

2024

# HARMONY

volume 21

Humanism  
explored through  
art and writing



THE UNIVERSITY OF ARIZONA  
College of Medicine  
Tucson

*Elton New*

# A Humanities Magazine from the Program in Medical Humanities

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

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DEAR READER,

As always, it is an honor to present this year's issue: a reflection of the work, commitment and creativity of our editorial staff and contributors. Spanning a wide array of media and voices, the diverse array of works gathered here capture many different lived experiences, moments large and small, extraordinary and mundane. What a gift, to be able to glimpse briefly into the worlds of those who have shared their writing and art with us. In the end, what all of this boils down to is the story, and the opportunities for connection and wonder that a good story can offer. And as always, I am struck that so many share this same belief in the stories that drive our day to day lives and the process of medicine, a shared belief that makes this issue (a true labor of love) possible.

With gratitude,



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



# DEAR HARMONY MAGAZINE READERS,

We are delighted to share the 2024 Edition of Harmony Magazine! Within these pages you will find stories that will make you ponder, laugh, smile, or even cry, and images that you will admire due to their diversity in subject matter and medium used to share a piece of the artist with you.

Often the case for many of us involved in medicine, the daily hustle and bustle of our lives keeps us wholly occupied. We meet deadlines, fulfill our responsibilities, and we keep moving onwards. Yet, somewhere along the never-ending tasks and growing list of duties, we stop and wonder, what made us want to forge ahead in the first place? In this moment of self-reflection we contemplate the thoughts, emotions, and experiences, both personal and shared with others, that drew us to the path of medicine.

It is through the humanities that we are able to connect, not only with ourselves but with others, and find our own reasons to keep moving on.

As Editors-in-Chief, we are incredibly honored to bring light to the outstanding writers, poets, and visual artists who have shared a glimpse of the world through their eyes on these pages, with you. From the impressive art pieces to the moving words of poetry and prose, it is our hope that by engaging in the medical humanities, we can encourage, inspire, and fortify you in your moment of self-reflection.

We would like to express our deepest gratitude to Dr. Amy Hu, Abril Castro Galaviz, Kristen Lynch, Joe Arnett, UA COM - Biosciences and our readers from around the world!

Sincerely Yours,

## 2024 EDITORS IN CHIEF



*Oumou Bah*

Oumou Bah



*Isabella Blum*

Isabella Blum



*Annette Mai*

Annette Mai

# MEET THE HARMONY EDITORS

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



Rocio Gastelum-Castillo is a first year medical student interested in pediatrics, psychiatry and oncology. She loves to spend time reading and learning about art history. Her favorite art movement is the Hudson River School.

*Rocio Gastelum-Castillo*



John Lopez is a first year medical student interested in psychiatry, sports medicine and cancer survivorship. He enjoys reading, drawing, cooking and spending time with friends and family.

*John Lopez*



Madison Hillis is a first year medical student interested in all things surgery. She enjoys drawing, painting, spending time in the sunshine, and exploring the Tucson foodie and arts scenes.

*Madison Hillis*



CJ Ryan is a 3rd year medical student from Tucson. Outside of school you will find them climbing circus equipment, teaching aerial arts, taking photos and admiring beautiful places and things.

*CJ Ryan*



Nadja Jones is a 3rd year medical student from Tucson, AZ. She is pursuing General Surgery. She enjoys painting, walking her dog and yoga. Her favorite artist is Francis Bacon.

*Nadja Jones*



Audrey Yang is a second year medical student from San Diego. Her hobbies include running, writing, reading, and eating!

*Audrey Yang*



Charlotte Kishi is a 2nd year medical student. Outside of school, she loves to cozy up with her dog, reading a good fantasy book, and dreaming of travel to faraway places.

*Charlotte Kishi*



Sara Youssef is an MS2 at UACOM-T. She enjoys reading novels and learning about history and culture and its intersectionality with medicine.

*Sara Youssef*



# Harmony Award Winners 2024

## **Mathiasen Prose Award**

Best Submission in Prose

Elizabeth Han, MD - *The Other Solstice*

## **Huynh Poetry Award**

Best Submission in Poetry

I.F. Jonesy - *Dying*

## **Ryan Visual Arts Award**

Best Visual Arts Submission

Monica Silva - *ED Lobby*

## **Parada Medical Student Award**

Best Overall Submission from a University of Arizona

Medical Student

Sean Renfree - *Donate Life: A Tribute to Organ  
Donors*





## **New Growth**

By Deborah Nelson

"New Growth" is a mixed media piece using gouache, ink, and medical journal articles to highlight the intersection between research, surgical techniques, and patient care. Innovation paves the way for surgeons to improve the lives of patients by restoring physical function.



## **Sunrise Succulent**

By Annette Mai

Oil on canvas. Inspired by the earthy hues of desert succulents and vibrant colors of the Arizona sun at sunrise.



# Donate Life: A Tribute to Organ Donors

By Sean Renfree



In a world of hearts, livers, and kidneys too,  
A tale of life and hope, I'd like to share with you.  
The story of organ donation is seldom told,  
So let me tell you how I saw it unfold.

Early we rise for patients to see,  
Today could be their day of jubilee.  
There they lay, "is there an organ for me?"  
We reply with dismay, "We must wait and see."

The surgeon is restless it's easy to see,  
He knows his patients, they're in misery.  
It seems there's nothing to do,  
This leaves him feeling awfully blue.

The surgeon answers his phone with chagrin,  
Then his face turns into a great big grin.  
An organ awaits from a selfless young man,  
Off we go as fast as we can.

Soon we arrive at a faraway land,  
With skill and precision, we will honor this man.  
Before he arrives, we bow our heads in thanks,  
Shortly thereafter, we fall into ranks.

It is time, the body of our hero arrives,  
He chose long ago, he wanted to save lives.  
With respect and honor, we embark,  
Harvesting organs, a life-changing spark.

Within minutes, his last wish complete,  
His heart strong, destined to continue its beat.  
We dash away, clutching his prize.  
Recipients await, tears of joy in their eyes.

Through the hours, I watched with intent,  
Every moment, every suture deeply sent.  
A tapestry woven, life's threads intertwined,  
In that sacred space, a fate redefined.

New heart's rhythm, a dance of life,  
Joy awakens, dispelling strife.  
One man's gift, so life can advance.  
Another accepts, given a second chance.

In every successful transplant, there's a story to tell,  
Of resilience, of hope, in which we all dwell.  
Organs that journey, from one to another,  
Creating bonds unseen, like sister and brother.

Donors, unsung heroes, hearts so wide,  
They choose life's most precious with pride.  
A selfless act, a beacon of light,  
Guiding those in darkness to a future so bright.

So let us honor those who give,  
For in their generosity, others may live.  
For our heroes who make life anew.  
We can't say enough, "Thank you."

## **Infinity Run**

By CJ Ryan



## **Monochrome Desert**

By Annette Mai



Ink on paper. Inspired by the gritty plant life of the Arizona desert.

# Forever The New Yorker

## By Susan Golden

It was my father's constant companion: A folded-open, slightly wrinkled copy of *The New Yorker*. Not necessarily the current issue, it may have been weeks old – even months or years old – but that didn't matter. The happenings in Manhattan and environs were not the draw for him. He wanted to absorb the articles and stories about a variety of people, places, and things, both far and near. And the cartoons were the “cherry on top” with their wry, often quirky, view on life.

He began reading *The New Yorker* as a young college lad and continued for nearly 65 years. It was his silent tradition, yet it spoke volumes about his quest for thought and perspective throughout all phases of his long life. It was a constant in a life of many changes, as he weathered major parenting issues, divorce, and life-threatening illness, all the while maintaining his positive attitude and serving as a quiet beacon for others.

Late in his final summer, as his battle with both acute and chronic illnesses began to fade, I got a late-day call that his vital signs had crashed and he wasn't expected to live much longer. It brought back chilling memories of a few years earlier, when a similar call informed me that he was critically ill in the ICU, urgently needed a breathing tube inserted in his throat. It would prevent him from talking. I feared then that he might never again be able to speak to me. This time, I knew that all communication between us would soon cease.

Within hours, I was on a cross-country flight with my 13-year-old daughter in tow. It was a wonder that he was still alive when I got there. Later, I was told that he had been asked if he was waiting for me. His response: “Yes.”

The day before he passed away, I sat next to him as he lay in his hospital bed. A pale, yellow light enveloped the room. The mood was calm, yet I felt a hastening, like a clock ticking inside my head, faster and faster, warning me that the end was not far off. There would be no more weekend visits, telephone calls, emails. This was it, the final chapter.

A copy of *The New Yorker* lay next to him, like a faithful dog with its head resting on its front paws, guarding its master. He was now much too weak to read. Even his arms didn't seem strong enough to hold up the pages for perusal.

Those shiny, off-white pages brought me back to my early childhood, when he introduced me to the treasures of that magazine. With the lead roles now reversing, I picked up the magazine and began to read to him. I'll never know if he heard many – or any – of my words, but it was such a perfect way to fill his late hours with my impromptu audio version of his beloved magazine.

The next evening, Saturday, a dilemma was looming: My daughter was due to start high school on Monday, yet neither she nor I wanted to leave him. He so dearly loved his granddaughter and marveled at her amazing traits, like her extraordinary ability to put together intricate jigsaw puzzles as a toddler, her precision artwork, and her genuinely loving nature.

She had carried on the family “tradition” as she began at an early age to read *The New Yorker* cartoons during our visits with him. So, it wasn't surprising when my father, with a surprising alertness in his dwindling hours, put her interests ahead of his own. He motioned that we should take our scheduled flight home in the morning so that she would be with her class on the first day.

In the dark stillness of the pre-dawn hours of Sunday morning, she and I quietly crept in to visit him before heading to the airport. The gravity of the situation nearly choked me. I was terrified that this would be the last time I would see him. I was torn between the reality of his rapidly failing condition and his gracious gesture to have his precious granddaughter start school on time. With a trembling heart, I went with the latter and made a deal with myself: I would go now but fly back at the end of the week. I hoped that he could hang in until then, yet I knew that fulfillment of that wish would be tenuous at best.

I kissed his forehead and told him that I would see him on Friday and, if he was no longer there, then he would be in a better place. I didn't, and don't, know what that “better place” was, but the albeit-trite words had seemed to provide comfort and probably some closure for both him and I.

My daughter and I went to the airport and began the journey home. When we landed at Washington Dulles for our connecting flight, the voicemail came through: My father had died while we were in the air.

He had waited until I visited with him one last time. He held on for that. And once I left, he apparently felt ready to go. Maybe we even passed him in the clouds.

We buried him with a copy of *The New Yorker* to accompany him forever. I smiled through tears with that memory of his inquisitive intellect. He was a soft-spoken man with a gentle and caring nature, whose gift to me, the love of reading and writing, was perhaps his way of ensuring an ongoing connection with me throughout the remainder of my life.

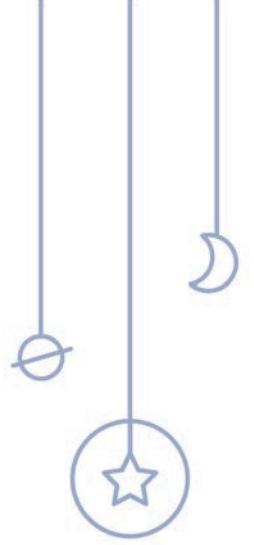
When I returned home, I called the subscription company and asked that, in his passing, could they please transfer his subscription of *The New Yorker* to my name? The agent instantly agreed. I could feel the warmth in her voice.

Since then, the magazine's weekly arrival re-energizes my memories of him. It's an enduring gift of immeasurable value. Thank you, Dad.



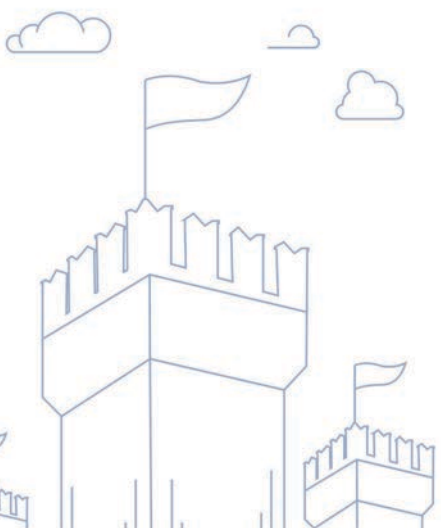
## Astronaut with a Cat in Space

By Anne Meacham



## Scotland has Castles and Chickens

By Anthony Lane



# Climbing Mountains

By Cavanaugh Kelly

On a hill overlooking the town stood a Tudor styled home with white pillars. Matching wicker chairs lined the wraparound porch, an open novel on one of the seats. Etched into the windowpane of the front door were the words, Welcome Friends, and beside the front door lay a clumped pile of towels, a plastic pail full of sand, and a single flip-flop.

I rang the doorbell and my patient's husband, Virgil, a balding, middle-aged man with sad eyes, let me in.

In the living room, a small boy with a shaved head, whooped and hollered as he ran in circles holding a toy airplane. A St. Bernard barked and chased after him. A blond-haired boy, about twelve, sat on the couch beside a pile of Lego's and a half-built model airplane, and a teenage girl, long legged, with frizzed black hair, watched what looked like a live band performing on the largest and clearest television I had ever seen.

My patient, Duska, sat in a wheelchair in the far corner. Middle aged and talking on a cell phone, she had bleached helmet hair, shadowed eyes and frowning.

"Turn it down, Haley, or so help me," Duska said, stuffing her cell into the corner of her wheelchair.

Her daughter jumped off the couch, grabbed the remote, and hit the mute button.

The St. Bernard nearly knocked me over and slobbered my hands.



"Bear, stop it," Duska said, pushing her chair sideways with one hand. "Virgil, please take care of him."

"He likes you," the small boy said. "That's why he's slobbering you."

Virgil, grinning, took the dog by the collar and pulled him away. "Not everyone is crazy about being slobbered, Tony."

Tony shrugged and climbed into his mother's lap. She pushed him away roughly. "Mommy doesn't want you touching."

The little boy frowned and ran yelling with his plane.

"We'll go into the kitchen, where it's quiet," Duska said.

The kitchen, with a restaurant-sized silver stove and refrigerator, marble-stone counters, and black tile floor, looked big enough to house a small homeless shelter. A pile of dirty dishes, scattered Cheerios, open loaf of bread, spilled box of spaghetti, and what looked like a gelled bowl of tomato soup filled the sink and counter.

"Sorry for the mess," Duska said. "My husband can't keep up. And we can't afford the housekeeper right now."

"Don't worry about it."

Duska, an attorney, struggled with her affected hand to grab something wedged under her side. She yanked it free and handed it to me. A wrinkled picture of a snow-capped mountain.

"It's my goal," she said.

"What's your goal?"

"Katahdin. I want to climb it and get a full recovery. Nothing less is acceptable."

I handed it back. "I'll do everything I can to help."

"Do you want to hear my story?"

I slipped my laptop out of the case and set it beside the bowl of clumpy soup.

"Definitely."

It began, she said, when she tried to climb out of bed and collapsed in a heap on the floor. Virgil called 911 and the paramedics carried her on a stretcher to the hospital, where she was diagnosed with Guillain-Barré syndrome. At first, it affected her legs, then spreading to her trunk, shoulders, hands, neck, and face.

"I was completely paralyzed," Duska said. "I couldn't move or talk."

Then it seeped into her lungs leading her to be placed on a vent.

"I was ready to die," she said. "Then I started to improve."

Three months later, she was home and in a wheelchair, but still miles from her mountain. A complete recovery from Guillain-Barré was by no means a guarantee.

On her right hand, the pointer and middle fingers had curled. She had a band splint to stretch them, but it needed adjustment. She could barely lift her right arm to shoulder height and could not fully extend her right elbow or turn her wrist. Her left arm was mostly weak with no tightness. She could only stand for seconds at a time with extensive help.

"If you're willing to work hard, we can do a lot," I said.

She nodded. "I am."



That same week I picked up a second Guillain-Barré client, Scott, a man in his late fifties. He had not stood since the disease struck, and during the evaluation acted pleasant and easy going. When we tried to stand with his walker, he quickly collapsed into his wheelchair. He could barely crouch and swing himself on and off the commode.

"It's difficult, but I can use the toilet by myself," he said after, sweaty and red faced.

I touched his shoulder. "You didn't look too safe."

He shrugged. "I'm not worried about it."

"It's just something we need to work on. So you're safer," I said.

Checking his arms, I noticed a wedding band on his left hand. His range of motion was good with limited tightness. He was mostly de-conditioned.

"I'm still married," he said. "Her name is Lesley. She just doesn't live with me anymore."

I pulled out my laptop, letting him talk.

"We were very close," Scott said. "Her car accident changed everything."

"Where is your wife now?" I asked.

"She moved out right before I got sick. Said she wanted to live alone. She just likes to play with Kristin's dolls and watch Jeopardy."

I stopped typing. His story was odd and confusing. “Who’s Kristin?”

“My daughter. She died of brain cancer. Then my wife was in a car accident.”

“I’m sorry to hear that.”

He recounted the day he woke up paralyzed. Lesley had left him the week before. Luckily, the morning of his attack, his cell was within reach. Like Duska, he was reduced to blinking and the vent before improving.

“So what are your goals?” I asked. Like all the others, he needed help moving forward. “Now that you’re home and doing better.”

Scott shrugged again, looking out the window at all the blossoming green.

“Walk?” I asked. “Get on and off the toilet better? Any particular activities you’d like to resume?”

Scott pointed to the stove. “I want my arms back. So I can cook.”



The therapy schedule with Duska was intense. Rarely did I see someone more than twice a week and usually sessions ran about forty-five minutes depending on a patient’s tolerance. With Duska I came daily, mostly in the evenings after I had finished with my regular patients, for sessions as long as two hours.

During our sessions we worked, rested, and worked some more.

“Had enough?” I asked one night.

Duska grunted in the kitchen, lifting the weight with her good arm. “No.”

“Don’t overdo it,” Virgil said, stirring a huge pot of spaghetti. Red spots splattered the colossal steel stove. “You’ll end up in bed for a week.”

“I’ve been a lump in a chair long enough,” Duska said, pumping the weight overhead. “It’s time to get going.”

“Can I lift it too?” Tony asked.

“Please, go away,” Duska said.

“Come here, Tony,” Virgil said. He scooped Tony into his arms. “Wanna stir some of Dad’s famous spaghetti sauce?”

“Let’s do some sit to stand,” Duska said. “Then we’ll take a break and work on the ball.”

At the mention of the therapy ball, Tony jumped out of his father’s arms and screamed, “Big ball! Big ball! Big ball!” He loved to flop over it, threatening to break his neck every time.

Virgil chased after him with a sauce-smear spoon. “The big ball is not for playing, Tony.”

After the break, Duska sat on the ball while I stabilized; Tony held back by Virgil. She raised one leg, the other, then arms and legs together. The idea was to strengthen her core, which, like everything else, was weak.

“Okay,” she said. “I think I’ve reached my limit.”



It took a good three weeks before Scott’s arms strengthened enough to cook. For our first meal, we made a boiled dinner of cabbage, potatoes, ham, pork, vegetables, and lots of salt. Scott’s face lit up while he chopped, dumped, stirred, and described how good it was going to taste.

“Some people eat to live,” he said, smiling. “I live to eat.”

He talked more about his wife, Lesley.

On the anniversary of their daughter’s death, Lesley slid off the road and struck a tree.

“She was the most loving, outgoing person,” Scott said. “Had all kinds of friends, could talk your ear off for hours. She was always cooking and having people over. But I always loved it best when I had her to myself. You know, at the end of the day, when I’d come home from work and she’d be in the kitchen, and we’d just talk about our days.”

I reached under the cupboard for a frying pan. “Did Lesley change after the accident?”

He shook his head. “She was in a coma for a week and when she woke up, it was like she never really did. Hardly said a word. Never smiled or laughed. Didn’t care if people visited or not. Kept saying, ‘I’m tired, Scotty, you need to go home and let me rest.’”

He tossed a stick of butter onto the frying pan, adjusted the heat. The butter skittered around the pan. “I thought it was just a phase. You know, when she fully recovered and came home, she’d be her old self. But she never did.”

I wondered if he had ever cooked a low-fat meal in his life. “How so?”

“She’d sit in front of the television all day watching game shows and combing Barbie’s hair with a doll comb. Didn’t even want me in the room while she watched. Said I was sucking up all the air. Even if I said nothing.”

Scott shook his head and dumped the chopped onions into the pan. “Then she told me it was all too much. She was moving out. I haven’t heard from her since.”

I clicked out and closed my laptop. “Sounds awful.”

Scott nodded, dumping the fried onions into the boiling stew. “This is going to be great.”



Duska’s right hand sat like a paperweight on the table and she couldn’t lift it enough to move the pen across the paper. We tried five different adaptive pens, but none of them worked. Then there was the problem of reaching to wipe her bottom.

“It’s awful needing help with it,” Duska said, looking away.

“I may have something to help.”

I pulled out a pair of barbecue tongs from my bag, and with a piece of toilet paper from the bathroom, demonstrated how to wrap the paper, wipe, and discard without touching. The tongs gave her greater reach.

“People really use it for that?” Duska asked.

I nodded. “Just don’t let Tony get his hands on it.”

Duska smiled. “Or use it to cook a hot dog.”

We began our stretching routine, from shoulders to fingers, followed by sitting exercises. With considerable effort, I helped Duska stand. She grabbed her walker and shuffled a few steps, before I swung the wheelchair around, clamped the brakes, and she collapsed back down.

"It's great to see you walking, hon'," Virgil said.

"It's just a start," Duska said. "We need to do more."



The first time Scott stood, he needed leg braces. The braces had to be fitted by an orthotist and it took close to a month before they were ready. The day they arrived, I did a joint visit with the physical therapist, and we strapped them to Scott's legs, rolled his wheelchair up to the sink, and lifted him upright. Scott grabbed onto the sink and stood with shaking legs for at least thirty seconds before sitting.

"That was great," the physical therapist said.

We worked to see progress. It was the first time he stood in nearly a year.

"What did it feel like?" I asked.

Scott shrugged. "I think you guys were more excited than I was."

Cooking, I remembered, had been his only goal.



Bear barked. Tony screamed at his older brother about a toy. Virgil played peacemaker while he vacuumed. On the couch, the teen-aged Haley smiled and drummed her fingers to the rhythm of her iPod, while Duska, in her wheelchair in the corner, silently cried.

I unlocked her brakes, wheeled her into the back study, and closed the door. Bookcases full of law books, plaques, and running trophies surrounded a large oak desk and leather office chair. In the photos Duska finished a running race with a red face and hands on her hip, hung from a rope on a cliff with a helmet and spiked shoes, coyly smiled in a black bathing suit, and gladly cut the ribbon to a new office. In nearly every picture, the same tall, dark-haired man smiled and touched Duska's shoulder or had his arms around her. He was not her husband.

"What's wrong?" I asked, locking her brakes.

She only shook her head.

"You need to keep reminding yourself you're making excellent progress," I said. "Things are really going well."

Duska wiped at her tears. "I've never wanted them. Virgil was the one who insisted. And his mother. It was never me. And now I can't work and he doesn't make any money and we're ready to lose everything."

"Never wanted who?" I asked.

"They only take and take until there's nothing left."

What was I supposed to say? She didn't want children and yet she had three of them. It made no sense.

"You think I'm an evil person, don't you?" Duska asked.

"No, I don't. Kids aren't for everybody. And I know your job is very important to you. And you have to realize you're under tremendous stress. Everything is hard right now."

Duska rubbed at her face. "I still can't wipe my own ass, you know."

"Is it a matter of grip or reach?" I asked.

"Both."

"Maybe I can fix it. Is it in the bathroom?"

She nodded.

I gloved up, cleaned, disinfected and dried the tongs, and took it back to her.

"If I can boil some water," I said. "I can build up the handle with splinting material to make it work better."

She shrugged. "Help yourself."

I took my bag and the tongs into the kitchen, filled a pot with water, set it to boil, and pulled a scrap of splinting material out of my bag.

I felt something wet touch my arm.

"Wanna see the chickens?" Tony asked. He held a bare-chested Ninja doll by the arm. What looked like brown chocolate smeared his mouth.

"Chickens?" I asked.

Virgil walked in with a basket full of laundry. "He means the turkey chicks. Think they're called poults. We saw a flock of them last spring and he never forgot. So he always wants to go out and look for them."

"They were fuzzy," Tony said.

"They were cute," Virgil said. "Like little baby chicks. Had to be half a dozen of them."

The water began to boil and I dipped in the splinting material. Once it softened, I could cut, wrap and groove it around the tong handle, giving Duska more grip. Then I had to bend the whole thing to improve the angle.

"What's that?" Tony asked.

I looked at Virgil.

"Come on, Tone," Virgil said, smiling. "Help Dad put the laundry away. Then we'll go looking for the chickens."

I finished with the tongs and brought it back to Duska. She looked more composed and though the material was still warm and soft, she thought it might work.



When I arrived at Scott's trailer that afternoon, his estranged wife sat in the kitchen, watching. Heavy set, she wore a pullover flowered dress with almost clown-like rouge and lipstick. A scar the shape of a half-moon, circled the far corner of her forehead.

"This is my wife, Lesley," Scott said, popping a piece of cheese into his mouth. "She's come to visit."

Lesley looked at me with a flat expression.

Through our exercise routine, she studied our every move with that same closed stare. We began with ultrasound to loosen Scott's shoulders, followed by stretching and light resistive exercises, and finished with standing and washing dishes at the sink. Scott thought it worthwhile to work on standing, so he could improve his ability to get at the stove. We no longer talked of walking.

Once done with the dishes, Scott collapsed back into the chair.

Lesley rubbed her moon scar with one finger and spoke for the first time. "Can you show me how to do the exercises?"

"Certainly," I said, and reached for the sheets explaining each movement.





Duska conquered butt wiping, brushing her hair, and could now stand and walk across the room with the walker. But she still couldn't feed herself completely, or put on earrings and makeup.

"I'm not progressing fast enough," she said.

"You just need to keep working," I said. "Everything else is out of your control."

"Can we walk one more time?"

"I think you've had enough for one day," Virgil said.

"It's never enough," Duska said.

"Just a short one," I said.

She stood on shaky legs, wobbled, and sat back down. Her legs twitched wildly, knocking against the sides of the wheelchair. I placed my hands on each quad, pressed firmly, and they stopped spasming.

"I'm ready to try again," she said.

"That's enough," I said. "Tomorrow, we'll get back at it."

On my way out, Bear gave me a goodnight slobber, and Tony handed me a penny.

"For helping Mummie," he said.

Like the dog's kisses, it too was wet.



Lesley began to cater to Scott's every need. She helped him bathe, dress, do his exercises, transfer, and did all his cleaning and laundry. They started to cook together like before. But by the end of the day, Scott said she still wanted nothing to do with him. She insisted he stay in the bedroom, while she sat in the living room with her game shows and dolls. Then afterwards, she drove back to her apartment.

"So things are better," I asked.

Scott lifted his arm with the weight, sweating. "Yes, things are better. But they still aren't the same."

I shook my head. "As they say, you can never go back."

He handed me the weight, panting. "I think that's ten."

I pulled out my sock-aide and untangled the rope. "With your improved hand strength and coordination, this may work now."

Scott shook his head. "But I have Lesley to do it for me now."

"But what if she's not around?"

"But she always is."

I nodded, pulled out my gait belt, looped it around his waist, and he stood at the sink and washed a full sink of dishes. There were a lot because they made roast beef, home fries, and chocolate cake the night before. Lowering him back down, I noticed the extra heft. Cooking no longer was a therapeutic activity.

"You have to watch your diet closely being in a wheelchair."

He shrugged. "Lesley doesn't care how big I get."



The next day Duska said she wanted to return to her practice and Virgil said there was no rush.

"But I need to know what's going on."

"You talk on the phone with Tom every day," Virgil said. "And everything is going fine."

"They're losing money and we're falling into a hole," Duska said. "If you haven't noticed."

"We're getting by, dear. And my parents said they would be more than willing to help out."

"You don't understand," Duska said. "I need to know. It's my business. They're spending my money."

Virgil shook his head. "You need to focus on getting better. Doesn't she, Will?"

I loved it when they pulled me in. Medical professionals being the supposed "voice of reason."

"Virgil's right," I said. "You need to focus on your health. Another few weeks and you may be doing a lot better."

Duska fumed in her chair. "Jesus won't I be happy when I can walk out that door and not have anyone tell me what to do and where to go."

"It will be happening sooner than you think," I said.

"Come on, let's get this show on the road."



Scott announced during my next visit that he no longer wanted to work on standing.

"Lesley does all the dishes now, so there's no reason to," he said.

She had officially moved back in, sleeping on the couch with her dolls. Scott also said he was no longer concerned about his arms, or dressing and bathing himself. Lesley reached for everything he needed, washed his hair, scrubbed his back, pulled on his underwear and socks, and even buttoned his shirts.

I wanted to ask if she also wiped his butt.

"So you think you've had enough therapy?" I asked.

Scott nodded. "You and the PT have been great. But I don't need you anymore."

Lesley watched television in the other room. Beside her on the couch sat three dolls, prim and proper in matching gowns and flowing hair. "Presidents for two hundred, Alex," said a voice from the television.

"Do you guys talk, like you used to?" I asked in a low voice.

"No. Like you said, you can never go back," Scott said.

"And so what if she likes to watch television with Kristin's dolls. We do talk some while she takes care of me."

I envisioned weird baby talk as Lesley brushed his hair and buttoned his shirt.

"Do you want me to give you a call in a few weeks?" I asked.

Scott shrugged. "I know my exercises and my arms are moving pretty good and like I said, I have Lesley now."

We shook hands, and I told him if he changed his mind, he only needed to tell his doctor.



The day Duska stood and walked with a cane was the day she told me of her plans. They included more than hiking up Mt. Katahdin. She could now feed, write, and dress herself completely without an assistive device, and she planned to return to the office on Monday, beginning outpatient therapy the following week.

The house was silent, with toys and clothes piled everywhere. Virgil had taken the children and Bear to their camp up North.

“The illness has changed me,” Duska said, lifting her weights one last time. “Made me reevaluate who I really am.”

I took the weight and wondered if people are truly capable of change, or only becoming more of what they already are.

“I love my children, but I hate being a mom. My mother was the same way before she died. She never wanted us clinging and she always wanted us to be independent.”

With tears in her eyes, Duska aligned her legs and prepared to stand. “It took my sickness to make me realize I’m just like her.”

She stood and walked with her cane and not once did I have to touch her.

“I just can’t do it anymore,” she said. “And Tom understands me more. Doesn’t expect me to be something I’m not. He isn’t always taking and taking.”

Once she finished with her exercises, I disinfected and slipped the weights back into my bag. I also took back the hand splint and the adaptive devices she no longer used.

“If you keep working hard, you can get a full recovery,” I said.

“Don’t worry, I will,” Duska said.

We hugged, and she thanked me for everything.

On the way out, I could not help but think of Virgil and the children once they heard the news.



# Phoenix, Arizona

Abby Love



This is a vibrant watercolor and ink piece intended to celebrate the joy of creating art.



## Abstraction

Jenna Kay

# The Body I Came With

Brittany Chy

in november, I watch someone die for the first time  
it happens slow then very fast

quiet tears  
room with no windows  
pain I cannot conceive

I don't think about it  
until today

when I see a woman in the mirror

a reflection so unlike  
the body I came with

it happened slow then very fast



## Ode to a meniscus

Dr. Ramesh Karra

I have only known you  
as belonging to someone else.  
Diseased.  
To be discovered  
through eponyms,  
in the hands of the practiced.

I know you differently now.  
You belong to me too!  
You that were there all along,  
seated silently within me,  
breathing your own breath,  
your vaunted edges fraying,  
your purpose  
singular and enduring.

Meanwhile I was too busy.  
Running, getting lost,  
climbing, basking.  
The ladder, the boulder,  
the slab, the summit,  
the sinew on a faraway mountain.

You then signaled and spoke.  
In your own language.  
The only one you know.  
Pain!  
First a quiet whisper,  
now a regular soft soliloquy.

I am paying attention now.  
I hope you never scream at me,  
your voice echoing  
between pillars of marrow,  
at this altar of impermanence.

Know this too....  
you are no longer an  
object of erudition for me or  
subject of a single-minded pursuit.  
Instead, I see you as you are.  
A slayer of constancy.  
And still  
a giver of life.

**The Shadow Stares Back**



**A Forest**



Submissions by CJ Ryan  
Digital Photography

# A Visit to the Oracle of MRI

**John Whitney Steele**

What is there, unseen, but felt,  
thorn-like, in the aching of my knee?  
Who am I, who dares to think;  
I have a God-given right to walk pain-free?  
But then again, why shouldn't I?  
Must I no longer wander up through lichened  
canyons, onto ridges, craggy peaks  
to gaze across the Great Divide?

When this old body's laid to rest  
within the tunnel of the MRI,  
will magnetic resonance and radio  
waves reveal the truth? Will I be blessed,  
deemed worthy to be pierced and pruned once more,  
or be condemned to suffer evermore?

Lying prone, with head-phones on,  
I clutch the panic button.  
The morgue-like drawer rolls shut.  
Chopin's "Nocturnes,"  
interspersed with sudden bursts  
of electro-magnetic energy—  
bee-beep and buzz, bur-burp and beep—  
bump along the edge of sleep.

Dreamy protons in my cranky knee  
align and realign, multiplex  
cross-sections recorded on CD.  
Sudden silence rouses me.  
The drawer glides open.  
Lazarus-like, I rise.

# Tucson "A" Mountain

**Brad Biddlecome**



*Brad is an artist at ArtWorks, an outreach program housed in Sonoran University Center for Excellence in Developmental Disabilities at the University of Arizona, Department of Family and Community Medicine.*

# Ginkgo A Go-Go

By Jim O'Rourke



*"The piece is a cradled wood frame, tissue paper, oil paint, Ginkgo Leaves and encaustic wax"*

Jim O'Rourke earned a BFA in Photography at The University of Arizona. Currently, Jim is Clinical Research Coordinator with The Department of Neurology at The University of Arizona.

# Sonoran Sunset

By Jenna Kay

*"I painted acrylic on a wooden board "canvas" to stylize a classic Arizona landscape"*

Jenna is a family medicine resident physician living her dreams in Flagstaff, Arizona. She attempts to squeeze in time for her artistic endeavors in her otherwise chaotic schedule



# Fancy Bird

By Carol Lynch



# Waterfall

By Carolee Stewart



*Carol and Carolee are artists at ArtWorks, an outreach program housed in Sonoran University Center for Excellence in Developmental Disabilities at the University of Arizona, Department of Family and Community Medicine*



When the pager goes off, I nearly fall off my stool.

"It's for you," The Other Elizabeth says, licking Thai sauce off her thumb.

It's a number I don't recognize, of course. I can't even find a phone in the Situation Room to call them back. I've never done this before. But the Other Elizabeth wants me in it. She had bullied my body into the line at the code blue to do chest compressions on the old lady who didn't make it, and afterwards had said, as I heaved my breakfast into a bin, "Exhilarating, isn't it?"

#

There were two Elizabeths and the other one was known. She also knew. She knew attendings and unit clerks; she knew people through her sister the radiologist and her father the vascular surgeon and her grandfather the plastic surgeon. She even knew the medical students from TA-ing anatomy at U of T. And of course, unlike me, abandoned by every boyfriend I'd ever had, she was partnered up already with the perfect husband. Who had followed her to a different province for her undergrad, another for her Master's, and back to Toronto for med school.

"Matty was at my birth," she said. "His mom was friends with my mom, and his mom just had to be in the birthing room, so he kinda saw me naked like twenty years before, you know, he saw me naked."

The Other Elizabeth naked was an image I didn't want. She was, to be kind, husky. Matty and Elizabeth also apparently basked together in their nakedness, doing it at least three times a day. "Once before school," she bragged, stubbing out a cigarette with her shoe. "Once before dinner, and once before bed."

Maybe all that sex was what gave her the energy to carry the pager. For Elizabeth Cowie always carried the Team 5 pager. Not me. I didn't want that thing anywhere near me even though med students were supposed to take turns carrying the team pager overnight. When we were on call, 1 in 4, at Toronto General, for CTU, I was more than swamped with my share of the Internal Medicine consults. This was my personal Hades. I'd spent three years of med school trying to avoid the Other Elizabeth, but here we were, paired together with a PGY-1 in internal medicine, the Junior, and the PGY-2, the Senior, along with our attending, Dr. Weir, to make Team 5. Not even the days stretching longer and longer, the slow languor of sunsets approaching the solstice, could make this survivable. It just meant the light hadn't gone when we finished our day shift and switched over to night, when we all coalesced in the little Situation Room just down the hall from Emergency.

#

It's not like I set out to hate her, but first-year anatomy had been bad. The stink of formaldehyde. The repetitive snip-snipping of metal instruments. The Other Elizabeth had always had to take over, after our group was subdivided into pairings that had to dissect, and then teach one another our findings.

With gusto, I had cut the shoestring texture of what I had thought was fat, but turned out to be the sciatic nerve. Always the last pair to leave, we only finished before dark because she would identify the structures.

"You can wash up," she said, about the sink full of clamps and pickups, "Matty's waiting, you know, for...you know."

Her competency meant she couldn't really be hated. Competency was always admired in medicine. Only her arrogance caused the rest of the class to distance themselves from her as much as possible. We'd been paired together in anatomy for a reason. Both friendless.

"Cowie, take these eight," The Senior would say. "Other Elizabeth, take Rand, Poole, and Murphy...and we'll check in... later."

I was barely passing, had spent the second summer remediating Brain and Behaviour. The Junior couldn't believe I couldn't rattle off seven side effects of prednisone; the Senior stressed that I must take two hours to admit a patient and dictate instead of five. The Other Elizabeth was spinning her own urines and rounding on half of the team list a day.

And so, with unrepentant glee, I had joined in with the rest of the class at the first opportunity to embarrass her. When the lady from Diabetes Canada, giving our guest lecture of the week, had said, "And I know none of you are smoking anything..." two hundred heads in the lecture hall had swivelled to the Other Elizabeth, sitting in the middle right section, her hands clawed over the keyboard of her laptop.

They said that she had cried. I would have enjoyed that, but I'd been too far away to see. They said she had switched her microphone off.

Though it didn't stop her from puffing away again, later in an alcove outside the cardiology wing.

She had used a metal kidney basin as an ashtray on the ground. I had spied from a window in the stairwell, her secret smoking hole not-so-secret after all.

#

Dr. Weir leaves his Amex with us at six p.m. so we can order Thai while we're on call tonight. He meets us in the mornings at Tim Hortons to buy us double-doubles and then in the Team 5 room to go over the new admits. The Senior was in and out of the locker room, quick to check in with the emerg doc about what's coming down the pipeline. The Junior, a bit of a dandy, parts his hair carefully with a comb and makes sure his stethoscope is polished perfectly, before he, too, leaves. The schedule taped inside my locker says two more weeks to go of CTU and I will never have to work with the Other Elizabeth again, the final day stickered with a star.

Another, smaller star, marks today, my birthday. I am twenty-seven. It's not a glow-in-the-dark star, just like all the not glow-in-the-dark things in the locker. Then there's me, the girl who hasn't glowed since Yale. My cell shows no missed calls.

# THE OTHER SOLSTICE | By Elizabeth Han

Mom, after the initial worry about the Other Elizabeth, had shown little interest in call nights, just the run-up to med school, and avoiding talking about Yale.

Something slips into the waistband of my scrub pants as I'm crouching to get my stuff for call, hard plastic cold against my skin.

Cowie is grinning at me. "You're carrying this tonight."

No way. I had only rounded on half my apportioned list that day before the Junior, finished early with his, took it away from me and whispered, "I'm pumped! PUMPED! Let's GO!"

"Uh, I don't think that's a good—"

"I already told Jason. He's, like, proud of you." Jason is the Senior. I still call him Dr. McClellan.

"Proud?"

"For showing initiative."

I grit my teeth. "Cowie, why are you doing this."

"Rise!" she commands as I really do stand up, my back aching from all the rounding and the clicking around the EMR and the repositioning and examination of the patients. My head pounds. Everything hurts from the day shift. She's doing this on purpose, to help me get better, from some vague sense of misplaced altruism, but I want to tell her it's just making it worse, exposing everything. "Step up! Be free!" she says.

I have never felt less glow-in-the-dark than I do now. The pager goes off, a tiny little Für Elise.

"Don't worry," she sings. "I set it to the nice ringtone for you."

#

Once, growing up in Scarborough, just outside Toronto, I had played Für Elise over and over and over for my mother because that was the piece, the piece that every Chinese child had to know to be called a Player of the Piano. It's the only piece I still know. There are other unwritten rules in my family. You can't be a Real Chinese Girl if you don't become a doctor. You can't become a Real Girl at all if you can't convince your boyfriends to marry you. I'd had three boyfriends so far. Fail. Fail. Fail. In high school, while getting a ride to volunteer, I joked that my name was so close to the name of the song you might as well call me Fail Elise. My mother just honked the horn as we sat in traffic so she could drop me at the hospital welcome station.

Actually, I had tried out to be the piano player in the vestibule. But I got to wear a purple vest instead and pump sanitizer into people's palms.

"You have to do this, so that in the interview when they ask you what you do to 'help others' you can say I've been volunteering at the hospital for one year," Mom said.

"Like the Walmart Greeter."

"There is no shame."

"For you," I said, slamming the car door as we reached the hospital. She handed me a sack of ribbons. I was supposed to hand out pink ribbons for breast cancer month while trying not to say "the fight against cancer" anymore, which they had emphasized so much in training. For fight would imply that one could be losing because one wasn't fighting hard enough.

"We want our patients to feel like winners," the trainer had said, pumping her fist into the air.

I handed out ribbons with my sanitizer. "Would you like a pin? We're going to annihilate cancer."

You wouldn't believe how many people thought I was serious.

#

The team pager goes off and off. I do one consult, a pyelonephritis, and the stupid black box won't stop wailing as though it's losing the fight against cancer.

Since consults trump the pager, the Senior takes it off me while I go see the patient and write it up, but gives it back right after we review and start antibiotics on the guy. Between consults, we barely see Jason. He stuffs pad thai in his mouth with a plastic spoon. "The list is murderous," he mutters. "We're getting slammed."

I jump every time the pager plays while the Other Elizabeth looks like she wants to clap her hands.

"You found the phone!"

They still urge us to use internal phones instead of our personal cells, except to text attendings.

"This isn't an escape room," I tell her, while I dial. It's 5 North, where the nurse wants to know if she can give a guy complaining of calf pain Dilaudid. "A verbal order? Sure?" I say. "Um, IV? Does it come in a pill?"

But the Other Elizabeth is gesticulating no, no. And even the Junior stops adjusting his socks with little kidneys and livers printed on them to slice his hand across his neck.

"I'm sorry, don't do that."

Elizabeth grabs the phone from me, her laminated cheat cards in hand. "What are the vitals? Did you listen to his chest? Okay, she's on her way to assess him. Bye, Elizabeth." She waves to me.

Isn't she coming with? I want to beg her. Now would be the time for pairing, but she shuts the door to the Situation Room in my face.

#

See one, do one, teach one. AKA the Toronto way. They say that's how you get good in medicine. It never worked on me. My heart was never in it. Oh, my heart had been in something, what I thought was medicine, but definitely was not.

I had graduated top of my class in high school and thought there were no bigger ponds, until I went to the University of Toronto for engineering and realized everybody else had also made valedictorian. For years, I slaved like Jean Valjean to achieve number 7 in the class and it was still only good enough for a 3.83 GPA. Trust me; engineering is not the way to get into med school. But it was too late and my inbox stung with rejection emails, the one from U of T especially famous – simply titled "Regrets."

# THE OTHER SOLSTICE | By Elizabeth Han

My mother certainly had regrets. Especially sending me to the city. She said I should've stayed at home with her, maybe attended some community college and then transferred to somewhere less competitive like York. She made sure to do better with my younger sister, Brittany. Now, instead of Fail Elise, my mother gets to enjoy Rule Britannia as Brittany surges from height to height at York.

To make sure I got in the next cycle, I nudged up my cumulative GPA by taking biology with first-year undergrads while doing a Masters. Mom loaned me 10k to apply to the States and Canada simultaneously.

"I got into med school," I reported to my mother.

Three years ago, I had been on a bus bound for the airport in Richmond, VA, having just interviewed at VCU, when I found out I got into SLU School of Medicine.

I could practically hear her shrug over the phone. "So?"

She was right. SLU had told me at the interview, my first, the day before my twenty-fifth birthday, that for Canadian applicants, they wanted 300 000 USD up front in ESCROW.

But then I got into VCU, then Case Western, then BU, and I had been settling into the Airbnb in Chicago before Northwestern, when I found out I got into Yale.

"I got into Yale," I gasped.

"How are you going to pay for it?" she asked.

Your dream? I wanted to snap. "There's need-based financial aid."

"Your dad and I make too much combined."

"Can we just submit the form and find out what we can get?" I begged. I was still in disbelief. New Haven had felt like a world apart. When I first saw the library, the Anlyan Centre, spoke to the admissions director, everything, including the interviews, had felt personal. The Yale System meant students only took exams if they wanted to and the scores were kept secret. They only accepted seven internationals a year. The Yalies had seemed artsier. Less interested in competition. If I went there, maybe I would be someone. Maybe my mother's dream would transform into mine. Maybe God had delayed my admission so I could be a Yalie.

But Mom never filled in the paperwork. For such a large loan, the bank in Canada said I needed a co-signer and she refused to co-sign. My dad wouldn't do anything behind her back. Then why in the world had she ever supported my dual application?

Months later, when I got into Toronto, Mom was finally satisfied.

"It is done." She said it the way we said it at church on Good Friday, referring to the crucifixion.

"She wanted you closer to home," Dad said. "Everything else was just practice for home."

"Practice," I repeated.

"It worked, didn't it?"

"Whose home?" I asked, as a glacial chill settled into my skull.

On the first day of med school, they took my headshot for the yearbook. Right after, I sobbed, crumpled on the lawn, for how exhausted I was by it all.

"Maybe that's the moment I just stopped trying. If everything was just practice, who was to say this wasn't just practice for the next thing, and then the next thing after that, never-ending, forever and ever?"

#

On 5 North, the nurse gives report: 81-year-old female, POD2, hip surgery with pain. I read off the card Elizabeth gave me. Check the chart. Talk to the woman. Examine her. Write the note. Write the orders. The Senior will co-sign them later.

"Dilaudid?" the nurse asks.

"Tylenol?" I return. Tylenol seems safer.

"She's maxed out."

The hip isn't hot. In medicine, there is a huge difference between hip and calf pain, but no point in correcting the nurse. I drag the joint through tiny movements and check the other. The patient's chest is clear. She's alert and oriented. The pain radiates sometimes to the back, but she's not having urinary symptoms and I find no pulsatile aortic mass. She's just old.

"What is your order?" the nurse asks.

"Um, let me call someone." I dial Elizabeth.

"Cheat card," she says. She won't give me the answer. As I jam the phone against my shoulder the pager wails again. Elizabeth can hear it and starts laughing.

"Yes, yes, I know, it's for me," I mutter. It takes me forever to flip through the cheat cards. I decide on 0.5-1 mg hydromorphone SC/IV, ice packs, and some Voltaren rub. As I'm descending the stairs, the pager goes off again. Oh, yeah. 5 South this time. How does Other Elizabeth do this? I reverse direction and my thighs burn.

#

When I return, I nearly get KO'ed by a balloon filled with confetti, part of a cluster tied to the doorknob.

"HAPPY BIRTHDAY!" The Other Elizabeth yells, jumping out from behind a file cabinet, and in my startle, I smack her in the face with my clipboard.

"Hey," the Junior says, glancing up from his consult-in-progress. "You didn't say. Come cut the pizza and cake, I'm starving."

"I had to get you upstairs somehow," Elizabeth says, still grinning despite rubbing her nose.

Elizabeth holds out something and it's a cupcake with a candle on it. She's out of breath from the jumping and resembles a pudgy starfish. Behind her, the consult table is covered by a rainbow runner, over which a bowl of chips, cups of punch, a little brown cake, and whale-sized pizza are waiting.

I exhale hard, swaying on my feet.

"Whoa there," she says.

Two other medical students show up from Surgery. "Free food?"

# THE OTHER SOLSTICE | By Elizabeth Han

While they fall upon the food, I don't know what to do with my hands so I pass Elizabeth a tissue, even though her nose isn't bleeding. "How did you know she was going to have pain?" I asked.

"The patient? She's post-op day 2 from surgery, Elizabeth. Of course, she's going to have pain."

I wonder how she knows my birthday.

"I have Facebook, you know."

The Senior pops in at a jog. "Hey, what's all this? Whose birthday is it?"

"Elizabeth's," The Junior says, chomping on a huge slice of pizza.

The Senior moves to high-five the Other Elizabeth. "Nice, Cowie!"

"No, Jason, it's her," she says. "I did it for her."

Jason retracts his high-five and scratches his neck. "Oh. So... have we started with the pizza? Is there more pad thai? I'm done in. Mallory says the average wait time has been twelve hours since eight."

I'm done in. My mother had said the same thing when I got into Toronto. As if she had done everything, the buses, flights, interviews, calling Yale, crying, telling them I wanted to come but that I was going to withdraw because my parents were making me.

Yale had told me they were saddened, disappointed. I guess a part of me had wanted them to ask me to reconsider. But they had a list they could go down, someone on another continent who would gladly accept and pay.

#

We had decided our clerkship rotation orders on an Excel sheet projected from someone's laptop onto a wall in the hospital, people calling out what they wanted. Strategy does exist to some degree. You can put your preferred specialty in the middle of the year, when you're getting good but not so tired. You can put it at the end, when you're the most experienced. You can put the call-heavy blocks like Surgery and Internal Medicine in the summer when the long days give hope of seeing some sun on shift. My strategy: watch the Other Elizabeth choose first for each discipline, then pick whichever location was farthest away. Only at the last minute, like in a chess match, I saw that everyone else's choices had cornered me for Internal Medicine. There was no escaping her for CTU.

The Other Elizabeth had transformed slowly over the eight weeks. Initially, she was horrible to me, elbowing me out of the way to answer questions first, saying she'd take care of everything I didn't know how to do.

But then it was like she wanted me to be better while I wallowed in my imagined American future snatched away.

The code blue. "Get on the chest!" she had roared, hip-checking me so that I had to climb on the bed and start compressing one-third the AP diameter of the frail old lady.

"Run, run, run!" She coached when another code blue exploded when we were in the Situation Room and the Junior knocked over a chair sprinting out the door.

"Cool, huh? Exhilarating, huh? Doctoring, huh?"

Actually, it had been exhilarating, in a way. Even the emesis part.

Logic does line up. About the piano, my mother said love came after the doing, not the other way around. Nobody knew how to play the piano at first, so what fun was it? But once you suffer a little, the notes make sense. You can play Beethoven. You can play movie sheet music. You can play whatever else someone else wants you to play.

"I want to write songs," I had told her once. "Like Alicia Keys."

"You?" she said. "Write songs?"

"You think I can be a doctor."

"That's different. Writing songs takes talent."

"You don't think you need talent for medicine?"

"I moved to this country and found a bunch of family doctors who told me everything is fine, it's normal, go home, and won't prescribe amoxicillin." You didn't need a prescription for amoxicillin in China so Mom went every summer and bought blister packs by the pallet.

"So you've teed me up for something easy," I said.

"Just say everything is normal."

"Everything is not normal."

Would it ever be normal? On the first day of med school, I was not normal, no one else crying on the lawn after the class photo. On the first day of anatomy, I was not normal, no one else dropping the scalpel and throwing up from formaldehyde fumes. On the first day of Christmas break two years ago, after anatomy was over, my mother tried to make everything normal again with a cruise to the Bahamas. Very few things went right. We didn't know the pool was salt water and my eyes had burned.

"Well stop opening them underwater, dummy," she said.

Later, from the boat, as we had watched the sunset sitting on deck chairs, I felt as though the entire earth were a garment I had put on and was living in, the shear forces on the horizon looking like they would rend it in beltlashed stripes, brittle edges sharing their reds, oranges, and purples with the clean sea.

My face felt hot and I'd put both my palms to cup them. Meanwhile, I perused my mother's thick determined profile. Her hands fisted on the seat rests for no good reason.

She had struck me once. Across the face, left and right, when I came home, the summer I didn't get into med school. I wish I could say it was the only time she's ever hit me. Then, before the marks had even faded, she hugged me and said we would get into this profession together. She told me she had ambitions to be my "medical secretary" when I finally finished residency and had my own clinic.

"We'll be together forever," she said.

But who was I without her, without the togetherness? Wasn't this lifetime mine? To be spent with myself? Who was really in control here?

# THE OTHER SOLSTICE | By Elizabeth Han

Now, on call, my eyes burn again, but they haven't been near a pool.

"It's eight already?" I ask the Senior.

Which means Mom forgot my birthday. My sister's applying to medical school this year and she's been on Brittany's ass about her essays and references all month.

The Other Elizabeth probably sees something on my face shift because she grabs a knife and starts cutting. "You need cake. It's coffee cake. And lots of it."

Her decency frightens me. The Other Elizabeth had even intimidated my mother. Mom's working theory is that once you get your kid into med school, they can't fail or get kicked out, unless you do something egregious, like sleep with a patient. But even she was worried when she heard the Other Elizabeth was going to be my IM partner. "Can you ask for a transfer?"

"No."

"You have to give her something," Mom said.

"A bribe?"

"Take her out for lunch. Coffee. What these Canadians do."

"That's not natural."

"What's not natural? You're not natural."

"I will look for an opening." What could Elizabeth and Matty want? Lube? Lingerie? Condoms?

But it looks like Cowie has beaten me to it, the gifting game. Do I still need to give her a gift now? Maybe a double dose? How should I behave tomorrow morning?

Just say everything is normal.

At first, Mom had called to check in, especially after call shifts, to see how badly her daughter was being abused by this other intelligent young Elizabeth of questionable intentions. But not now. Still no missed calls. Only a new text.

BUY HER A COFFEE.

I am twenty-seven, I repeat to myself.

"I left orders for Dilaudid and multimodal pain management."

My eyes are wet, tears all over the cupcake Elizabeth hands me. "I am twenty-seven."

#

Outside the one window of the Situation Room, the sun sets like it doesn't want to, like it almost reverses, changes its mind.

"Come with me," the Other Elizabeth says, when we've both eaten.

Between the two decorative rocks by the sign that says Toronto General, there's enough room to sit down, and she pats one of the surfaces for me. I pull my legs in to brace against my chin.

"Where's Matty?" I ask.

"He's waiting," she says. "Can't sleep when I'm on call."

"I'm envious," I say, honestly.

"I'm blessed."

"You're very good," I say. "At this."

"This?"

"All of this." I sweep my arm around, motioning to the buildings, the circumferential city, where we're right on University Avenue, an eight-lane divided thoroughfare right through the heart of downtown, the cars powering past in both directions.

"You know, every time I think the sun won't rise in the morning, that the night will never be over. But then it's over. Weir's here. We're reviewing," she says.

"You worry about that?" I ask.

She reaches into her pocket, then cups her hand against a flame in the dark, and for a moment it lights up her face. A tiny beacon. The CN tower seems to commune with it in the distance, spearing over an office tower, its annular LEDs alternating orange and neon yellow. "I don't really want to do this. I want to get out of here. Do rural. Something really remote."

"Less than 30 000?"

"More like 3000. Matty's on board."

"He'd follow you anywhere."

She grins. "But you, you're a city girl."

Am I?

"I was going to go to New Haven," I say.

"I know. There was a rumour in first year that somebody got into Yale."

"Really?"

"I was surprised you were so bad."

I smile. "It's a talent."

"I wanted you to be good," she says. "So I could understand."

"Oh?"

"How you did it."

"Don't think too hard. My mother says they just wanted my money. That sweet, sweet International Student cash."

She blows out a long breath. "Do you really believe that? Don't you think you could be good?"

I laugh. "Jury's out."

"If you, like, tried?" she asks.

We look at the pager. Maybe she's right. I don't try. Not enough. But here was another night in the lifetime with myself.

"Don't jinx it," she says.

So she hates it too.

"Here, swap with me," she says. "Happy birthday."

And she hands me the cigarette with one hand and holds out the other for the pager.

I take a puff and cough. "Ugh, you have to quit this poison." I return the cool box to her.

The Other Elizabeth, respectful, blows the last of her smoke into the traffic, then grasps my fingers and snuffs the burning end of the cigarette out on one of the rocks.

The pager goes off, the opening bars. It bounces in Elizabeth's palm. But there's no phone out here. No situations. No emergency. Not yet.

END

## NORTHERN ARIZONA SOUTHERN ARIZONA

By Jenna Kay

My PD, tries to take care of me,  
I try to care for my PD,  
And together we care for those who will care for you...  
But did I do enough?  
How much more can I ask of my PD?

Today, did I ensure the program was running right?  
Today, did I help a doctor be safe?  
Today, did they get a warm full meal?  
Today, did they get enough sleep?

Tomorrow, will they have all they need?  
Tomorrow, will they be too tired to be safe?  
Tomorrow, will they have enough meal card money to eat?  
Tomorrow, will they be rested enough for that surgery on her dad?

Did I get them all the information available?  
Did I get them the space they need?  
Did I get them the resources for the best education they are entitled to?  
Did I follow all the right policies?

Am I letting anyone down?  
Will a patient be hurt because of what I didn't know?  
What didn't I have enough time to do?  
What I was never trained on?  
What information I cannot find?  
Did I increase their stress?  
How do I help manage their stress?

This affects my dreams,  
Turns into nightmares,  
Daily taskings I cannot forget.  
Every patient they will touch, every day, for the next 30 years...

It's Sunday, what do we have to do?  
Is my PD okay?  
Are they all ready for their next test?  
Do we have the budget to get them what they need?

Nightmares, I didn't do enough.  
Eight hours a day isn't enough.  
Why can't we do more?  
Nightmares, I didn't do enough.



## PROGRAM MANAGER NIGHTMARES

By Susan Reno

Arizona

# Living

By Viola Lee

Sometimes living is a hospital hallway  
Where you're walking,  
Thinking about all the life  
You lived.  
The prayers  
alive and animated.  
The garden  
particularly the zucchinis  
joyful and abundant.

Living is the choice you make —  
Turn back and go back to bed  
Or see what is at the end of the hall.  
Perhaps it's a window light.  
I believe in at least one miracle a day.  
Everyday the living is mine to make.  
Sometimes the miracle is yours.  
And if there is anything I have learned,  
it is to not add any adjectives.

## Fall Break

By Kendra Marr



*"I started this painting when we found out that my close friend and classmate, Julie, had metastatic cancer, to celebrate time we've had together. I didn't get to finish painting her in time before Julie sadly passed away, and so it felt right to leave her form unfinished in this piece just as her life was left unfinished"*

# Zocalo

By Cody Kelly



# Flowers

By Jack McHugh





# CHENOA'S MYSTICAL THREAD

By: Kaitlyn Haskie



In her younger years, she was a weaver – her nimble hands said as much. Yet, as her years grew more venerable, she traded the spindle and loom for the comfort of a TV remote. It was an earned respite after years in the textile industry. One day during a power outage, I found myself in her room. She was looking for company and had found it in me. As she ushered me in the room, I immediately sensed that I was about to embark on a journey through her stories.

In many cultures, including my own, stories are treasured as sacred threads in the tapestry of existence. To tell a story is to weave a tapestry of stories on the loom of life. At the same time, telling a story surrenders threads of your life, tying it to others' looms. To share a story is an act of love, to willingness to offer fragments of oneself so that someone else may learn, explore, and discover, ultimately forging connections.

Chenoa was raised in the midst of her ancestor's land, where her family had lived for hundreds of years and where she grew up amongst the four-legged people, the plant people, and spirit beings. Her mother, the matriarch of the family, who Chenoa had inherited her spiritual inclinations from, would say, "Everything is connected. We must live in balance with everyone and everything." She was of course referring to the Indigenous way of being, in which relationships are recognized as paramount. That was why the matriarch instructed her daughter with frequent tales of their people's past, present, and future. With time, the matriarch realized that the world was rapidly moving away from the otherworldly. The era of mysticism, wherein medicine women and men could speak to the animals and the environment, had been replaced by Christianity and European miracles. Chenoa's grandmother, a foster child of the BIA boarding schools, often claimed it was time to conform to modern standards of psychological health. Her recommendation - masquerade as someone who would not entertain or simply lacked a 6th, 7th and 8th sense. Now, more than ever, Chenoa and her mother would have to hold fast to their cultural teachings.

Each year Chenoa and her family herded their sheep to the summer sheep camp in Canyon De Chelly. The family journeyed through the opening of the canyon, following the petroglyphs of those who came before them; hundreds of feet had trodden and created the well-laid path. The tribe's elders would tell her that in the hundreds of years before she came into the world, there were the Anasazi – the ancient ones. They had made their cliff dwellings in the high-up alcoves of the Tsegi Canyon, until one day they disappeared. Chenoa remembered reading about them in her anthropology class. The professor claimed their disappearance was one of the greatest mysteries of all time. Chenoa recalled thinking that it was no mystery and instead remained a well-guarded secret of their descendants, the Pueblo tribes of the Southwest. Now, with each step the family took, the walls grew steeper and higher around them, until before long they had reached the sheep camp. A breeze pushed through the

canyon and rushed the weary travelers; with it came familiar scents of activities to come. Hot sweltering days, remaining hidden from the sun beneath tree canopies, and sleeping unsheltered beneath a sky so dark and clear it would have rated a 1 on the Bortle scale. The first night was spent in blissful rest.

That year, the monsoon season was long and heavy, apportioning tons of water to little streams that had not seen a trickle in years. At Chenoa's sheep camp, the river ran high, making up for two years of drought, and the soil was especially retentive of the moisture. The night air was thick with water vapor. Chenoa's straight hair curled slightly, revealing her mixed ancestry. Chenoa lay in her sleeping bag, weighing the discomfort of her bladder against her fear of the dark, until she could no longer wait. She got up, making as little noise as possible, and began to make her way to the outhouse situated across the camp. As she walked for what felt like miles, she noticed something from the corner of her eye. She shifted her head to fully behold and observed three green glowing figures walking parallel to her. They walked single file. The tallest, no more than four feet, was in the lead, trailing the hem of their robe in the dirt. The figures were short and slightly bent, covered by shawls. Chenoa could vaguely make out the faces that appeared occasionally as their robes shifted with each step. A modest curiosity arose; did she want to see their visage? Would their faces reveal unspeakable horror or would she see her grandmother's kindly wrinkled face?

Trying to blend in to her surroundings and staying some distance away, Chenoa contemplated what would be best. She remembered reading a book about New Mexican scary stories. In the story, the teller spoke of a similar instance in which he happened upon a field of apparitions dancing. The storyteller spoke of feeling impending danger if he stayed on the field. However, Chenoa's feelings were not akin to that in this situation. She reached her conclusion and assumed a tone and inflection her grandfather would use when he was conducting traditional ceremonies. Although she was fearful, she bravely spoke, "You go your way, and I'll go mine. May we both be protected and find what we seek." Chenoa kept walking, watching the apparitions from the corner of her eyes. To her relief, the short figures kept walking, paying her no mind.

In her lifetime, Chenoa would come to experience many more mysterious connections, but this would remain one of her most vivid memories, and even in old age, her most frequently told 'scary' story. Before this encounter, she noticed how the mere mention 'ghosts' would be met with disbelief. Perhaps it was the honesty of her face that now charged the room with credence. When she wove her tales of apparitions, her words bore the weight of profound truths. For those who had strayed from their cultural roots, Chenoa's story might be dismissed as theatrical flights of fancy. To them, she'd calmly affirm, 'every thread of narrative weaves the fabric of reality, fictitious or otherwise.'

# A Grand view at The Canyon

By Jim O'Rourke



The south rim of The Grand Canyon offers mind boggling views.

Medium: Digital Photography

## “Peacefully Walking to a Park”

By I.F. Jonesy

Silhouettes on the wall,  
Exploding shadows where bombs fall,  
Now a heinous residue of regress,  
Vaporized corporeal flesh.

Six million years to come from abroad,  
Now let's all play as God,  
Until half of it disappears,  
Wait another seven hundred million  
years.

Now two hundred thousand souls,  
Can smolder in the dark,  
On peacefully walking to a park,  
Using embers to stoke their goals,  
And allow rot ash to fill the holes.



# Lizard

By Jen Leon



# Opossum

By Stephanie Smith



# Labyrinth

By Su Cummings

**On May 12**, my husband was diagnosed with stage three mantle cell non-Hodgkin lymphoma. Leif's symptoms had materialized under wide sunny skies in the previous weeks—he first felt a pain in his side but didn't pay much attention. We were far from home, thriving on an artist's retreat in a modest Mexican town. He's an accomplished painter, strong and active, with lucid blue eyes and a sly humor. Over several weeks his voice got thinner; he lost weight and started feeling run down. Then he began peeing blood.

We cut our residency short and I scrambled to find flights home to Seattle. Three days later, Leif had prostate surgery. A few days after that, his diagnosis filled the surrounding air like a thunderclap.

I spent nearly 40 hours over the next two months like a mouse in a maze, trying to get two healthcare businesses and one insurance company to cooperate, with the patient's interests at heart. I nearly failed.

Allow me to enumerate:

- **100 years:** The Polyclinic, where Leif has liked his doctors for years, was physician-owned for a century. They quietly changed their maxim to "physician led" in 2019 after being bought by UnitedHealthcare, the largest health insurance carrier in the U.S. Leif had to switch to that insurance last December so he could continue seeing his doctors. Now physicians at the Polyclinic seem to be leaving in herds—unhappy, rumor has it, with the terms they were offered by the new owner.
- **Five months:** In February, his primary care physician (PCP) left the Polyclinic. Leif chose a replacement but the soonest appointment was five months later, in August. So in May, when my talented husband was diagnosed with lymphoma, he hadn't yet met his new doctor.

**Two days after his diagnosis**, Leif found the page on the Fred Hutchinson Cancer Center website that reads, "You do not need a referral to seek care or a second opinion at Fred Hutch." Encouraged, he filled out the webform to request an appointment.

- **Top 10:** Seattle is home to one of the best cancer centers in the U.S. for treating lymphoma. Fondly known around here as the Hutch, it's recognized for leading patient care and research, so if one's disease is successfully treated but later relapses, they are advancing novel therapies.
- **Every five minutes**, my lovely husband of 30 years has been hacking to clear his throat in the other room. Listening, wondering if it was pinched by swollen glands, my gut tensed like I was on a roller coaster, ratcheting up.

**Eight days after his diagnosis**, Leif called Fred Hutch to follow up on the appointment request. He was told they're waiting for an authorization from his primary care physician. Grumbling, he called his Polyclinic doctor's office to make sure it was sent over.

- **60 types:** Non-Hodgkin lymphoma (NHL) is cancer that begins in the lymphatic system, part of the germ-fighting immune system. White blood cells called lymphocytes grow abnormally and can form tumors throughout the body. It's one of the most common cancers in the U.S. and there are many subcategories. Leif was told he has mantle cell lymphoma, a rare type that starts in cells located in the mantle zones, the outer ring, of lymph nodes. This type of cancer often grows slowly before accelerating and spreading to other parts of the body. It's like that roller coaster, inching gradually up, then speeding out of control.
- **Stage 3 or 4:** By the time they're diagnosed, most people with mantle cell lymphoma already have widespread cancer because many symptoms are common ailments like lower back pain, fatigue or signs of flu. There is no cure, and it's one of the most challenging types of NHL to treat. There are therapies that put the disease into remission. But mantle cell lymphoma can return after months or years. With time, the relapse cycle occurs more quickly until treatment no longer results in remission.

**10 days after his diagnosis**, a pain in Leif's side became excruciating and his fever spiked. At 7:00 a.m., I took him to the emergency department at the University of Washington hospital. Once you enter, you're on ER time: even if your pain is nine on the 1-10 scale, it takes unbearable hours to receive pain medicine. Sometime around 10:00 a.m., Leif groaned, "If this is what mantle cell lymphoma will be like, I would throw in the towel."

I kept marching into the hallway, asking for the nurse with the meds. Eventually, a full dose of Dilaudid brought his pain down to manageable. A CT scan showed an abnormality in his bladder but no infections were found. Nine hours and a medley of tests later, he was discharged with instructions to take Tylenol for the pain. That's it, Tylenol? Thanks to opioid abuse, they don't prescribe stronger pain relief these days, do they? Fortunately, his pain subsided the following day.

This is a new heaviness, lifting my head to confront dying—not the cerebral concept of death, but the living, daily contemplation of losing Leif, maybe soon. My funny fellow adventurer in life, my confidant, my lover, marvelous travel mate, the father every woman wants for her kids. And, it must be said, sometimes depressed and disagreeable. But he appreciates me, as I am grateful for him. I will always know we were home to each other, that we never gave up on the other. But I can't see ahead and fear leaches up through my days.

~

**12 days after his diagnosis**, Leif again called his Hutch contact about his appointment request. No one answered. He left a message.

“The worst part of these delays is the anxiety it’s provoking,” he said, “as I feel myself slipping away each day with no treatment plan in sight.”

- **Every day or two:** I itemize my dread as a way to grapple with it.
- **Every day or three:** My palliative diversion, a few sips of scotch to loosen my grip on vigilance for an hour.

~

**19 days after his diagnosis**, with Fred Hutch still non-committal, my sweet husband saw the Polyclinic oncologist. The appointment had been scheduled after Leif’s prostate surgery when the lab found lymphoma cells. The doctor agreed that with this challenging disease, he should be treated at Hutch. In the meantime, he scheduled an alphabet jumble of tests: a CAT scan, PET scan, an ECG, blood tests and a bone marrow biopsy.

At home, Leif began to make dinner—it’s been our habit to take turns—but he sat down with fatigue before it was finished. As I watched him holding onto chair backs to get around; as he tried to cough up an obstruction, I heard a ticking clock. I strained to understand his words as his voice kept getting softer and the ticking got louder.

~

**21 days after his diagnosis**, he received a friendly voice mail from Hutch saying they were, “still waiting for approval from your insurance company before we can get you officially scheduled with our providers.” Leif was given a different fax number, which he relayed to his PCP’s office, making sure the paperwork was faxed while he waited on the phone.

His neck and back blossomed with hives. He got winded flattening a milk carton to put it in the garbage. I choked up, noticing his curvy, confident handwriting getting jittery.

- **Two years and counting:** A friend of a friend reached out. Hanna was diagnosed with NHL two years ago. “I was told I had three months to live,” she said, “but the lymphoma team at Hutch was unbelievable and my treatment options are nowhere near exhausted. By the time a drug becomes less effective, there are new drugs or clinical trials I can be in.” She was in New York, roaming art galleries. “They’re helpful in other ways too, like nutrition and psychological support. I have a ‘patient navigator’ who coordinates all the help my family I and need.” Hanna sympathized with our frustration over the insurance and provider bureaucracy. “I switched to a concierge doctor,” she said, “and they’ve solved all that hassle. I can see my doctor whenever I have to and if I need a specialist appointment, it takes a day or two.” She shared her doctor’s contact information.

- **\$1,200 to \$10,000:** Concierge medicine came about more than twenty years ago—doctors go into private practice to be able to care for fewer patients, giving them more time and attention than is allowed in today’s healthcare system, which mostly rewards patient quantity over quality of care.

Concierge practices charge membership fees, which average \$1,500-\$3,000 per year, though I’ve read they can run up to \$10,000. The physician bills private insurers or Medicare for certain services, so patients still pay for insurance. This model, by its very nature, caters to more affluent patients. And, as more doctors give up on the increasingly constrained medical system and go this route, it reduces the number of PCPs at a time of doctor shortages.

Leif and I, we’re not wealthy but we have savings we live on, supplementing social security. Facing Leif’s crisis, what could we possibly spend it on that’s more important than immediate, responsive care? He started a search for a concierge doctor.

~

**28 days after his diagnosis**, Leif got a voice mail from Hutch saying his PCP, “is no longer working at Polyclinic and you will need to schedule an appointment with a new primary care provider to get a referral.” This, after Leif’s replacement PCP, who he couldn’t see until August, had faxed the paperwork twice. “We will need the referral to be submitted to your insurance so we can get an authorization for you to be seen here at the Fred Hutch.” Leif called back several times before he got through, and was told they were holding an oncologist appointment for him on July 10th but they needed a “pre-authorization” from his doctor. He understood it would be given to their finance people so the appointment could be confirmed.

Leif is barely audible now, so I called the finance department to clarify what they needed. I was told they didn’t require a referral or anything else from the insurance company.

**31 days after his diagnosis**, my frail husband held onto the stair rail and said, “If I had three months to live, our healthcare system just used up one of them.”

I sat down to write, spun a tepid sentence or two, then went to make Leif a smoothie. I headed downstairs to my art studio while he was napping and stared at my work instead of mixing paint. What can I do right now to solve this paperwork puzzle? Who can I contact to ask for help? My life on hold, I cast about like this at many moments through the day.

I scrubbed the bathroom, scoured rooms of dust and detritus. I baked soft healthy muffins that Leif couldn’t swallow. My days used to be fully engaged with writing and art, activism, seeing friends; now I struggled to stay focused. Now I searched for the levers of my resilience; enthusiasm and curiosity eluded me. In this new reality, this existential anxiety, I crawled through the healthcare system’s labyrinth of absurdity.

~  
**33 days after his diagnosis**, I spent 80 minutes on the phone with the insurance company. A sympathetic agent told me, “With Leif’s plan, he doesn’t need a referral—he can just make an appointment with any doctor or clinic.” Then, while I was on hold, she called the doctor’s office; “They said they would resend the paperwork,” she related. On hold again, she explained to a Hutch staffer that they didn’t need a referral. She relayed that the Polyclinic had faxed paperwork to Hutch three times. Back and forth she went. Eventually, the support rep had done all she could. Aggravated and apologetic, she encouraged me to nail down exactly what Hutch required to get Leif’s appointment confirmed.

I drove to the Polyclinic, determined to pick up the elusive piece of paper and hand-carry it to Fred Hutch. In the doctor’s office I looked at the form and realized that what they were faxing was a “referral” to external care, and what Hutch seemed to be asking for was an “authorization.” Was all this just a terminology disconnect?

“No,” the Hutch staffer said. “Our finance department needs a pre-authorization from the insurance company—then his appointment can be scheduled.” After all those hours, I was exactly where I started, helpless in a Möbius loop. I suspect these businesses each have a secret handshake they don’t share with outsiders.

- **35 pounds:** The weight Leif has lost in the last three months.

~  
**37 days after his diagnosis**, Leif came into the kitchen and gave me a kiss, blended some fruit juice and poured it into a glass. Then he had to lean on the table for a moment—he was short of breath. While we waited for his Fred Hutch appointment, wondering if he’d get to keep it, Leif grew weaker. As lymphoma cells spread, as his symptoms multiplied, our anxiety metastasized.

- **18.5 minutes:** “Patients aren’t people. They’re ‘Relative Value Units,’” my medical-assistant sister said. “Our corporate owners directed doctors to see 26 RVU’s per day.” That’s 18.5 minutes per patient, assuming physicians do nothing else all day.

~  
**40 days after his diagnosis**, Leif saw his new concierge PCP. Dr. Keen entered like a man on a white horse. Tall, narrow and calm, he had read my husband’s medical records—not glanced at them, not skimmed them, he read and understood their implications. He spent an unhurried hour asking questions and listening while an assistant took notes. He sent Leif to a specialist who could scope his throat the next day to learn what was blocking it. And Dr. Keen knew people at Fred Hutch—he would connect with them. Then he followed up and did what he said he would do.

To our relief and resuscitated spirits, Leif’s appointment at Hutch was confirmed within a day. It was still three weeks away, but he was getting care while we waited.

- **10-20 minutes:** The typical time PCPs spend with patients. But it could be much worse. For half the world’s population, average doctor consultations are five minutes. In China, it’s two minutes. In Bangladesh, it’s 48 seconds.
- **Almost 20 minutes:** The average wait time in the office, even with an appointment.
- **24 days:** The problem isn’t just short doctor visits, but how long it takes to get an appointment. In 2022, Americans waited about three and a half weeks, on average, to see a primary care provider. If you were ill, you just got worse.

~  
I imagine Dr. Keen is interacting with patients the way most doctors would like to. What does it say about capitalist medicine that attentive care is such a privilege? It’s intolerable that people with fewer resources, even with insurance, suffer in comparison to those more fortunate. And, as much as I despise this unequal system, with Leif teetering on the edge, I couldn’t choose not to take advantage of this alternative.

Here's how the system breaks down:

1. **Fewer physicians:** Even before the pandemic, PCPs faced a higher burnout rate and lower pay than many specialists. They increasingly feel their jobs are impossible, and thankless. In one study, one-fifth reported they will likely leave their current practice in the next two years.
2. **More people need care:** Our population is expected to gain 18.6 million people in this decade. Due to the Affordable Care Act, 35 million more people have health insurance as of 2022. And in ten years, older adults, most on Medicare and often needing more complex care, are projected to outnumber children for the first time in U.S. history.
3. **Fewer reimbursements:** PCPs usually rely on insurance reimbursements as their main source of revenue. Most don't become primary care doctors for the money but as hedge funds and insurance companies buy up medical practices and hospitals, chasing the growing pot of government money funding Medicare, doctors are pressured to take on more patients.
4. **More patients = overbooked schedules,** meaning ever longer wait times for an appointment. When Leif's previous doctor left the Polyclinic in February, it took a month to find another and then he couldn't see him for five months. Now more people delay getting care, so they're often sicker when they finally see a doctor.

**Bottom line:** Emergency rooms are becoming the quickest route to medical attention.

Nowhere in this tangled system are the costs to patients accounted for, not only for their "administrative burden" time—sorting communication between clinics and insurance, waiting for appointments and referrals, reconciling bills and denied claims—but the cost to their health while they wait.

~

**47 days after his diagnosis,** Leif had a PET scan; we'd waited four weeks for the appointment. He leaned on walls along the hallway and had to rest before changing into zipless mint green drawstring pants.

As Leif's symptoms worsened, I've perched at my desk writing a word, a phrase at a time. I mashed a piece of avocado into baby food consistency—he couldn't swallow it. He was down to sipping water and homemade vegetable broth. Or he had the dry heaves; he wanted sparkling water and ice chips. I took him to appointments as he was too unsteady to drive. There was a heap of dirty laundry and the sheets needed changing. This was my new full-time job. I was riding hard on a stationary bike, being chased by a pack of wolves.

~

**48 days after his diagnosis,** and still 12 days away from meeting the lymphoma oncologist at Hutch, Dr. Keen instructed, "Take him to Emergency now—there's nothing more you can do for him at home." He'd seen Leif's endoscopy showing a large tumor closing his throat. "He needs nutrition and his tumors are growing quickly. You need to be his fierce advocate and make sure he's admitted to the hospital where, hopefully, he can begin treatment immediately."

I supported Leif walking into the ER, crowded with waiting patients. He was led to a room, past people threaded with tubes, waiting on gurneys in the hallway. Before long, he received fluids and steroids intravenously; hours after that, he was admitted. That night, the oncologists at the hospital and those at Hutch were conferring. In 24 hours, the steroids were reducing the tumor in his throat so he could swallow healthy concoctions like protein drinks. His voice revived. They kept him in the hospital for three days, running more tests while the team hatched a plan for beginning treatment. I exhaled the breath I didn't realize I was holding.

~

I need to scream. I need to throw things. What's patient-centered about this labyrinthine system?

- **Six mixed messages:** The Hutch website said no referral was needed. Then they needed an "authorization" from his PCP. Later an "approval" was needed from insurance; then, "We will need the referral to be submitted to your insurance so we can get an authorization for you to be seen here." Another said, "Our finance department needs a "pre-authorization" from the insurance company." Finance said no referral was needed.
- **Three times** the Polyclinic faxed over referrals. The doctor who reported the original diagnosis scheduled key tests; otherwise, no one cared to problem-solve. The replacement PCP never surfaced.
- **Zero headway:** UnitedHealthcare told me that with his plan, Leif could see any doctor without a referral. A determined agent tried to resolve the impasse between providers but nothing she said made a dent in the wall.
- **Zero transparency:** Finally, after paying extra for a new concierge PCP, Leif's appointment with a lymphoma oncologist at Hutch was confirmed—I never did learn the secret handshake. Apparently, all it takes is money to get medical care. But by then, my husband was in the emergency room.

~  
**62 days after his diagnosis**, Leif finally met his Fred Hutch oncologist and soon began chemotherapy. Who knows how his body will handle the drugs over time, what side effects he'll face. Now that therapy has begun—and now that he can eat—his determined spirit is fully engaged. My hope is reviving that he'll recover, with time. But incurable will, sooner or later, be fatal.

“His entire right kidney is lighting up with a tumor,” Dr. Keen had told me. He was keeping an eye on Leif's test results. “It's unfortunate he languished so long before getting an appointment at Hutch. I think the cancer is progressing rapidly.” Unfortunate is a grave understatement, I think. “The weaker he gets, the less he'll be able to tolerate any treatment.”

~  
**81 days after Leif was diagnosed** with an incurable form of lymphoma, his Fred Hutch oncologist called him, her voice brimming with good news. Early on, she said she'd have additional tests run on his biopsy tissues; now she came back to say, “You don't have mantle cell NHL. You have diffuse large B-cell lymphoma—which is curable!”

**How can I quantify my gratitude** for a doctor who didn't take the path of least resistance by accepting another's finding? Instead, she sent his tissue samples to Minneapolis, asking more experienced pathologists to run additional tests. Based on the correct diagnosis, she changed Leif's chemo regimen so he'd get the most effective treatment for the specific type of cancer he has.

**How common is the administrative gauntlet we faced?** And how much muscle should it require for anyone get the care they need?

How often does an oncologist get to deliver good news like that?

Author's note: The names of the patient and doctors have been changed to protect privacy.

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## And Perhaps the Teacup Can Be Drawn Back Together

By Lori Zарmer

Those in medicine want to help people above all, and we often struggle with situations where we can do nothing. This piece is an acknowledgement of the issues with no easy fix, and a promise to put in the work anyway.





# Microwave

By Manlin Shao

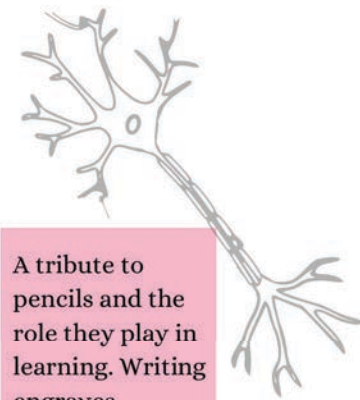
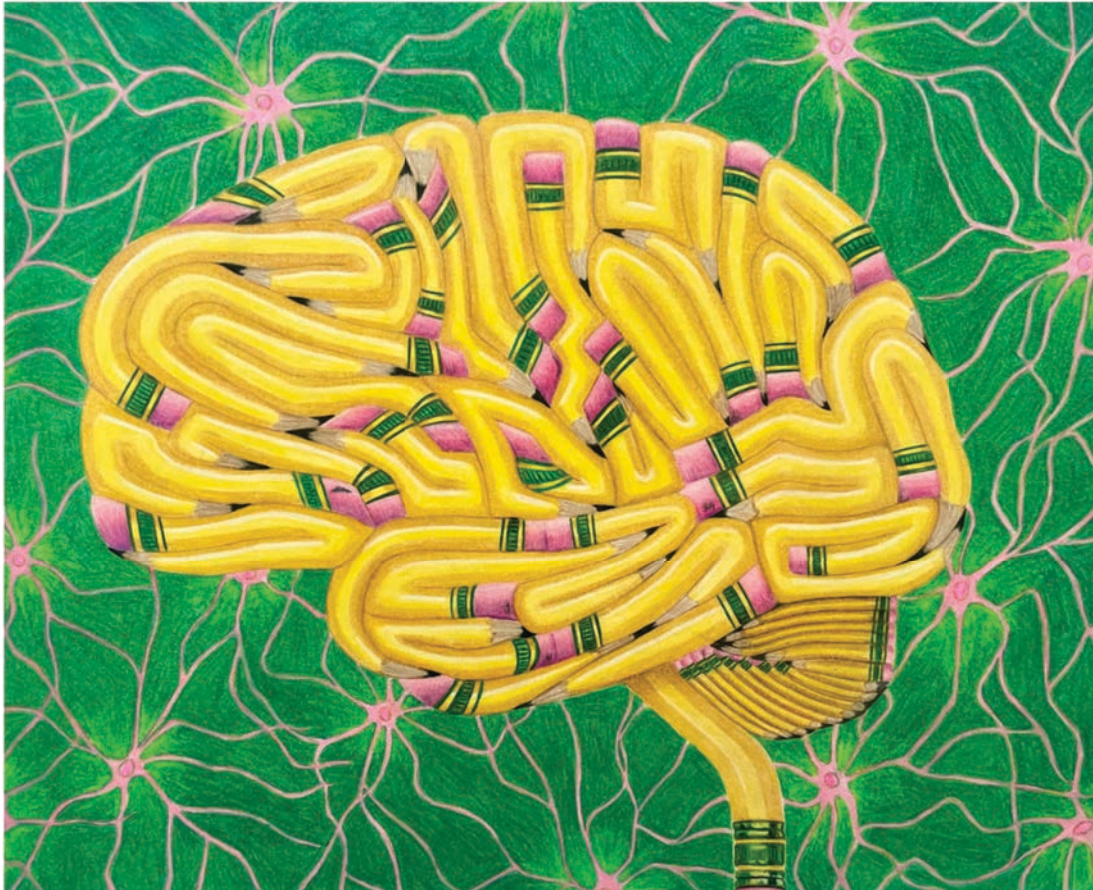


Acrylic on canvas.  
A cat named Microwave.



# Knowledge

By Madison Hillis



A tribute to pencils and the role they play in learning. Writing engraves memory into the brain.

Medium: Colored pencil on Bristol board.

# Dying

By I.F. Jonesy

Shhh,  
 Listen...  
 Can you hear in the distance a faint kind of sound...

Silence.  
 A scream from the deafening violence in your ear.  
 Look there...  
 Did you see something in this room move around...

Darkness.  
 A shade of catharsis spawned from the shadows you fear.  
 Breath in the air...  
 What's that putrid sort of smell making you drown...

Nothing.  
 Your lungs filling with a polluted sense of the unclear.  
 Think about it...  
 Who's that thing inside your head making you frown...

Dumb.  
 The sum of all the meaningful knowledge you've somehow gathered here.  
 Don't move...  
 Why are there pins on your body that run up and down...

Numb.  
 The warmth from when your burning nerves begin to disappear.  
 Feel the dread...  
 Is there anything left that is real...

Dead.

## At the end of the day. - Oceanside, CA

By Jim O'Rourke



When the shift is over, I am grateful to the lifeguards for ensuring everyone's safety.

Medium: Digital Photography

# MY RHYTHM WITH PATIENTS

BY BAANI MINHAS

I.

The pain.

I hear about the pain by telephone.

How there was some last week, some the week before, and  
much more yesterday.

Enough to pull her son out of school early. He missed football  
practice.

She provides me with sound bites,

a precursory glimpse,  
with which I pencil him in, shoehorning  
him into a tactically designed timeline.

He is scheduled.

II.

Patient's last name? Date of birth, please?

Yes, I remember you; we are going to be in the room on the right.

You repeat sound bites, describing his hovering vultures.

Through your concerns, I refine the bites,

sifting through symptoms and complaints, events and incidents.

I craft them into an account — succinct, yet thorough.

I refocus towards him, as he swings his legs from the exam table,

to see if there was anything left unsaid.

He knows his body best.

As for what his anatomy is conveying, a few tests will likely reveal the rest.

Let's see what we can do with your sound bites today.

Perhaps they bespeak a heartbeat dancing to its own tune.

From sticky patches through bundles of wires,

I watch as waves crash against the monitor screen  
and the space becomes deluged with rhythms.

I am the storyteller, writing the first chapter for the doctor to read.

One day I hope to be the one to

decipher the meanings behind the sound bites,

help shape these stories into ones of healing,

linear, tumultuous, and corkscrew paths alike.

For now, I pass on the sound bites,

attend to patients,

plan with parents,

prepare and assist them on their journey,

and listen.

That, I'll continue to do, always.

III.

The pain.

I hear about the pain by telephone.



## FLIGHT

BY SOFIA KRAUSE CAMPOS

Morning walks have been a family ritual for most of Sofia Campos' life. Walking along the farmlands with her grandfather, he would point out the bustle before the day began. With eyes wide open, we can capture some of nature's most mundane moments, movement from one perch to another.

*"Flight" was captured on an iPhone 11 Pro Max.*



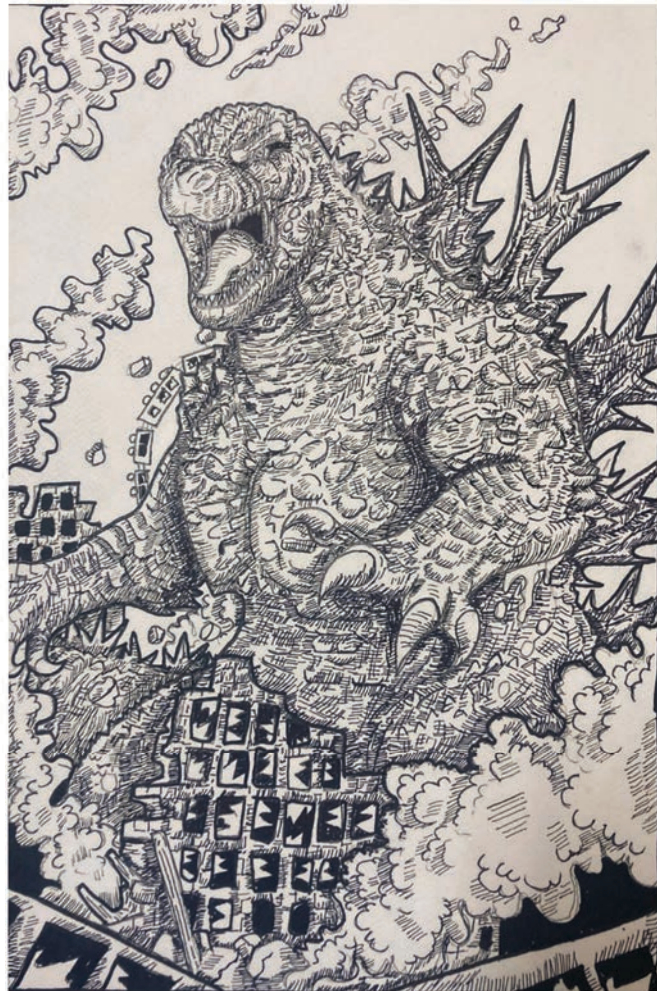
## RED GRANITE ROCKS OF NAMIB

BY BRANDON PENDERGRASS



## GODZILLA MINUS ONE

BY JAMELLE TEXERIA JR.



## STORYTELLER

BY MONICA SILVA

“The Storyteller” (*oil on canvas*) depicts a nurse inside for-profit medicine. She documents patient stories in the language of ICD-10 codes, billable services and lawsuit prevention, simultaneously dreaming the stories of the humans she touches.



# SERENDIPITY

BY DR. JEFFREY FISHER

At some point during the four years of medical school students must select an area of medical practice compatible with their interests, abilities, financial needs, and desire for independence. Should it be a medical or surgical field; primary care or a specialty; an independent practice or part of a larger organization?

In 1968 I was a third-year student at Columbia University College of Physicians and Surgeons. I was initially drawn to a surgical field – orthopedics. I enjoyed working with my hands and was skilled with a hammer and saw. In junior high school I constructed a tree house, a soapbox derby and a large armadillo pen, skills that I believed, perhaps naively, would be transferable to an orthopedic practice. Furthermore, I liked the surgeons’ “can do will fix” approach and admired their All-American names: Brice, Biff, Buzz, Boomer. True, the Journal of Bone and Joint Surgery was a bit dry, similar to my high school geometry textbook. I believed, however, the high-wire excitement in the operating room would compensate. Fatefully, my future career as an orthopedic surgeon was short-lived, terminated on my first day in surgery when I accidentally set fire to the operating room. I’ll explain.

The granddaughter of Papa Doc Duvalier, the autocratic and ruthless dictator of Haiti, was brought to New York to have a hip replacement. She suffered from congenital dysplasia of her right hip and limped with pain. She was accompanied by two enormous body guards, members of the Tonton Macoutes, Papa Doc’s private militia, who stationed themselves outside the doors of the OR, armed with automatic weapons. An assassination or a kidnapping would be a disaster. The only security glitch was in the selection of the medical student admitted to the operating room.

I had studied the relevant anatomy of the hip and received instructions on routine OR procedures: hand washing, gloving, gowning and the need to remain quiet and follow the surgeon’s instructions. My sole responsibility was to support the ample right leg of Mademoiselle Duvalier during surgery. I was fully gloved and gowned. A nurse secured the metal stay in my face mask across the bridge of my nose to prevent fogging of my eyeglasses. I had not been instructed, however, in the proper method of securing the pants of my scrub suit. This was probably deemed to be in the realm of common sense, not part of the medical school curriculum. It’s always the little things in life, however, that lead to bigger problems: the rivets on the Titanic, a few insulation tiles on the Space Shuttle, the lack of a dry match in the Canadian north.

Normally, one retracts the cotton material from the drawstring before tying the scrub pants. Absentmindedly, I tied the cotton material of the pants and the cord together in a bunch. As a consequence, the waistband loosened during surgery and my pants headed south.

Not wishing to be depantsed during my first trip to the OR, I spread my legs wide apart. In so doing I accidentally stepped on the pedal of the Bovie, an instrument used to coagulate small blood vessels during surgery. The instrument resembles a wood burning tool familiar to most Cub Scouts. Indeed, there was a steady, subtle, high-pitched hum in the background, but it was obscured by the whoosh-whoosh pumping of the anesthesia compressor, the staccato click of metal instruments, the slurp of suction devices and the ominous buzzing of the bone saw. Before long, the anesthesiologist became alarmed: “Holy shit, the drapes are on fire!”

Sure enough, smoke and a growing flame issued from the drapes between the generous thighs of Mademoiselle Duvalier. The surgeon quickly sized up the situation: “Get the f...ing medical student out of here.” I was showered with more unexpected profanity from the surgeon and a deluge of various rebukes from other members of the surgical team. Biff, the second-year orthopedic resident, gave me a hip check, probably learned in prep school and later perfected on the Yale varsity hockey team. Humiliated, I headed for the exit, my legs wide apart like a western gunslinger, my pants still problematic. It was apparent that an orthopedic career would not likely figure in my future plans.

Fortunately, my next clinical rotation, after the OR debacle, was internal medicine. That experience changed my life for the better. I’ve been lucky to have chosen internal medicine as a career; one that offers new challenges every day. I enjoy the detective work required to make a diagnosis and then earning a patient’s trust to manage their condition. First, however, I need to describe the unusual circumstances of my internal medicine rotation.

Have you ever encountered a time in your life when the full impact of a unique experience was fully appreciated only later upon reflection and with more detailed information? It’s serendipity when we accidentally find a fulfilling, unplanned discovery. I was reminded of this while listening to a National Public Radio program in 2022. A man was strolling along a Florida beach when he encountered a two-and-a-half-pound clam in the surf. Out of curiosity he brought the bivalve in a bucket filled with sand and seawater to a local aquarium. He was informed that his discovery was a quahog. He was also told that by counting the ridges on the quahog’s shell, much like aging a tree by its rings, the age could be determined. His mollusk was born the same year as Abraham Lincoln, two hundred and thirteen years ago! The man was astounded, shocked, amazed. As the momentous years of the 19th, 20th and 21st centuries elapsed, the quahog nestled comfy in the ocean sand, filtering microscopic algae through its delicate siphons, oblivious to world events. My quahog moment occurred during my time on the internal medicine service.



I was unaware of the past accomplishments, nor could I have predicted the distinguished futures awaiting the doctors in my presence. I learned only later, to my amazement, that this assemblage of physicians was historic.

Our attending physician was Howard G. Bruenn, a distinguished professor at Columbia as well as Medical Director of the prestigious Vanderbilt Clinic, attended by patients from around the world. For me, Dr Bruenn was just an old-school physician attired in an impeccable Brooks Brothers three-piece suit, a regimental striped necktie from Johns Hopkins, his alma mater, and a freshly-ironed and starched white lab coat bearing his name. He was formal and strict.

I'll relate the following event not to embarrass or demean Dr. Bruenn's legacy, but to recall the way most physicians at the time related to their patients. It was considered that to deliver unfavorable news to a patient would decrease the patient's will to survive. Doctors, family and friends were instructed not to share any negative information with a patient. Dr. Bruenn was only following the "wisdom" of his time. One day, one of my fellow classmates presented the case at the bedside of a fifty-eight-year-old man on grand rounds. In attendance were seven of my classmates, the intern, the resident physician and Dr. Bruenn. The student began, "Mr. Goldberg is a fifty-eight-year-old jeweler who has a squamous cell carcinoma in the upper lobe of his left lung which has metastasized to his liver and bones." Suddenly, Dr. Bruenn interrupted, "That's enough! Give me your stethoscope and white coat. You are dismissed from this medical school. I will speak with the Dean after rounds. Leave here at once." Confused and tearful, my classmate stumbled to the door. Before he left, Dr. Bruenn then exclaimed, "Stop. That's what it feels like to be told you have a fatal disease." Dr. Bruenn was simply following the instructions he had received at Johns Hopkins, in concurrence with his fellow doctors. The practice was clearly wrong. The unfortunate patient would then be denied vital information needed to plan for the future and from much-needed support from family and friends. Thankfully, the approach no longer exists. My distraught classmate was not expelled, but learned a valuable lesson, quite contrary from the one Dr. Bruenn attempted to impart. I later learned that Dr. Bruenn was the personal physician of President Franklin Delano Roosevelt. A memoir of his time with the president was published in the [Annals of Internal Medicine](#) in 1970. Dr. Bruenn accompanied Roosevelt to the fateful Yalta Conference at the end of WWII, in the company of Winston Churchill and Joseph Stalin.

There were other circumstances that enlivened my internal medicine experience. Our resident physician, Harold E. Varmus, was the polar opposite of Dr. Bruenn. A true hippy of the sixties, he wore colorful neckties, sported wire-rimmed glasses, leather sandals and a bushy mustache. He graduated from Amherst College with a degree in English Literature and then attended Harvard University to complete a Master's Degree in English. Only then did this literate doctor decide to pursue a medical degree as had his father. He was admitted to Columbia University after being twice rejected by Harvard for admission.

Dr. Varmus was kind, extraordinarily intelligent and possessed a riotous sense of humor. He honored his Jewish heritage on the PBS program, "Finding Your Roots", recalling that his grandfather made the difficult decision to emigrate to America from a small town in Poland, which accounted for Dr. Varmus's life here. He readily answered our pedestrian questions, while also encouraging us to seek information independently. His humor is best demonstrated by the following story.

Porter House was a sixty-two-year-old African American patient on the men's ward. An enthusiastic drinker, Porter suffered from advanced cirrhosis of the liver which led to increased pressure in the portal vein as it attempted to carry blood upstream from the legs through the liver and back to the heart. Mr. House also suffered from the alcohol-induced Wernicke-Korsikoff Syndrome which impaired his memory and judgement in disturbing ways. With portal vein restriction, blood was detoured through the venous system in the esophagus and rectum, causing variceal enlargement of those vessels. This resulted in periodic hemorrhage and fecal incontinence. Dr. Varmus combined the given and family names of the patient, "Porterhouse", hence referred to as the "Steak Man". Mr. House had the loathsome nocturnal habit of visiting other beds on the ten-bed ward, gifting blood and stool into the beds of his fellow, unsuspecting patients. He had no recollection of these nighttime forays but, with careful observation, he was identified as the culprit. Dr. Varmus treated these episodes with humor but also with concern for Mr. House and his fellow patients. Measures were taken to curtail Porter's noxious wanderings. We welcomed Dr. Varmus's humor and intellect. So did the Nobel Prize Committee who awarded him the prestigious medal in 1989 for Medicine and Physiology, based on his work on the cellular origin of retroviral oncogens. He later became Director of the National Institute of Health from 1993-1999, and a full professor at the University of California at Berkeley where he continued his research, teaching and hippy life style.

In addition to the august presence of doctors Bruenn and Varmus, another incubating celebrity was in our midst. Alan Steere, one of my classmates, was destined for distinction. Alan and I bonded during our first year in medical school. Somewhat shy, he appreciated my more outgoing nature. He also had a keen intellect. Alan accepted his admission to Columbia with some reluctance as he was also an accomplished violinist, and contemplated a career as a professional musician. Ultimately, he chose to become a physician but did not forsake his love of music. While in med school he gave solo performances at Carnegie Hall, the Julliard School and other venues. After an internal medicine residency at Columbia he accepted a fellowship in rheumatology at the Yale School of Medicine. When an outbreak of presumed juvenile rheumatoid arthritis erupted in Lyme, Connecticut, Alan was sent to investigate the details. He was well-prepared for the assignment having spent two years after graduating from medical school in the Epidemic Intelligence Division of the Communicable Disease Center in Atlanta. He discovered the presence of a new disease, Lyme Disease. Alan investigated the pathogenesis, transmission and clinical manifestations of the condition.



Subsequently, he has authored more than 300 peer-reviewed articles on the subject. He now continues immunologic investigations in his own laboratory and is a distinguished professor of medicine at Harvard Medical School.

During my career as a general internist with the Indian Health Service, the US State Department, and in private group practice, I've received no medals, awards or banquets, although one year I was voted as a "Best Doctor" in Phoenix by the nurses at my admitting hospitals.

Accolades were not necessary. I've had a wonderful career, sharing the many life experiences of my patients at the core of our humanity. Now retired after forty-five years of practice, I teach a new batch of medical students at the University of Arizona. After all these years I've come to realize that while I was treating my patients they were often educating me with their examples of courage, humor, faith, love, kindness and fortitude. What could have been a more rewarding career?

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## ED LOBBY

BY MONICA SILVA

"ED Lobby" (*acrylic on wood*) is a glimpse of any given moment in the Emergency Department waiting room.



# The Echoes of Sorrow and Misery

By Nasikah Ahmed

Late night shifts with bitter coffee and slow clocks  
She called for her cranberry juice and said  
goodnight.

My eyes closed for a moment until I jumped in  
shock.

Out of nowhere, monitors blared at her plight.

Nurses and doctors crowded around  
Running up and down the halls grabbing tools.  
Visitors traveled from other floors to the sound  
They ran to save her life, no matter what the rules.

As her breathing slowed, laughter echoed  
Nurses began to hold conversations in delight  
As this woman sought solace and aid,  
It was a sickening sight.

Levity, a need we all understand.  
Yet in this realm, it was hard to withstand  
Empathy, a choice we must all make  
Life and death, a reminder of what we must take.

Time has taught us it is better to be silent than to  
spew venom  
People may not remember what you said or did,  
But they remember how you made them feel.

No words could halt the march of time's cruel  
vows,  
As death's embrace became complete in woe.  
I choose to tread the path where grief and  
darkness browse.  
Yet, no words can heal the ache that grief deeply  
sows.

Through tears that fall like rain upon the earth,  
Her soul finds solace in the depths of pain.  
For in the midst of grief's consuming dearth,  
A flame of hope ignites, our hearts sustain.

Though grief may linger, death be near,  
Empathy's light shall guide us through, dispelling  
fear.



## My Ancestors Came From Ireland

By Vicky Pisano



## Untitled

By Niko Tax





# Harmony Amidst Doubt: A Young Scientist Comes to Terms with God

By Paula Redman

I often find myself at the crossroads where science and faith converge, the space in between where mysteries and convictions intermingle. My journey through academia has been a tumultuous one, peppered with moments when the microscopic intricacies of the natural world pushed me to question my faith. The unseen mysteries of the physical world dismantled my belief that God created humankind, casting doubt upon the age-old adage, "just because you cannot see it, doesn't mean it's not real." There was so much I learned that powerful equipment and minds *could* perceive, even if it was a singular atom. However, as I delved deeper into scientific exploration, my perspective evolved. I discovered that the more we unravel about the world through scientific inquiry, the more it seems to affirm the existence of a harmonious, intelligently designed creation.

To understand this intricate dance between science and faith, it's essential to consider the historical and cultural context in which these two realms intersect. The pioneers of modern science—Kepler, Copernicus, Galileo, Newton, Descartes—emerged from ecclesiastically sponsored institutions. Under the aegis of the church, they developed the foundations of physics, astronomy, and mathematics. They internalized two theological truths that paved the way for experimental sciences: that the universe is *not* God and that it is marked by intelligibility. This understanding, that the universe is not divine but instead created by a transcendent God, allowed for the scientific method to flourish.

Science and theology, when rightly understood, do not compete for dominance on the same playing field; they are not opposing sports teams. The physical sciences deal with empirically verifiable phenomena within the natural world, while theology concerns itself with God and the spiritual realm beyond nature. Science explores the "how" of the world, while faith delves into the "why." In this nuanced view, science and faith are not adversaries; they complement one another, each offering unique perspectives on our existence.

In the gray area where spirituality and science intersect, the quest for understanding is not without its complexities. Natural historians have explored naturalistic explanations for human behavior, culture, religion, and morality, demonstrating that both spirituality and science are both concerned with unraveling the fundamental nature of the universe and our place within it. As American physician-geneticist Francis S. Collins aptly noted, "One of the greatest tragedies of our time, is this impression that has been created that science and religion have to be at war." I remind myself that this gray area is a dynamic space where questions are asked, boundaries are explored and, at times, where conflict sparks. Some (myself previously included) believe that everything can be explained through natural processes and that religious explanations are superfluous or unnecessary. Or that science, by its very nature, tends to question and analyze, occasionally leading to a clash with deeply held religious convictions.

On the other hand, adherents of religious faith assert that certain aspects of human existence, morality, and the origin of the universe are beyond the scope of scientific inquiry. Overall, it's important to note that this discord does not necessarily invalidate either science or faith.

Reflecting upon my own journey, I've realized that my pursuit of authenticity often clashed with societal expectations. In my quest to establish an individual identity independent of parental and peer pressure, I encountered resistance. Yet, I've come to understand that authenticity wields greater power than resistance. For me, spirituality is the North Star guiding my path, allowing me to find peace in the notion that God is the author of an imperfect world. He is not every object or person within it, for we are all imperfect. My sense of spirituality serves as a constant beacon, leading me down a path that feels naturally aligned with being myself.

In the ever-evolving narrative of my life, I've come to embrace the profound harmony that can be found between science and faith. Through the lens of authenticity and personal growth, I've discovered that the two need not be in conflict but can coexist beautifully, enriching my understanding of the world and my place within it.

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## Healthcare Haiku

By Ben Pope

Patient yelled at me,  
Upset by the cost of care.  
We both pay too much.

## In Loving Memory

By Natalie Demirjian

*Acrylic on canvas.*

This painting is a heartfelt tribute to a son lost. I gifted it to my grandmother to capture their special bond and offer solace through art.



## Gypsum Crystals

### White Sands National Park, NM

By Jim O'Rourke



*Digital Photography.*

White Sands National Park is 10,000 years of the Tularosa Basin's amazingly rich history. One thing is certain, once you get the powder fine gypsum in your car, you will never get it out.



# The Flamingo

By Natalie Demirjian

Acrylic on canvas. Painting of a bright pink flamingo on a vibrant sky blue background.



## Monsoon

By Hannah Rosch Newton

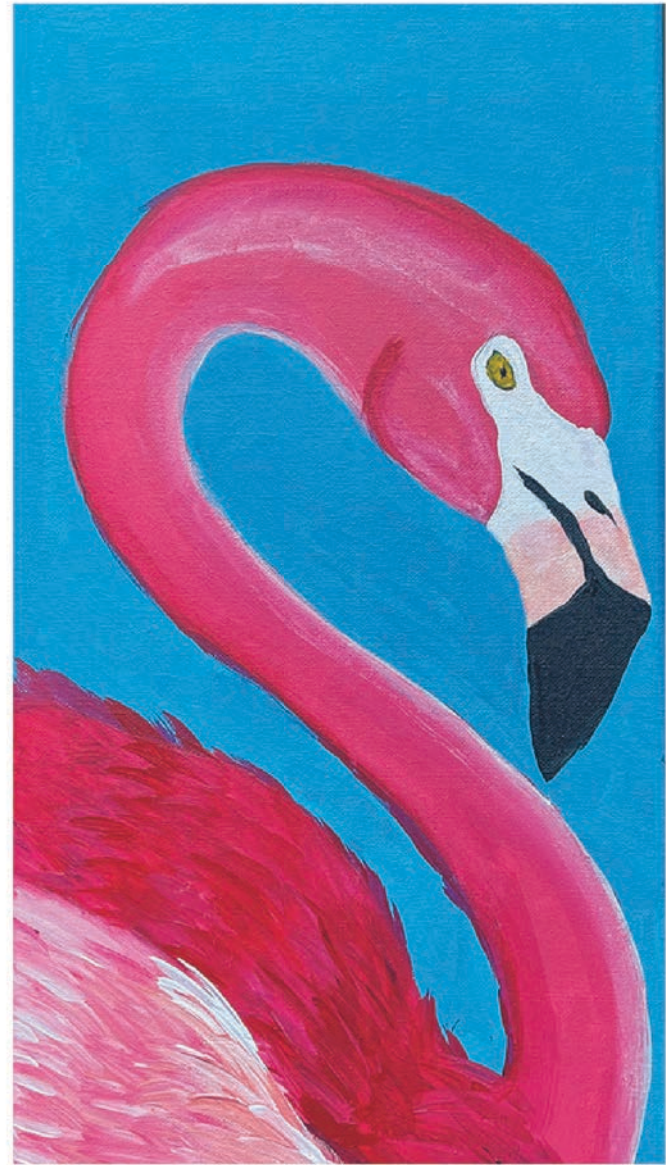
It's not like rain in New York  
That hot summer, midnight sitting on the porch  
Vanilla ice cream dripping down my knuckles  
And fireflies reminding us that moments exist  
Our shadow puppet frames recreating these moments  
With cigarette ends without means  
Bright, dark, lightning sparks  
But so rarely in one place

It's not like rain in London  
That grey sky of ambivalence  
Cloudy with a chance  
And probability always in its favour  
Wellingtons and woolen socks  
Foggy windows on double-decker busses  
Looking right then left but never up  
Then down a cheap pint to pass the time

It's like being caressed by someone who hurt you  
Comforting and terrifying

That saguaro in C symphony as it passes through the sweet mesquite  
Petrified in petrichor, a hush tells you to be quiet  
As the thunder cracks so loud, it awakens parts you never knew  
existed  
You look outside to see a river  
You blink and see a road  
It's like a dream you can't remember

It was too much.  
You wanted more



# The Palm Tree

By Maggie Johnson



# Hurt

By Rosario Valentin



# Nightfall

By Madison Harper





## Sunrise Run

By Sofia Krause Campos

During her recovery from breaking her leg, artist Sofia Victoria Campos had trouble ambulating. To bring a bit of sunshine and joy to her life, Zuko joined her family. "Sunrise Run" is a tribute to the steps taken together, short and stumbling, to their first 5k run together. Photo was taken on an iPhone 11 Pro Max.



## Different Techniques

By Paul  
McLaughlin



# Awakening from the Abyss: A Journey Through Recovery and Discovery

By Wesley Ilana Schnapp

It was just another alpine ski race training day in April 2009 — a cool, crisp morning marking the arrival of spring. The sun was shining brightly, but the slopes remained rigid and icy. My recollection of those early hours is still a blur.

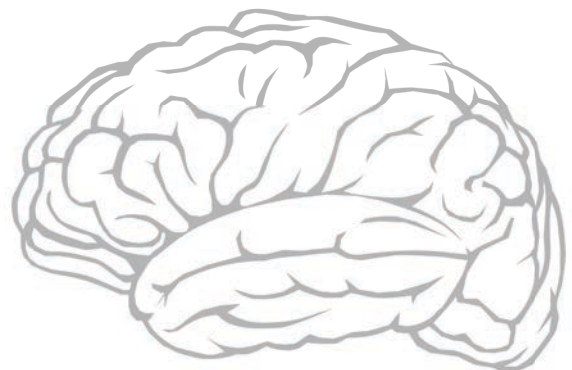
Fast-forward a week later and I was confined within an ambulance. I was being transferred to an inpatient medical center from the ICU, where I awoke from a coma a few days earlier after being life-flighted off the mountain. Darkness. Then consciousness returned and I was walking down the hospital halls. Darkness again. I continued in and out of awareness, much like a disjointed dream, for an unforeseeable amount of time. What is time? What is consciousness? Who am I? What is self? I ask these reflective questions now, but at the time I was not able to acknowledge the uncanny state in which I stood. My cognition and sense of self had been disengaged from my physical being.

Then, BAM, a visit by a new friend from my freshman high school class a couple weeks later acted as a catalyst. A cascade of neural effects triggered me back to reality. Perhaps I was not dead or in a parallel universe after all. Seeing my mom and the thoughtful gifts from friends and family contributed to a long awaited “awakening.” My mother’s repeated retelling of the accident finally broke through my fog, helping me piece together the puzzle of my situation. With a sense of disbelief, I marveled at the miracle of my survival. The recovery process, at one point uncertain to those around me, suddenly accelerated. I transitioned from a near-vegetative state — where I managed basic motor skills like walking and brushing my teeth but could not hold a normal conversation — to recognizing consciousness, self, and others. Nevertheless, the road to full recovery was inevitably slower and required years due to the physical damage of my brain tissue and disruption of neural pathways.

Not too long after the revival, I found myself consumed by a curiosity and fueled by an intellectual vigor. How had I navigated this traumatic ordeal, existing in an altered state of consciousness for weeks, yet still able to redeem myself? I became inspired by Jill Bolte Taylor’s book *My Stroke of Insight*, a recounting of the neuroscientist’s own recovery from a stroke. It kindled a desire and motivation within me to channel this unique experience into future contributions to the fields of neuroscience or psychology. Yet, my enthusiasm outpaced my understanding of the journey ahead.

This monumental life event marked my entry into the realm of brain science and continues to be a driving force that moves me forward. Now, as a fifth-year neuroscience doctoral candidate, I have glimpsed not only the exhaustive process of becoming a scientist, but also how far away we actually are from understanding how the inner workings of the brain explain human consciousness.

Much of this lies in the nature of science. The intricate layers of science, especially the biology of the mind, often remain concealed until one delves deep into the subject. The path to answering novel scientific inquiries is rarely linear, but rather full of twists and turns until one can draw logical and reliable conclusions. The vast unknown creates an abyss: a seemingly endless number of topics that need to be answered before we can decipher the mind’s mechanics. Financial constraints on research further compound this challenge, a topic best reserved for another discussion. Not to be forgotten is the need for a collaborative community, a collection of specialists from various disciplines, to be united in pursuit of making a meaningful contribution to discovery. Yet, finally, with each revelation comes a fresh set of inquiries. This, much like the recovery from my brain injury, is the essence of science: a process.





# Susurrous

By Jon Green





# HEART

BY SCOTT BELTON



# Bear Claw

By Sofia Krause Campos

The morning sun accents honey-colored ridges, speckling the mountains  
smell of darkly roasted coffee beans bathed in boiling water,  
awakening my senses  
In search of something sweet as a nut to accompany the bitter  
brew  
light as air, dessert for breakfast to caress my lips

bear claw

my hands grasp with a firm embrace, cradling the crescent curve  
“Wait! Rising was rushed, unorthodox, not like you would  
expect. Some air pockets are too large  
Not even, like they should be because the butter lamination is  
nontraditional  
this powdered sugar lacing the peaks is only there to hide flaws”

Salty, sweet bear claw

The hands that kneaded the fragile young dough were rough and  
unintentional  
Where there should have been massages to incorporate the  
opposing oils and water  
instead endured pounding, aggression, degraded. You tear the  
pastry in half, exposing  
the center of thin almond paste, treating me with a whiff of  
earthy marzipan, as if to prove a point

Tart, chunky bear claw

Toasted almond blossom a slight nutty flavor, tender flesh along  
the shell  
subtle crisp on crunch simplicity without complexities or pride  
Gives me nervous sensation, tingling of my toes and tips of my  
fingers  
baritone vibrancy of your smile, Contemplation of beauty

Flaky, crisp bear claw

“Tomorrow you will realize that there are way better pastries  
out there”  
And it is clear that you miss why this is my favorite. For I know  
it is not the most expertly crafted  
flawed and crumbling, but you are a work of art that I love  
to appreciate with my every morning without knowing how, or  
when, or from where.

Perfect for me, bear claw





# The Benefits of Breathing Desert Air

By Nadja Jones



This piece is a love letter to the Sonoran Desert which raised me. It is a tribute to the unique beauty of cacti and Arizona skies.

OIL ON CANVAS  
BACK COVER



# Artist Bios



## Annette Mai

*Sunrise Succulent*, Page 6

*Monochrome Desert*, Page 8

Annette Mai is a fourth-year medical student at the UA-COMT who is interested in the polar opposites that are Psychiatry and Surgery. In her spare time she enjoys reading, painting, and watching a good soccer match.

## Brittany Chy

*the body I came with*, Page 17

Brittany Chy is a third year medical student at the University of Arizona College of Medicine - Tucson. She is from Aliso Viejo, CA, home always, to her family and cat, Zuko.

## CJ Ryan

*Infinity Run*, Page 8

*a Forest*, Page 18

*The Shadow Stares Back*, Page 18

CJ is a third year medical student at the University of Arizona, drawn to photography with a passion to capture the visual beauty present in day to day moments

## Deborah Nelson

*New Growth*, Front Cover

Deborah Nelson is a third year medical student intrigued by the synergy of scientific research, surgical techniques, and technological advances working in concert to create the best outcomes for patients. She enjoys pursuing creative outlets outside of medicine as a way to reflect and decompress.

## Jenna Kay, MD

*Abstraction*, Page 16

*Sonoran Sunset*, Page 20

*Northern Arizona*, Page 27

*Southern Arizona*, Page 27

Jenna is a family medicine resident physician living her dreams in Flagstaff, Arizona. She attempts to squeeze in time for her artistic endeavors in her otherwise chaotic schedule.

## Jim O'Rourke

*Ginkgo A Go-Go*, Page 20

*A Grand view at the Canyon*, Page 31

*At the end of the day - Oceanside, CA*, Page 39

*Gypsum Crystals - White Sands National Park, NM*, Page 47

Jim O'Rourke earned a BFA in Photography at The University of Arizona. Currently, Jim is Clinical Research Coordinator with The Department of Neurology at The University of Arizona.

## Kendra Marr

*Fall Break*, Page 28

Kendra is an MD/PhD student in her MS4 year who aims to be a Medical Oncologist and Cancer Researcher. She uses art as a means of relaxation and to clear her mind from the stresses of medical school.

## Lori Zarmer

*And Perhaps The Teacup Can Be Drawn Back Together*, Page 37

Lori Zarmer is an MS2 at UACOM-T. She enjoys working on various art projects and trying new restaurants.

## Madison Hills

*Knowledge*, Page 38

Madison Hillis is a first year medical student interested in all things surgery. She enjoys drawing, painting, spending time in the sunshine, and exploring the Tucson foodie and arts scenes.

# Artist Bios



## Manlin Shao

*Microwave*, Page 38

I have an orange cat whose name is Microwave, and I enjoy painting, baking, cooking, and playing badminton during my downtime in medical school.

## Monica Silva

*The Storyteller*, Page 41

*ED Lobby*, Page 44

Monica Silva (she/they) is a multidisciplinary artist, whose media include paint, printmaking, aerial performance, dance, film, and nursing. She has worked as a nurse in Tucson hospitals for the last 16 years. Their art is an unfolding map of the unseen relationships and possibilities always present under the surface of everyday life.

@iris.engine.art

## Nadja Jones

*The Benefits of Breathing Desert Air*, Back Cover

Nadja Jones is a 3rd year medical student at UACOM-T who is interested in pursuing General Surgery for residency. She enjoys yoga, gardening, and walking her dog, Mooney.

## Natalie Demirjian

*In Loving Memory*, Page 47

*The Flamingo*, Page 48

Natalie is an Armenian-American medical student at UACOM-T. Rooted in the inspiration from her artist father, she has always loved to express herself through art and now primarily channels her creativity through outlets such as painting and photography. Natalie hopes to bridge the worlds of art and medicine while expressing herself uniquely throughout her medical journey using art.

## Sofia Krause Campos

*Flight*, Page 40

*Sunrise Run*, Page 50

Sofia Krause Campos is a third year medical student at the University of Arizona, Tucson College of Medicine.

**The following artists created work as part of ArtWorks, an outreach program housed in Sonoran University Center for Excellence in Developmental Disabilities at the University of Arizona, Department of Family and Community Medicine.**

**Abby Love** (*Phoenix, Arizona*, Page 16)

**Anne Meacham** (*Astronaut with a Cat in Space*, Page 10)

**Anthony Lane** (*Scotland has Castles and Chickens*, Page 10)

**Brad Biddlecome** (*Tucson "A" Mountain*, Page 19)

**Brandon Pendergrass** (*Red Granite Rocks of Namib*, Page 41)

**Carol Lynch** (*Fancy Bird*, Page 21)

**Carolee Stewart** (*Waterfall*, Page 21)

**Cody Kelly** (*Zocalo*, Page 29)

**Jack McHugh** (*Flowers*, Page 29)

**Janelle Texeria Jr** (*Godzilla Minus One*, Page 41)

**Jen Leon** (*Lizard*, Page 32)

**Jon Green** (*Susurrous*, Page 52)

**Madison Harper** (*Nightfall*, Page 51)

**Maggie Johnson** (*The Palm Tree*, Page 49)

**Niko Tax** (*Untitled*, Page 45)

**Paul McLaughlin** (*Different Techniques*, Page 49)

**Rosario Valen** (*Hurt*, Page 49)

**Scott Belton** (*Heart*, Page 53)

**Stephanie Smith** (*Opossum*, Page 32)

**Vicky Pisano** (*My Ancestors Came From Ireland*, Page 45)

# Author Bios

## **Baani Minhas**

*My Rhythm with Patients*, Page 40

Baani Minhas is a recent graduate of the University of California, Merced, having studied biological sciences. Minhas is passionate about the role that storytelling and narrative play in medicine and is working towards pursuing a career as a physician.

## **Ben Pope**

*Healthcare Haiku*, Page 46

Ben is a 3rd year medical student. Originally from Tempe, he feels fortunate to still be surrounded by cacti and quality food. He is interested in all things mental health and can often be found nagging others to make time for themselves and their overall wellbeing.

## **Cavanaugh Kelly, PhD, MS**

*Climbing Mountains*, Page 11

My writing has appeared in The Connecticut Review, Slice, and other publications. I am a practicing occupational therapist and professor of occupational therapy. I live in Maine with my wife, Rosemary, and son, Dane.

## **Elizabeth Han, MD**

*The Other Solstice*, Page 22

Elizabeth Han is a Newfoundland-raised, British Columbia-based resident physician in family medicine. Her short fiction has appeared recently in Sine Theta (nominated for a Pushcart Prize), The Windsor Review, and Ricepaper. More information about Elizabeth can be found at [www.elizabethhan.com](http://www.elizabethhan.com).

## **Hannah Rosch Newton**

*Monsoon*, Page 48

Hannah Rosch Newton is a third-year medical student at the University of Arizona College of Medicine - Tucson. She received a Bachelor's degree in Neuroscience from the University of Sussex in Brighton, England. Her interests surround primary care, geriatrics, public health, patient advocacy, and narrative medicine. She is passionate about the intersection between health disparities and aging and hopes to pursue further studies focused on improving access and quality of healthcare for underserved aging populations. In her free time, she enjoys being outdoors, hiking, as well as plant-based cooking.

## **I.F. Jonesy**

*"Peacefully Walking to a Park"*, Page 31

*Dying*, Page 39

I currently work as a registered nurse at the hospital. I used to own and run a CrossFit gym for four years in Flagstaff. When I closed my gym, I worked as a wildland firefighter in Oregon. My favorite poet is Thomas Hardy and my favorite writer is Leo Tolstoy.

## **Jeffrey Fisher, MD**

*Serendipity*, Page 42

Dr. Fisher received his medical degree from Columbia University College of Physicians and Surgeons. He has worked for the U.S. State Department, the Indian Health Service, and as Medical Director of an internal medicine group practice in Glendale, Arizona. Now retired, he teaches first-year students at the University of Arizona College of Medicine, Phoenix.

# Author Bios

## John Whitney Steele

*A Visit to the Oracle of MRI*, Page 19

John Whitney Steele is a psychologist, yoga teacher, assistant editor of *Think: A Journal of Poetry, Fiction and Essays*, and graduate of the MFA Poetry Program at Western Colorado University. His poems have been published widely in literary journals. His chapbook, *The Stones Keep Watch*, and his full length collection of poetry, *Shiva's Dance*, were published by Kelsay Books. Website: [www.johnwhitneysteelepoet.com](http://www.johnwhitneysteelepoet.com)

## Kaitlyn Haskie

*Chenoa's Mystical Thread*, Page 30

My name is Kaitlyn E. Haskie I am Diné and a second year Ph.D. Medical Pharmacology student. I grew up listening to the extramundane oral histories of my Indigenous elders. The otherworldly elements I read about in magical realism closely resemble my life as an Indigenous person and the stories I heard. I decided it was time to write about it.

## Nasikah Ahmed

*The Echoes of Sorrow and Mockery*, Page 45

I am currently an undergraduate senior at the UA majoring in Physiology & Medical Sciences with minors in Classics, Psychology, and Pharmacology. My experiences volunteering at Z-Mansion and Sister Jose's Women's Shelter have contributed greatly to my goal of being physician.

## Paula Redman

*Harmony Amidst Doubt: A Young Scientist Comes to Terms with God*, Page 46

I am a second-year pharmacology student with a strong interest in pain mechanisms and combatting the opioid epidemic. I'm interested in the way that pharmacology changes the people and world we live in.

## Ramesh Karra, MD

*Ode to a meniscus*, Page 17

Dr. Ramesh Karra is a practicing emergency medicine and family medicine physician. He also enjoys mentoring medical students and is passionate about healthcare equity and judicious resource utilization. He is grateful for those occasional moments in our lives that inspire poetry and offer hope and solace.

## Sean Renfree

*Donate Life: A Tribute to Organ Donors*, Page 7

I am a third-year medical student. The submission pertains to my first organ transplant experience with the Abdominal Transplant surgery team.

## Sofia Krause Campos

*Bear Claw*, Page 53

Sofia Krause Campos is a third year medical student at the University of Arizona, Tucson College of Medicine. In her love poem "Bear Claw" Ms. Campos walks the audience through baking and construction of her favorite breakfast pastry.

# Author Bios

## **Su Cummings**

*Labyrinth*, Page 33

A writer and visual artist in Seattle, my essays have been published in The Write Launch and Ground Zero, and are forthcoming in Humans and Nature. I hold a BFA from Washington State University and have studied creative non-fiction at Hugo House, Seattle's literary hub.

## **Susan Golden**

*Forever The New Yorker*, Page 9

Susan Golden enjoys writing both fiction and non-fiction. She draws inspiration from her geriatric, longhaired mini dachshund, who, despite a very short stature and failing sight and hearing, frequently shows that obstacles are just challenges rather than limitations.

## **Susan Reno**

*Program Manager Nightmares*, Page 27

I am a Program Manager, Teacher, Student, Nurse, Veteran, and human. I work in Urology, going on 8 months here at U of A COM. Trying to do the best for every Resident I manage so they can do the best for every patient they see, you and me!

## **Viola Lee**

*LIVING*, Page 28

Viola Lee graduated from NYU with an MFA in Poetry. Her book *Lightening after the Echo* was published by Another New Calligraphy. She has published poems in literary journals throughout the US, and recently published in Crazyhorse, Bellevue Literary Review, Mississippi Review, Barrow Street, and Another Chicago Magazine. Most recently her poems were published in *Wherever I'm At: An Anthology of Chicago Poetry* and her poem "The Shooting" was a semi-finalist in the Pleiades Pruffer Poetry Prize. She lives in Chicago with her husband, son and daughter and teaches 4th, 5th and 6th graders at Near North Montessori School.

## **Wesley Ilana Schnapp**

*Awakening from the abyss - A journey through recovery and discovery*, Page 51

Wesley Ilana Schnapp is a science journalism student and a PhD candidate in UA's Neuroscience Graduate Interdisciplinary Program who strives to bridge the gap between science and public engagement through outreach and community involvement. In her free time, she enjoys biking or running on the trails of the Santa Catalina mountains.



