FROM THE DIRECTOR

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What makes a physician or other health care provider a good clinician? Current research would indicate someone who not only has a wide breadth of knowledge, but someone who is personable—someone, who, besides having good clinical acumen, can relate to others.

This is why courses in medical humanities are so important: why we (hopefully) teach empathy, compassion, and professionalism as part of our curriculum. Why this magazine even exists, and why it’s critical to stay in touch with who we once were as altruistic, caring human beings. Read the pages and see what I mean. If your heart isn’t moved—if you don’t think about who you are and why you practice medicine—then we have not been doing our jobs in setting the appropriate environment to learn in.

As the outgoing Director of the Medical Humanities Program at the University of Arizona, College of Medicine, I would like to remind our readership to keep their eye on this prize. To not let National Board scores and other so-called metrics of clinical competence (which have never been shown to be instrumental in the creation of a good clinician) to get in the way of what got you here in the first place. To serve your fellow human beings, and to know “that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon’s knife or the chemist’s drug,” as stated in one modern version of the Hippocratic Oath.

Thank you for your interest in this great magazine. I hope you enjoy it and get as much out of it as I will. And thanks to the authors, artists, and editors who spent their time on this important venue. I hope you find it as worthy as I have.

All the best,
Ronald Grant, MD, MFA
FROM THE EDITORS

A boy and a girl are sitting in a car at 10pm outside her house. Raindrops are falling and heavy so they’re splattering everywhere. Aside from the occasional lightning flash, it’s pitch dark on this street. This sounds like the backdrop for a break up or some ominous conversation but it was how I initially remembered the setting of a conversation my best friend from high school and I had not too long ago.

We were talking about how we had this magical idea of adulthood when we were younger. When I was a kid, I remember being so very excited to someday be able to sit at the grown-ups’ table at holiday dinners. I thought my mom and grandma were awesome and smart and I couldn’t wait to be just like them. They were able to answer all of my questions and I couldn’t wait to know everything, too. I continued to be excited for adulthood during the lost and confused teenaged years and eagerly awaited the clarity and confidence that I thought would automatically come once I grew up.

Well, wow, were we wrong. Here I was, 26 years old, sitting in a car because I didn’t have the foresight to bring an umbrella with me during monsoon season.

I haven’t acquired the clarity I thought came with ‘growing up’. But in the process of searching for this, I think we find meaning in other places, people and experiences, which is beautiful. We can see this search for meaning captured in the protagonist of “Sketches of Spain (Four Sounds in a Friendship),” where he reflects on a friend’s terminal illness diagnosis. We’re offered a snapshot into a private moment between a couple in “Care,” where the man is helping his partner up from a bench overlooking the water. We see an interpretation of the reality of medical school in “Third Year of Medical School Summed Up in a Nutshell.”

I left that conversation with my friend that rainy night feeling a little unsettled. But I realized that a huge part of adulthood and growing is accepting the unknown. I had homed in on the dreariness of the rain during our conversation when I could have been focusing on what the rain helped grow and all the new life sprouting from it. We accumulate life experiences in our journeys and this gives us knowledge not only to apply and be better equipped to tackle our next challenges, but to better understand who we are as people. Art and prose offer us a physical medium to interpret our experiences and others to learn from them.

I am grateful to all of the artists and writers in this issue who shared their work with us to help us understand how they view life and the world. And of course, none of this would be possible without the help of Natalie Phagu, my wonderful co-editor, and Dr. Ron Grant and Darla Keneston with The University of Arizona Health Sciences BioCommunications. This issue of Harmony would not be in your hands without their work and passion.

All my best,

Julie

Julie Huynh, Editor
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“To most physicians, my illness is a routine incident in their rounds, while for me it’s the crisis of my life... Not every patient can be saved, but his illness may be eased by the way the doctor responds to him - and in responding to him, the doctor may save himself. But first he must become a student again; he has to dissect the cadaver of his professional persona; he must see that his silence and neutrality are unnatural. It may be necessary to give up some of his authority in exchange for his humanity...In learning to talk to his patients, the doctor may talk himself back into loving his work.”

– Anatole Broyard (1920-1990)
Writer, literary critic, editor for The New York Times

Years ago, when I first decided that medicine was for me, several doctors issued me warnings. They talked of long hours doing paperwork and the burnout that inevitably caught up to them. The worst, they said, was medical school. They suck the compassion right out of you in those years, I remember one saying. One of my professors, Dr. Sung Bae Park, a Buddhist monk from South Korea, told me he was once in medical school. He idealistically believed that in addition to learning procedures and pharmacology, they would teach him how to become a better human being. To his disappointment, he was drilled in the core sciences year after year and eventually dropped out. “How could students cultivate empathy and compassion despite the pressures of medical school?” I asked him. “By never forgetting why they chose medicine in the first place,” Dr. Park counseled.

So, I tucked the words of Anatole Broyard into my laptop case and vowed to never forget. Luckily for me, when I started medical school I was pleasantly surprised to find that things had improved tremendously. We are taught about the Narrative Medicine movement and given the opportunity to write responses to literature. We have class sessions centered around medical humanities and are even offered electives such as The Healer’s Art. I am continually awed and inspired by the efforts of my classmates, who go out into the community on a regular basis to help victims of abuse, refugees, the homeless, and other populations in need. I believe it is through these works that we are reminded each and every day why we are here pursuing physicianhood.

As I read and view the works of the writers and artists who submitted to this issue of Harmony I cannot help but contemplate the same “why.” Sometimes it takes a traumatic or humbling experience as in “A Lesson in Death” or the magnificence of nature and life pictured in “A Train of Elephants” to reawaken our innate desire to help other beings. Perhaps it is also by taking a few minutes at the end of the day to write about the personal impact of our patient encounters or the things we are grateful for. Thank you to Dr. Ron Grant, my co-editor Julie, and all others who contributed to making this issue possible. Most of all, thank you to the artists, photographers, and authors who gave us the unique chance to view the world through their eyes. If you are a physician or medical student, I hope the beautiful pieces in this issue inspire you to reflect on what drew you to medicine. If you are a patient or caregiver, I thank you for being a testament to the strength and resilience of those who are touched by illness and death.

Sincerely,
Natalie Phagu
MATHIASEN PROSE AWARD: best submission in either poetry or prose

Winner:

SKETCHES OF SPAIN (FOUR SOUNDS IN A FRIENDSHIP)

by Brent Barber

page 10

Brent Jon Barber is a Professor of Pediatrics (Cardiology) at the University of Arizona. He lives in Tucson with his wife, Bridget, and three sons – Ben, Jonah, and Seymour. While in college he struggled for some time with career choices, namely, writing versus medicine. An English professor then counseled him – well, why not just go into medicine, for you will find many things to write about there. So that was sage advice, it’s just taken thirty years for him to put something together.

RYAN VISUAL ARTS AWARD: best visual arts submission

Winner:

A TRAIN OF ELEPHANTS

by Stephanie Rademeyerr

page 43

Stephanie Rademeyer was born to Zimbabwean and Belgian parents and grew up between London, New York City, and Hong Kong. She completed her high school degree in literature and philosophy at the Lycée Français Charles de Gaulle and majored in African History at Middlebury College in Vermont. During her time as a Princeton in Africa Fellow with Save the Children in Mali, she discovered her passion for medicine and so did a Postbaccalaureate Premedical Program at the University of Virginia. She is currently applying to Psychiatry residency programs. Outside of medicine, she is an avid gardener, baker, and fiction and nonfiction audiobook listener, and enjoys hiking and camping with her husband and two dogs.

PARADA MEDICAL STUDENT AWARD:
best overall submission from a University of Arizona medical student

Winner:

THIRD YEAR OF MEDICAL SCHOOL SUMMED UP IN A NUTSHELL

by Zoey Harris

page 32

Zoey Harris is originally from Cleveland, OH, and attended undergrad at the University of Arizona in Tucson. She wanted to become a doctor ever since she was little, in addition to wanting to have the largest pez dispenser collection in the world (the second goal is not going quite as well as the first ;/). She has been drawing her own comics since reading the Peanuts when she was young (Snoopy was also a big inspiration). Drawing has always been a great way for her to relieve stress and express her creativity. Most of her comics typically involve light-hearted parodies of events happening in her life and she hopes to continue doodling for many years to come!
HONORABLE MENTION
2018

MATHIASEN PROSE AWARD: best submission in either poetry or prose
Honorable mention: THE YEAR THE WORLD STOPPED CARING ABOUT REFUGEES
by Adrienne Kishi
page 43

RYAN VISUAL ARTS AWARD: best visual arts submission
Honorable mention: MONUMENTA AUREAM
by Mark Thaler
page 52

PARADA MEDICAL STUDENT AWARD: best overall submission from a University of Arizona medical student
Honorable mention: EYE ON THE BALL
by China Newman
page 51
Morning

Darkness

A cold walk through the world indifferent.

Coffee

Sandwiches

Plan for a day to learn everything.

Cigarettes

Shivering

Back upstairs to textbooks and study guides.

Dinner

Alcohol

Relaxation after a series of failures.

Evening

Gloaming

Stay awake until the medicine hits.

Night

Darkness

Tomorrow is going to be a very busy day.
When I Saw the Table

under a bright quilt and
shadowed cup of sunflowers golden
red, I thought it was a place
worthy to wait for death.
A plate of fruit and thick slice
of cake so patient and
loving, just for me, beside the
sugar dish and cream. It seemed only fair
to eat slow and sit, and
I remembered the man – sick,
given a few weeks to live
as his throat closed itself.
He decided to leave unannounced.
Lines on the floor
and a trail of blood drops down to Broadway-
He never came back. I imagine
a mountain, a forest, and maybe a
great stone slab on which to lie,
hearing the buzzing shapes of insects
as I sat still,
calmly becoming an offering myself.
I. Miles Davis

Snowfall in the Sonoran desert is a rare and celebrated event. As I drove to Tim’s apartment on a Sunday morning following a winter storm, the peaks of the Santa Catalina Mountains appeared flattened by heavy clouds. Lines of frost had fingered their way down from the mountain summit, through the canyons and into the desert foothills, but rows of dark low-hanging clouds obscured most of the fresh snow. The streets were wet, a glossy black. The morning air was sharp in my lungs as I walked to Tim’s door, my backpack lead-heavy with our first-year medical texts.

It was my first trip to Tim’s apartment, a studio he had retreated to following his recent divorce. The complex was gray, spartan and uninspired, fairly typical for central Tucson. We had a lot to cover with our exams coming that week, so I was mentally ready to drop right into work the minute I entered. I had all of my books and notes – Anatomy, Physiology, Neurology, Biochemistry – pounds of information to digest – loops of Henle and collecting tubules, Frank-Starling curves, Wiggers diagram, the tangles of the brachial plexus and cranial nerves, Krebs cycle, NADH and electron transport. Tim held the door open for me just as it was starting to rain, a slush-cold rain.

I entered and Tim offered to brew some coffee, a strong Ethiopian blend he said. Tim had a gentle voice and a brown beard that matched his eyes. His clothes hung oversized off his slender frame. He wandered into the kitchen in desert boots and brought down a bag of coffee beans, which pinged softly as he filled the grinder. He wasn’t eager to engage in a discussion of our medical studies, but instead spoke in detail about the storm of the night before, reflecting on the rare, hidden, and quiet snowfall behind the clouds. He anticipated the effect sunlight would have on the snow when its rays first broke and hit the mountain.

The scream of the grinder threw the scent of coffee into the air. The kettle was slow to come to a boil. Tim poured the steaming water carefully. After a few minutes he craned his neck, bird-like, to examine the dark coffee at eye level, peering through the glass French press to assess the level of opacity and determine if it had properly steeped. I thought of the four massive tests facing us that week, and with a minor twinge of the primitive adrenals, my hairline bristled slightly. The apartment now felt warm, a sheen of early sweat coalesced at my temples. I mentally clicked, once again, through the material we had to cover and realized we’d never make it through all of Bio-Chem, and that I should probably just do Neurology on my own. Ninety-eight of the one hundred medical students in our class were head-down, in a rabid lather, tearing through their books, and I could physically feel my exam scores (and any chance of gaining acceptance into a decent residency program) plummeting. Tim’s coffee ritual proceeded like a Japanese tea ceremony, and he continued to discuss the subtle features of snowfall on the mountain, his words almost Haiku, but falling on my hot, impatient ears.

(continues)
Bridged
ROM RAHIMIAN
I threw my sweater over a chair. The lighting in the room was warm and contrasted with the cold gray through the window. Tim had photographs lining the walls. Ten years older than me, Tim possessed a philosophy built upon life experiences prior to medical school – his marriage and divorce, work in both photography and molecular research, playing guitar for an international travelling group, practice of near-silent Buddhism for a few years, and exploration of the backcountry maze of side and slot canyons in the West. His photographs were simple scenes of nature - a sheer cliff of orange desert sandstone stained with manganese and iron; a close-up of a canyon wren, revealing the bird’s snow-white breast and rusted belly; and I remember an aerial shot, the dorsal fin of a green trout breaking the surface of a lucent mountain stream. The little apartment felt like a well-curated museum. Tim’s bookshelves were full, the books organized and interspersed with global artifacts. He had quarantined off a section for our bright new medical textbooks, but had ample shelf space devoted to Photography – with books on Stieglitz, Adams, and Eugene Smith; Poetry – especially Li Po, Basho, and Issa (O snail, Climb Mount Fuji, but slowly, slowly); and also modern works – including Edward Abbey, Loren Eiseley and Annie Dillard. Tim’s library spanned a deep geologic gorge, basically everything from Protozoa to Spinoza (as per dear Ed Abbey himself).

Finally, with his long fingers, Tim slowly, almost languidly, plunged the handle of the press. The Ethiopian blend smelled familiar, but exotic. He picked up a CD, passed it over to me, and asked if I knew it. The CD cover had bold red and yellow stripes, the colors of the Spanish flag. It was a Miles Davis album, Sketches of Spain. A recent college graduate, I was essentially clueless on jazz, so Tim filled me in that Sketches was arranged by Gil Evans, who mixed classical orchestra musicians, just off a night of playing Beethoven, with a jazz band, to interpret Spanish gypsy folk songs. Tim got pretty animated and excited talking about the beauty of Miles’s horn and his ability to play in front of this huge orchestral sound. I could tell the album really meant something to him.

We sat with our coffee under the photographs on the warm canyon walls of his apartment. Sketches played. A lush, mournful, sea of sound filled the room. The sound quality from Tim’s high-end speakers felt like he had invited Miles in off the cold street to play for us, and there he stood, blowing his flugelhorn and grinning at the two white guys in full procrastination repose, draining away their exam scores.

Sketches has a sorrowful ebb and flow, but without the drama and tragedy of cellos and violins it never feels lugubrious, the wind instruments are allowed to carry a freshness – with the flutes, oboes, tubas, clarinets and French horns offering a glimmer of hope. I eased into my coffee, my pulse and breathing calmed by the pace of Miles’s horn. I became curious about Tim’s guitars, which were lined up in a row and rested on stands next to an amp. He gathered up an acoustic Martin, its body a dark, red-streaked, Brazilian rosewood. He played a few deliberate chords and added some Flamenco touches as Sketches played, a golden resonance from his guitar to accompany Miles, and my mind detached from loops of Henle and tangled nerve pathways.
II. The Rugburns

About a week later Tim and I were on a Mexican beach on the Sea of Cortez with about twenty other medical students. We had somehow, somewhat miraculously, passed our exams. It was approaching midnight, the winter storms had passed through Mexico and southern Arizona, and the night was pleasant. Lights from a few small fishing boats were randomly dispersed on the flat sea. The flaring moon and Milky Way reflected off small white waves breaking at the shore. We were down in a large sandpit that we had excavated that day on the beach, above the high-tide mark. Fueled by sun, Mexican beer, and the relief of finals behind us, we shoveled out a deep pit to create a high-walled amphitheater of sand, complete with built-in benches and a center fire-ring. By midnight, a bright red eye of coals gave off volcano-heat, rapidly consuming new logs as they were tossed in, spitting them, gaseous and elemental, back into the night sky.

Steve, my roommate during medical school, was singing and playing his guitar, and a bottle of tequila bounced around the fire-ring. Steve had a muscular build, highlighted by a tee-shirt with cut-off sleeves, and his blond hair looked beach-native by this point, blown with sea, wind, and sun. He knew hundreds of songs and could take just about any request and bang it out. Rooming with Steve I had learned how to tune a guitar and play the chords of a few songs. At that time all I had was a half-sized kid guitar, an old surviving birthday present, left over from a party at age seven or so. It was overly painted in bright colors, and had rust on the metal bridge. Its sound was tinny and shallow, especially next to Steve’s full-bodied acoustic. The softer sound was good for me, as I could strum a few rudimentary chords alongside Steve, feeling like I was contributing without really screwing him up. I remember we played an REM song, I think it was “Driver 8,” also “Take the Skinheads Bowling” by Camper Van Beethoven, and “Gold’s Gym Guy” by the Rugburns.

After we had burned through my brief repertoire we asked Tim to take over, and I handed him my rusted kid guitar. He slid next to Steve and quietly spent some time tuning, noodling about, trying to get a feel for the little guitar, plucking at the short strings with the same care I’d seen him give to his Martin. In his short tuning prelude Tim was already squeezing complex sounds out of my little runt of an instrument.

Tim was older, so most of the radio-play popular stuff he knew was from the 70’s. He and Steve settled on a few tracks, maybe it was a Santana song first. Tim really didn’t know the songs back to front like Steve, but they quickly established a routine. Steve hammered out the song and sang, and Tim sat to the side, waiting for moments of space to drop in with little flourishes and improvised solos. Soon his fingers were moving up and down the neck of the little guitar with Paganini-speed and dexterity, but without a hint of flash or show, and an incredible sound was pouring out, some hybrid of flamenco, gypsy, and celestial; it all flowed out, unpretentious and wise.

Most of us were up, singing along and dancing around the flames, sending long phantom shadows against the sand walls. We fought for balance against the tequila and loose sand, doing one-legged jigs out of the scene from Bruegel’s painting, The Kermess. Steve and Tim began stretching songs from their original three-minute standards to fresh twelve-minute creations, and as Steve pounded out the last chord of one song, I remember him shaking his head, chuckling to himself, “Did you hear that? Did you hear the solo Timmy just pulled out of that little piece of shit toy guitar? Goddamn virtuoso.”

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SKETCHES OF SPAIN

Tim laughed. For a soft-spoken guy he had a hearty guffaw. My kid guitar was, for a moment, the centerpiece of the night, producing sounds that would never be heard coming out of it again. As Tim’s last note drifted off, I should have taken the guitar from him, bowed, and graciously offered the thing to the flames.

The next day unfurled in a time-warped, tequila-induced, torpor. We emerged, one-by-one from the unfinished shell of the Mexican house we had taken over, which was now in a state of abject disorder. The house was whitewashed, two stories, and the water sometimes came on, and some of the windows had glass, but many were open and just let in the breeze. We started to make some coffee and someone was cooking eggs and grilling tortillas. I held off on breakfast and dragged myself out for a jog on the beach with Steve and his girlfriend. When I returned, in full tequila-diaphoresis, but half-revived, I asked the others if Tim was up yet. Someone answered, “Ol’ Timmy’s not looking too good. He’s down in sick bay.”

I went down to the first floor and sat in a chair beside Tim’s low bed. He was laid-out, straight and perfectly still. A light wind blew through a threadbare curtain. His beard, his large eyes peering upward, his bony frame covered in rag-like sheets – it all appeared cleanly pulled out of a Dostoyevsky scene – a handsome, intelligent, medical student turned political radical, starving in poverty and lying feverish in bed, takes a visitor…

I commended him on his fire-pit performance and mentioned that he may have, in actual fact, burned the strings off my guitar. Tim smiled. He was in some agony, but good-spirited. I tried to convince him to get up and come join us for coffee and breakfast. He said he couldn’t eat anything, and answered, “I think I’ll just stay down here awhile. Perhaps I’ll meditate over the wholesome effects of tequila on my electron transport chain.”

III. Tango

Tim and I remained study partners throughout medical school. We’d meet in his apartment, or at a restaurant for breakfast; at night we’d find a coffee shop. Our routine didn’t change. We would eventually tuck into the course work, but not before opening the sessions with a discussion of an album, usually jazz, or a book, author, or basically anything non-medical to cleanse the palate and allow us to just shoot the breeze for a bit.

With Tim’s gentle approach and his eagerness to listen, I knew that he would be deeply respected and even treasured by his future patients. During medical school, especially during the term with Pathology, students notoriously self-diagnose a variety of rare and terminal diseases in themselves, and my own personal attacks of acute hypochondriasis probably topped the class average. I chose Tim as my personal physician long before he received his M.D., or could bill for such services, and so he was forced to hear me bang-on about vague, unrelated, and on occasion, aesthetically foul symptoms. He listened, and usually reassured me that I had a high probability of surviving the semester.

During our third year of medical school I went to Argentina for a year of research in pediatric cardiology, the field that would become my specialty. Tim would also become a cardiologist, but in
adult medicine. One of the main reasons I went to Argentina, adding a year to my training, was because I had trudged, with minimal detours, straight through my Catholic education and into medical school, and compared to the Renaissance of Tim, my world view was fairly Bronze-Aged.

I somehow anticipated a Carnival atmosphere in Buenos Aires, assuming it simply spread from Rio de Janeiro to all of South America. But Buenos Aires, the city of Tango and Borges, favors a dark cerebral café to a street party, and it took me a while to find the city’s rhythm. I rented a run-down apartment where I spread out a blue sleeping bag onto a small mattress. Tim had given me the bag, one that he carried during his canyon explorations, and although well used, it was still top of the line and in good shape. For the first few months I struggled with the language and my research was slow, so I spent most of my time in the cardiac ICU of the public Hospital de Niños, where I’d learn both some medicine and Spanish, and could get a free meal in the cafeteria. The hospital was comprised of a central courtyard surrounded by the children’s wards, old buildings in various stages of dilapidation. The courtyard was patrolled by cats. Tough feral gatos, each one guarding its own particular path, sentinels perhaps, to the raw and innocent suffering occurring around them.

At night I would wander into one of the cafes in my neighborhood near the hospital, and coupled with a cortado or a glass of Quilmes beer, I tried to read and understand Borges. I would muddle through both the Spanish text and an English translation, trying to learn Spanish and make sense of Borges’s time labyrinths. When I could no longer bear the lonely dreams of Borges, I would give up on Argentina and turn to Neruda. I also wrote a lot of letters. I remember writing to Tim about some of the cases in the ICU, long sprawling letters written on the thin blue paper used for international airmail.

One letter was about a young baby girl, about five months old, dying from sepsis after open heart surgery. She was born with complex congenital heart disease, a univentricular heart. The surgical repair had gone well, but she acquired an infection a few days later. Her small body was swollen, the skin peppered with red hemorrhages, petechiae. She was intubated and on a ventilator, and the chest wound from the surgery was still fresh. The wound was covered with granulated sugar, the method the unit practiced to prevent infection, just like preserving a jar of jam, but in this case the infection found a way in. Perhaps the organism got in through the chest, past the osmotic load of the granulated sugar. Maybe it slipped in through one of the many intravascular lines, gaining direct access to her bloodstream. Or it maybe it blew in through a window. The awning windows above the cribs in the ICU were usually cracked open so that the unit would not become too clouded from the cigarettes the residents smoked while writing notes and discussing patients in passionate Castellano in the adjoining workroom. The ICU was on the street level, so a bus shifting gears outside could billow diesel fumes through the windows and into the ICU. Occasionally a gust of wind or diesel would blow a leaf in. The leaf would float through the unit, gently searching for a landing spot, sometimes finding the granulated-sugar-chest of a baby, and there it would rest until a nurse noted it and brushed it away.

The heart of the baby girl with the petechiae finally arrested, and the resident and I started chest compressions, rotating with one another as boluses of epinephrine were pushed by the nurse. Soon the surgeon arrived and muscled us out of the way. The surgeon delivered especially vigorous compressions. The surgery had gone well, the heart was repaired, but bacteria were overwhelming this

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baby. Angry compressions audibly percussed her chest, rebounding her back off the bed, and bounced her rhythmically into the air. The family had placed rosary beads over her crib and they dangled above her, hanging off of a pulse oximeter. With the forceful compressions the surgeon struck the rosary with his head, sending the beads swaying like a metronome counting down the compressions and her final heart beats. She was now oozing blood from her nose, from around her mouth, and into the endotracheal tube. Her chest wound began to split, widening with the compressions.

Her bed, a flat open crib, was festooned with holy cards depicting the Virgin Mary, Jesus, and several saints – gaping, with wild eyes staring in various directions, all witness to this suffering. One card showed a crucified Jesus with the caption, “No hay amor mas grande que dar la vida por sus amigos.” I knew these images, I had grown up with them, but never before paired with a dying baby.

Finally the surgeon stopped, the rosary beads still swaying. The baby was dead. She was a disheveled mess, smeared with blood. The attention of the surgeon turned to the chest. The mediastinal wires were cut and the chest opened, a pool of dark purple blood filled the chest cavity. This was suctioned out and dumped into the open sink, filling the ICU with the ferrous smell of blood. The surgeon ligated the inferior vena cave and flipped the heart out of the chest under the baby’s chin to examine it further. He then cut into her non-beating, but still glistening heart with a scalpel, and carefully removed the metal ring that had been used to repair her AV valve. It would be cleaned, sterilized, and used in another baby. The heart was placed back into the chest and packed with cotton gauze. The chest was closed with sutures. Then the surgeon left and went to update the family that had gathered in a small waiting area. As the nurses worked to clean her up I could hear the rattled wails of her parents coming from the nearby room. The nurses removed the lines and the endotracheal tube, and then washed her naked body, scrubbing away the blood with soap and warm water. They combed her short wet hair into a part, wrapped her in a clean white sheet, and carried her out for her parents to hold. As I left the hospital that night I had to squeeze through the waiting room packed with the extended family, the parents still holding their baby.

A greenhorn soldier before that night in the ICU, my first taste of real action arrived with a clunk of spiritual fallout. I felt the inward conversation I had known with my childhood religion beginning to warp, and a new space was opening up. I thought maybe Tim could help me untangle this scene, he might know how to sort these surreal images, so I stuffed the unsolvable problem of innocent suffering into an envelope and sent it his way. Tim, the drop-out Buddhist, a guide to the free-falling Catholic. He wrote back, a long letter, the first that I saved.

No hay amor mas grande than to give your life, for your friends?! How about – No greater love than to prevent post-op infections?

Like you, Spinoza didn’t feel that organized religion helped much. He embraced a more Nature=God=Universe=Beauty type of geometry, which may be the best we can do within the limited spectrum of our senses and abilities. No one can rationalize suffering and death, other than that they are simply hard-chiseled laws of Nature. Darwin recognized the ‘war of nature’ as the driving force of evolution. Without competition and death, higher animals wouldn’t have evolved and we wouldn’t exist, except maybe as primordial pond scum. But Darwin still exalted in the beauty of this process, this war – check out the last line of ‘Origin of the Species’:
There is a grandeur in this view of life... whilst this planet has gone circling on according to the fixed law of gravity,
from so simple a beginning
endless forms most beautiful and most wonderful
have been, and are being evolved.

The good news is that we will be able to help people – one person at a time – when we become doctors. – I guess I’m an idealist.

Love, Tim

P.S. Borges and ICUs are fascinating subjects that demand exploration, but I also hear the women in Argentina are beautiful?

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After my year in Argentina I came back to Tucson to finish medical school, but Tim was moving off to start his residency and fellowship training, and we never again lived in the same city. We’d see each other every few years or so. I convinced Tim and Steve to play their guitars at my wedding, and this turned into a lovely, if somewhat restrained, fire-pit reunion. Although we didn’t see each other much, our letters continued, over years and then a decade and then another, our only realistic means of carving out a continued friendship. I venerated Tim’s writing, his prose seemed to have the ability to morph into poetry at any moment. In our letters we followed the same vein we had mined during our pre-study routine in medical school – start with a jazz record and move out from there – we dug Ambrose Akinmusire, Jim Hall, and of course Coltrane. We name-dropped artists and authors like madmen, but with Tim there was always a generous, open spirit to the exchange, never competitive or pedantic.

One day Tim had an x-ray for a sore shoulder. This spiraled into detection of a bone marrow disease for which there was some treatment but no cure. With a terminal diagnosis slung onto him, our correspondence increased.

Are you and Steve heading back to the canyon this spring? I miss that place! I was asked by a friend to take some photographs for her work website. We went to an area just outside town where there are some dramatic basalt formations to do the photos. While we were out there I heard a canyon wren, and it brought the Grand Canyon back to me... I think the song of a canyon wren is one of the most beautiful sounds on earth. Love, Tim

(continues)
(continued) **SKETCHES OF SPAIN**

I wrote back, snatching a quote from Abbey –

> *I can hear but seldom see the canyon wrens singing their distinctive song from somewhere up on the cliffs: a flutelike descent – never ascent – of the whole-tone scale.*

**IV. Schubert**

Recently, back in Tucson but more than twenty years dusted-off from the fire-pit, I was sitting with my seven-year-old son and thinking of Tim. Tim was remarried and had a boy, his first and only child, who was about the same age as my son. Tim’s disease had progressed that month, invading and fracturing his spine. During the final stages of his illness I always seemed to picture him lying on a small bed in Mexico, slim and still, badly hung-over on tequila, smiling.

I couldn’t sleep so was up early, reading, and listening to Schubert’s piano sonatas, the predawn summer sky was dark marine and appeared granular, almost aqueous. The French doors to the backyard were open to allow fresh air to flow into the room before the rise of the desert-sun. The stereo volume was set low to match the nautical dawn. My son woke up and shuffled out of his room over to join me on the reading chair, a leather recliner. He was shirtless and wearing sleeping shorts, his slim body with bony legs and longs arms slid lithely next to me, half of him on the arm of the chair and the other half on me. He had gentle sleep in his eyes and breath and voice.

“Good morning,” I said. “How did you sleep?”

“Good.”

“Would you like some tea?”

“Do we have honey? OK, if we have honey.”

I poured him a small mug of tea and stirred in honey and milk, then delivered it to him with the spoon in the mug. I scooted him back over to his spot half out of the chair and slid in with him and we read one of his books for a time.

“What do you think of this piano music?”

“Sort of good.”

“It’s by a guy called Franz Schubert. I started listening to it after I read a book by a Japanese author called Murakami. In the book, one of the characters says he likes to listen to Schubert’s piano sonatas because they’re imperfect. Not like there are mistakes in it, but just that the music is so dense and artistic that it’s impossible to play it perfectly, and everyone who tries it plays it a little differently. The character in the book says that listening to this Schubert piano music trying and striving toward perfection, makes you more alert, and makes you feel what humans are almost capable of.”

“Oh.”
“Do you know what I like about this birthmark?” I pointed to a small birthmark on his upper left chest, an irregular café-colored crescent, the size of his fingernail.

“No, what?”

“Well, say another kid came in here, just some other kid, not you, but he kind of looked like you, a lot like you in fact. Skinny, tall, kind of tan from swimming, blondish hair, new adult teeth coming in, a good basketball player – just like you. Then, say this kid comes in here and he is dressed like you, wearing white sleeping shorts, clean white ones, just like yours, and he comes in and slides up next to me and I read him some Roald Dahl and we listen to Franz Schubert. Do you know how I’d know he wasn’t you?”

“My birthmark?”

“That’s right. I’d look right over for that birthmark on your left chest and when I didn’t see it I’d holler – Hey you kid, you’re not Seymour! Get out of here you crazy little kid! You trying to trick me or something?”

“I’ve got another birthmark right here just above my knee.”

“That’s very good information for me to have. In case some crazy kid comes in here trying to trick me.”

I heard a curved-bill thrasher in the backyard. Its sharp, two-note call pierced the hazy violet sky, a clarion breaking a perfect morning. I thought of Tim and I thought of Sketches of Spain, with their lessons on breathing and Time. I knew that Tim was now gathering up morning minutes with his son. I went to the stereo and stopped the Schubert. I opened the red and yellow cover of the twenty-five-year-old Sketches of Spain CD Tim had given me to celebrate passing our first-year exams together, put the disc in, and pressed play.

****

Aristotle said that a friend is a single soul dwelling in two bodies, and perhaps this, in some way, explains the fresh sense of mourning that I feel when I hear Sketches now. But I also hear a form most beautiful and most wonderful.

In one of his last letters before he died, Tim wrote:

I am listening to Sketches of Spain this morning, it’s like hearing a Picasso. That’s all I have to say.... Love, Tim

---

For Tim Bishop
You ask that I
Become like you
So that we
Can be US

Americans

We dragged our bare feet through the white sand. *Cold.* The wind snapped my hair against my face as I swept it angrily away. “It’s annoying isn’t it?” I spat. I looked over, to see her face, her smile, her groan of agreement. But she was gone.
Laetus glacies
MARK THALER

Stirring from deep rivers like fear
a desert hides excess leaves wanting plain
on its sleeve thirsty
awake and longing to gather
change and melt into one.
The desert and you are scattered in my thoughts tonight,
dry and biting there’s no mistaking hunger like this - wanting everything at once and no one to show a way.
Maybe we fall each season, hungry. Ready to find our place among one another.

Monsoons
SEAN MCEVOY
Remains
ADRIENNE KISHI

you are
we seek

oh child

roots weep in their starless darkness

untold desert
winged sky; lifted on thermals to impossible
impossible
heights

whose child

the hawk has lost his left eye

we
are blind without wings, rely on
carrion birds
to seek the dying

somewhere in their vastness the mountains escape us, there are whispers in
crevasses; in the nighttime,
in the nighttime

we lift
the desiccated bones; wonder

are these
the bones of the desert; are these
your child
Soar
CHINA NEWMAN
A Lesson in Death
EMILY HARGRAVE

I keep a cherry starburst in my jacket pocket.
From time to time, I'll reach in to hold it and go back to that day.
With visions of empty wrappers blowing across his dark jeans, I still can't work up the courage to eat it.

What struck me most from that day was not the tragedy or even his death,
For those are the things I had mentally prepared myself for;
No, what struck me most was how everything else was as normal as taking a breath.

The car ride to the scene was spent weaving in and out of traffic.
Me, sitting next to a complete stranger
With whom I would soon experience, for the first time, something so tragic.

The neighborhood, unaware, with one man mowing his lawn,
A woman running late for work, another walking her dog.
None of them knowing what had happened just before dawn.

We arrive at the house completely unassuming;
Smack in the middle of your stereotypical suburban cul de sac.
The only thing out of place: a police car and its detective, patiently waiting.

"Where's the body?"
She points.
We walk through the door to see the shell of a man, broken.
"What happened?"
I listen with a sense of professional curiosity,
Knowing that, right now, none of us can afford raw emotion.

As we make our way into the backyard I take note of my surroundings.
The pool gurgled quietly with the mountains standing watch in the distance.
Across the yard stood a child's play set missing a single swing.

Where the swing had once been sat a black metal chair.
Tied above it a frayed white rope, thrown to the side lay the knife used to cut it.
In front of it, a yellow tarp just failing to cover up his hazelnut hair.
He was only 15.

As we left I witness his parents weep over the loss of their son. “We love you so much. We always will.” Repeated over and over through heart wrenching tears. I had been the picture of calm and collected, but in that moment I broke.

I’m ashamed to say I judged him; I just couldn’t my wrap head around it. I mean, I know that desperation to a degree. That depth of sadness is a feeling that I am uncomfortably comfortable with.

So why is it that I struggled so much to empathize?
To try to understand him?
And then it hit me: I had never met death.

I knew death existed as this theoretical “it happens to everyone” entity. Death was a thing I had encountered from a distance, in a place where death was comfortable. But this was different. I had met death face to face in a place where death did not want to be.

Every night as I lay in bed, his face would swim behind my eyelids, his name echoing in my ears.
I should be stronger than this. I should be able to cope.
But I couldn’t. Instead of strength and resilience all I could find were panic and tears.

In the wake of his death I had stopped living.
Consumed by the realization that death was not theoretical,
And that death is not restricted to the sick and the aging.

I needed to change my way of thinking or my mind was bound to fracture.
What I had deemed as “normal” felt disrespectful of the horrific event that had taken place.
But when I took a step back from the lifeless body at the center of my memory things started to change.

Here’s what I learned: death is inevitable, but so is life. The “normalcy” I had witnessed was actually strength, resilience, and balance. What I now remember is the collateral beauty of life’s continuity in the midst of so much strife.

His death no longer haunts me or causes me to live my life expecting the worst.
It humbles and inspires me to be my best so I can help people like him.
But for some reason, no matter how long it’s been, I still can’t bring myself to eat a starburst.
September 2, 2017

Fifteen months and fourteen days ago, my grandfather passed away. He was eighty-eight years old, and he had been living in assisted living four two years. Though he was not ill, we all knew that his time would come soon. His death was not unexpected.

He went to the emergency room on the Saturday before I graduated college for a cough. He was admitted on Monday. I spent most of the week there. We looked at pictures on my computer. We spent time together. I had seen him every two weeks during my time as an undergraduate. We would go to lunch, and sometimes I would take him shopping. Once we went to the dollar store so that he could buy chocolates—grandma would not buy chocolates for him because she didn’t think he should have any sugar, so we had to do it in secret. We left with something like 20 boxes of movie chocolate for him to stash away.

He wanted to be out of the hospital in time to see me graduate.
He ended up leaving a week after he was admitted, on a stretcher, in a big white van. I rode in the back with him to the assisted living facility where we had decided he would die.

I had ceremonies on Wednesday, Thursday, Friday, and Saturday. I spoke at my graduation on Saturday. That night, I stayed with him and we watched my speech. He was so happy. He was always so proud of me. As I write this, thinking of that moment still makes me choke up.

I think we knew on Friday that he would not live. But he didn’t give up until he heard it from the doctor. Every day he kept on doing his exercises, kept on trying to walk. I think the nurses must have known, too. He got worse with every day. On Monday, the doctor told us that his pneumonia was resistant to the antibiotics. I think that he didn’t want to give up on us. I don’t think he wanted to live for the sake of living. He wanted to live for our sake.

I sat on the arm of his chair as we talked to a hospice representative. She asked him a bunch of questions. One of them was “are you religious?” My grandfather, who has never been religious, said firmly “yes!” All of us were stunned for a moment, as the woman asked him “what kind?” He thought for a moment, and then began, “penicillin…” Realizing the mistake that had been made, I leaned in and told him loudly, “no, grandpa, she wants to know if you are RELIGIOUS.” He looked at me and the others in the room with indignation, and then said, with gumption, “Oh, hell no!” That was grandpa.

He had this one joke that he really liked. I can never tell it right. I got to hear him tell it at least five times to different people in the last few years of his life, and every time he told the punchline he would just laugh this great giant laugh. I never thought the joke was that good, but watching grandpa laugh like that was.

It goes like this:

Yesterday I was buying a large bag of Purina dog chow for Athena the wonder dog at Wal-Mart and was about to check out. A woman behind me asked if I had a dog. What did she think I had, an elephant? So since I’m retired, with little to do, on impulse, I told her that no, I didn’t have a dog, and that I was starting the Purina Diet again. Although I probably shouldn’t, because I’d ended up in the hospital last time, but that I’d lost 50 pounds before I awakened in an intensive care ward with tubes coming out of most of my orifices and IVs in both arms.

I told her that it was essentially a perfect diet and that the way that it works is to load your pants pockets with Purina nuggets and simply eat one or two every time you feel hungry and that the food is nutritionally complete so I was going to try it again. (I have to mention here that practically everyone in the line was by now enthralled with my story.)

Horrified, she asked if I ended up in intensive care because the dog food poisoned me. I told her no; I stepped off a curb to sniff an Irish Setter’s ass and a car hit us both.

I thought the guy behind her was going to have a heart attack, he was laughing so hard!

WAL-MART won’t let me shop there anymore. (this particular telling of the joke is from http://pietschsoft.com)

(continues)
That night, after our hospice intake, we were transported back to the place he lived, with the assurance that he would be well cared-for in his final days.

My father, my aunt, and I all took shifts. We would switch every eight hours, and switch off nights. We didn’t want to leave him alone.

Monday night was the first night he was out of the hospital in over a week. On Wednesday night, the last night that he lived through, I stayed with him. He lost his ability to speak well at all by Wednesday during the day, and I could hear him drowning in his lungs. It is a terrible sound. I imagine that it is an even more terrible feeling.

I remember waking up to the sound of him coughing at 2 in the morning, and wanting to roll over and go back to sleep. I was so tired. I just wanted to forget the world and everything and be left alone. I got up, rearranged him, and called for more morphine. We knew that it was repressing his breathing, but he was in so much pain. That’s what comfort care is, I guess. Reducing the pain. I sat in the chair next to his bed and held his hand until we both fell asleep more than an hour later. We were up by six.

I will never forget the feeling of wanting to roll over and go back to sleep, to cover my head as my grandfather struggled for air. It made me think of what it will be like when I have patients who need me in times that I wish they did not; I will get up for them just as I got up for him, even when parts of me scream not to.

I left Thursday morning around eight to go to Phoenix to see my sister’s honors ceremony. Grandpa wanted us to go and see it. As I was leaving, he struggled to tell me that he loved me, just as he had every time I had left his bedside in the last week and just as he had every time we had parted ways since the beginning of my life. I said to him, looking into his eyes filled with the anguish of not being able to speak, “I know you love me, grandpa. I love you too.” I hugged and kissed him and squeezed his hand for the last time before I drove to Phoenix. I sobbed in the car for a few minutes before I left, and then intermittently throughout the drive. I think I knew I would not see him again. I was sure that my father had done the same when he drove home the night before. We all knew that he was not long for the world.

News came to my father that grandpa had passed away after my mother and sister had gone to bed that night. We cried and held each other. My aunt told us that he had been lucid until the last ten or so hours of his life, during which he had been mostly sleeping from the morphine. His mind held on- maybe because even in his last hours, he was still trying to take care of us. We agreed not to tell my mother and sister until after the ceremony on Friday morning. We all planned to drive down on Friday night to see him again. When we told them, we told my sister to go and have fun with her friends. We were all a mess.

I wish that I could say that the difficult part was now over. But there’s something about losing a person you love that does not end once they are gone.

A few days after his death, we all went to the mortuary to do paperwork and see his body. My aunt, grandmother, and sister did not want to see
him. My father went in, with my mother at his side, to see him resting silently. He stayed for a few minutes but then had to leave, in tears. He said that it wasn’t like it was his dad. There was something different, something wrong about him. I wonder if he regrets having gone in to see him. I stayed with him the longest. They hadn’t quite managed to glue one of his eyes all the way closed, which was a bit disconcerting. I looked at the giant hairy ears that I knew most certainly belonged to him, and his face, so familiar. It was cold when I touched it. His hands were cold. All of him was so cold. He had hairs growing on his nose. A few years before, he’d had a basal cell carcinoma removed from it, and to replace the skin the doctors had used some skin from his forehead and scalp. His nose had been growing head hair ever since. He was usually quite meticulous about shaving it, but during his last weeks he had not been able to. As I touched the head-hairs that grew on his nose, I wished that I had brought a razor so that I could shave them off for him. Not that it mattered where he was going.

On the following Friday, I picked him up from the mortuary. No one else could bear to do it. We had ordered the cheapest urn, which they had failed to explain at the time was actually just a $25 cardboard box. They handed him to me, his ashes in a bag in the “urn” in a bag with the mortuary’s name on it and the death certificates we had ordered. I put him in the passenger seat and buckled him in. I talked to him on the way home, apologizing for the cardboard box. Most of him is still in the box, sitting on a cabinet in my house. Maybe one day he’ll get a proper urn.

I have taken his ashes with me to all of the exciting places that I have been since his death. Parts of him are in China, and parts are in the Flatirons in Colorado. Parts are in the reflecting pool in Washington, D.C. and in the Potomac, and others are in his hometown in Hillsdale, New Jersey. My aunt took some of him to the Dia de los Muertos celebration last year. I plan to continue spreading him wherever I go.

Two months after he passed away, I was on vacation with my partner, and I was going through my voicemails. I heard one from him from just a week before he got sick. He was asking me about when my graduation ceremonies were, and at the end, he said. “I’m so proud of you, sweetie. I love you.”

Immediately, I was on the floor, sobbing.

These episodes still happen. Now, they are fewer and farther between.

I have kind of a shrine to him in our house, now. It strikes me as a little odd. It is in the room with some of the art that he and my grandmother collected, and all of the plaques that he earned during his time as a foreign diplomat. Sometimes I go in there and I imagine that he is there, in those old things. I’m not religious. I wish I was, sometimes, so that I could talk to him and believe that he could hear me.
The Power of a Memory – A Haiku
LINDSY PANG

A right of passage.
Remember anatomy?
Can’t forget the scent.

Epigastric Pain
CHINA NEWMAN
I have always felt safe by the sea.
The roaring waves are to be respected but did not evoke fear in me.

We used to spend every holiday and every vacation
With toes squished in the sand.
Our small family, Izabella, Pops, and Me, filled with elation
Tapping our feet with the Mexican band.

Izabella would sit in his lap
As we played board games into the night.
In his arms he would wrap
Our baby girl; a Mother’s delight.

Her favorite was Scramble, so she could organize and make new
Words from the same letters that seemed to ring true.

She’d always ask “How do you spell..?”
As she would try to trick us into giving her a hint.
With each new word discovered, our hearts would swell
But if she lost, right into her room she would sprint.

It has been years since we returned to that beach
Because Pop’s labs were too high.
The doctors explained his health contract had a breach,
Around Izabella we tried to be sly,

But her knowing eyes would track the tears that ran down my cheek
With the answer she would seek.

With a faint smile and sparkle in her eye, she pried
Scramble from the closet and spelled out our safe place:
S-e-a-s-i-d-e.
As it was my turn, my heart began to race.

She whispered “How do you spell..?”
And my face fell.

As the next order of the same seven letters became clear,
I held my daughter near.
D-i-s-e-a-s-e
Stared back.
And with the loss of Pops,
Izabella’s voice would crack
Whenever she asked, “How do you spell?”
And we encounter our first patient today.

So you ask yourself, is Mrs. Wilkin (made-up name) really a patient? How much of the bone cutting and palpation is considered medical treatment?

You thought that someone would have thrown up by now. Some would have fainted. All those horror tales told of gross anatomy. But there you stand in front of Mrs. Wilkin, in a crowd with your peers and instructors, unfazed. Or even slightly detached. You stroke Mrs. Wilkin’s head gently for the 5th time now, furrowing your brow as if this somehow made up for the empathy that you couldn’t express to the living Mrs. Wilkin, and not Anatomy Lab ID TK178 (made-up ID). The paper towels, dampened with wetting fluid, cover her face. You realize that her hair has been shaved off. You wonder if she had liked to keep her hair short.
She also now wears your fuzzy winter rabbit socks that you brought in to keep her feet moist. You make a mental note to ask about her black and purple gangrene toes tomorrow.

It’s a state of awe more so. Awe at the fact that Mrs. Wilkin had donated her body to science. Awe at the biomolecular and physiological features of the anatomy that we each all exhibit.

But you really don’t think much during the dissection. You follow Grant’s dissector step by step, moving your peers along. Reading the instructions to your team, you are confused by the words coming out of your mouth half of the time. You can barely recall the name of the nerve that innervates the trapezius muscle. And you hold Mrs. Wilkin’s lungs in your hands, knowing that tomorrow it will be her heart.

It’s a state of lonesomeness. Was Mrs. Wilkin really a Missus? Did she prefer Madame or Miss? And it makes you miss the someone you lost. You remember that vivid dream that woke you with heaviness in your chest, spreading into your abdominal region. What was that term called? Referred pain. An ache that originated from your visceral organ, but because the visceral sensory axons converged on viscerosomatic gray matter in the T1-L2 region of the spinal cord, traveling up and down synapsing on multiple neurons, the pain felt like it came from everywhere. But it was just your heart. Just a broken heart spread all over the region.

It’s not so much of the pain that gets you, but the emptiness. Much like a voided thorax. After you break open the anterior thoracic wall, remove the lungs, cut open the mediastinum, and remove the heart. What is left? Awe-some? Or lone-some?

Back at Grant’s.
Introduction

Hope followed my father for quite some time before he abandoned it a year after his diagnosis. Instilling hope in terminally ill patients is perhaps the greatest gift one can give. There are physicians and healthcare providers who are compassionate, caring and understanding. In the presence of these individuals, hope is not difficult to find. However, there are also providers that do not encompass these endearing characteristics. My father’s story, unfortunately, deals with the latter case. I will discuss the five stages of his illness and how he perceived hope, how the hospital nurse perceived hope and how I perceived hope at each stage. A stage is its own microcosm and has its own set of research that pertains to the process of dying, the loss of independence, the feeling of helplessness and, in some instances, the false hope that keeps family members afloat.

A Misdiagnosis: The Plunge into Hopelessness

He gasped and collapsed. My mother rushed over to my father’s side and I was instructed to get the oxygen machine from the closet. Thankfully, as an anesthesiologist, my father kept extra supplies at home. I placed the nasal cannula and started the oxygen flow. Within minutes and a few deep breaths, a smile returned to his face. He said all he needed was an extra boost. That night, I could hear the machine sounds echoing into my bedroom. But I thought none of it—I would say that my hope was not lost, it was just slightly shaken.

My mother picked me up from school the next afternoon and told me that my father had been taken to the emergency room. It was supposed to be a calm Monday dawn, with him pouring cereal and thinly slicing bananas into the bowl, not with sirens blaring and lights blazing on our driveway. Upon arriving at the hospital, I walked towards the ICU doors and an indescribable smell of food, alcohol swabs and pain flooded my senses once the doors opened. I saw my father lying in the back bed with a smile. Dressed in a thin gown and still on oxygen flow, he said he had a chest x-ray and CT done. The doctors were unsure what the diagnosis was. They were unsure? For the past three years, I saw my father cough feverishly after he came home from work. All the doctors we consulted said that he probably had asthma and gave prescriptions accordingly. My mother and I had full trust in the doctors’ diagnosis and never second guessed that my father’s condition was much worse. I understood that misdiagnoses happened, but how could such a warning sign go unnoticed?

A few weeks later, my father was diagnosed with interstitial pulmonary fibrosis (IPF). The physicians did not know the cause, but they claimed the prognosis was poor, only about three to five years. I was expecting the physician to say that my father just had a bad case of asthma or maybe some common viral infection. But what were my mother and I to do with this diagnosis? Hope for a medical miracle? Or prepare for the worse? I buried my head in my school book and felt an overwhelming sense of confusion; this was not what I had expected. My father’s reaction was surprisingly different from ours. He exclaimed that he was flipping through his medical books and was on the page describing fibrosis before his collapse. He said that it was better to know what was wrong so treatment can begin. Although a few physicians had failed him, he still had hope in science, in miracles and in medicine. He had a debilitating disease, but the only direction he looked towards was up. Or, at least, that is the memory I have.

My father, being a physician, had what I termed “the healer syndrome.” If he was sick, he would refuse to see a doctor because he said he
could treat it on his own. It is quite ironic how he spent his entire life caring for others while failing to care for himself. My father was fearless on the exterior, but I never knew what he felt inside. What would an individual feel if they were given a few years to live? I would feel hopeless and would be in denial, but my father exhibited none of these traits.

For weeks he was kept in the hospital. Yet, at the end of each visit, he would cup my hands in his as a form of goodbye. And, for the first time in years, I noticed how blue tinged his fingernails were, how curved and rigid they were. My father, mother and I all wished the condition was superficial, that it would magically vanish. But sometimes the most helpful news from a physician is the toughest to swallow. At each visit, I would question why God had done this to him. With each visit, my hope slowly dwindled.

A Prayer: Spirituality, Faith and Karma

I was fourteen at the time, and saw that my father always put up a strong front to ease my worries. I remember walking into the ICU and seeing my once active, upbeat father lying in the hospital bed with a weak smile on his face. His independence and quality of life changed drastically in a matter of twenty-four hours. The World Health Organization states that quality of life includes “physical, mental, emotional, social and spiritual wellness” (Gilbert et al, 2009). It seemed my father had satisfied all of these. But, I can only imagine what thoughts were going through his mind being on the receiving end of care, rather than the giving end. As a devout Hindu, did he feel that this condition was the result of the terrible karma he had accumulated in his past lives? This is possible, but unlikely. My father viewed religion and spirituality not as a solution for negativities but as a reservoir to sustain happiness. It was important for him to pray every day, regardless of whether he was in a hospital bed or at home. An individual can pray anywhere, as long as the mind is pure and the intent is good.

Within three weeks, my father was released from the hospital and was given an exercise and
diet regimen to complete at home. A multitude of oxygen tanks were sent to our home and lined every wall. Each morning I saw the thin plastic tubing from the oxygen machine snake up the stairs to the prayer room. He would sit for hours reciting mantras and performing the rituals for pooja (prayer). This was his healing. His serene place amidst the uncertainty. With this higher power, my father never felt alone. Loneliness is one of the primary culprits for hopelessness and helplessness. The comfort of family, friends and God protects the patient from harm and helps sustain hope in desperate times.

Stepping back, what exactly is hope and where does it come from? Particularly, how is hope borne in Hinduism? We believe that spirituality is “an active process engaging hope in the ongoing development of connection to self, to others, and to the universe...” (Wills, 2007). Hope serves as a string to tie the body, mind and spirit together. For my father, and for a large percentage of the patient population, this spirituality was and is a way to cope with illness and to make sense of a seemingly nonsensical situation. Hinduism believes that our souls or spirits are just a tiny fraction of the Divine or the Supreme Being, like a single grain of sand comprising a mountain.

One of the central tenants to Hinduism is the doctrine of Karma. This doctrine weaves into spirituality and the unfolding of life events. Karma means “deed” or “act” and encompasses the “cosmic order believed to pattern our lives and relationships” (Anand, 2009; Brahmaprana, 2001). With karma, life occurrences, whether good or bad, are not seen as unfair. The adage, “what goes around, comes around,” illustrates our deeds are not left unpaid for, whether they were performed in this, or a past, life. Many Hindus and Buddhists seek to explain their health situation in terms of karma. When diagnosed with a terminal disease or condition, some patients or family members may question why God has been so cruel or why things happened the way they did. I had my fair share of these questions myself. However, Hinduism believes that karma is “neither cruel nor merciful,” that the gods themselves are bound by this karmic law (Anand, 2009). This is perhaps why my father was unaffected by the diagnosis. He saw it as a natural phenomenon of the universe, something that would have happened eventually. The Rig Veda, one of the central Hindu scriptures, describes rita or the “existence of the eternal cosmic law which holds that the universe is orderly...and is not subject to the blind whims and fancies of the Gods” (Anand, 2009). God has not been “cruel” or unmerciful if terrible circumstances arise. God is believed to oversee karma, the Ultimate Justice, but is powerless over the process. (Hinduism Today, 2007)

Life brings situations and circumstances that are unexpected and unprepared for. Suffering and pain in this life arise because of past deeds—if you hurt someone in a past life, whether intentionally or unintentionally, you will get hurt in this life. Karma should not be seen in a pessimistic, “you get what you deserve” mentality, it should be seen as a venue to transform this suffering to effective healing (Anand, 2009). Jyoti Anand cites various studies where both patients and healthy individuals feel a sense of calm when they have an explanation to their diagnosis or “life crisis” as opposed to no viable explanation (Anand, 2009). In my father’s case, his health condition was beyond his control, but he did not allow his life to get out of control. I believe he had a fairly good understanding of what was going on in terms of his health and what steps he needed to take, spiritually, mentally and physically, to arrive at a relatively happier place. We just have to make the best of whatever is given to us.
By viewing oneself and one's circumstances as an integral part of the universe, one accepts the concept of Atman (soul), or the higher, purer, undying Self. Brahman, or God, is composed of Atman. Each of our souls, upon leaving the physical body in death, returns to Brahman (Brahmaprana, 2001). Another centralized text in Hinduism, the Bhagavad Gita, explains the concept of death and reincarnation. In Chapter 2, Shloka 12, Krishna (God) exclaims “Worn out garments/ Are shed by the body/ Worn out bodies are shed by the dweller/ Within the body,/ New bodies are donned/ By the dweller, like garments (Brahmaprana, 2001). The same idea, of changing bodies as one changes clothes, was also stated in the sacred scriptures of the Brihadaranyaka Upanishad.

Because my father was unable to return to work during this time, he spent hours learning new mantras and studying the teachings of revered Swamis (priests or enlightened person). One individual, Swami Vivekananda, was a particularly inspirational figure to my father. In a letter dated in 1895, the Swami wrote, “Because the idea of space does not occur in the soul, therefore all that were ours, are ours, and will be ours. They are always with us, were always with us, and will be always with us. We are in them. They are in us...” (Brahmaprana, 2001). My father was in God and God was in him.

(continues)
Death, in itself, is not a chaotic or “hellish” experience. Hinduism views it as a “blissful, light filled transition from one state to another” (Hinduism Today, 2007). My father focused his mind toward God and away from his debilitating disease. In doing so, his hope never wavered.

**A Sigh of Relief: Hope Resurfaced**

I was never particularly spiritual or religious until I witnessed what seemed to be a miracle. My father was doing better. He was able to walk up and down the driveway for twenty minutes without oxygen. He was returning to the independent and active person he had always been.

We visited the pulmonologist and he said that the fibrosis was stagnant—no further destruction was seen. We all knew it was a progressive disease, but for this one moment everything was okay. The physician advised that my father was an ideal candidate for a lung transplant and would be put on the list immediately if he consented. I was naïve back then and thought that this drastic procedure was ludicrous. After all, my father was getting better. Even if he was put on the list, he would not need the surgery. Perhaps science would come up with a miracle drug that directly treats the lung fibrotic tissue. Perhaps our prayers were heard and that our hopes were more than just a blind shot in the dark.

A few months after he returned from the hospital, my father worked endlessly to mend broken relationships with family members, friends and old acquaintances. It was as if he was a different person, and that this disease had shown him there is more to life than stress, anger and frustration towards those you love. I believed that my father had developed this disease for a reason and that he was to learn something from it. He was one of the most compassionate doctors I have known—this experience was not to teach him compassion, but perhaps for him to show more of it. My father felt that he was given a second chance to live and thus made the most of it.

My mother and I had never seen this side of my father before. He was doing better physically, emotionally and mentally. What seemed to be the descent towards an eventual fatal outcome turned out to be an ascent, or at least a plateau, towards a brighter future. A poor prognosis? No. My father was going to beat the odds. I sensed he felt the same. He not only exceeded his own expectations in his recovery but thrived from his positive thoughts to an even better circumstance. If you believe you can conquer, you conquer. Whereas if you believe you will fail, you fail.

My father did not lose hope when he was first diagnosed with pulmonary fibrosis. Instead, he gathered all his strength to concentrate positive energy into his life. “Without hope, nothing could begin; hope offered a real chance to reach a better end. Hope helps us overcome hurdles that we otherwise could not scale, and it moves us forward to a place where healing can occur.” (Groopman, 2004). He realized that his upwards trajectory would be burdened by any grudges, negative attitudes and stress. Thus, my father simply let go of all those things.

He was at an all-time high after his diagnosis. I attribute this to hope and his own sense of personal recovery. Ellison beautifully illustrates that “Hope is not dependent on positive circumstances or the glimmer of a light at the end of the tunnel. Instead, it acknowledges the darkness of the tunnel and works to create its own light (Ellison, The Importance of Hope in Medicine). My father knew the challenges that he has faced and had yet to face, yet he was hopeful that he can overcome these challenges. After all, hope is borne in this belief. **Relief Too Soon?**
Within two months of this elation, my father’s condition worsened – he was no longer able to breathe properly with a low oxygen percentage. We had to increase the dosage to nearly 70% before admitting him to the hospital again. Our hope did not waver, however. Why should a small obstacle in the road cloud our optimism? The attending physician said that he was still on the transplant list and that it would be beneficial if we transferred him to a city hospital where the transplant would take place, just to quicken the process. At the time, I wondered why the lung transplant option was pushed so heavily onto my father. Were there no other treatments?

Days passed and my father became too weak to return home. After almost a year of hoping for the best, my mind gave up the idea of being optimistic and instead overflowed with fear. Fear and hope are not meant to be in the same picture, fear always wins. It is difficult to control human emotion, regardless of how much we want to hide our feelings. My father did not fool me during this second hospitalization. I saw that he was scared but he masked his fear with confidence. Scans showed that the fibrosis was progressing and confirmed what we had been wishing to stall. His transplant was more critical than ever.

It became a routine to end class, go straight to the city and stay, pray and talk with my parents until sunset. At this point, palliation would have been the best intervention even though we did not see this as end of life care (Lewis et. al, 2012; Gilbert et. al, 2009). We did not see death as an option. One particular night my father asked the nurse to relieve his pain with morphine and that it was too much to bear. He exclaimed that he understood the risks of the drug because he was a doctor himself. Generally, opioid treatment is given for the cough and pain associated with pulmonary fibrosis (Lewis et. al, 2012). However, the nurse was not responsive. Rather than exuding an air of concern or compassion, she exuded an air of frustration. She said that my father was “not a doctor in this hospital but a patient” and that she could not act on his commands. Healthcare practitioners must realize that the sustainment and maintenance of hope is absolutely critical in the patient’s recovery (Groopman, 2004). By acting in a rushed or stressed manner, the health provider creates an emotional domino effect that leads the patient to develop negative attitudes and hopelessness. The nurse’s attitude shot down my father’s mood and what hope he had left.

When “a person or family is forced to make a hospital a home for any length of time, the notion of normality is completely shifted, and you enter an existence characterized by uncertainty and fear, clinging to anything that feels normal or provides peace” (Ellison, The Importance of Hope in Medicine). This normalcy is balanced by the caring environment of a hospital and the compassionate demeanors of physicians and the hospital staff. My father had learned to cope with his condition, but even with his steel armor and steady mind, he was vulnerable.

Physicians and nurses must work with patients to develop a strong sense of healing, hope and spirituality. If the healthcare provider adopts a hopeful attitude, the patient will be hopeful as well (Wills, 2007; Coulehan, 2011). How a doctor/nurse behaves and what they say does matter in the long run. They must become a health-care partner rather than a healthcare provider to the patient. It is not only the patient’s battle but the physician/nurse’s as well. On the “frontlines” of this battle are the providers who must spark hope and optimism in the patient (Coulehan, 2011). With hope, a patient automatically develops a mindset that they can, and will, get through their circumstance even if it seems insurmountable.

(continues)
When my father underwent his second hospitalization, I felt that his hope was quite different from the hope he exuded earlier on. Jack Coulehan classifies this newfound hope as deep hope, a hope when a “patient has very few somethings left to hope for” (Coulehan, 2011). I am unsure if my father anticipated his death and was unable to voice his concerns to my mother and me. Perhaps my father had little to hope for, but his deep hope in the notion that everything happens for a reason eased his mind. When circumstances became too difficult to bear, he would close his eyes, cup my hands in his and turn his head towards the sky.

A few days after the incident, I sensed something was wrong. Around 10:30pm on a Sunday night my father was rushed to the ICU due to severe pain and profuse sweating. I fell asleep in the waiting room only to be awakened my mother. Her voice shook and said that his breathing was scarce. The fifteen minutes before a medical team rushed into my father’s room felt like fifteen decades. My mother was strong throughout these past few years after the diagnosis, but I soon saw her cry as ten doctors went past me. The last thing I heard was a doctor say “Clear!”
Death and Hope in Retrospect

I never knew how a trained medical professional could deliver bad news without breaking down. I saw a doctor come out of my father’s room thirty minutes afterwards and mouth the words “I’m so sorry.” My knees buckled and I immediately walked away. I sat in a hallway overlooking the city buildings and was in utter disgust when I saw the sun rise. I had a bitter taste in my mouth when I heard a person laugh in the floor below. How could everything around me go on when my world had stopped? I thought back to how I was falsely optimistic a few months prior, ignorant to what would surface in the coming months.

I angrily questioned God, if there was one, how He could inflict such a terrible fate on my father. Why should I pray when our prayers were not heard to begin with? A decade later, I now accept there was a purpose, a reason why things unfolded the way they did. My hope is not fully restored, but it is a work in progress. His death now does not hold me back but is a stepping stone for hope—that things will and are getting better. Perhaps I have also instilled a sense of deep hope to discover and rediscover meaning in my life to a relatively better circumstance emotionally, mentally and spiritually. It is hard to hope in the middle of chaos but hope seems to be the only beacon of light when everything else is in darkness.

References


On the Move

STEPHANIE RADEMEYER
A Train of Elephants
STEPHANIE RADEMEYER

the South Sudanese civil war
on paper
is officially over. But there is no peace in South Sudan
All told, the civil war has forced more than a million South Sudanese from their homes.

Mr. Cordero climbed aboard the boat and sent a selfie to his sister. He wore yellow board shorts and no shirt, making
a peace sign with his hands

“The regime is trying to cut off the city,” said Abu Roma, who uses a nom de guerre “the worst scenario is that we will be martyrs”
It was the last anyone heard from anyone in the group

Al Jazeera captured footage of nurses taking premature infants, whom they could balance in one hand, out of incubators as clouds of dust from the bombing rose around them

continues)
“If this is peace, why do people still continue the war? I ask you why do Sudanese continue to die?”

One nurse hugged another as they held tiny infants in their arms

The babies were carried to a basement shelter and placed together under a blanket

As the sun goes down, mosquito nets are unfurled over beds. The tents still glow in the darkness. “We Sudanese, we are tired now,” she says. Yet there is not much hope for peace in the near future.

Questions haunt the families of the lost migrants each time they look out toward the sea. Could the men still be alive somehow? Will Venezuela ever return to the country that it was?

In one shot, a father cried out for his small son. “I’ve lost everything, oh, Ahmad; I’ve lost everything, you are my life”

“I always speak to God,” said Ms. Ramos. “I am always looking up at that picture of the Virgin. I am scared one day she will yell back at me, ‘Enough, already. That’s enough.’”

Title taken from:

Text taken from:
I woke up, thinking about Siena. The square is beautiful there. It’s not so much a square as a circle, that seems to angle down. And at the base, if circles were to have a base, there’s a church. It’s under repairs, though, but unfurled against the façade is a sheet hiding the conservation efforts, with an image of what it should look like. There are little cafes, and metal wire tables, meant to overlook the beautiful church, which on any other occasion would be open and accessible, with no need to boast all the beauty it had to offer in one singular unfurled sheet.

We sat in front of the church, at one of those metal tables. It was summer, but not too hot. The options were cookies, ice cream, lemon ice. Italians do cafes right. I was sick at the time, so I ordered a lemon ice. It came out in a half a lemon. A beautiful yellow boat, with its original bright fruit scooped out to be replaced by wonderful white tart lemon ice. On top was a little medallion of dark chocolate with something stamped on it. And in my mind, when I thought that for a second I had compromised on dessert, I realized with a growing warm light, that the Italians did not compromise. It was beautiful, and one cannot regret something as lovely as a lemon ice, served in the very fruit from which it came. Dense cold clouds scooped gratefully into an awaiting pink mouth. And he sat across from me, drinking a cappuccino. Something that, much like dessert, was the reign of this country. The afternoon done properly, with a sprinkle of cocoa powder. Still (continues)
bitter, but covered in creamy foam and accompanied by a biscotti that promised to hold up against the cream and the bitter, stirring the two together and unselfishly imparting some of its own sweetness in the process.

All around the square, or, more aptly, the circle, there were sculptures of wolves, unicorns, and a myriad of other creatures. They were affixed to the various buildings and represented different districts of the city. Specifically crafted for the horse races. A reminder of competition and a continuous nod to what the Siena had once been known for.

And the girl sat in the metal chair, sandwiched between the façade of the church and the sitting figure of her father, the little lemon boat being the only thing in her life that was not a façade. Irrevocably declaring to be a lemon, in its vessel, flavor, and delicious tart sweetness. With each bite cleansing her palate, washing away the bitterness of the cappuccino, of her father, of the long sheet covering the mess of conservation efforts for the church in one big stamped image of what it once was, before it began to crumble.
Shells
AMANDA WILSON

a bathroom without a mirror sits in a building naked
we look at our faces in the silver knobs on the doors
they cook us like donuts and stretch our eyes - pieces of warm gum

sometimes my legs look too short to be mine
and I see through the skin to the wooden spoons of shins

*Self-awareness is the human experience,*
  a biologist’s glasses filled with the flames of campfire
  he held his words like the hard heavy edges of a textbook
  the truth, the current word

slung in a bag that sinks in my shoulders

I stare until my legs seem like “me” again
the space between millimeter marks
we fall inside rulers in the gaps of ticks and lignin grooves

*Do you ever wish you could examine yourself from the outside?*

and accept the shapes of your fingers for the brown, cooked carrots that they are
love them like the first taste
  of tikka masala
sit in your own folded knuckles
  like a piece of popcorn finding its home in your couch cushions

so unfamiliar with our own shells
confused
that we attract with the mass of planet of body
that pulls our bodies in millimeters towards the sides of passing semi trucks

I almost forget about my feet while I’m running

I feel myself hovering above the earth in a moving car
yellow pebbled stripes pass under my legs
and my wooden spoons of shins are somehow still
Cereus Argentinensis
DEBORAH SINGER

Emergence
MARCIA ZACCARIA
Greetings from the Inner City of My Soul

ROY A. BARNES

Greetings from the Inner City of My Soul

I just want to proclaim, ‘Whassup, Girl?’
(That greeting from the inner city of my soul toward you)
It’s so fitting to say such, for
There’s nothing Park Avenue or suburbia about you

when exuding youthful idealism hard core
amid a hapless decay from despair known as My Self

You’re not predictable, typical, or apathetic...
Like my neglected avenues where love’s dried up;
For your constant patrols break through my boarded-up defenses
Shaking my neighborhood, such a ghetto of haplessness

Girl, your aura revives the hopes I once possessed
Of being alive, of mattering
Like I used to carry with me
Until landing on the cold hard pavement--
My dreams beaten senseless

Girl, don’t leave me stranded in the cold and rain
Like the others generously do...
Can I demonstrate my ability to shine?

If only we could escape together toward the stars
Away from the mean streets I wondered helplessly on
Until you dared to cross them
A car left Casper, Wyoming, one October evening before time struck midnight on the driver and his passenger:

They departed from where the passenger is exiled from, yet he hitches brief daydream forays back -- but the beauty of its time and place disowns like cold pavement to a stranger

Still, the exile's meditations drive him to reunite with his old streets in his former neighborhood (his coming of age) during restless slumber and yearning wakefulness of an unresolved past

loves never explored passions never expressed

Now, Casper, Wyoming, holds the driver captive: the bitter harvest of his daily toils. For he fashions mindful escapes from the cold and drudgery of isolation and dead ends in this current existence...

He looks forward to other lands in his heart. This venue doesn't infect his marrow like it does the exile's

The import hurries them away into the dark of a starry night...while a passing convoy of hoppers makes the city's rails squeal out in helpless captivity

Only the limits of speed, mating with reckless abandon delay their journey south

The driver and passenger ponder ghosts...

The captive blocked from seizing bigger opportunities The exile frozen in his lot of Fate (continued)

They simultaneously pass the time thinking out loud...

The captive envies the older's crafted adventures elsewhere; The exile bemoans the younger's established residence that could've been his own...

Two dramas, but the same drive, they share space and direction for miles and miles on cracking pavement as the dashboard blares out jams, softly glowing forth, rationing out warmth
Eye on the Ball
CHINA NEWMAN

Lines
CHINA NEWMAN
Ishmael
ALEXANDER HOOGLAND

Call me what
You will; I am
Bipolar, outcast,
Thoughtfully enraged and
Unaccountably mobile.
Put money in my purse and
My soul is yours,
For a time, but
My project is my own,
My survival both

Ancillary and evident.
I have swum through books and shit to get here:
The bottom of an inkwell.
I must drink or express to get out. I will not fade,
But resound in a thousand silent screams
To the gods or their progenitors,
Echoing in every brain that sees,
Though dimly, that the universal thump
Rolls through existence like thunder in a cloud:
Clarion auspice, dreadful and obscure.

Mark Thaler
Monumenta Auream
The mood in the training center that afternoon emulated the enraged South African summer heat outside. After a week of being inundated by language lessons and information, my Peace Corps cohort was lethargic before our last cultural session before the homestay. The conversation by our South African teachers took a lively turn when they discussed the cultural preference for limited eye contact. All the Americans awoke out of disbelief, demanding the teachers for a protocol of how to trust someone who did not make eye contact. After my cohort squabbled about the irrational demand that they reduce their desire for eye contact, I finally spoke up and said, “It is possible to trust someone with limited eye contact. You may have noticed that I do not make direct eye contact, for a specific reason and I subsist. You will survive in South Africa” That was enough to refocus the room. However, I remained quietly shocked and relieved that for once my body language might serve as an advantage.

(continues)
My mind flashed back to a familiar scene from my childhood; an air-conditioned office with an exasperated therapist. Exhausted by a combination of New Mexico’s heat and my lack of compliance, she positioned herself in front of the door attempting to block distractions. As we settled, the therapist would dislodge their arsenal of rainbow Lisa Frank Stickers. Placing a smiling golden retriever clad in jewelry on her index finger, she took a step back with the explicit instructions to follow the sticker with my eyes and explicit orders to keep my head still.

We started the exercise with the retriever gliding left and my pupils dutifully following, then the retriever would retreat to the right. Then the retriever moved up and the therapist suddenly dropped the sticker. “Remember to move only your eyes not your head. Try again,” she said. We recommenced in mutual frustration, until after 5 times I managed to keep my head still through the retriever’s complete ballet of sashays, bobbing, and circling. The therapist, satisfied with her breakthrough, closed the appointment with optimism only to learn in the next session the exasperated truth all therapists have encountered: despite their interventions, I still do not make eye contact in conversation. Even today as a graduate student, my maximum limit for eye contact is 5 minutes. Yet, my ability to function in other cultures proves that this body language phenomena is not necessary a detriment.

My experience in South Africa reinforced this conclusion. One night when my host family visited their pastor’s house, I respectfully addressed him as an elder with the traditional curtsy and broken isiZulu greeting while letting my eyes move as desired. The pastor laughed with delight and proclaimed, “This one, she moves like an African!” A couple days later my isiZulu instructor conducted a home visit, and while watching me attempt isiZulu provided me with the ultimate compliment, “Uziphatha Kahle.” I knew Kahle meant “good” so I thanked him for the compliment and asked for clarification. Uziphatha roughly translates to “you carry or behave yourself well.” I managed to keep my composure until I went to bed that night, but the casual observation poignantly moved my weary heart. As someone on the autism spectrum, I did not grow up with glowing compliments of my behavior, mainly aggressive critiques and intervention to help me function. Yet, less than 3 months in South Africa and my behavior and efforts to interact were enough. It was a welcome I coveted but fell short of in the United States.

After finishing training and successfully obtaining the coveted title of Peace Corps Volunteer, I started my work as a HIV Outreach Specialist. As I was conducting interviews for community needs assessments, my unique ability to limit eye contact helped me build rapport with people living with HIV/AIDS. In a very different context (autism is not life threatening), I also know what it is like to live with stigma and valid fear of disclosing medical information. Because of this I could ask the accurate questions and display empathy to hear the experiences of living with HIV/AIDS in South Africa. I am still amazed by how forward some of the patients were with their challenges.
As my Peace Corps cohort expressed, limited eye contact is a problem in the United States. Direct eye contact is how we display confidence in job interviews, class presentations, and personal connections. Yet, there is grey area in what is culturally appropriate eye contact and what culture is dictating the eye contact. Keeping one’s eyes glued to the ground and directly glaring at someone is equally off putting in the United States. However, abroad keeping eyes off the face is a sign of respect and facilitates a comfortable environment for cross-cultural interactions. In the end, all health care professionals who directly interact with people.

As someone with a disability I am a walking global health paradox. My life experience is a permanent condition along with the perpetual limited eye contact. No one can truly understand another’s individual experience with health conditions. However, I have found that living with a disability gifts me with a level of sensitivity and perspective enabling me to respectfully walk into communities. There is a strong need for people with disabilities to enter the global health field let alone all health care professions, to help frame problems as solutions. In the meantime, I will attempt carry myself well so that one day as a professional, I can facilitate environment for others to contribute to the field.
Hierve El Aqua
RICARDO REYES
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Christina Gutierrez is a third-year medical student who plans to go into neonatology, and loves Barre3, tea, and baking.

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Marcia L. Zaccaria uses her clay sculptures, collages, photographs and multi-media creations to reflect the resiliency of the human spirit and to connect us to something larger than ourselves.

Michael A. Zaccaria is a student of history who seeks to use photography to capture the magical spontaneity of unique human moments.