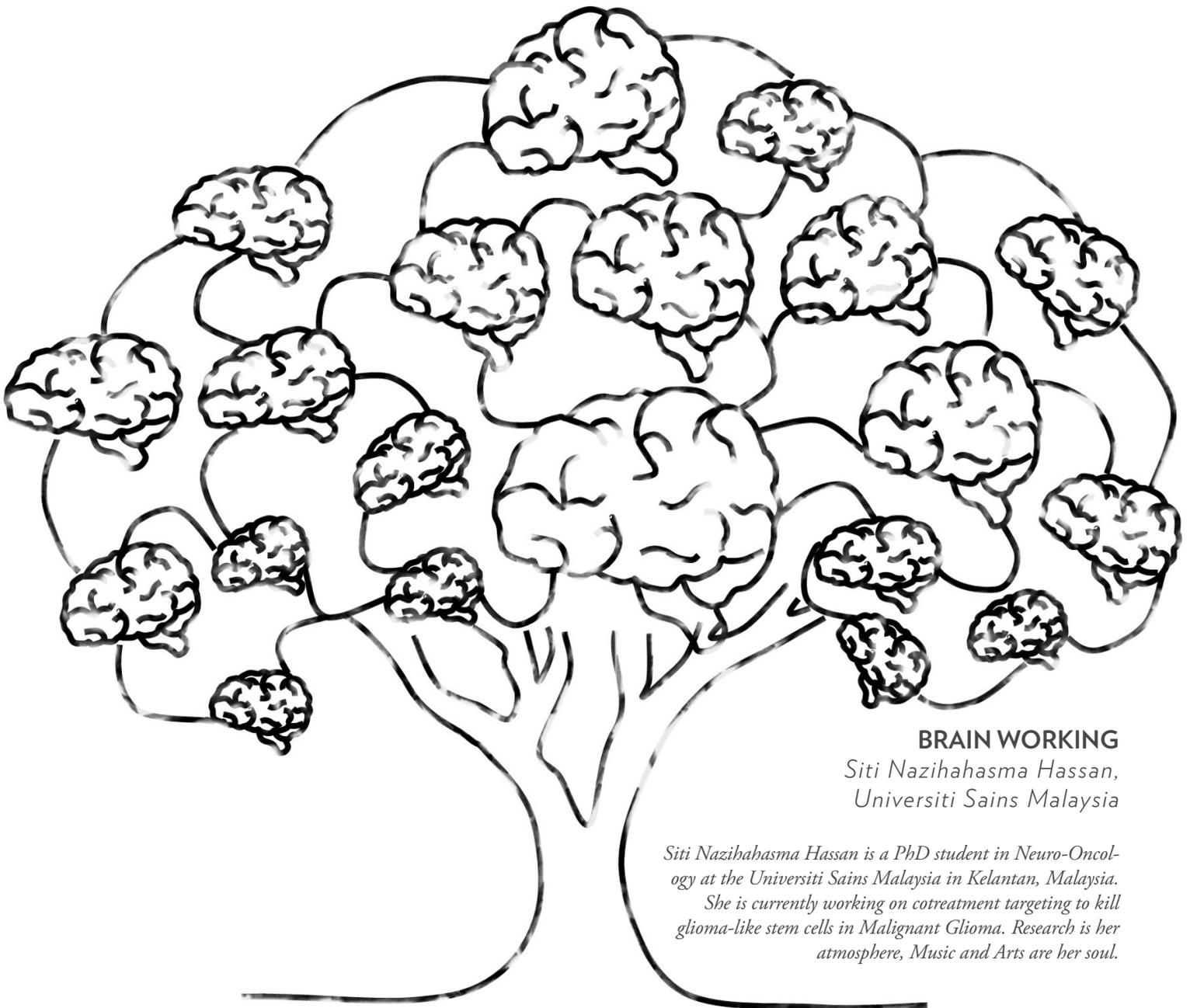
“41 repeats,” said the Priest.

The Man’s thoughts whirled as he was pushed aside by another supplicant.

“41 is enough to doom me,” thought the Man as he stumbled away. “I carry the curse. How long until the gods release it?” The Man thought about his small home, his budding pottery business, and all his hopes for his future. He was going to lose them all, just as he was going to lose his mind. It was only a matter of time.

The Man left the Temple...sorrowing. ■

M.T. Bennett is a third-year medical student at Trinity School of Medicine who loves to write in his “spare” time. He is the author of Dark and Bright: Poetry and Prose.



BRAIN WORKING

*Siti Nazihahasma Hassan,
Universiti Sains Malaysia*

Siti Nazihahasma Hassan is a PhD student in Neuro-Oncology at the Universiti Sains Malaysia in Kelantan, Malaysia.

She is currently working on cotreatment targeting to kill glioma-like stem cells in Malignant Glioma. Research is her atmosphere, Music and Arts are her soul.



VALLEY OF FIRE, OVERTON, NEVADA
Michael Hayward

MORNING DREAMING

Gabriela Cintron, Class of 2022

I woke up this morning
and my house was a mess.
Everything was so squished
and my dog slept on my face
because we have no room
in this box of an apartment.
But it's okay because my
lucky numbers were 779 774 7
and I won the lottery
so I live in a mansion
and my dog is a tiger
with another bed for his butt
and everything is squeaky clean
made of gold. And I am rich,
also a president and queen of Spain.
But never mind because
I just opened my eyes
and now my tiger is a dog again
sitting on my face
and my house is a mess.



BETWEEN THE HURRICANES

*Ewa (Ava) Bienkiewicz, PhD
Department of Biomedical Sciences*



COMPOSITION IN REFLECTION

*Lisa Gardner, Program Coordinator
Department of Family Medicine
and Rural Health*

Lisa Gardner is the assistant to the Family Medicine and Rural Health Department Chair and also serves as the Rural Health Program Coordinator. She is a graduate of FSU and has been with the University for 30 years and in the College of Medicine for 10 years.



MINNESOTA NICE
Chelsea Life, Class of 2020

INTRICATE BALANCE

Jacqueline Hanners, Class of 2021

Computers. Tablets. Smartphones.
It's easy to envelop oneself in the wonders of technology.
The world's information a moment's notice away.
The world's entertainment a moment's notice away.
The world's social interactions a moment's notice away.
Look up.
No computers.
No tablets.
No smartphones.
The sound of fish splashing in the water.
The warmth of the rising sun.
The cool breeze caressing one's cheek.
Take a moment.
Soak in the delightful senses nature has to offer.
Often overlooked.
Nonetheless extraordinary.

thinkPad



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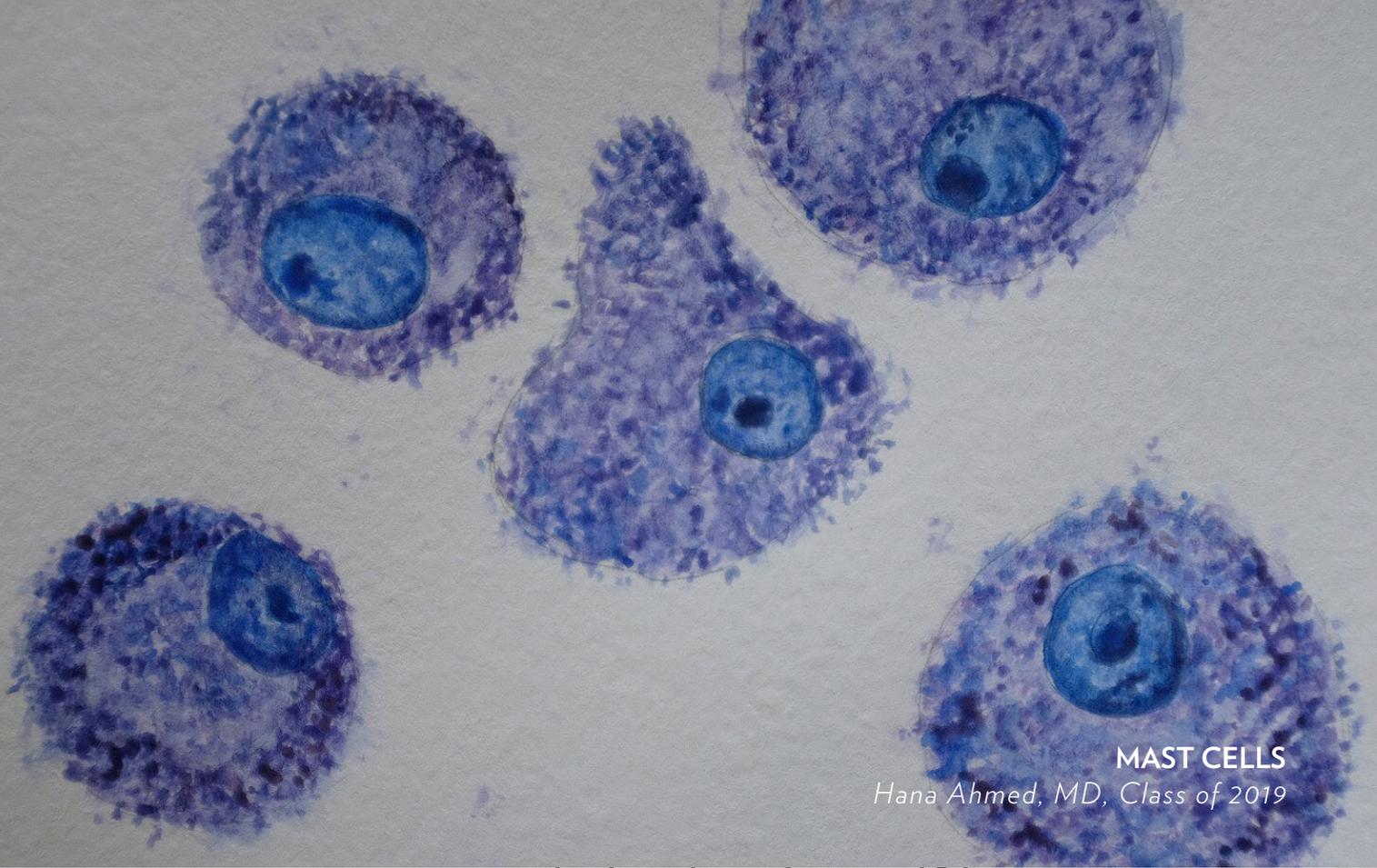
NORTH AME
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INTERSEX

*Nik Lampe, MA
Department of Geriatrics*

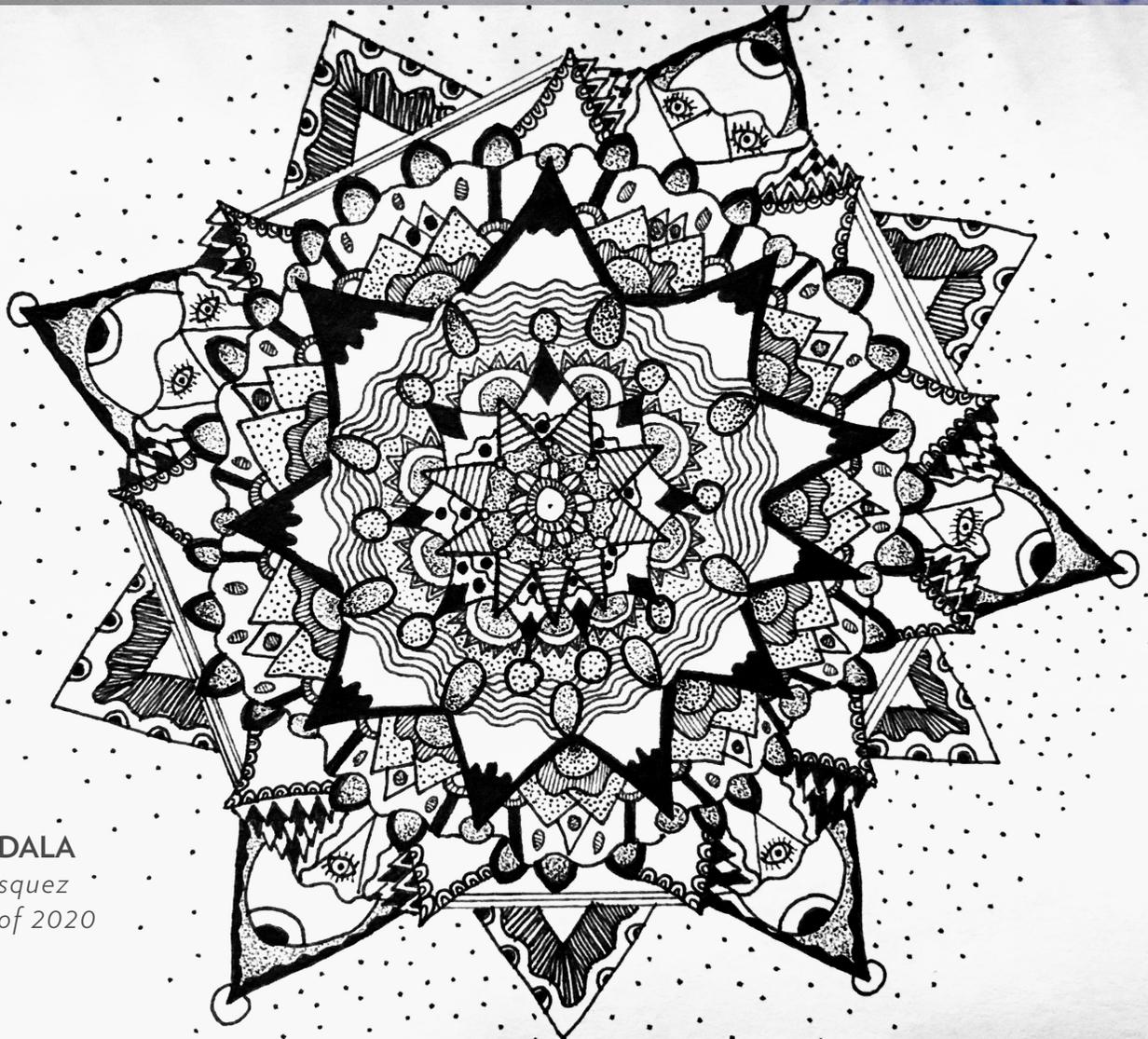
When I found out that I am intersex, I didn't know what to do.
The clinician's hand writing is terrible. So maybe this isn't true?
While I wish I can change my past, to instead grow up as a man.
It was 1994, a different time for transgender folks back then.
My body felt too big to be feminine, too little to be masculine.
So I self-medicated on diet pills while habitually occupying restrooms.
Physicians saw me as a walking skeleton, with unfilled prescriptions of Prozac.
So I dodged most clinical visits and risked dying young of a heart attack.
My assigned female body was a prison, or so I initially thought.
Until vague notations in my medical records were unpredictably caught.
As a healthy newborn, I was in the hospital for five days after my birth.
Due to a medically unnecessary genital surgery with no empirical worth.
At the time, doctors lied to my parents and said I needed a tympanostomy.
So mom and dad thought nothing of it, equating degrees with ethics and honesty.
However my medical records told a different story.
The one of me having "ambiguous genitalia."
So an obstetrician performed uncontested surgery on my genitals.
And used their medical authority to control my anatomical features.
When I found out about my intersex identity, I erroneously blamed myself.
For all of the signs I missed, like the deep scar tissue and lack of menstrual blood.
Until a medical scientist told me that it wasn't my fault.
After all I was only a baby, this experience was surgical trauma and assault.
If only my providers gave me a fighting chance, to live as my authentic self.
While giving me the tools and resources I needed to be intersex and well.
For now I keep learning and caring more about my body with each passing day.
In the hopes of empowering myself, while helping intersex advocates pave the way.

Mx. Nik Lampe is a graduate research assistant in the Departments of Geriatrics at Florida State University and is pursuing a doctoral degree in sociology at the University of South Carolina. Their work focuses on health, gender, and sexualities in the experiences of queer, transgender, and intersex populations. This poem is about the aftermath of discovering their intersex identity and history of surgical trauma at the age of 24.



MAST CELLS

Hana Ahmed, MD, Class of 2019



INK MANDALA

*Devon Vasquez
PA Class of 2020*



TROUBLED WATERS

*Grady Powell
Office of Information Technology*

Grady Powell is a technology specialist at the Tallahassee Regional Campus.



THE CALM BEFORE THE STORM

Abigail Schirmer, Class of 2022

HOSPITAL DAY

*Joanna White, DMA
Central Michigan University*

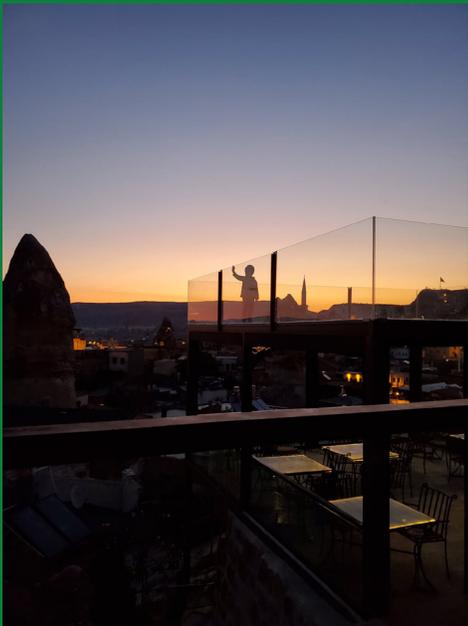
I lift the sash to the whistle
of finches, leafy maple rustling
with squirrels. Aroma of coffee
spirals down the hall, then
I remember—no coffee allowed.
Going out to the porch, I clutch
an empty mug, watch an endless
game of ring the trunk, plumes of tails
switching. I sit on the steps, gaze
above the maple's frilled crown to see
the silver mirror of the red-tipped hawk
reverse and dive.



Center Spread (page 33)

EYE

Julianna Kacheris, Class of 2021



Back Cover

ON TOP OF THE WORLD

Nida Mohyuddin, Class of 2022

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