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The Human Touch

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The Human Touch

Volume 6 • 2013



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Preface

Volume 6 • 2013

Welcome to *The Human Touch* 2013 – the first volume of our annual anthology of prose, poetry, graphic art and photography contributed by the students, staff, faculty, alumni and friends of the University of Colorado Anschutz Medical Campus.

In preparing to write this preface, I amused and amazed myself by searching for similar publications at medical schools and health sciences centers around the country, finding an impressive number of them. There are those with historical, anatomical or clinical titles such as *The Hippo* (short for Hippocrates not hippopotamus) from the University of Michigan Medical School; *Connective Tissue* from the University of Texas Health Science Center at San Antonio; and *Lifelines* from Dartmouth Medical School. There are others with more arcane or poetic titles such as *Blood and Thunder* from the University of Oklahoma College of Medicine; *Third Space* from Harvard Medical School; *Wild Onions* from Penn State University College of Medicine; and *Hippocrene* (not Hippocrates) from Washington University School of Medicine. And finally, there are a few like our own with titles that evoke an intimate connection and promise an aesthetic remedy for readers who spend some time with their pages such as *The Healing Muse* from SUNY Upstate Medical University.

All of these remarkable publications are edited by students and faculty on their respective campuses and represent the increasing importance and presence of the arts and humanities in healthcare education and practice. With this volume of *The Human Touch*, we not only celebrate the successful growth and development of our own Arts and Humanities in Healthcare Program at the Center for Bioethics and Humanities but also the near completion of our new home—the Fulginiti Pavilion. This unique space will enable us to realize our vision of the cultivation of human values, the celebration of human imagination, and the creation of healthy communities through excellence in humanities education and scholarship and arts production and presentation.

I am especially grateful to Dr. Henry Claman for his unwavering commitment to the arts and humanities at CU and his incredible generosity to our program. On behalf of the editorial board, I also want to thank and congratulate our 2012 Editors-in-Chief, Lyndsey Graber and Shawn Stone, who graduate from the School of Medicine in May. They leave behind many friends and colleagues who marvel at their serenity and organization.

Therese (Tess) Jones, PhD

Director, Arts and Humanities in Healthcare Program •

Acknowledgements

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This issue of *The Human Touch* – like all issues – represents a team effort. There are many people on the team to thank:

- Richard D. Krugman, Dean and Vice Chancellor, for his continuing support
- Dr. Tess Jones, for heading up and promoting The Arts and Humanities in Healthcare Program, which sponsors this and other efforts.
- The Editors-in-Chief, Lyndsey Graber and Shawn Stone, who somehow found the time and energy to bring a year-long effort to fruition, and for guiding the Editorial Board in its efforts.
- Members of the Editorial Board.
- Crystal Hatch of Slanted View Design for her ongoing creativity in making this issue a sparkling production.
- Bill Daley and the Light-Speed Color company for their printing and production expertise.

Many thanks to all!

Henry N. Claman, M.D. •



A Brief Introduction

Alexander Rowan



Dreaming – praying – alone – we wait.

The physician enters hurriedly. We sit
Before him in fear as clay statues,
Dark clouds accumulate in
A fluorescently lit room,
Our altar of mortal judgment.

The physician stands silently. We listen
To the diagnosis, at once revealed.
Quickly shooting glances about the room,
His eyes give him away.
There are no words.

Partitioning himself with a clipboard
Before his chest, a protective shield from
The explosion of our prayer and dream.
Our future at once disintegrates.
Speaking in circles, he stammers over his words.

His comforting voice is death to our ear.
He leaves after the brief introduction.
We are no longer alone.
We are now in the company of death. •



Wondering

Allison Kimball

I: I've Been Wondering

"Darren?"

"Yes?" your attentive blue eyes reply.

I've been wondering
if the experience of the poems and the recreational math,
the harmonies and the vistas, could be made more whole
if our hands could hold
that vibrance between them.

I've been wondering
if our sum would be greater than the greatest parts
we have yet to uncover in each other
if the leaves of trust
could fully unfurl between us.

I've been wondering
if you've been wondering the same thing.

II: Wonder No More

I found the shell where the sky crashes as waves to the shore,
the only two joined into one I saw all day.
Like a butterfly, the two halves made a whole,
united from the beginning.

I eased the pair from the sand,
thought it might be nice to give to you,
a last ditch effort to save what I considered
a boat already filling with an unstoppable fate.

But maybe –
maybe if I kept these fragile halves together,
protected them through the airport bustle and jostle
from this coast to the foothills of Colorado,
it would mean we were meant to be connected.

"Close your eyes and open your hand."
I lightly placed the symmetrical shell and you smiled.
But then –
by an unearthly animation that somehow understood the meaning
with which I had endowed this tiny piece of sea debris,
gravity tripped,
the shell flew,
split,
and I knew. •

The In-between

Charlotte Vandervoort

He lives in the in-between.

That grey area
straddling a vast ocean
where smog meets snow,
right converges with wrong,
and love turns to hate.

He answers yes and no questions
with a "maybe."

Kill or be killed? He asks
"why kill at all?"

And the age old question
"chocolate or vanilla?"

He.

Mixes.

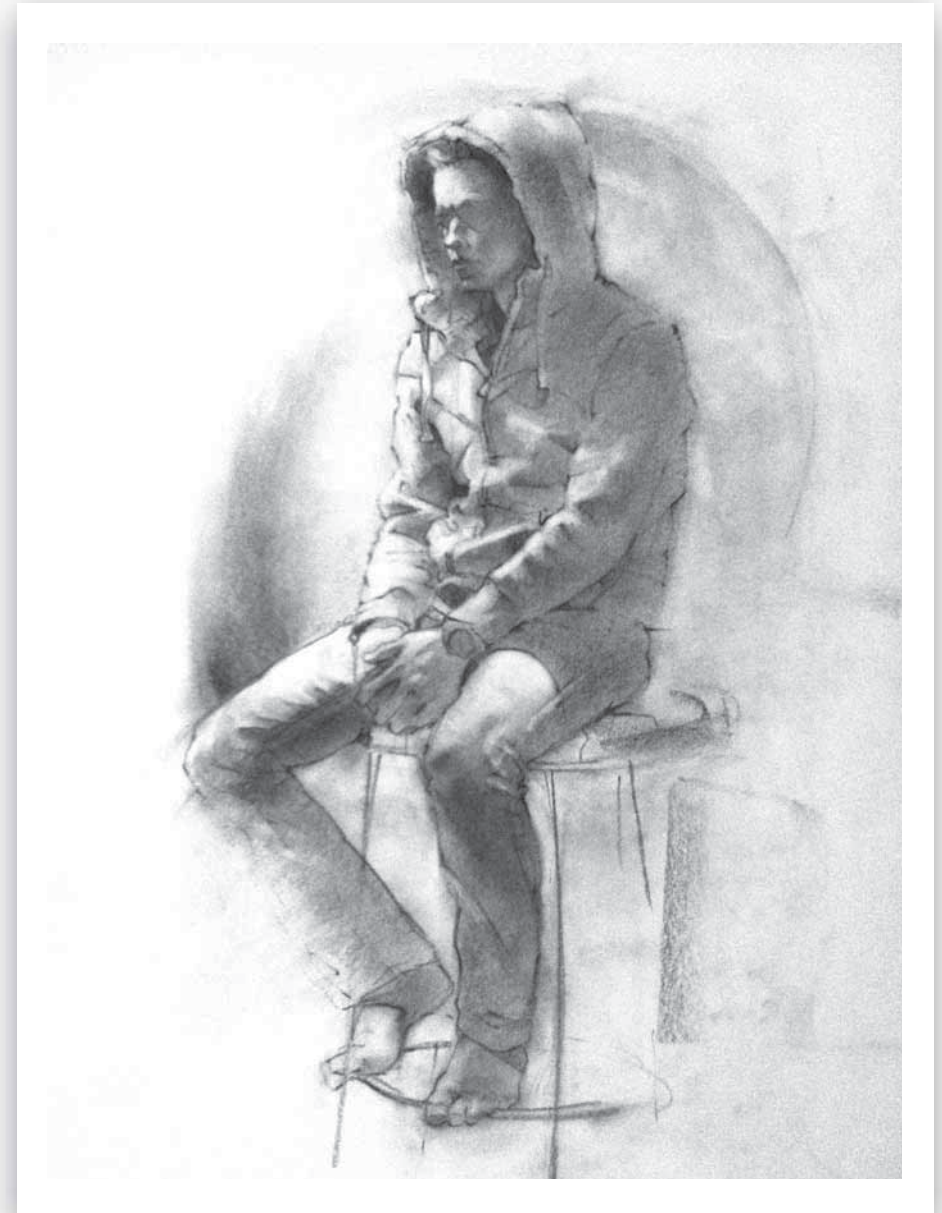
Them.

Up.

His neutral existence
is taking a stance by not taking one.

On the rim of a coin,
rather than heads or tails.

Infuriating... •



Untitled 1 [Adam Borgia]

Es la Medicina

Amy Howard

My roommate glances at my TV, esta molesta, I think to myself. She is always complaining to the nurse about my soaps, as if I can't understand her, as if I'm not lying 5 feet away. I can hear you! Puedo entenderse. I've lived here for 26 years I want to shout. But that requires too much energía. Everything requires too much energy these days.

I look over at my roommate. White, pasty skin, watery eyes with a persistent red tint, her nurse, her family, my nurse... they all fuss over her. Maybe it is my skin? Maybe it's too dark to be pasty, so they don't know how sick I am?

"Nurse?" I call. No response. Can't you hear it? My voice? It's gone; it's so weak, like my body. Can't you tell? I get mad then, which surprises me. I didn't know I still had enough strength to get mad. "Enfermera!" I yell, although it comes out more as a strangled cry, which makes me angrier. My voice, like my body before it, is failing me.

She walks over. "What do you need?" "Quiero hablar con mi doctora" I say. She shakes her head and addresses the CNA "She does that sometimes. I know that she speaks English".

Sí, I think irritably to myself, and I know that you have Spanish speaking nurses, doctors, and translators, but my translator requests have gone unanswered. I don't know all the words, you talk too fast, but mostly, I just don't trust you.

The nurse talks to my scabs, she rarely meet my eyes, "I don't know what you want." She turns and leaves the room.

I turn back to my soaps, but the scenes swim before my eyes. I'm crying, I realize. Why? I never used to cry. My cheeks are frequently wet now though. La medicina. I blame the drugs they pump into me every hour and satisfy myself with that. I blame the meds for a lot of things these days. Sometimes I sleep through breakfast and lunch, waking to see long shadows stretch across my room as the sun sets. La medicina, I grumble as I quickly check the phone to see if the message-light is blinking. It usually isn't. I've been sick longer than is polite. No one calls me anymore.

A familiar pain begins to creep up my legs. I strain to move them, but, as usual, it's futile. Even my own limbs ignore my commands now, in English or Spanish.

A knock on the door, I know who it is. I don't answer. She comes in anyway. She dropped the always-cheerful act a few days back. She wants me gone. It's the dinero. The money's gone and I don't have any more to offer. I remain silent until she leaves, frustrated.

I'm not getting better, in fact I'm getting worse, but they don't know why. No one seems to know anything anymore, not even myself. When did I get here? How did I get here? I think back, fighting the haze of my thoughts.

I remember the empty prescription bottle. I don't know how long it was empty, a week, a month? There it sat, on the bathroom counter, taunting me each morning and evening. "You can't afford to fill me. You know it's only a matter of time. Do you remember the last time..." The psychosis had already begun to sink in, I could feel it at tugging me, pulling me away from reality, but there was nothing I could do. I couldn't pay for a refill; all I could do was wait.

They told me I hit someone, a stranger I guess or maybe a neighbor. I don't know. I remember the jail cell though. It was green, an ugly slimy green that filled my nightmares until the medicines calmed me. One day, they tell me, I collapsed in that cell, on that green floor.

I'd like to print out my memory. Maybe imprint it on some film. That way I'd be able to see where the gaps are and eke out meaning from the misty, convoluted segments. I'm tired of someone else telling me my own past.

I play my diagnosis back and forth in my mind, neuropatía, neuropathy. It's a senseless word in both languages. It's a fancy placeholder, like so many things its translation is "we don't know".

I try to move my toes again. The fisioterapeuta says that I need to practice this every couple hours. She says it will help me. That it will help me walk sooner. Is she trying to mock me? Walk? When I can't even move my ankles? Walk? When I can't even blow my own nose? I'd laugh, except I know that instead I would just cry. I'd laugh, but it's my only hope left. I either walk or I die. So I try, once again, to move my toes. ●



A Quiet Moment [Oswald Pfenninger]

Mavericks, neurologists and engineers

Colleen Berding

I don't understand
And probably never will--
The beauty of the formulas
That cast the coastlines
Into delicate waves
Obeying a pattern
Only resolved, in the end,
By the Almighty.
I simply look on
And marvel at the sight
Of a landscape,
And the explanations
Cast in formulae,
Crafted, sorted and catalogued.
The ideas and knowledge;
Captured,
Transcribed,
Released,
From thoughts in a beautiful mind. •

The Waiting Room

Henry Claman, MD

A snowy white coiffure
tries to hide the ruins of memory.
Holding on to her cane and her companion,
careful with stairs and chairs,
she floats on gossamer bones, with muddled eyes,
and tries to decipher the conversation.

Quieter and gentler than she was,
she now likes gentle poems,
and occasionally startles us with
a perfect rendition of "My Captain."

"This is taking too long,"
she says for the third time
in as many minutes. •


Anschutz Haiku

Mary A. Baitinger

-
1.
Cranes across the sky
Spires of steel and concrete
Roots for a new home
 2.
Colored-paned windows
A checkerboard in the air
What is your next move?
 3.
Plates of stone and wood
Down the mountain path to home
A feast for the eyes
 4.
Spring birds cluster tight
A journey through winter trees
New nests are waiting
 5.
Ancient gray pillars
Beams slant through its narrow arch
Portals lost and found
 6.
Castles carved in stone
Green leaves foam its rocky shore
Brisk sailing ahead! •
-

Immense

Bob Cooley



He looked half dead already when we arrived at his bedside. Gaunt, gray, thinner than I had ever seen him, he lay barely breathing. His chest rose and fell slowly, quietly, a prelude of worse to come.

"You better come," my mom had said on the phone. "I'm not sure how much longer he has."

So we did.

We never left the side of his hospice bed set up in the living room (ironic name that!) except to walk on the beach for an hour or so every day, to get out where everything was alive, vibrant, smelling of leafy greens and salty air. The pelicans skimmed just over the waves, and a Red Tail sat on a power pole.

Such a change from inside the house.

He did rouse some in that first week. He would smile when visitors came to pay their respects to this larger-than-life man, now shriveled by tumors that robbed him of his essence as well as his largeness. But he would smile, kiss and hug all the ladies, just hug the guys. But he was always smiling. He told people that he loved them, though I'm not totally convinced he knew who they were all the time. He did say he loved me, once, replying to my own statement, and called me by name. So he was alert sometimes.

But mostly he slept, his body locking all the doors, latching the windows, battening down the hatches, getting set to close up shop for good. Maybe saving up energy for the last few minutes, knowing he would need all he could get to draw the next breath, as if he knew what a struggle that would be at the end.

And then one day, he sat up, put on his glasses, and read the LA Times, saying it felt like a dark cloud had lifted from before his eyes. He was clear and coherent. He even stood up, with lots of assistance, while the hospice people changed the linen. Stood, turned, sat in the chair. Stood for the first time since the day he had been unable to get up and had been carried with great effort down the stairs, seated in

a chair, to come to rest in the hospice bed set up a few feet from where one of his granddaughters had been born, 17 years or so before. The great circle of life.

He spoke clearly. He conversed. He had energy. He returned to bed with the linens fresh and clean and lay with his head elevated and talked as he had earlier in life, in the days when he had been more than an effigy, a husk wearing Death's mask. Before he lost his largeness.

Then he fell asleep again. He didn't eat or drink for the last week, could no longer roll over to pee, just slept. We gave him some liquid morphine to make sure he wasn't in any pain, every couple of hours, a few drops between his cheek and teeth.

The hospice nurses came to check on things every few days, and a woman with a guitar and beautiful voice came to serenade him into the next world. And he slept. And shriveled some more.

Then on that last day, he started a quiet gurgle with each breath, very soft at first, but ominous none the less. And the gurgle grew, water slowly steadily accumulating in his lungs. No longer able to clear the fluid, it seeped into his lungs. As his body shriveled, all the lost fluid collected there. More and more, the ocean he loved took him from the inside, filling him up. No ashes to ashes, he, but saliva to seawater.

I held his hand as his breathing became more of a struggle, accessory muscle working, working, working. Tiring.

"You better come," I told my mom, "I'm not sure how much longer he has." So she did.

We stood around the bed. We held hands, a dozen or so of us, a circle from his left hand to his right. We gave him as much energy as we could, standing quietly, watching him work so hard just to breath. Each of us breathed a little harder to try to make his next breath easier. He put up a good fight, as he had in life; once he put his mind to something, nothing could stop him. Almost.

Peace came. The struggle stopped. The ocean took him. Peace came to him, sorrow to those of us who still stood. Waves of grief flowed 'round the circle, from his left hand to his right and back again. Our tears mixed with the ocean within him, and mingled with the waves of the Pacific, rolling, rolling, rolling just out of ear-shot so close by. And yet so far.

Does he now sail to Catalina with his buddy Gib? Or does he fly, now without jet engines for propulsion? Or ride again through Arapahoe Pass, maybe now with Suzi, who led the way through Death's Door long ages before her time, father and daughter reunited once again?

Or is he just existing in the glow of Eternal Love, no longer doing, now being but a drop in the ocean that is the Divine? One star among the billions that fill the Colorado night sky?

He knows the answer, but he ain't tellin'. The big secret of 'what comes next' is safe with him.

But I still see him. He flies now with dragon fly wings. He looks out over the Boulder Valley from the Flatirons. Floats across the waves as the Brown Pelican. Breaks the surface of a lake as a trout. He is the cloud, the sky, the sun and the moon. The man who was bigger than life in life, is now even bigger in death. Now immense. •



The Woman's Role [Megan L. Stern]

On the Front Lines

Evelyn Brosnan

It was the second week on my internal medicine rotation and the senior resident suggested that I pick up a new overnight admission as a patient – “the guy with the DVT in his arm.” I inquired about his name. It was Garry, “with two Rs”. My resident remarked that this case was a bit straightforward but that I’d learn about blood clots and managing DVTs.

Garry was grumpy when I went to see him. I was the latest in a line of too many people who had already asked him the same questions. On top of that, his left arm had ballooned up to twice its size, was completely tense, and hurt enormously to the touch. I pulled up a chair and explained that it was helpful to hear the story directly from the patient and often things become clearer this way. He just looked up at the ceiling and answered my questions tersely without looking at me. I tried to be gentle with my physical exam and having accomplished what was necessary for rounds, I told him we’d be back as a team and headed off. It felt awkward, intrusive and that I was unwelcome. I wondered myself if, as a medical student, I had anything significant to offer.

Later that day, I returned to check on him. He warmed up as we chatted, telling me all about the antics of his terrier dog that he loved. Then in a twist of the story, he suddenly announced that his son would kick the dog viciously whenever he visited him; this same son had since ended up in jail. I didn’t expect that. More pieces of his life emerged – he had been a roofer, prior to that he was in the navy, was now divorced and lived by himself with his dog. He told me about living with a heart that wasn’t pumping so well (I knew from the medical record that his ejection fraction was 29%). He had many comorbidities. He also had sleep apnea, but did not like to use the CPAP machine at night since it made him feel that he’d suffocate. We talked a good deal about all that.

But he was here because he had a DVT in his upper extremity and we were giving him heparin until we bridged him to warfarin and he could go home again. The next morning, his ex-wife was in the room and Garry introduced us. She’d flown in from another state. I was surprised. We chatted and she seemed to care quite a bit about him. On exam, his arm was softer and less painful to move. I’d learned that if his INR after 48 hours was therapeutic we could switch him completely to warfarin, which we did. Things were going according to plan and we’d likely send him home the following day. I noticed that hospitalists shared the same vigilance about the “dispo plan” as emergency room physicians.

The following morning, I arrived to discover that Garry had needed 12L of oxygen nasal cannula overnight. Naturally, we wondered about a PE but the CTPE scan showed no clots in his lung and his INR was therapeutic. He remained stable and his arm continued to improve. Late in the day, on my own “rounds” of my patients, I swung by Garry’s room and chatted with him for a bit before I went home. “See you tomorrow,” he said as he waved me off.

At sign-out the next morning, the overnight team relayed that Garry had developed breathing trouble overnight, had to be put on CPAP to maintain his oxygen saturation and had been moved to the step-down unit for closer monitoring. A chest x-ray showed significant occlusion in his right lung and he’d received antibiotics. I went to see him. He was not well, but could still communicate through his CPAP mask. I commiserated with him since I knew how much he hated the mask, but tried to encourage him by sharing that he needed it currently to maintain his oxygen levels and explaining our plan. As I was doing my physical exam on him, he suddenly grasped my hand, held on tightly and didn’t let go. I looked at him closely. His eyes were shut and I sensed he was scared. “Are you afraid Garry?” I asked. He nodded, without opening his eyes and squeezed my arm even more. I tried to reassure him and also told him, “We’ll take good care of you Garry.” I genuinely meant it.

On rounds, we discussed his case at length, but we still couldn’t explain exactly what was going on. We were concerned about his decline and wondered if a bronchoscopy might be in order. On consultation with the pulmonologist, we decided it was too risky to do it on the floor, so we moved Garry to the care of the ICU team. Next morning, since he was no longer on our team, I didn’t round on Garry, but wondered how he was faring. I planned to go by the ICU and check up on him. We were on call that day and our roster got full quickly. I was so tired at the end of the day that I left without going by the ICU. That night I had a dream about Garry – he was thrashing about the bed in a CPAP mask, struggling to breathe. I awoke surprised and unsure what to make of all that.

Our team had our hands full from the get-go the next day, but I finally had some time in the early afternoon to write my notes. As I was sitting at the computer, my intern stopped at the desk and announced, “Garry just died in the ICU. His condition worsened and they decided to do the bronchoscopy on him, but he coded in the middle of the procedure. They tried for 20 minutes, but they couldn’t get him back.” I slumped into the chair, stunned. He came into hospital for a DVT in his upper arm and now he was dead.

All I could think about was he gripping my hand so tightly, and me telling him that we’d take good care of him. •

This series titled, Waiting, explores the emotional aspect of people waiting in line for organ transplantation surgery. Each "dot" or symbol represents a certain number of people registered and waiting for transplant surgery. The glowing center pieces hold those who actually receive transplant surgery.

This data is from the Organ Procurement and Transplantation Network (AOPO), 2011. This series appeared in the TEDMED 2011 Exhibition of Medical Illustration, Hotel Del Coronado, San Diego California, Sept 24-28, 2011. This series will appear at the Fulginiti Pavilion for Bioethics and Humanities Gallery, June - August, 2013 as part of a one person exhibit titled: hyper-stasis.



[Hepatic Labyrinth]



[Renal Labyrinth]

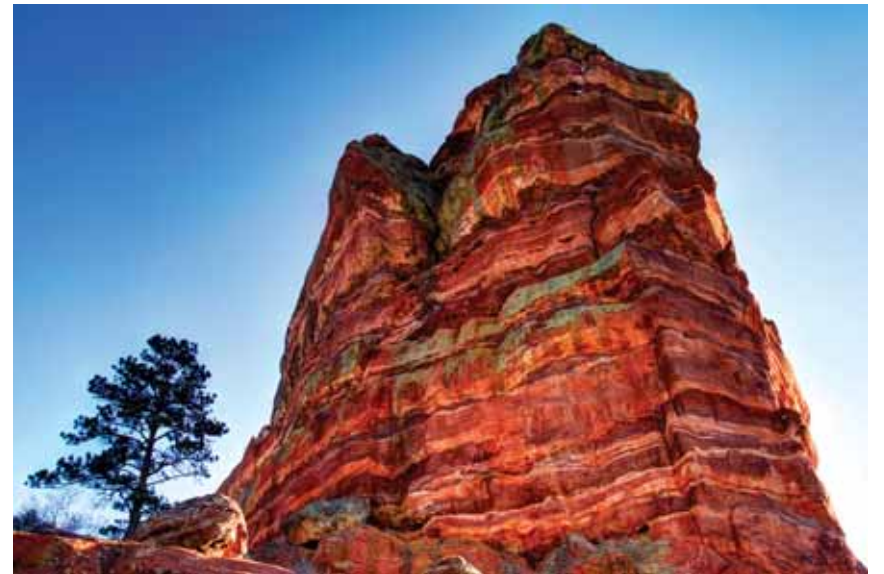


[Pancreatic Labyrinth]

Waiting [Travis Vermilye]



Flamenco dancing in Madrid [Suzanne Lewis]



Timelines [Corey Whitley]



Boy and Camel [Lauren Harrell]

Untitled

Jacob Pellinen

When tragedy becomes routine
When intimacy and suffering become exhausting
We grow cold and stay
Or run away...
Or refine a natural skill
To support our days, maintain our will –
A skill that helps us be more human,
The invaluable skill of self-delusion. •

Nobody's Pregnant, Nobody's Dying

Anna Christenson

Last summer, I called my mother to talk to her about my upcoming vacation. I asked if we could go camping, a favorite pastime of ours, and she paused. Then she responded with, "We'll have to see. I'm having some tests done and it might not be the best time." My heart sank. I knew that she was sick and I immediately asked her about the testing. Before I could finish the question, she interrupted and explained that she wasn't interested in talking about it until I arrived in Oregon.

By the way she spoke, I knew that she had become the first person in my life to have cancer.

Upon my arrival in Oregon, my mother explained that she had screened positive on a blood test for colon cancer. The test was new and she didn't know much about it. I quickly got on my computer and began researching everything about colon cancer – the positive predictive value of the test she had, the survival rates of each stage, anything I could find. I wanted knowledge and power in a moment that left me feeling helpless. Part of me wanted to share with her everything that I was learning, but another part of me wanted to protect her from fears and worry.

The next step was the colonoscopy, then a biopsy, and finally CT scans. These procedures would stage her into one of many categories. But to me, it felt like only two – the moms who would live and the moms who could die.

Before she could have these tests performed, I had to go back to school in Colorado. I knew my mom was scared when she told me that she might have to ask me to come home. If you knew my mother, you would know that there is nothing that comes before her children's education. But cancer breaks the rules; it brings people together and wipes other priorities off of the table.

Her colonoscopy showed a mass that had grown into the wall of her descending colon. The biopsy provided evidence that it had crossed the basement membrane. The abdominal CT was clean. This constellation of findings placed my mom in stage 3, which has a survival rate of anywhere between thirty and seventy percent. We wouldn't know where on this spectrum she was until we had the lymph node dissection from a surgery that was planned for Christmas.

The fall semester was an absolute rollercoaster of emotions. While my mom was back in Oregon getting weekly chemo and daily radiation, I was in pathology learning about the stages of metastasis, imagining everything in her body and fearing that

biology's greatest creation – the immortal cells of cancer – were winning the battle.

I will always remember one night last semester when I was particularly broken. My mom had planned to visit me and she had to cancel because she was too weak to travel. She had been admitted to the hospital for dehydration; the clinicians had missed the early signs because she takes a blood pressure medication that decreased her heart rate. Feeling like I couldn't trust her providers to watch for cardinal signs of health made me lose confidence in her care. This sent me into a downward spiral one night and I cried for hours. I kept saying, "She's going to die, she's going to die, she's going to die..." I just know it." I kept thinking that it was all so unfair. My sister and brother are a decade older than I and have spouses and children. My mother had attended their weddings and had played with their children. I imagined she wouldn't be a part of those milestones in my life and that made me deeply saddened and angry.

Sometimes sleep is the best remedy for these overwhelming feelings. I lay down and closed my eyes, trying to breathe and stay sane.

Balancing school and a family member with cancer is a difficult task. I wanted to do well, but I also had to let go of my perfectionistic standards. I found it helpful to create an internal dialogue that I was taking another class, a class called "Facing Cancer" and that I was getting the proverbial A in the material. I knew I was gaining wisdom that I would use with my future patients and maturity that would guide me in my practice.

Eventually, the semester came to an end, and it was time to go back to Oregon for the holidays. I've never been so scared to see my mom. Last summer she was sick, but she looked healthy. This winter, would she be thin? Would she have her hair? Would she be fatigued by the simplest of tasks?

Indeed, her constitution had changed and she needed more rest. My father, who is a bit of a free spirit, had slowed down to focus on the needs of his life partner. He would fetch her water, pile blankets on her, and make her soup. It was lovely to see this newly invigorated team and I was grateful to know that he had been there to support her during my absence.

As I sat with my mom, we talked about her upcoming surgery. She would have bowel removed, an ileostomy placed, and would be in the hospital for a week. This to her, was "the scary part." We both knew that the lymph node pathology would be the greatest indicator of her long-term prognosis. It was surreal to be in a hospital waiting room anticipating the OR report. I looked around and thought about all of the families present. Their stories were likely to be just as heartfelt as mine. We were strangers, but at the same time, we shared an intimate bond.

Dr. Andrews came out and explained that things had gone well. The surgery

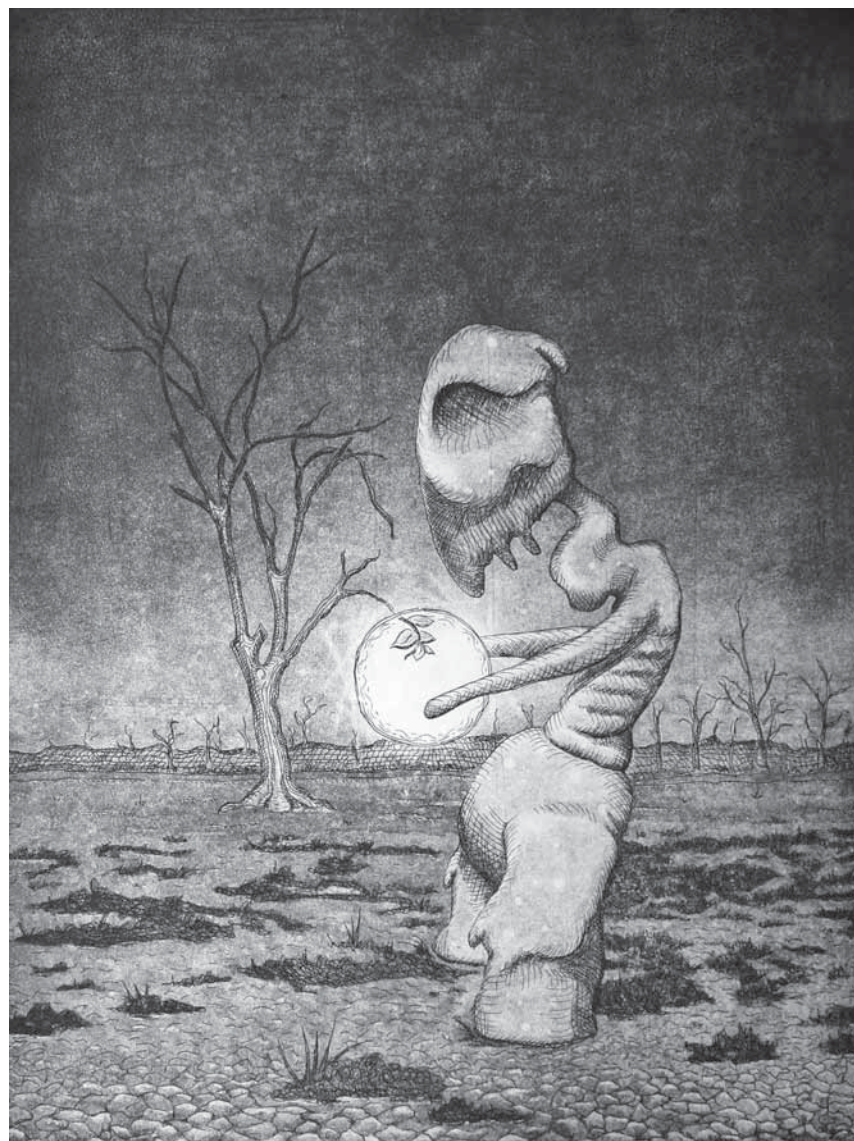
lasted eight hours, longer than expected, but that's because they found a cystic mass on the spleen. They attributed the mass to coincidence and thought it was unrelated to the cancer. My dad was terrified when he heard the word "mass," but I was able to explain that the word "cystic" was a good thing. It was therapeutic to play the role of liaison between the health care provider and the husband who knew little about medicine.

My mom was roomed on the fifth floor of a small hospital in Salem, Oregon. For the next week, this would be my home. I spent every hour with her. Knowing that the surgery had gone well helped to lift our spirits. At times, she was totally high on pain meds; I suggested we watch mindless chick-flicks and reruns of Saturday Night Live. Together we laughed at the "El Nino" skit. I encouraged her to drink water and try to eat something. I drilled her clinicians about her input and output, her vitals, and her pain level. I wanted the best for her and would be her advocate all of the way. The daughter had become the parent.

On the third day of my mother's hospital stay, Dr. Kohl came by and mentioned that Dr. Andrews was out ill. Dr. Kohl would manage her care from then on. In private, my mom sarcastically mentioned that this would be fun; Dr. Kohl is known for having the emotional depth of a frog. I realized what she meant, when he later poked his head into her room to explain the lymph node path report. The door opened, a head popped in, and he said, "Hey Franny, the nodes are clear. Good news, eh?" He then closed the door and left the two of us to work through the reality of what we had just heard. I grabbed my mom's hand and said, "You know what this means? You're going to get through this, Mom. I promise."

It took me a few days to fully realize the meaning of Dr. Kohl's words. As I headed back to Colorado for my spring semester, I came to a realization. We were one of the lucky families. Throughout this country, every day, families have clinicians just like Dr. Kohl come into their rooms and explain that the lymph nodes show cancerous infiltrates. Their fight with cancer will be longer, harder, and riskier.

This past Monday, my mother explained to me that she has just completed round five of her eight post-surgery chemo treatments. With just one surgery left, there is an end in sight. We have this phrase that she repeats throughout the years whenever I mess up – "Nobody's dying and nobody's pregnant, it'll be okay." On Monday, although she felt weak all over and had severe nausea, I joked with her that although it may sometimes feel like it, "Nobody's dying and nobody's pregnant." This will all eventually come to an end and our lives will return to normal. This normal is an improved state from that which was before, as we cherish our relationship and our lives more than ever. ●



Unseen [Ben Patterson]

December 12, 2005

Sam A. Zakkour



"I know you refused to let me get you a tree, but you never said anything about flowers." I turn away to grab the poinsettias from the kitchen counter. "So I was thinking of putting these here," I said as I carry the plant towards the living room, placing it on the coffee table in front of him. From this angle I can see that some of the foundation rubbed off onto his shirt collar.

He continues to sit on the sofa, staring out the window towards the ocean, unmoving. "We can put one poinsettia on the dining room table, the other by the door and the rest here by the dieffenbachias. I think it'll make it look like Christmas really is here. I mean, really, babe. I refuse to let you sit here wallowing in your misery with the only thing to look at that's Christmas-y are the lights on the neighbors' balcony." I return to the kitchen for the remaining poinsettias. When I turn back, he's still staring out the window.

"Take them back," he whispers out into the ocean. "I don't want them."

"You don't want them?" I half-heartedly laugh, staring at the red and green leaves. "But everyone loves it when their man brings them flowers. And besides, it's Christmas."

"I don't care what time of year it is. I don't want them in my house." He's still staring out the balcony window, out into the ocean. I can't tell if he's talking to the moon or to my refection in the glass.

"Babe..." I start, thinking that I should try to rationalize with him. But as I put the plant down, all I can see when I look at him is the foundation that's probably staining his collar. The collar that I'm probably going to have to wash.

"Why are you being so damn selfish? Just take the plants and get out of here!" This time I can tell what he's looking at in the window.

That's when everything shattered.

"I'm selfish? How fucking dare you call me 'selfish'!" Something inside me tells me that I should tone it down, that I'm overreacting and that I should be more

sympathetic. He's sick, the voice pleads. You have to understand that he's lashing out and scared and...

I quickly smother that voice and let the other one out. The one that I've been silencing for months, the one that I've hated myself for having because it makes me feel guilty for not being a saint. The one I finally let take the reins. I can't stop myself. I want to rage and I want to let it out. I NEED to let it out.

"If I'm fucking selfish, then you're a FUCKING MONSTER!" I yell at the back of his head, at that hideous spot that's creeping up the side of his neck.

"WHAT?!" He finally rips his gaze from the horizon and turns to face me. "I'm a monster?!" Atta boy, the voice goads. Don't make me feel like a bully. Fight back. Become an active participant.

"Yes you are!" Yes you are, the voice inside me echoes. "You're a monster! You should have told me you were positive when we first met!!"

"Is that what this is about? You're pissed that I didn't tell you sooner? I never forced you to stay with me!" There's no turning back now.

"You're a fucking monster for making me fall for you when you knew you were sick. You let me create these dreams of a future together with you and then slapped me back into reality, which you should have done when you first hooked up with me! Not half a year later, you damn coward!"

"I'm not a coward! I thought we were just gonna hook-up and that was it! I didn't expect it to turn into more than a one night stand!" Yes! Stand up and ball your fists. Look at me when I tell you this.

"I don't give a fuck WHAT you were expecting! You still should have said something! All you do is sit around, wallowing in your fucking misery and bitching at me for not knowing what you're going through and expecting me to bend over backwards to cater to you. FUCK YOU! Try living MY life for a second and you'd start thanking God that all you're doing is just dying! At least you know what's going to happen to you! Every day I live my life not knowing if today will be the day that I come here to find you dead in your own shit in our bed or on the floor in a coma. Try living your life terrified to hear your phone ring, always wondering if this phone call or the next one or the next one is going to be the one from the hospital asking you to come in because they have some bad news. Every day after work I go home and shower and scrub away whatever I can because I'm terrified of picking up something from one of

my patients and bringing it here and making you even sicker. Every night before we go to bed I pray that I could take your place so that you'd no longer have to suffer. So that you could be happy like you were when I first met you before all of this. And now you have the audacity to call me 'selfish'?! Try living every day wishing you were the one in pain and dying in your man's place, only to have your heart crumble every night you come home knowing that life doesn't fucking work like that, no matter how hard you pray. Try living MY life and you'd understand what the fuck I have to go through every day and then you'd rethink your fucking stance on how 'selfish' I am!"

FINALLY!

"I'm...I...", he stammers, caught off guard by the force of my anger.

"Fuck you! Don't try and say anything. And you want to know what kills me the most? You're not the one who has to worry about what to say at your funeral when your family asks how we know each other. You're not the one who has to lie to them and tell them that we were "roommates" or some shit like that because you were too damn scared to tell them about me. Either scared or ashamed, whatever, I don't know, but that's what I'm gonna have to do one day and it kills me to know that no matter how much we go through together, how many tears I cry for you, no matter how many fucking prayers go unanswered, in the end, I'm what you hide from your family. You're fine telling them that you're positive and lying to them about how you got it or why you don't believe in taking medication, but in the end, I'm what you choose to keep a secret. I'm what you feel makes you unclean, not that damn disease."

"That's not true! I'm not keeping you a secret!" he protests. "It's just you know what my family is like and..."

"That's not even the point! The point is that you're not the one who's living every day of your life watching the man you love slowly die from this shit. You're not the one watching all of your hopes and dreams of a 'happily ever after' slowly die with him. You're not the one who has to wake up every morning knowing that one day you're going to bury your heart six feet under, and not even know if you'd even be able to attend the funeral in the first place. Hell, not even know if you're even strong enough to handle that much heartache. Every day is a constant reminder that I'm the one who's healthy, that I'm the one who gets to live, and I feel so damn guilty because of it."

We stand there, facing each other in silence, unmoving. The neighbors' Christmas lights continue to twinkle brightly in the background, merrily flickering on and off, unaware of what's been said. He slowly walks around the coffee table in my direction. His shirt moves, exposing the side of his neck where the foundation rubbed off. I look down to my feet, wishing I had held my tongue, wondering why my vision is so out of focus.

"Babe...", he says quietly, wiping away the tears that I didn't even realize were there. When they started falling, I have no idea.

I raise my arm towards the coffee table to where the poinsettia is. "You might think that there's no point to any of this stuff, but there is," I say into the hollow of his neck, not caring if my tears expose anymore lesions. "You might think that I shouldn't even bother with flowers or Christmas or anything anymore, but it's all I can think of doing that lets me feel like I'm living a normal life with you and that I'm not just some guy that's here playing nursemaid. If I stop doing that, stop doing the little things that make it seem like we're still a part of the outside world, all I have left to do is think about the future as I watch you die. Knowing that it won't include you in it for much longer only makes it hurt that much more. So I busy myself with these things to keep me from thinking about it and to make myself think that we're living a normal life and that maybe we might actually get that 'happily ever after' someday. I know it's childish to think that, maybe it's even 'selfish' of me to want that, but when every fucking moment of reality hurts and makes me feel so powerless to help you, I don't think trying to pretend that it doesn't is too much to ask for. Do you?" •



Untitled 2 [Adam Borgia]

Wound Care

Jody Jones

Damage done.

Pain, pressure, stress, strain,

Indifference, precludes closure.

Dwelling opens it anew,

Reliving the pain, preventing recovery.

Debridement with scalpel sharp,

Cut your losses.

Purge festering decay, purified and clean,

Open to fresh light and air,

Opportunity for healing.

Encourage closure, nourish new growth,

Soft and supple, elastic,

Stretch to accommodate the scar in deference,

Allowing for flexibility, adaptation, and change.

Transformation.

Residual scar, testimony to bittersweet memories,

Fainter over time, resilient, less sensitive to sensation,

Stronger in a different way, a part of you forever,

Reminder of what once was. •

I Never Met Carlos Vega

Lauren Roles, MSIII*

I never met Carlos Vega*, but I know the color of his eyes. They are brown – milk chocolate brown – a lovely color for a little boy, but I can't stand to look at them. You see, those eyes don't look back at me, don't spark with mischief, don't wrinkle in fussy frustration. They just stare blankly at the ceiling as my hands push up and down, up and down, up and down on his tiny chest.

The first time I see Carlos he is splayed out on a table that dwarfs him in nothing more than a diaper. In spite of his utter stillness, a faint sense of vitality clings to him, like the scent of last night's dinner lingering in the kitchen. Just a few hours ago, he was big for his young age of only two years – a definite boy, tall with dark hair in a practical buzz-cut. Now, there's no animation in face or chest or fingers and movement rushes around him while he remains impossibly, impossibly still as if he were the event horizon of the most chaotic black hole. A spider's web of lines is being weaved to connect him to the four corners of the room – oxygen to the mask on his face, fluid to the interosseus line in his shin, nurses with needles prodding flat veins for peripheral access.

The first time I feel nauseous is when I see that interosseus line. It makes me nauseous still to recall. For intangible reasons, it seems so much more violent to shove a needle through muscle and bone than to slide it smoothly into a plump vein. But Carlos has no plump veins, and another interosseus line makes its violent plunge into the bony core of his other leg. But I don't watch this. My attention has been diverted. Stand here – be ready to take over CPR. I don't remember who puts me into line behind Katie* and Josh*, who bravely steps up to the bedside first. I look to my teaching attending, but she's outside the room – stepping away to the children with colds and earaches and belly pain awaiting attention in the rooms next door and down the hall. I want to go with her but I keep my place in line.

I look to the attending running the code, a tall thin middle aged man who stands with furrowed brow at the end of the bed like the ship's admiral on deck, arms crossed against his chest. I hear him reprimand Katie – deeper, here, in the center of the chest, don't let your hands slide to the side, stay over the pad. And then it's my turn, and I have just enough time to wish I had paid closer attention in ACS classes before I'm bouncing up and down on a little boy's chest.

I still can't look in his eyes.

I look anywhere else. But I find I can't look at the nurses or doctors – I don't know which at this point – either. So I focus on the back wall and try to keep a steady rhythm but it gets so

hard so unexpectedly fast. My shoulders hurt as the weight in my white coat pockets seems to triple. I wish I'd thought to take the stupid thing off, but there's no stopping now and no place to put it even if I could – the room is full to bursting. My hands tire and slow but I try to keep going, try to remember that this boy's recovery could depend on my CPR.

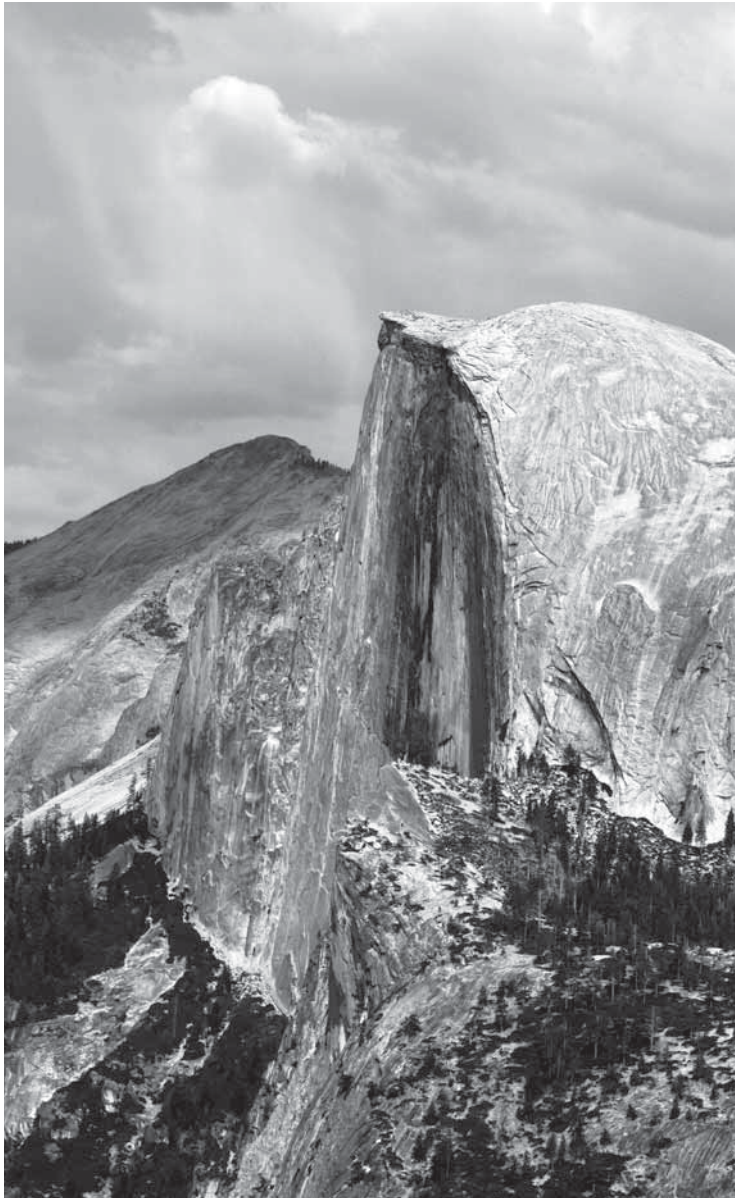
It's a lie. This boy isn't recovering. Such an ugly, ugly true thought. But I know. It's in his eyes. We call it 'fixed and dilated', a clinical term for a concept as old as man, or perhaps older still – that whatever force of life or god that animated this body is gone. Carlos doesn't live here anymore. It's a feeling under my hands, more than just the cracked ribs, the distended belly, or the mouth bubbling with foamy blood. It's a sense of sudden disjointedness – of parts that have become less than a whole. This boy is gone, gone, gone.

The activity in the room the goes on, but I feel a sense of peace. This horrible torture we call a code isn't happening to Carlos, just a body on a bed he left behind. But his mother doesn't know that. She bursts into the room in a frenzy, appearing before my eyes, in front of my wall – a stunning interruption to my steady rhythm. The father, behind her, paces and cries quietly, with hunched shoulders and shrunken posture. But the mother – she screams. She screams pain and rage and fear. She calls his name and begs him to return to her. Maybe she does know after all that the body on the table is not her son. I have heard before that the noise a mother makes when her child dies is as unique as it is horrible. Whoever 'they' were who said that, 'they' were right.

We keep doing CPR for several more minutes before the social workers and attending manage to make the parents understand that their son cannot be saved. I am so glad that that isn't my job. I'm unbearably relieved that we're done – that I don't have to compress that too pliant chest anymore. I don't remember the time of death being called. I remember washing blood off my arm. I remember eating a chocolate chip cookie in the staff lounge. I remember walking back to the teaching desk in the back of the ED with Katie and Josh, so uncomfortable, not grieving but numb. I remember Josh saying that it was probably a bad thing that the only exercise he got was from sex and chest compressions. We laugh – what else could we do?

Attending 'Admiral' comes by the teaching desk later and apologizes if he frightened us during the code; we did a good job, he says. The day goes on. The rotation goes on. We talk to the chaplain, who is very nice and not at all pushy like I somehow expect. I don't cry that day, or any day after that. I feel sorrow. The death of a child is a sorrowful thing. But I don't grieve – how could I? I never met Carlos Vega. •

* Name changed for privacy.



The Face of Half Dome [Grayson Huben]

Moving Out

Henry Claman, MD

As Larkin has it in *Aubade*,
we live in a rented world. God
might be the landlord. And if so,
what do we owe? Perhaps some reverence
for her - deference to him.
But we should pay up - we've lost our lease.
Even the apes wouldn't want it renewed.
We're being thrown out. Not on any whim -
The bonds of civility are becoming unglued.
Poison canisters are being dusted
off and cruelty has crossed
the line. So we will cease
To live here.
But how will we know
where to go? •

I Tano' hu (my island)

Leslie Palacios Helgeson

The wonder of life, of being in and of earth
To a small child is measured in this--
Bigness, smallness, shortness, tallness
Cradled in the warm familiar hand of home

Memories, lined with reference to space
A sweet memory, blanketed in
"Oh I remember these, when I was small..."
In a place that I only see in my dreams

The other day, I stumbled upon a memory
Out of context, out of comfort
Out of reference, out of the ordinary
Satsuma oranges, with the leaf still attached

And how it threw me backwards in time
To a time and place you can hardly imagine
A tiny island, floating, discreetly
A spot of mass, far too humble to map

Zoom in, zoom in, zoom in
You're over the Pacific Ocean
Zoom in.
You're much too far away to see...

Fall through the clouds—nearer, nearly there.
Keep going, and closer and closer and close
Until, flirts of green and foamy splashes of surf
Along jagged edges of volcanic coast

Lilliputian land, captured, enraptured in time
Places like these don't age like we do
The people on it live life in slow motion
The land itself, quickly eroding away

This paradox, Saipan. It's been so long
Since having a proper old memory
Nostalgia and yearning are slow to affect...
For I have never been to a place like my home

Imagine, a small, skinny, bronze, brown-eyed child
Hair flying in salt-laced winds from the sea
Climbing (how the bark stuck in the soles of her feet)
A tall tangerine tree, towering, tickled with fruit

And greedily grabbed, by two tiny tough hands
Legs secured around the tremoring trunk
Success! And a rain of them fell from the sky
Dull thudding and rolling, then stopping and still

Grubby little thumbs poke into that soft fleshy spot
In the bottom of the thing that makes it so easy
And pulled apart, a soft cracking sound, the peel
As if it were made just for her

Sitting on the sandy earth, in around subtle hills
The red ants came, and bit and bit at her heels
The stinging, the burning, the itching it came
But could not perturb the sticky faced girl

And off to explore this gigantic world
She walked over coral that cut at her feet
To the place in the lagoon, where the volcano rocks
Jutted out, jocund, begging to be bested

Challenge accepted, and she waded her way
Between slithering eels and tufts of brown seaweed
To climb these mountainous outcrops of rock
Knowing that on them, she was closest to God

And after bloody fingertips and scratches all over
She stood, triumphant, treasuring the sight
A dark orange sun, setting on the horizon
And she felt so big and important and tall

Until she grew up and left it for good
For places new, and sights unseen
Zoom out, zoom out, zoom out, never stopped
And saw she was getting smaller and smaller and small

And the memories got hazier and hazier with time
Eroding away like the edge of her land
In the new world, too few things to bring her back
To the land where everything is slow and still. •

Keloid

Lynne Yancey, MD

Scar: [skahr] noun: fibrous tissue replacing normal
tissues destroyed by injury or disease

Used to be skin
Made raw again and again
By a thousand little scrapes
A tough insensate shell
Tears roll off and don't feel hot

Keloid: [kee-loid] noun: hyperplastic scar tissue, tender
and frequently painful, usually after trauma or burns.

Scar gone mad
Overgrown
Deforming
Tears scald and sizzle
Even a light breeze sears the surface
It burns long after the breeze dies

Columbine is my keloid
Aurora is a breeze •



Metamorphosis [Anjali Dhurandhar, MD]

Melanocyte

Steven Robinson

From cosmic radiation
and X-rays
there is no effective
physical shielding,
and the sun represents
a direct attack with
its ultraviolet photons
flowing mercilessly
through a Godless universe.
Yet vulnerable though we are
sweet vesicles carry melanin
pigment --
acquired like souls from
distant deities; they are
a shield held against
mighty Helios.
Melanin protects with
supranuclear caps,
and a salute to the
venerable and oft-cited
cell found in the basal
region of the epidermis:
the Melanocyte.
Mela: a song, a limb,
an apple.
And cyte: a hollow
place in which we
can hide in the dark. •

Santa took off his oxygen

Shauna Seaman



The first thing I saw when I entered Mr. O's room was a big round pair of glasses sitting atop a hefty snow white beard. The substantiality of this beard obscured all facial expression, and the lack of welcoming cues led me to assume he would be a grumpy old man. But I persisted along, reciting my usual introduction. "Hi, I'm Shauna, a third year medical student on the medicine team..." He looked at me, unimpressed, but I took my seat next to him anyway, because whether he liked it or not, I had an H&P to write, and he was going to help me make it a good one. I asked why his entire right side, arm, back, and chest, were completely bruised black and blue. He had fallen out of bed in the middle of the night, but couldn't explain why. After I was satisfied with collection of medical information, I tried to warm him up by changing the subject, inquiring about his personal life. My wife died, he told me. Ahhh! Not the direction I was wanting to go...quickly divert! I thought. I asked when he served in the military, and he replied, during Vietnam. Oh good, common ground, I thought, that's where my mother was from. So I asked him what he thought about it. "Worst time of my life, it was terrible. I hated it". Fail again, I thought as I discreetly tucked my jade Buddha pendant into my shirt. But as we talked more and more, I realized that Mr. O was actually very kind and delicate, under his coarse demeanor. He had a gentle voice and spoke in such sweet and considerate words. He had very soft eyes, eyes that were unassuming, non-judgmental. I thought he must have worked as a very believable shopping mall Santa Claus; he fit the character perfectly. As I saw him lying there in pain, I wished there was something more I could do for him. A greeting card was on the table and he asked me to open it. "Get well soon", was scribbled; it was unsigned. And even though I did not write it, I was embarrassed to let him see it, as the first name was his, the last name was incorrect.

I spent all night at home writing his H&P with a careful plan for all 20 of his medical problems, including reasons why he might have fallen out of bed, and why his INR was 5 times the normal value. During rounds early the next morning, I took my place beside Mr. O, like his own personal attorney in court, ready to represent him and all his needs. But I never got to give my presentation past the first sentence before the attending cut to the chase, "What did the arm xray read?" No fracture. "Send him home", the attending said, and everyone filed out of the room while I

folded up my unread presented H&P and shoved it in my white coat pocket. It was apparently very busy that day.

So Mr. O went home, but it was only a week later when he had fallen again and found his way back to us. I didn't want him to be unwell, although part of me was not at all upset to see to him again. This time however, he was in a far worse condition, most notably, with extreme shortness of breath. An oxygen mask blasted on his face so hard that he couldn't form words to communicate. Even a short string of syllables left him heavily gasping and caused his oxygen to sharply plummet while the monitors screamed and beeped wildly. I had grown so fond of Mr. O, seeing him in such a weak state endeared him to me even more. I placed my hand over his. And to save breath, he simply placed his other his other hand over mine, and squeezed very tightly. Without any explanation, Mr. O declined at such an extraordinary rate that no one could understand. During rounds the next morning, words that were not even on my radar were uttered while we stood at his bedside. He probably only has about 2 months to live at most. He stared at us, wide-eyed, like Santa Claus being caught on Christmas Eve. I stared at him back, in shock, and could not divert my gaze. There was nothing that could be done to save his lungs. They were already significantly scarred and the trauma of the multiple falls had tipped him over.

The very next day he continued to decline so fast that something needed to be done. I urged my senior resident to come with me as I called his family. They needed to come immediately. I felt such urgency as I sat right outside his ICU room, one eye watching him and one eye watching the entrance for his family to finally arrive. While waiting for the family, the CNA washed him up and made him look presentable for his family. I watched him like a mother watches a toddler near a flame. He tried to talk, but most of the time, I couldn't make out the words through the CPAP machine. So I smiled warmly and looked at him, deep in his eyes to let him know I was right here with him. I leaned in and he hugged me, so tight. I could feel his fear. He was terrified. And there was nothing anyone could do to help him. He knew just like we all knew that he was—about—to—die. I kept my eyes on his oxygen saturation, holding my own breath when it fell, reminding him to take deep breathes, and breathing a little easier when it came back up. I tried to keep things light. I told him everything would be alright. Suddenly the nurse came into the room and began unhooking all the monitors. He was made "comfort care only". She even stripped the oxygen monitor that I had been keeping a hawk's eye on. Take deep breaths Mr. O...How would I know when to tell him that now????? His family wanted him home for his last few weeks. His sister had booked an emergency flight from Tennessee; however, he

would have to wait until Monday, because today was Saturday and patient transport didn't work weekends. The next day, I was off. The whole night before, I went back and forth about whether or not I should come in. But I lived far from the VA and I had many other obligations for the day. So I told myself I would see him the next day. I came in early that morning, preparing myself for the sight I was about to see. But I didn't see anything. He wasn't there. There was a stranger in Mr. O's bed Monday morning. I asked how he died. The nurse said he was alone. No sister, no daughters, no grandchildren. And no concerned medical student, to adjust his oxygen mask on his face, remind him to keep it on, remind him to take deep breaths.

"He said he was ready to take the oxygen off", the nurse said. •



Broken again [Debra Miller]



Simple elegance [John Sladek, PhD]



Seep [Jaimie Armstrong]

The School Nurse

Robin McKee

Hello, again.

What's wrong, my frequent flyer?

Sore throat, stomach ache, headache, hungry?

Sad, homesick, nervous about your math test?

Was it a bad morning at home?

Did you misbehave and need to escape your fate?

It's so hard to tell; your ailments are many.

It's often hard to look at you with a fresh face each time,

Each time and time and time again, that your cherubic face walks through my door.

But, I can't imagine your life outside of these four safe walls -

The lack of food, the lack of caring, the lack of money, the lack of a real home.

You eat two meals here, I give you clothes, I wash your dirty ones,

I send you home with crackers, cheese, cereal... extra band aids when you get hurt.

There is no working phone number, so I cannot reach anyone when you are sick,

So you stay with me all day, and I send you home on the bus - front seat, by yourself;

Don't cough or breathe on anyone, o.k.?

If I pause and think... I get it.

So I do look at you with a fresh face -

Hey there buddy, what can I do for you today?

Again. •



Universal Language (Patti Village, India) [Felicia Hutchison]

Life Lessons

Laura Katers

These are the parts of family medicine that I adore: the pink cheeks of a 3 year old I want to squeeze so badly I have to nearly restrain myself; a baby that isn't mine I so desire to cradle; an old man with broken bones who still cries for the love he lost years ago. His advice to age gracefully is to pray for luck and patience. He says living to 96 years old has very little to do with humor, then chuckles.

There are the pauses in a story while a patient decides what to tell me... knowing I can tell even more from their silence sometimes. In this space is a soft whoosh of blood in an artery, the stammering persistence of an imperfect heart, a lymph node swollen like a speed bump to recovery. Here, there is pain. And patience. And salvation.

As PA students we are taught to think of common ailments and keep our differentials broad. A numb hand, to me, looks a lot like a pinched nerve, neuropathy, inflammation from micro trauma, carpal tunnel, or perhaps even something psychosomatic. Most of the differentials aren't life threatening.

So when the woman arrived with the numb hand and foot, she didn't "impress" me. Non-impressive ailments, I've been told, are good—it means they are probably benign. She was 47 years old, appeared in good health, but had been vomiting for days, the result of food poisoning, she thought. Then today she woke up with the numbness—"Like I fell asleep on my hand and foot and they are now waking up." Almost as an afterthought, she mentioned some intermittent stabbing chest pain. As she described the chest pain to me she assumed Levine's sign. My pulse quickened. "It's the heart," I thought, "her electrolytes are out of whack and she's had an MI."

Now I was impressed, especially when she began to describe a disconnect between her brain and her right hand. I ordered an EKG. Just that morning she had difficulty putting her coat on, putting the key in the ignition, typing on her computer. Her right hand wouldn't "behave," she said, nervously, "like it had a mind of its own."

Could it be a pinched nerve with some level of cognitive decline? An MI that was affecting perfusion to the limbs? But her EKG was clean. My preceptor, who now also looked worried, quizzed me: "What in the body could do that? Cause only one side—her right side—to be affected?" And it dawned on me, like so many subtleties of medicine do, that there is only one

thing that could affect the body in that way: the brain.

I whispered her most likely diagnosis: A vaguely symptomatic cerebral infarction.

I was immediately thrilled with the finding, bearing witness to the symptoms manifesting before my eyes. And, moments later, I felt the heartbreak as my patient's face crumbled, as I beheld fear in the eyes of another human being (probably mirroring the fear in my own) because we both finally realized that something was terribly wrong.

She was hospitalized that day with an acute cerebral infarction, at a young age, with no risk factors. It could happen to any of us. But when will it happen? And where? And, maybe even more importantly, why?

The day rambled on, as they all do. I diagnosed URI's, asthma, performed physical exams through the afternoon, but I continued to think about that woman. In between the coughs and colds, the lumps and bumps, linger these extraordinary and humbling moments that are propelling me into the most challenging endeavor I have ever undertaken. Aside from the textbooks, endless studying, faculty guidance and exams, lie the most phenomenal teachers of all: the patients. •

Losing a Stranger

Rachel Skalina



Who loved you?

You're so young. You look so young, so cold—so dead. Your hand creeps off the edge of the table; the color is off—pale, grey-yellow. It makes my stomach churn. I am curious about the tattoo below your collarbone, what it says about the life you live. Lived? My eyes escape to it to distract me from the pink heart kicking so very gently in your open chest.

This is what I know:

One bullet brought you here, to this metal platform—"bed" – in the emergency room. I picture it, smoking through your chest, journeying on through right ventricle, left ventricle, delicate lung pleura, until it lodged in the meat between your ribs. A gang fight, they say.

We were ready. The pager announced your expected arrival in ten minutes: "23 year-old, gun-shot wound to the chest." The trauma room was full: nurses, respiratory therapists, ER doctors, trauma surgeons, anesthesiologists and me, a third year medical student. Glistening silver tools lay on a stand by the bedside, waiting to slice open your thorax. The attending paced, ticked off the minutes, noted your diminishing chances of survival as the clock hand marched forward.

When you arrived, the room whirled into organized chaos around the stillness of your body. Dr. J commanded it, calmly, intensely. The bullet entry wound was small and unassuming, belying the massive damage just beneath. One team opened your chest—"clamshell thoracotomy," they call it—wrenching open your rib cage, revealing the beauty of heart, lungs, purple domes of diaphragm. Two more teams worked at your feet, one drilling into your tibia for intraosseous access, the other performing a saphenous cutdown: fancy names for a desperate attempt to access your veins and start aggressive fluid resuscitation to replace the blood you continued to lose into your chest cavity.

I stood at the periphery. I had never seen CPR like this: "carotid massage," they call it. One simply takes the heart in hand and squeezes it to move blood forward. But with every squeeze of your heart, more blood gushed out through the two holes in your ventricles instead of to the organs starving for oxygen.

Your eyes are open. I'm not convinced that the glassy stare has seen anything that happened in this room.

By now, almost everyone has left. A colleague and I stand on either side of you. I am mostly aware of the quiet and of my own heart thumping in my chest. I am trying to avoid standing in the pool of your blood by my feet, fighting the competing urges to hold your cold hand, to run from the room and vomit, to sit down and cry. I am thankful for the quiet.

We have closed the flap, your anterior chest wall, your upper clamshell. I can no longer see the muscle that was your heart quivering in your chest. We are using large surgical suture to sew your body back together. It is the largest needle I have ever used, and between my shaking hands and inadequate skill, I am working quite slowly. I feel that I must at least do this right: this is the only way I can honor you, pay my respects to your body and your life. Dr. J stands with us in the room, instructing us on technique; clearly we won't be able to hide the wound, but soon you will just have a closed gash across your chest instead of the gaping door to your thorax.

Who loved you? Quien te amó? What language did you even speak?

I realize that I don't know your name. I don't know how to address you. The team has moved on; after all, there are other patients to care for and the truth is that you are dead.

I haven't once seen you blink, heard you sigh. I haven't watched you pick at a hospital meal, seen your sister or girlfriend by your bedside, crying or screaming or sitting, just sitting, and I don't know the timbre of your voice. All I know about you is pieced together from symbols inked onto your skin, the rubbery feel of your aorta and the weight of your heart in my hand. I could try to create a story of your life—I only know the story of your death.

It feels trite to tell you this, when you lost your life, but at least you helped to teach us. Your doctor was a brilliant example of both a leader and a teacher: collected, assertive, confident. Your team had the opportunity to practice skills that may save others. Your body reminded me of the fragility of our existence, of the beauty and complexity of the human body, of the thin line defining the boundary between life and death. Your death showed me that I will have the stomach for this, that I will be able to care of patients and feel sick and go on and take care of other patients who are still living.

I never met you, but I believe I will always remember you. May you rest in peace. •



Only Connect

Henry Claman, MD

Being

inescapable

Sorrow

immeasurable

Love

unimaginable

Nothingness


unfathomable •



The Old Barn, Steamboat Springs [Bruce Paton, MD]

Seafood Salad Call Back

Denise E. Canby



The caller has a calm voice
but the words tremble
the pitch is high and loud.

"We have an unresponsive 16 year-old female
arrived by EMT.
Possible OD pseudoephedrine.
It's finals week at the high school.
HR 180, BP 200 over 120. Rapid resp."

"What can we give her?
We've got a peripheral line,
fluids wide open.
We're a small hospital;
charcoal, Ipecac, lavage?
Dialysis is a 30 minute transport.
She's out so we'd have to tube her.
What should we give her?"

You put them on hold;
call the director of the poison center.

"I'm up to my elbows in seafood salad right now.
Could you get their number and I'll call them back?"

Someone's daughter is lying unconscious
on a cold metal table with wheels,
her heart pounding hard enough
to break through her rib cage.

People with stethoscopes and white coats
stand over her willing her to live.
Her family can't breathe without choking.

You should tell them;
"We'll get right back to you on that?"
Because of elbows in seafood?

As you pick up the line
you already know it is too late.
The line is dead.

You call back,
get the secretary.
"They're in the middle of a code,
I'll have them call you back."

They do.
She did not make it.


You know then;
you never want a 16 year-old daughter.
You feel like you've already lost one,
you couldn't bear to lose another.

Seafood salad will never taste good again. •



Run

George Ho, Jr. MD



I run, run, run fast
no stopping, don't stop
keep advancing, don't look back
go forward, don't fall behind

Pursue the dreams, don't miss the opportunities
run faster, or else! Or else what?
Why am I running,
where am I running to?
To retirement

Can I stop running in retirement?
Forty years of incessant professional pursuits
now can I satisfy my delayed gratification?
Stop, ponder and redirect where I am heading

Sure, I had to make something of myself
establish a presence
make a reputation, be somebody
an entity to be reckoned with, perhaps
Earn a living, support my family, nurture them,
be respectable, be professional, do no harm,
prepare for the future, and take care of myself
All at the same time

Ensure the golden years are indeed golden
is suddenly at my door step
How this notion dawned on me is a surprise
like awakening from a dream
but not a dream at all, reality merely unrecognized
on the horizon always, but under appreciated
from one reality to another reality
how did I get so old so fast?

Must run in a different direction now
redirect the running, for time is finite
delaying gratification has expired
taste the lemonade now, smell the roses now
not later, not tomorrow, not until when I am ready
not when I have time, now is the time
you are ready now for you have earned it
don't run away anymore
run towards the sunset without hesitation, guilt, or fear
blaze the trail to fulfill your destiny
don't delay anymore
for you'd run out of time! •



Dissecting Insomnia

Zia Choudhury

Why can't I sleep? Is it nervousness? Squeamishness?
Why's she so different from me? All the pieces are
There.
And all the processes vital, for deciding personhood
Would course through her if they could... It isn't good, this
Feeling.
Like I'm stealing what's beyond her control,
Beyond her flesh and blood and bone, her body her mind and her soul
Are no longer hers, never hers to begin with.
Since in the end she lays on a table, a cold
Instrument.
Not unlike the chisels and saws, of the interested parties,
Tearing through her skin identifying arteries.
They can only assume, the silence in her lack of
Movements is a stoic approval, and who are they to feel
Remorseful?
"Of course it's where she wanted to be.
She gave her body whole-heartedly, wants to be a part of this
Process.
And one day when we're doctors we'll plant trees in her honor."
But to me it seems uneven, she was somebody's daughter. •

Parking lot Consultation- Rural Workflow

Terry Schumaker

The tired, faded brown Chevy truck rounded the end of the clinic parking lot
& slowly rolled into sight, stopping tentatively at the emergency door.
The autumn air hung over the grazing cattle in the field beyond, as the
sky shimmered a transparent shade of peach

Gathered in the glass enclosure at the clinic door stood the team;

Inside the old truck sat the woman in the passenger seat,

Gripping hard on the handle above the window of the truck door, she sat immobilized
tightly frozen with pain. A fall from her horse an hour ago, she is known to all.....
Quick questions and simple exchange..... Hushed words and familiar greetings...
Uttered softly through the partially now ajar truck door.... No bleeding, bad breathing
or blackout or chest pain or anything else...

No insurance card, eligibility or prior auth, not here, not now in the parking lot

Slowly we closed the truck door for her with a high pitched squeak and
hard metal thud.

The smoke from the truck exhaust rose as it slowly moved and rounded the far
end of the clinic parking lot and fading out of sight

Rural workflow; known to all, simple solutions
The joy of small town
Communities caring for each other

Heart of workflow, low tech-high tech intersect
Together we stood once again in the rural workflow •



Take Rest [Emily Cheshire]

SENESCO

Hywel Davies, MD

How generous, in all regards
Among this company of Bards,
That you have bothered to commend
These verses innocently penned
As chronicles of pleasures past
And friendships that have come to last.

For we are not immortal, we
Will soon be on our last journey.
And therefore we must seek to find
The real people of our kind,
To whom to turn and plight our troth
Not just in wedlock, but in both
The art of asking and of giving –
Which is, I think, the art of living. •

WHEN YOU ARE GONE

Hywel Davies, MD

It makes no difference to me
If the moon is new or old,
If the wind is coming from the west
And it's blowing hot or cold.

It makes no difference to me
If the tide is running free
Or the waves are quiet on the shore
Of a smooth and gentle sea.

But if the time should come, my love
When at the end of day
My house is dark and silent
And you're not there to say

That you are glad to see me
That together you and I
Will tire the sun with talking
And send him down the sky.

And if ever you are gone, my love
And the nights are long and lorn
There is no way I'd want to live
Beyond another dawn. •

(thanks to Heraclitus)



Crossroads [Mary Norbury-Glaser]



**Flying Ideas. Research complex
October morning** [Gamini Siriwardana]



Oregon Coast [Gwen A. Frederick]

An Ode to Indentured Servants

Steve Nordeen, Ph.D.

Then comes a time of readjustment
when the teeth become accustomed
to new angles
the old zoning codes abandoned
wedging against another
like tenement apartments
creating new alleys
to entrap stray spinach

the latest in dentifrice art
abstract, oblique, strictly avant-garde
a dentist's wet dream

gives character
uniqueness of smile
proof of stripes earned on the play field
bemoaned only in old age
when, over pipe & checkers,
the fat must be chewed
 at the side
 and then
 very carefully •



Old House [Kathy Illian]

Does one miss a prostate?

Jeannette Guerrasio, MD

Post Op Day #0

Continuous patient control analgesia?
For a man who, on a bad day,
chooses the caffeinated tea.
Now apneic
His painfully exhausted body drifts off to sleep
Only to be awoken over and over again
by the alarms of hypoxia.
His eyes glare directly into mine
With desperate fatigue, anger and helplessness,
Too weak to speak, yet, demanding some respite.

Infusion of narcotics now long gone
Yet the apnea and cycle of disturbed sleep persists.
As I stand to leave, the nurse moves in to infuse
Benadryl for nausea?
He looks to me for answers and relief.

Post Op Day #1

Diaphoretic and febrile,
With an ice pack melting on his bald head,
The Jackson Pratt drain fills by the hour
Out competing the bladder catheter
Both poinsetta red.
The antibiotics seem a suboptimal choice.
He asks me to make him better quicker.

But he insisted on this small community hospital
two blocks from home.
Open surgery,
he reasoned would allow the doctors to see better,
more reassurance that they would remove all of the cancer

better than the new laparoscopic techniques at the university
just 10 miles away..

Post Op Day #2

More fevers, more post operative drainage,
Except from the bladder catheter.
Nothing.
Nothing but expanding bladder pain,
Until the obstructing blood clots are flushed away.
His anxiety climbs as he compulsively watches
his now unplugged catheter drain urine away from his body.
He looks to me for some relief in the form of an anxiolytic,
but won't ask anyone else.

As he coughs up thick gray phlegm from his
sarcoid scarred lungs.
He doesn't want them to find anything else.
He asks me to stop all of the chest x-rays.

Post Op Day #3

More fevers, too much post operative drainage
He is frustrated that everyone is so happy
All he has done is pass gas.
He insists the doctor said he could go home
Upon clarification, it is not his doctor who said this,
but the ones on the internet who report a 3-5 day hospitalization
Convinced that the fevers are from being in a hospital full of germs,
He begs me to let him go home.
"Papa, I am so sorry, but I cannot be a doctor here." •

Battle's sign

Jessica Campbell, MD

My boy is an "old soul."

I recall
Staring deeply into his
Newborn baby browns
And feeling deep
In my Being
That this being
Has seen it all
Before

He is wise beyond his 7 years
He just knows things

He could sense it immediately
When...
Dr Awkward-With-Reflex-Hammer-and-
Tuning-Fork
Walked in the room
It wasn't going to go well

Resident silent in tow
Dr A rattled off 100 scripted questions
Without listening
Or seeing
Anything except
His own reflection

One week already
My boy had bravely
Endured
Shakers and fevers and rashes and
visions and terror and severe headache
And almost no sleep

When I saw Battle's sign
Straight out of a medical school
Child abuse powerpoint lecture
on MY precious, dear, beloved
big boy's head...
Don't you think
His Dr. Mommy wondered
Who to blame???

I surrendered him

To the ED of my hospital
And we found... nothing.

No mastoiditis.
No ear infection.
No masses in the brain.
Nothing.

We scratched our heads
And chalked it up
To viral syndrome NOS

But...
He got worse

And then we saw the battle
That caused the sign

Somehow he climbed
Ataxic, terrified
Through disturbing visions of
violence
23 steep stairs up our tiny attic
staircase
Wide eyed and trembling
In an electrical brain storm

There was an EEG with 23 electrodes
A diagnosis of epilepsy
And then a consultation with Dr A

My son tired quickly of the tone
And the lack of manner
He asks "is this the inquisition?"

Dr A spars,
"Does your father ever hit kick or punch
you?"
My boy counters,
"Yes, every Monday Wednesday and
Friday."
The doctor couldn't contain his judgment.
To the resident
He whispered
"I think we will need to call social services"

My boy
Had no idea
Why
The rest of the consultation got so tense.

You see... my son is a ninja
Truly
For real
You know like the original Karate Kid
Ninjitsu
Ninja

He has been training in the dojo
With Senpai Daddy
Since he was 2
First he was a little dragon
Five years later "mean and green"
Monday Wednesday and Friday
150 times a year

I sat there
Steeping in misplaced shame
Hot under the artificial light
In full awareness of the absurdity of the
accusation

Somehow they buy our story
And we are released

My son turns to me
And says "We need a different
doctor"
You see what I mean
My boy is perceptive

I'd like to say it got better
But, it got worse
And worse still

And the relief we prayed for
Over antiepileptic drugs
Was a false promise that
Instead
Created horrifying visions of
Mommies as vampires and
and Daddies as werewolves

Up until 6 weeks ago, I had
indeed been
"Living the dream"
And suddenly,
My living dream
Became a waking nightmare
As my old soul's beautiful mind
Twisted over toxic tangled
electrical storms

I am no stranger to the
dysfunction

Of Medicine that values drug over
diet
Or humans
Who want a quick fix

I should have known
There is no band aid to heal this
boy

After all
How many times have I heard
Dr. Rick Albert warn about drugs with xyz
No oxcarbazepime was going to do the
trick

I won't pretend
That my heart
Isn't quivering in its holster
And that heart-break-spot doesn't
ache
Like it did when Saskia died
And that I don't wake up
Every morning at 5 am full of fear
That these healing hands

Don't have what it takes

But I will tell you this
Fierce Medicine
Courses through this Cherokee blood
Half witch
Half doctor
100% mommy
I make the warrior's hearted
Choice to stand here
Engaged And Ready
With active feet
And active hands
Tailbone tucked
Shoulders back
Spine long and
Spirit Strong

Every day we slay the demons
Of toxic food
And toxic medicine
And black clouds of

Negativity that can so easily
Creep in
And rain on our parade

We turn every crisis into
opportunity
We put the FUN back into
dysfunction

We call on Ganesha and Ghandi
And all of the spirits of the
animals
And the people
And the 4 directions
Of the earth

To remind us
To respect and appreciate
The teachers
And the healers
And the lessons
We are meant to learn
The hard way
In this journey
Towards wholeness

My precious brave old soul
I can't promise
That this doctor can "fix" you
But, I promise
You will not battle alone. •



There is God [Laura Katers]

A MEDITATION ON MUSES

Kevin P. Bunnell

What is all this

about Muses doling out favors
to those lucky few who strike their fancy?
Who are these fugitive beings
who rule our poetic lives?

They are evanescent feathered things

who perched a while on Dante's hand
as he brought forth "Divine Comedy".

They are early morning spirits

who sat by Mozart
in Betramke's garden
as he wrote final flourishes
for "Don Giovanni".

And down one of them flew to the Martello Tower

and touched Joyce's pen
as he had Buck Mulligan wave his
heretic razor and shout,
"Come up, Kinch. Come up you fearful Jesuit."

Surely a muse clung to Emily's shoulder

as she strolled in Amherst's cemetery:
"I never hear that one is dead
Without the chance of Life
Afresh annihilating me."

I am certain a minor god stood by

blind Homer as he spoke forth
the myths of the Golden Fleece
and the tragedy of Troy and Agamemnon dead.

And a furry ball of inspiration

flew down from the green Irish hills
and whispered to poor Hopkins:
"..and blue bleak embers, ah my dear,
fall, gall themselves and gash gold vermillion."

And what of us mortals?

What evanescent feathered things
perch on our shoulders whispering inspirations?

We tell ourselves to sit in silence,

open our minds
and wait for the words to come.

But time passes, and there is only emptiness.

We wonder if there is some queue
of aspiring poets that reaches, endless into the mist
awaiting the Muse's loving touch---
that will flood forth long sought words.

How can we wait so long?

When will we invent our own private muses?
Who will come
at the least flick of a needful thought---
or at the utterance of some mythic mantra.

Then how we shall write!

How we shall throw our hearts onto that blank page!
How happily we shall walk among the blessed ones
who glided so easily to the front of the line. •

She is Ever

Leah Swanson, MD



She is ever present

Sometimes she creeps softly as the wind
Imperceptibly she moves in
Enveloping without warning

You find yourself succumbing
She has her way with you
And is gone
As silently as she came
No one the wiser
Yet you are left a miser

Other times she shuns anonymity
And moves fiercely
Disrupting everything in her wake
No one denies the mess she makes
Yet only you experience
How she takes

She moves around you
About you
Within you
Without you

Threatening to overcome you
With her darkness
Not realizing her effect
Is to make you hope for the light
To withstand her destruction

When her shadows begin to shrink in the Sun
You see a glimpse of the One
Who can tame her

He does not destroy her
He takes the reins
He steadies her
With a sleight of His hands
And ever present glory
She becomes transformed
Her true nature is revealed

She is part of your soul
Her shadows gain substance
Sorrow digging within your depths
Its power transforming you
Moving within you
Enlarging your soul

You cannot leave her
She is you
From her there is no relief

Her name is Grief •



I Don't Remember ...

Nicole Arevalo

I don't remember you, the person lying dormant within a shell of unpolished stone cracked with disuse.

You used to torment me perched atop my mind. Your legs swung to and fro with the attempt to crush the soft membrane with your cumbersome weight.

I don't remember how I allowed your acrid words to affect my posture, my will and my dreams.

Your voice was always in the background, but I gave each word power over my emotions, my life, my independence and my world.

You tried to devour my life. Now you sleep within my thoughts. Now I possess strengths that keep your malicious remains in exile.

I banished you there to the cold waters while courage and perseverance burn the stench of you away.

Year by year, the memory of how you reveled in my defeats, angered by my victories, fades into the void of the past.

Soon you will find no voice remains, having been stripped naked of your power. You are reduced to ash, lifted by the invisible weight of who I have become.

You crumble to nothing before my heated stare, penetrating your flesh as you once did to me.

I don't remember you, the voice within us all that says you can't grow, can't evolve, can't change, can't become. •

HIV in the 80's

Denise E. Canby

You're a good Dad,
I tell him.
We don't see many Dads
here.

He shows me pictures:
A robust man of muscle
climbing a rock face.

His son before AIDS.

"He's not like these guys,
you know.
He's a good kid.
Got it from a lady;
so many girlfriends."

I feel like I know his son.
I tell him this,
we make a plan.

Next visit
I will take a break.
Leave the clinic.
Meet this wonderful
terribly sick son.

Months go by.
He never comes back.

The sinking feeling begins.
How far did this man disappear
To begin his story again.?

A photo of himself tucked in his pocket. •

You Live On Me, Within Me

Trista Ross

When you hand me my medication, you are wearing purple nail polish, and your hair is a bright

Marilyn Monroe blonde, or someone

I used to dream about when I was young and had all my bones. My skin shrivels when I touch your arm, but you never shy away. My hand feels like the hair of a drowned girl, next to yours, and you cackle like the hens in Mother's backyard.

This is what my cells do.

They laugh. They grow. They change.

You can't see them behind the counter.

I can't feel them, behind my skin.

They eat marrow mixed with brain matter.

They tap dance to old country ballads that whine and grate.

I'm one of your regulars, you tell me, but believe me, I know.

I dream about your long legs I can't see, your blue eyes lined with so much black and purple you look like you've been bruised.

You pretend not to stare at the hairs poking from my cheek mole, never look at the stain on the thigh of my brown corduroys, never question my habits,

how my seventy-two hour Fentanyl patch became thirty-six hours became eight oxycodone tablets a day mixed with Advil and Tylenol and nausea pills, and don't forget the suppositories.

I was ashamed to ask for directions.

You wouldn't tell me.

I know.

You have to call the man in the white coat, and he looks down from his perch to answer my questions, hawk's eyes staring at the threads on my hands.

You never question me.

You ring me up, smile,

tease when I don't know how to use the credit card machine.

I love the way your blue smock makes the veins on your neck stick out, and the red crept up so beautifully the day I brought you flowers.

I had Lucille bake you cookies.

She didn't ask for whom. She never does.

This is the way my cells grow.

Like dandelions, they whiten as they age.

They transform into ramshackle igloos, burst open into a pleasure like teenage boys thinking of Doris Day, in dreams.

I sit still, marvel

at how my skin pulls like the taffy I used to gnaw on when I was younger and could swallow the world.

I'm up to three patches a day.

Also citalopram and lorazepam, to smother the lingering taste of wet chicken skin, to deafen the steps that sound like cartilage, crunching.

I send Lucille to see you,

but she tells me nothing about how

your eyes look like the bleeding edges of pansies,

or how your acne comes and goes, how you cover the bumps on your cheeks with powder,

but I can see the flecks, and everyone else can, too.

Did I ever tell you the inside of my esophagus looks like Hiroshima, or the bottom of a frying pan Lucille's too lazy or too tired or too bored to clean?

This is what my cells do.

They grow. They change. They turn my stomach over onto itself, so I taste the gruel of my intestines I was never meant to see.

How long will the pressed outline of myself stay on this chair?

How long will the chair will stay in this room?

The forks and spoons will sit in the drawer, long after the taste of my lips has left them.

The things you live on will outlive you, always.

In my fever, my brain melts out my nose.

I see nurses dressed as angels, a chrome room, singing cards, your face like thistles dipped in snow.

Your voice comes to me in a dream,

and I sing to you about my bones,

how they've become too soft to hold •

She Lost Me First

Stephanie Sandhu

She was gone. I lost her. But she lost me first.

My eyes strained. I knew she was there. I could see her. But down deep, it felt different. I couldn't hear her. I couldn't touch her. She couldn't touch me.

But oh how she touched all of us. Through the years of scrunchie pigtails and spelling tests she was always right beside me. Stephanie 1 and Stephanie 2, as if we popped out of a Dr. Seuss book.

I squealed at my subpar title. Number 2? Well that's just not fair. "M comes before S" our 6th grade English teacher replied. After lots of sulking and huffing, I finally accepted my unyielding nickname. "First is the worst, second is the best," I consolingly whispered to myself.

And how could I resent her? Her big cheeks rose up when she smiled, pitted by large dimples. And she always smiled. She always did.

I remember her in teal collared Abercrombie polos. She was preppy. There was no denying that. She was the captain of the cheerleading team after all. But she defied them. All of them. Those stereotypes people tried to throw at her? They just couldn't stick.

She was smart. Brilliant smart. And while she worked hard for consecutive honor roll, she never stopped entertaining along the way. A simple Spanish project would turn into a rendition of La Bamba by Joey and the Stephanies. As Under-Secretary-General, she led our Model United Nations Team to countless state awards – Yet she never forgot to deliver a clear and detailed evaluation of the private school boys on our bus ride back. Every time she imitated our loopy English teacher and her ridiculous fear of the light I would collapse in a giggle fit. She always made everyone around her laugh. She always did.

She was the friend you didn't worry about. Grounded, in a sea of high school insecurities and fears. She was a phone call away when you were stressed. And a hand away when things got dark. And things got dark. Through eating disorders to self-harm, she held her head high and guided all of us out to the light. She always found time to care. She always did.

Even years later she never succumbed to fear. But this time she was alone. And I was not there for her - Like she had been for us. I left. And I tried to close my eyes.

We got sick the same summer. My spider bite ended me up in the hospital for 12 hours. Her sarcoma ended her up in the hospital for almost three years. But in that initial moment they were the same to her. Concerned, and empathetic, she doted on

me wishing that I would be okay. "It has been an unlucky summer to be a Stephanie" she joked. I smiled uneasily. I was petrified. But cancer was cured easily right? She was young. And she always conquered. She always did.

From thousands of miles away, it was easier to Facebook message her than hear her voice. I could hear pain in her words. Pain I didn't want to spread. On the other end of the phone she sounded weak. I didn't want to feel the weakness.

Gulping down my nerves, I visited her on my first trip home. And standing before me, she wasn't weak. She wasn't in pain. She was sassier than ever. She knew her friends had lost her. She was alone in the room. And very rarely did she see our faces. But she didn't make excuses for us. She called us out. She asked where we went.

How could I tell her? How could I tell her that a new college crush was distracting us from calling her? How could I tell her that her high school friends had replaced her? How could I tell her that many of us had detached ourselves from this town, from our responsibilities, from her?

I couldn't tell her. The words sounded pitiful before they left my mouth.

She got lost between a high school that had forgotten her and a university that never knew her. And there was no one there. She was there, stronger than ever, more determined than ever. She always wanted to be a doctor. She was going to be a doctor. With strong resolve, she confided in me her big dreams. I listened. Sometimes. Not always. But when I did, she always thanked me. She always did.

And then the replies stopped coming. Her voicemail inbox was permanently full. From states away, I felt resentful. How could she shut me out after all these years?

And then the call came. I knew it as soon as I saw the number. It had spread. She was moved. And then she was dead.

Gone. Crushed. The inextricably intertwined dreams we shared.

Her funeral was set up for the day originally scheduled for my medical school interview back home. I struggled with the decision. Black dress or suit? I tried to guess what she would have wanted. I squeezed into my tight size four brown Ann Taylor skirt and walked out the door.

The campus tour felt like a daze. "See that Children's Hospital over there?" The guide asked. "They have the best ice cream and coffee late into the night." Her flippant comment angered me. While others were haunted by grief, she drank an espresso. "Aren't all of these toys and paintings remarkable?" another asked. I scanned across all of the obnoxiously bright walls until my eyes became fixed on the darkened pavement outside. Right there I thought. Right there I had once watched her fall. On one of our visiting hour walks, seconds ahead of my fingertips, her frail bones had hit the hardened pavement.

She felt heavy.

In my interview room, I composed myself. Ready to deliver my greatest performance. "What was the best thing that ever happened to you?" asked the

interviewer. I rambled on about my extracurricular work. I delivered the classic response. The one he wanted. The one I wanted to give.

"What was the worst thing that ever happened to you?" I stopped. Silent. Words wouldn't come out of my mouth. They couldn't. I didn't want to say it. I didn't want her to be the worst thing that happened to me. She was one of the best things. But the pain from losing her fell out. And I lost it. The doctor, sadness in his eyes, asked her name. In between choking back my tears, I whispered her name. With a look of genuine surprise, he comforted me. "She was my patient," he replied. "I knew her well." He had considered canceling this interview to be at the funeral today.


I looked up, confused but relieved. She did want me here. She wanted him here. And she was here with us. Together, she and I will live out the aspirations we shared. Together, we will continue on this journey. And every patient I see, every clinic I walk into, I will never doubt that she is right next to me. •



I thought he was over here ... [Linda Overholser, MD]

Labor and Delivery: The Other Side of the Curtain

Kelsey DeSalvo



Wearing one of those oh-so-flattering pink hospital gowns, I sigh at the familiarity of it all. Except that I'm not usually the patient in the bed. I'm normally the medical student in my short white coat and scrubs. The familiar smells of the hospital and the lovely noise of the fetal heart monitor make me smile; I'm finally here. How many pregnant patients have I seen in the past year deliver their babies in a hospital room so similar to this one? I've learned to read their strips, interpreting accels and decels. I've pressed on their swollen bellies. I've seen them push out 27 weekers, twins, term baby boys and girls, some unmedicated, others with epidurals. I've held legs and feet and pulled on umbilical cords, caught placentas...surely I can do this. Why am I so nervous?

After 16 hours of walking, sitting, standing, crouching, lying down, and walking again, I hastily sign the epidural consent form. Honestly, at this point I don't care what it says about spinal infections, blah, blah, blah. Yes, yes, I understand; please get that needle in my back. I hunch over like a good patient praying my contractions stay at bay so I don't squirm while the doctor is finding my intervertebral space. Memories of my surgery rotation pop into my mind. I put in several spinals for total knee replacement patients and I remember it was easier if they really curved their spines. I try to bend over a little more to help.

My legs go numb and then the pain subsides. I give a huge sigh of relief. How do some women do this unmedicated? Suddenly the nurse pushes me onto my left side and gives my belly a big tug trying to reposition the baby. Her hand flies instantly to my bag of saline and squeezes the fluid into my veins while her eyes never leave the monitor. I can tell by her reaction the baby's heart rate has decelerated. Several moments later the baby's heart rate recovers and the anesthesiologist's face relaxes. "Your blood pressure probably dropped from the epidural," he explains. Yes, I remember that reaction from studying, but it's a whole lot scarier when I'm the patient. Shutting my eyes, I nod off.

The nurse is standing over my bed reading the long strip of paper that has accumulated over the last several hours. "It's time for your cervical check. Your contractions have spaced out a bit, so we may have to increase your Pitocin drip."

"Ok" I respond as I roll over onto my back and assume the froggy leg position.

"You are 6 cm and..." she cuts off. Immediately I'm rolled on to my left side again and she is squeezing more saline into my arm. *Shit, it's happening again!* Except this time

it's worse. Several other nurses run into the room.

"Call Dr. C," one exclaims, while another places an oxygen mask over my face. Another set of hands try to move the baby into a different position while yet another nurse opens the kit to place a fetal scalp electrode. The Pit drip stops.

"Heart rate in the 80's," I hear one shout. Oh no.

"Is my baby ok?" I ask the nurse holding the O2 mask. No reply. I ask again, "Is my baby ok?" Still no reply. I shut my eyes and focus on taking long breaths in and out, focusing on the smell of new plastic from the mask.

Dr. C rushes into the room. No words can describe how happy I am to see her, my doctor. Feeling my wrist for a pulse, she confirms that it is not my heart rate they are picking up on the monitor, but seconds later the baby's heart rate normalizes.

Dr. C pulls up the stool next to my bed and looks me straight in the eyes. "Kelsey, what do you want to do?" I know the answer to this question, but I'm not ready to say it.

"What are my options?"

"Well, we can do a C-Section or we can wait and see. But if this happens again, and there is a high chance of it happening again if we have to turn the Pit back on, then that's it, we will have to do a C-Section."

I take a moment to process and then say, "Let's do the C-Section."

"I think that's a good idea. It won't take long to get it arranged," she replies.

With my scrub cap on and the foley bag strapped to the rail of the bed, I'm off rolling down the hall into the OR. I'm shaking like crazy. I tell myself it's stupid to be this nervous, but my sympathetic nervous system doesn't seem to get the message from the logical side of my brain. It's strange entering the OR on my back staring up at the bright lights. Normally I'm the steeled med student, getting out my sterile gloves, trying not to get in the scrub nurse's way.

Dr. S enters the OR and introduces herself as Dr. C's assistant. I remember assisting in C-Sections. As the med student, it was my job to hold the bladder blade. Who is going to hold the bladder blade today? Maybe it doesn't really need holding, it just gives something for us med students to do? I honestly don't know right now.

The nurse scrubs down my belly. Dr. C and Dr. S meticulously unfold the blue surgical drape and then the curtain is up and I can no longer see them or my 41 week, 45 cm pregnant abdomen.

"Do you feel anything?" Dr. C asks. I know at this moment she is taking one of those big hemostats and pinching the crap out of my swollen skin.

"Nope, I don't feel it." Here we go.

I hear them as they get to work on opening me up. I can't decide if it's more soothing to ignore them or to listen to what they are doing. The patient in me tells me to think about the baby, the baby's nursery, my husband holding my hand... but the med student in me is curious. I vividly imagine the size of the incision and the layer of my abdominal fascia on which they are working. The characteristic smell of the cautery reaches my nostrils and I shudder. Yep, there's the smell of my burning flesh.

"Uterine incision," I hear Dr. C exclaim. Ok, this is it! Time to meet the little boy! I hear Dr. S gasp as a loud squirt of amniotic fluid hits her mask. And then I hear him. Before he is even out of the uterus he is crying loudly. "Nuchal cord," describes Dr. C to the pediatric doctor. Dr. S applies some firm pressure and before I know it I'm looking at my angry, wet, beautiful baby boy lying on my chest. I gaze steadily into those big baby blues momentarily forgetting the surrounding action in the OR. At this moment my whole identity is this baby's mother. After months of kicking and squirming inside, he has finally made his appearance. Welcome to the world baby boy!

After he leaves with my husband to get cleaned up in the nursery, I'm left in the OR staring blankly once again at the blue drape inches from my face. My right shoulder begins to hurt which I know is referral pain from my organs protesting at this invasion. While I can't see it, I know my uterus has been externalized and is sitting on top of my abdomen getting a vigorous rub down and stitches from Dr. C. I turn my head to the suction bucket. Wow, that's a lot of red fluid splashing around in there! How much blood am I allowed to lose? I quiz myself.

"I'm going to give you some more pain medication," interrupts the anesthesiologist.

"Ok, sounds good," I reply.

As I turn back to stare at the vast blue drape I know I will never forget these moments: the moment I was a patient, the moment I became a mother, the moment I was on the other side of the curtain. •



King Protea Flower [Oswald Pfenninger]



Siem Reap, Cambodia [Robbie Flick]



Snow Day [Shawn Miller]



Thai Boy Fishing in Krabi [Suzanne Lewis]

Haiku

Jacob Pellinen

In reminiscence,
Memory, the gardener,
Picks weeds, grows roses. •

Not so normal teenage life: An illness narrative

Sabrina Renteria

Conner was sick, I mean really sick. Walking into the sterile, white walled room, his puffy face stood out to me as sore and aching. Other than his face and malnourished appearing body, he looked like a normal 13 year old. Dr. Lindsay tried her best to enter the room with vibrant energy.

"Hey bud, how are you?" she exclaimed, while peaking her head around the door.

"Good, my mom sent him with me," Conner said as he glanced at his older brother Beau.

"Conner lives in Wyoming with his family and drives in weekly for his chemo treatments," Dr. Lindsay said to me.

Conner was only 13 years old, the age where teenagers run rampantly with their friends around neighborhoods, when they discover what it's like to dance with their middle school crush and dream vividly about what it will be like to get a car for their 16th birthday. Sitting meekly in his wheelchair, legs hanging limply, I knew these would never be things that Connor would experience.

With an unsettling feeling in the pit of my stomach, I sat down next to Conner and smiled at him and his brother. He bashfully looked away and stated, "I told him I didn't really need a wheel chair. I mean I can walk. He just insisted I should use one.

"Dr. Lindsay, my mom wants you to call her," Conner stated while looking at his brother Beau. Beau picked up his cell phone and dialed their mom.

While Beau handed the silver phone to Dr. Lindsay, who looked a hesitant to take it, Connor snarkley remarked, "My mom likes to talk."

Dr. Lindsay spent 30 minutes on the phone with Connor's mom, who I would later find out was a nurse and was hopelessly worried about Connor's prognosis. In the time that Dr. Lindsay was answering Connor's mom's questions and talking about family gossip, Connor and I chatted. "Before I was sick, I used to ride 4 wheelers. Sometimes Beau will sneak me out of the house for a ride down to the lake. But my parents are afraid for me to get too worked up, because of what happened over Christmas."

Connor looked up at his brother, searching Beau's eyes for permission to tell me more. Beau nodded his head in approval, shifting back further in his seat, as though he didn't want to hear what Connor would say next. I leaned in further.

"Over Christmas...my heart stopped. We were on our way to church, and I guess I passed out. My parents said that I turned blue and that the people in the ambulance had to use one of those machines to make my heart beat again," Connor said while looking down at his legs.

"Yeah, he tried to skip out on us, but it wasn't his time," Beau interjected. Beau was the country type. Wrangler jeans and work boot wearing man's man. I could tell he was trying to take the edge off of his little brother, who had just confessed that he died once to a complete and total stranger.

"Jessie didn't take the incident very well," Connor mumbled.

"Jessie is Connor's best friend," Dr. Lindsay interjected in a soft voice, as she covered the bottom of the cell phone with her hand. She was still talking with Connor's mom but seemed to be paying more attention to Connor's story than his mom's nonstop conversation.

"She made me a photo album and bought me a ton of presents for Christmas. She still thinks I'm going to get better," Connor said.

Sensing that Connor was feeling down, Dr. Lindsay handed the cell phone to Beau, so that she could begin her visit with Connor. She started by asking, "So bud, how's your appetite these days?"

"I'd say it's okay, not great," Connor stated. "I keep most food down, and I was able to eat dinner with everyone a few nights ago."

Beau shook his head, told his mom he'd call her back, and softly started to speak, "You threw up right after dinner Connor, remember?"

Dr. Lindsay's eyebrows rose slightly, "So Connor hasn't been able to keep solid food down?" Pause, "Well I guess not, no" Connor remarked.

"Then we can lower your dose of the drugs today, and that might help with your nausea. Also, I spoke to your mom about starting you on a few more drugs to help you get your appetite back," Dr. Lindsay said with a calm voice. "Have you been drinking enough fluids bud?"

Conner shifted his legs on his wheelchair and he reached into his backpack. "My favorite drink is Gatorade," he said while pulling out a big red G2. He struggled for a few seconds with the cap until he looked at his brother to open it. Thirteen and too weak to open a Gatorade...

Dr. Lindsay quickly saw Connor's struggle with the heavy bottle and asked, "Do you need a cup?"

Connor looked around and said, "No, that's okay. Do you have a straw and ice though?"

"Sorry no straws or ice in the room," she said glancing down at his chart.

Feeling a need and desire to help my new friend, I jumped up and stated, "I can get Connor a straw and ice no problem!"

Dr. Lindsay looked a little surprised but pleased that I was willing to help. She promptly told me where to go.

The directions she gave me were fuzzy, but how hard would it be to find a straw and ice in an oncology ward? I went to the exact location that Dr. Lindsay told me to go, and I found ice. But I couldn't find a straw anywhere! I went back into Connor's room, handed him the ice and told him that I would be right back with his straw.

I asked the nurses and doctors where I could find a straw. No one could remember where they were. What a disaster, I thought to myself. This poor kid is dying of cancer, all he wants is a straw, and I can't find it. Finally after combing the 7th level of Children's hospital, I found a straw in a random cabinet. I rushed down the halls and managed to make my way back to the sterile, white walled room. I opened the door, and it was empty. They were all gone.

I found Dr. Lindsay back in the physician's lounge, looking over Connor's chart as she updated her attending on his progress.

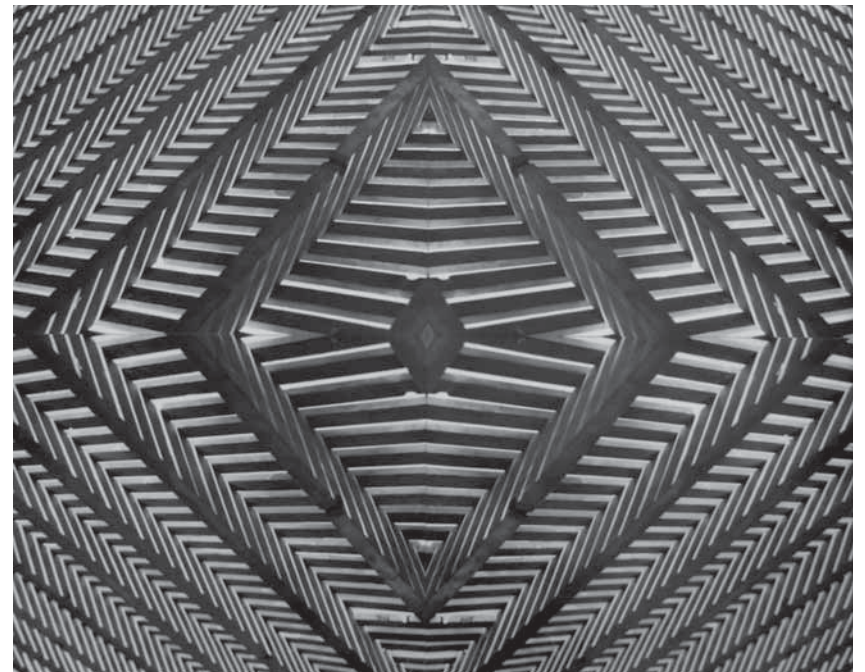
She smiled at me and stated, "I thought you might have gone home."

I lifted the straw out of my short white coat and disappointingly said, "No way, I wanted to find Connor a straw."

I explained to Dr. Lindsay that I couldn't find the straw anywhere and that Connor seemed like he really needed it to drink his favorite red Gatorade. She reassured me that Connor and his brother probably went to the cafeteria for a straw and that I shouldn't worry.

I just couldn't help but feel sad that I didn't get to say goodbye. It's not like saying goodbye to people is normally a big deal, unless they are dying of cancer. I left that afternoon at Children's Hospital heavy hearted. I had just encountered an intelligent, funny and well-spoken little boy that would surely die of cancer within the next few months, if not weeks. Dr. Lindsay explained to me that if Connor couldn't keep solid food down, the likelihood was that the cancer had invaded his GI tract and was quickly spreading to the rest of his body. His care was purely palliative. Everyone in his life knew he was going to die.

Walking to the garage, I took off my short white coat, straw still rolling around my big floppy pocket, and I begrudgingly got into my car. It just didn't seem right that Connor, a cute little teenage boy, who seemed so full of life, would die shortly because of this devastating disease. To me this was a learning experience during my first year of medical school. To Connor, this was one of the last days of his not so normal teenage life.



Sunscreen [Marc Ringel, MD]

Reflections on Motherhood

Sharisse Arnold Rehring, MD



When my kids were born, I struggled with the decision to continue pursuing my career in medicine. I grew up in a family with a stay-at-home mom, who was always present, and that was considered the “standard of excellence” in motherhood. If I chose to go to work and hire someone, how could they possibly love my children like I do? Wasn't I letting them down? Could I accept that leap of faith that I chose well, or would the agony of that decision gnaw away at my soul? My insecurity was palpable.

To stay home, wasn't I letting myself down? I spent so many hours studying the craft of medicine, and since I had my children later in life, being a doctor was a more trusted part of my self-identity than being a mother. It had withstood the test of time, and was both familiar and predictable. Maybe I couldn't pull off the role of motherhood with the effortless grace and dignity of June Cleaver. If I abandoned what I knew I was capable of for this other life calling, I risked failure and defeat.

This internal conflict plagued me for many years. Whenever I handed my children over to the nanny and pulled out of the driveway with my last vision that of her holding them and waving goodbye to me out the front door, their little faces staring contently out into the distance, I wondered what I was thinking!. I would tearfully turn on NPR or make a phone call, any distraction I could find to avoid that feeling of guilty abandonment. Some days felt better than others, but this uneasy feeling, was an underlying current in my life for what seemed like forever. It became my new normal and a sentiment that was always under the surface of whatever else was going on in my daily life.

We make decisions all the time and are usually not rewarded with the instant gratification of knowing whether it was the right one. It was years later when my boys were 4 and 5 years old that I came to a place of peace and closure. I was in the kitchen cooking and they were in the room next door playing with their toys. I overheard my eldest tell his younger brother, “No Josh. Mom is a pediatrician. When she is at work, she is taking care of sick children.” He said this with the authority, pride, and conviction of an older and wiser sibling. I

smiled to myself and enjoyed the poignancy of the moment. That is the beauty of life with small children, the constellation of moments. You want to wrap yourself in the warmth of them all and hold on for dear life, hoping they never fade away.

I had an epiphany at that moment that my choice to be a working mom did not cause them irreparable harm. As a matter of fact, I reveled in the glow of a young boy talking so respectfully about his mother. The simple thought of him pausing from his play to take pride in his mom, and shortly thereafter, moving right back to his task at hand, was all I needed. Maybe, quite by accident, these boys learned something about mothers and women that will help them grow into the men I am still hoping they will become. Is there a chance that somehow we pulled it off, and that they are happy, well-adjusted kids, despite, or because of, the lack of my pervasiveness in their daily lives? These questions continue to remain unanswered, but for some reason, right now, I am ok with that ambiguity. •



My dysfunctional family

Lynne Yancey, MD



"Hey there, honey. Sister! Hey! I'm hungry. Get me some food, girl. I need somethin' ta EAT! You hear me?"

I am the senior attending physician in this academic emergency department. I am hardly your girl. My face hardens as I step out of range of the filthy hands reaching for my starched white coat. The gurney makes the entire hallway reek of alcohol, urine, and sour tennis shoes. He leers at my midsection with a toothless grin.

"Hey, bitch! I'm talkin' to YOU!"

I look past his matted hair with disgust and continue on course for the end of the hallway. His voice fades away as the door to room 33 slides shut behind me.

I take a breath and try to focus on the man lying on the bed in front of me. He is about my age, so tall that his feet hang off the end of the gurney, still sporting a pair of worn leather work boots. He smiles congenially as I move into the room.

"Mr. Grayson? I'm Dr. Yancey." His handshake is firm and steady. "How are you feeling, sir?"

"Much better, thank you, Doctor. The squeezing is finally gone after that last pill."

"I'm glad. I looked at your EKG out at the nurse's desk, and it looks very normal. That's a good sign." I pull up the small rolling stool to sit down next to his bed. "Tell me what happened."

He tells his story. He works construction. It was hot out there, yes, but not as hot as yesterday. He was helping to carry some drywall when he felt a strange squeezing sensation in his chest. No, not pain, it wasn't really painful. It just felt...tight, like he couldn't breathe. He felt a little lightheaded. Yes, he was sweaty, but he'd been sweaty all afternoon. He had to sit down until one of his coworkers brought him some water. Embarrassing. He was always the last one to stop for a break.

It is an easy, comfortable rapport. History of present illness, past medical history,

family history, social history—his eyes light up. He is married with two children. Pride swells in his voice. His daughter just got a job as an elementary school teacher. She's getting married this fall. His son is a sophomore in college studying engineering. He has a full ride scholarship.

Physical examination. Well-developed, well nourished male, appears younger than stated age. I listen to his heart and lungs, palpate his abdomen, check pulses in his feet.

We discuss the options. He has a strong family history of heart disease. The symptoms are worrisome, although his EKG looks fine. We will keep him in the hospital overnight, long enough to make sure he hasn't had a heart attack. He's not happy about my suggestion, but his wife will be relieved when she gets here. Would I mind coming back in to explain all this to her when she arrives? Of course not, I'd be happy to come back. Just have the nurse call me when she gets here.

I find myself lingering at his bedside, chatting about gardening, the Broncos' playoff chances, and where to find the best tamales in Denver. This man smiles at me. He says "thank you." He calls me "Doctor." The only smell I can identify is a faint whiff of spearmint gum.

"Doctor, did you say your last name is Yancey?"

It's an uncommon name, so I usually show people my ID badge when they ask. He nods as I point to it.

"Is that your married name or your maiden name?"

"It's my maiden name."

"It was my mother's maiden name too, spelled the same way. I've never met anyone else who spelled it that way."

I am suddenly uneasy. Words tumble out to fill the potential pause.

"Really? You know, my grandmother researched our name once, and it seems everyone who spells it this way can be traced back to two brothers in North Carolina. They arrived from Wales in the late 1700s."

The words hang like a confession in the air.

He smiles again. "My mother's people were from North Carolina too." He chuckles softly. "Well, I imagine our families....knew each other, didn't they?"

The amorphous unease crystallizes into hard realization, tinted with shame. I cannot look at him.

His skin is black. Mine is white. My ancestors were landowners. No doubt his ancestors came to this country as slaves and, like most, took the family name of their owners when they were freed.

I grope for something to say. My face feels hot, prickly. I stare at my hands, closed around the metal bed rail. Yes, I imagine they knew each other. I imagine my ancestors beat and raped yours, and your family hated mine and dreamed of a day when my family would suffer the same injustices they perpetrated on your family.

His hand covers mine. It is warm, patient. Slowly, the prickling fades. I look up into his dark brown eyes. They hold a hint of a smile. Not mocking or bitter or spiteful, just smiling.

"Looks like we're....all of us....part of the same family, aren't we?" His smile broadens. "You're just lucky you don't have to spend Christmas with my crazy Aunt Brenda."

The tension is broken. I take a breath and then hear myself chuckle. "Well, if she's anything like my grandmother Belle, maybe we can trade one year." His laugh resonates in my heart as I stand and straighten my coat. He extends his hand.

"Doctor Yancey, it's so nice to know you. I appreciate you taking such good care of me." The handshake is firm. Gratitude spreads over me, cleansing me of my shame.

"It's my pleasure, Mr. Grayson." Really. It is.

I step out of his room back in to the hallway, and slide the door shut behind me. For one moment, I lean against the door.

He didn't bring it up to shame me. He only brought it up after we had talked a while, about his kids, how much the Broncos paid for Peyton Manning, our love of good Mexican food. He just saw a connection between two people, and he asked about it. He did so with an honesty and compassion that cut through my shame and allowed me to feel that same connection.

The intoxicated man in the hallway is singing "A Hard Day's Night." He begins to chant the "Pledge of Allegiance" to no one in particular.

I look past the blackened toenails, the army surplus camouflage pants, the stained gray t-shirt. His eyes are light blue. They remind me of my Granddaddy Yancey. Granddaddy was a farmer. That same tanned, weathered skin, the same light blue eyes.

"...liberty and justice for all." He stops for a breath. The blue eyes focus on me. The hand placed over his heart drops onto the bed. "Ma'am? Could I please have something to eat?"

I walk past him to the end of the hall and stop in front of the refrigerator. I retrieve a baloney sandwich and a juice box from the bottom shelf and return to his bedside. He takes the sandwich and tries to open the sticky plastic wrap around it. The callused, arthritic hands cannot penetrate the wrapping. I take the sandwich from his filthy fingers and peel back the wrap with my fingernails. He watches me. I hand the sandwich back.

"Thank you." He buries his nose in the sandwich and inhales as if it were a glass of aged Bordeaux. The smell of baloney mixes with that of his clothing. I watch as he devours the sandwich. As he swallows, I notice the tattoo partly covered by his t-shirt. It reads, "Death before Dishonor."

"Were you in the military?" I point to his tattoo. He stares down at his arm as he swallows the last of the sandwich.

"Yes, Ma'am. United States Marine Corps."

"I'm a veteran myself. Air Force. Where'd you serve?"

"Vietnam. I was all over. Da Nang mostly, Khe Sanh." I lean on the metal bed rail and watch him drain the juice box in a single long gulp. His light blue eyes meet mine briefly. Then his gaze drops to the hands now resting in his lap, still clutching his juice box.

"Ma'am? I—I'm sorry about---the yelling."

I nod slowly. "I know." •

A Modern American Sonnet

Jennifer Pacheco

Lay before you dying, midlife yet have not lived
from womb to crib, wrapped in your patterned throws.
Pigtails and Strawberry Shortcake, new school clothes
shape sense of self, concept to shelf conceived.
Ugly puberty your lip gloss, blue eye shadow relieve.
History told through Anglo lens shapes what I know.
Feed me, Big Macs and Twinkies, watch me grow.
"May the best man win", learned young, I concede.
Sex, hip-hop, rock and roll; I -want- my MTV.
Anorexic in six inch heels to mirror what I read.
Swallowed whole by student loans, monster of privilege I feed.
Fast car, big house to falsify and camouflage me.
Car seats and soccer cleats crafted by consumer hand,
rocked from birth, led blind to grave through prefabbed land. •



Spin [Mary Norbury-Glaser]

The Saga of Ms. White: From Porcupine to Prophet

Kinsey Roth

I knocked and entered just like so many times before, but this time was different. I had never seen her standing up straight by herself. She was even in real clothes, a simple black dress that we had hung on the back of her door as a reminder of hope and promise. She looked at me with a quiet smile and tears in her eyes. She softly glided over to me, so steady, so serene. She put her hands around my waist and whispered, "Thank you." This was my time of rededication, my baptism.

Her name was Ms. White. Our relationship began 36 days ago when I was reading through her chart for an OR case. I knew her medical history, the workup, the procedure; I was ready for any question the team had for me. When I finally met her and one of her many companions, Connie, I expected routine. I had learned so many routines so far in third year: pre-rounding, rounding, OR, post-op, medicine, surgery. I thought she would fit right in. I'd work hard, see her in the mornings and afternoons, write my notes, and she'd be gone on the third day. Routine.

Nothing was routine. As post-op day #2 arrived, she started declining instead of improving. Her pressures were unstable, her belly felt tight, her pain wasn't controlled, and her legs were edematous to her thighs. I found myself constantly in her room reassessing complaints while trying to reassure her and play liaison with my team. Her newest friend, Beth, kept asking me questions from a medium sized composition book until I answered all I could and took the rest to my resident. To my dismay, I didn't have all the answers and even more discouraging, my resident didn't either. Finally, her kidneys decided to quit in an effort to scream, "Something is wrong!"

The next morning, a low rumble of guilt underscored my every thought as I read her overnight emergency laparotomy report that described 1.7 L of puss in her abdomen and the placement of a colostomy. I slowly walked to the SICU thinking that if I had just understood her better, if I knew more, I would have realized sooner. In the somber room, I introduced myself to Angie, who immediately grabbed for the notebook ready to take down any information and ensure no questions were left unanswered. I repeated this again with Angie in the afternoon, and Connie, the next morning. Each time as I left, they ended by praying. By hospital day 5, Ms. White

was awake, but anxiety flickered across her face when I asked to check her wounds. She grimaced, partially from pain, partially from disgust. She knew that she would heal but it would be longer and harder than she had anticipated.

In the ICU, I spent hours with Ms. White and her companions to understand her life and her routines. I learned about her law firm and how anxious she was to get back to work and to be in control of her life again. I learned about her visitors, women from her church, who drove up from Colorado Springs every day, taking shifts through the night to ensure that she was never alone. They participated in a practice of praying with the Bible. The composition book I kept seeing was originally her prayer journal. I looked at the nondescript book knowing that inside, her most private scriptures and epiphanies were juxtaposed against medical jargon and innumerable questions. Her spiritual and medical identities had become entangled just like our lives were now.

The next several weeks after the ICU may not have been very eventful for a surgeon, but for us, they were momentous. Ms. White was moved to the floor where our new challenges were wound dehiscence and ostomy leaks. It took forever to find good seals, but we succeeded and she was encouraged. She was finally ready to go home for the first time. On the morning of her anticipated discharge, a new fever and abdominal pain prompted a workup that ended in four abdominal drains. This was surgery #3.

When I went to her in the afternoon, she just laid despondently on the bed, shook her head, and said, "Why is God letting this happen?" I sat next to her while she described feeling like a gutted fish, who had morphed into a disgusting porcupine. Her question, "why?" rang brassily in my head and its weight was as heavy as a cathedral bell. She felt she had lost control and lost her protection. Now her medical struggles threatened her faith after already taking her health. My heart ached for the multiple levels of suffering she was now having to endure.

She was my patient; I had to find something for this new pain that dilaudid couldn't diminish and fluoxetine couldn't help her forget. I had to help her regain control. We started with OT, PT, and nutrition. I scheduled education nearly every day either for drain management, ostomy care, or wound vac checks. She became responsible for the medical paraphernalia, which she now carried but started seeing it all as hers as opposed to something we did to her. We were ready again, but then another setback. Bilateral pleural effusions, each with its own chest tube.

The drains now number 6 and she was spinier than ever. This was surgery #4 and her second failed discharge. For the next 5 days, she persevered with her friends at

her side and me cheering from the back, but she was obviously weary, waiting for some amount of peace. So on the third discharge attempt, there wasn't that tinkling in the air of little chimes of excitement that there had been during the first discharge. Instead the news landed hard with a dull thud.

On this day that was supposed to be a triumph, Ms. White was alone for the first time, and she started to cry. My team let me stay and as she spoke, the room filled with her fears and doubts and worries without her companions to banish them away. So I fell into the liturgy that I had seen played out so many times over the past month. I grabbed the notebook and one by one wrote in her questions with the accompanying answers. I had almost filled up the last few pages when she stopped crying, but I couldn't leave the ritual incomplete; I asked if she wanted to pray. She nodded, grabbed my hands, bowed her head and began; only what she started saying wasn't for her, it was for me.

As her words poured over me, the past month flooded back. How I loved the OR and procedures and sutures. But the times that stood out, that I waited for each day, that left me fulfilled, those were all Ms. White. They were her family and her confidantes. It brought back my entrance essay in which I spoke about how medicine was about advocacy and how I wanted so desperately to fill the role of listener and comforter in people's most vulnerable times. The flurry of third year settled and was silent, and I heard a warm, embracing, resonance that reminded me of what gave my work meaning. As she said, "Amen," I was refreshed. Tears were now in my eyes, maybe a little unprofessional but she just smiled. She was back, and she was ready to go home.

So there she was stood only a few hours later, in her loose fitting black dress. A little paler, certainly thinner, but there she stood, strong and beautiful. She had shared all of herself with me and renewed my purpose as a physician. So when she said, "Thank you," I hope you understand why all I could do was whisper, "Thank you," back.


*All names have been changed •



Twilight [Mary Norbury-Glaser]

My Practice

Laura Katers




That morning
I never heard
the familiar creaks in the floorboards,
the echo of the neighbor
in the hall, rushing away, the quiet
birds building to a colored roar,
only the buzz
of all of my bones,
against the perfect place
of the rain.

That day
I listened
to twenty beating hearts, each
full and impossible, lungs
inflating on last night's dream, the quick
reflexive swallow
of responsibility. I heard
the distant knock
of depression, letting itself sneakily in,
denial circling in a storm out the
backyard window, the tinkling
of regret threatening
to tear the shingles
from the roof.

That evening
a birth, followed by a
death, both sounding the same,
until all the wailing.

That night
release, listening
to the moon rise
through a cavern of dark,
imagining one thousand whispered
“good nights” along the highways, the
hallways, remembering
the beating hearts
ka kum ka kum, the lungs
filling and filling
on hope, my own quiet rocking
in my parents arms. Like nothing
I have ever heard, like nothing
I ever will. •





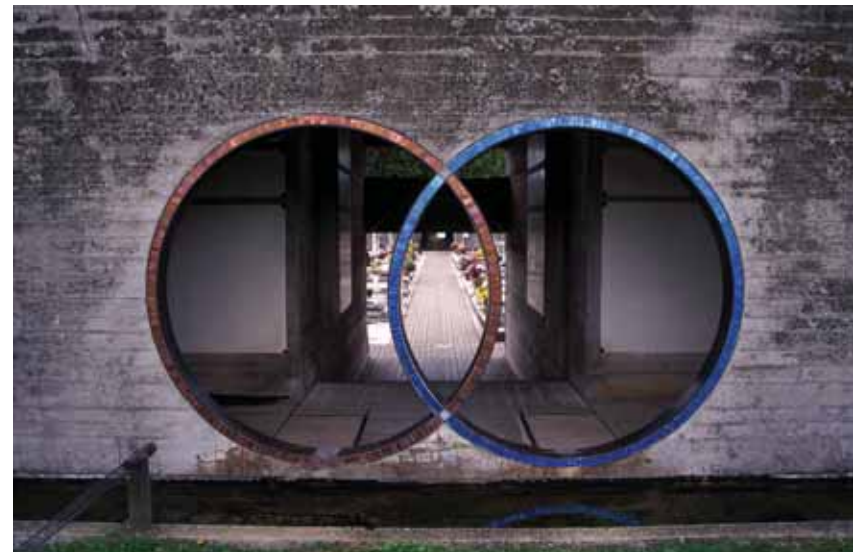
White Blossoms [Muborak J Gani]



Layers [Vladka Kovar, MD]



Trust [Thomas Haygood, MD]



Brion Family Tomb detail, Treviso, Italy [William Reiquam, MD]



No Direction [Nikki Cimino]

Left Overs

William Reiquam, MD

I am a left over. Like lunch, left over from yesterday.
Like the wire wastebasket clutching the
plastic bag filled with trash, left overs.
Like the piece of cake still by the side of the plate,
left over.

Like those men over there in their wheelchairs,
left over.
We are extended into the world's trash.

All I can expect of the day is some reassurance of my
will, what's left of it.
No one notices; they all walk around me.

I slide into my solitude.
But – what happens when one needs a
pinch of help?

There is a thin layer of courage left, misdirected
more often than not, but remaining on the
top of my deep well of solitude.

I would like to find a little miracle of friendship –
a hint of wonder, just something I
could think back on, if I remember to do it.

But for all its grief, I would risk a little intimacy.
If the doctor just yesterday had not
told me I would be blind soon, I would
have sensed no danger.

But now, and by chance, I may find some meaning,
and I need to; I could still be a whole person. I know it.
I cannot let myself be dragged down.

I cannot bear to be punished.

I still have some memory, some sense of myself.
I tried this morning at breakfast to befriend Gertrude,
the first time in over a year
next to each other I risked that.
For months now Gertrude has sat motionless,
staring far off in to space. Far, far into space.
Her eyes turn in, not out.

It is as if imminence made keener
some precious memories, long abandoned
for recollection, yet, there, deep and
quivering and unfathomable.

Gertrude pushed up my cane when I could not reach it.
The first day I came in my wheelchair,
she looked up at me, her eyes bright then.
She never spoke, but I knew what she said,
“You are an important person. You should
not feel you must stay invisible.”

We remained in the room for music that day –
we held hands briefly when the recording played
“I Wandered Today to the Hill, Maggie”.

This morning, Gertrude is gone.
I am shaken.
I did not know we were so attached.
I had risked her silences as we ate together;
she had risked mine.
I did not know; I would not know.

Tomorrow Gertrude will share again with me,
this time in the dark...darker for me than for her, perhaps.
Deep inside, memories lie briefly,
banked in soft embers.
I will remember...deep inside.
I will remember what remains simmering yet, of a left over.
...Gertrude, I am alone, the left over. •

TBI Memoir

Student

What is it like to not be able to think?

To wake up one day—
or not day;
night, evening,
early am 5am 6am 4am?—
and not know what has happened or where you are,
To not remember the events before,
To wake up covered in vomit, seeing the face of a friend.

Let's call her Linda.
Let's call her Linda, the ER junkie.
[Junkie enough to wish ill will upon friends
so that they are transported to the ER
so that she can be with them in the ER
(not really) (but maybe?)]

To wake up covered in vomit—
no,
as you are vomiting.

To get taken to an ICU
[or a WhateverWhateverWhatever,]
Or the MultiTraumaUnit of
some floor,
somewhere, and to be

Alone.

Not the
you that you
are, but some other version of yourself,
Some damaged, broken version.
And you are alone. [Not wearing pants,
though this is not at all a crucial point,]

For all that matters now is the clock on the wall.

The clock on the wall,

which flies and flies,

And suddenly an hour has passed in merely the

b l i n k o f a n e y e

And what thought was there?

[Everyone tells me how to

Turn on the TV. But I don't

Watch TV, and maybe I'm the only patient in this

whole damn hospital who doesn't?]

Ordered breakfast on the second day.

[Or was it the first?]

It feels like one day, even though I know it was two,

and I know Samantha came to visit on the first day

and cleared up my vomit when the nurse didn't,

and I know the nurse yelled at me—

excuse me:

spoke firmly, strongly,

encouragingly—

to drink more fluids,

but I could barely move, so she stuck an IV in my arm.

It hurt to move, it hurt to think, my (brain) muscles atrophied.

[I could only text message for days.]

On a Friday, I was discharged.

On a Saturday, Denver summer hit full swing.

100 degrees: my air conditioner refused to try.

I lie atop the covers naked, sleeping in 16-hour bursts.

Lying in bed, melting, wearing nothing but a sling.

Thinking nothing.

Empty, empty thoughts.

On a Sunday, I crawled into a beautiful dress and

Slinked three blocks to the park.

I don't remember the conversations,

but I remember that a police officer was shot in the head

by some 21-year-old punk.

We heard the shots and sirens, and rather than move or react,

I sat.

And slept.

Slept. Slept. Slept. Slept.

I thought I'd be able to do a lot of things,

But I couldn't wear t-shirts,

couldn't put on pants.

So I wore dresses and promised that this would be a

pant-free summer (!!!)

I couldn't floss.

Got my first paid haircut in years because I couldn't wash my hair.

But what really mattered was that I couldn't think.

I could.

not.

think.

I reacted and had conversations,

sure,

but I couldn't do it for long,

and I couldn't remember it anyway.

For a week after the accident, there was a void.

"Blank, empty space." [Frank Zappa]

That was my mind.

Went to a meeting in my cancer lab, but

The language was foreign.

And suddenly, my world crumbled.

My ability to read and think,

To take in information,

process,

contemplate,

reflect,

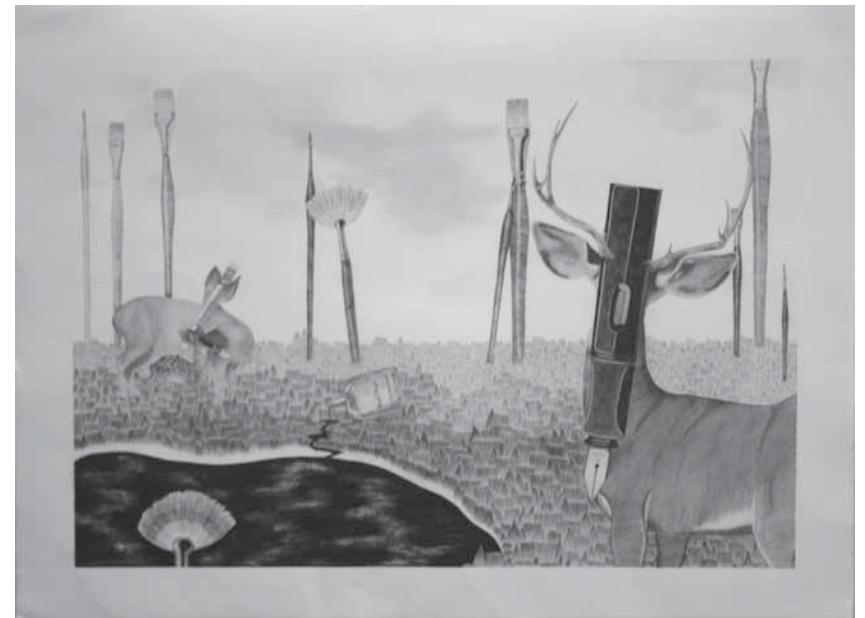
form an opinion,

step beyond...

Gone.
My career,
My ambitions...
Shriveled.
And if these are gone, what remains?
Remove your goals and dreams,
Now what defines you?

When you cannot think, you have no choice but to feel:
Feel the love in your soulmate's eyes
 when you meet two weeks after injury.
Feel the desperation in your mother's voice
 when your sister tips over the edge.
Feel the depressive pangs of hopelessness
 interspersed with thoughtless optimism.


And, slowly
Feel
Thoughts
return
to Normal. •



The Nature of Art [Megan L. Stern]

Misconception ...

Nicole Arevalo



I remember the before time,
Before a choice changed the way
My heart beat and pumped and bled.
Before the face of misfortune became
A familiar shadow that clung to my skin.

I remember us, hands twined, wistful
Wishes that soften a smile into an
Enduring glance. We thought of
Creating life, beginning our own
Family tree became our mission.

Our journey began simple enough.
We moved in synch, matching our
Rhythm. The story of us ripened.
We pursued that biological desire,
With love not misused moments.

I waited and dreamt about—
Tiny fingers and tiny toes—
Feather light kisses upon a nose—
Precious blankets, petite clothes
Did I misread the signs?

The first few mishaps caused
Us to stumble, but we endured
Each step, lost, but not without
Direction as we clung to the renewed
Sanguineness of a specialists' voice.

I became a puppet, tied to tools of
Infertile idealism. I traded in my faith
Filling in the missing pieces with pills,
Pregnant words, injections, becoming
A pincushion with mercurial moods.

Each month hope waned as I
Became a suppliant, calling
Down the moon so that the
Tides could keep the flood at bay,
But the prayers were misspent on me.

I became defined by my failures,
Hard and stiff like the bite of a
Mistral passing through the Rhone.
Sadness morphed into melancholy.
Disappointment became harrowing.

My life changed, as did the vocabulary
Upon which I stood. Simple to complex.
Possible evolved into impossible.
Fertility became barren ground. Did I
Regret my choice? Was it a mistake?

Months flowed into years like
Warmth returning to an ice touched land.
I endured each new sound dawn made.
I survived spoken words about life,
But I was no longer me. I was a misfit.

I was now part of a group whose
Miscarriages and misfortunes bound
Them together in solidarity, but
Whose voices were often muted
Against the landscape of a taboo topic.

Society picks at my scabs, saying I malingering.
They refuse to acknowledge this disease,
My uninvited guest, my unseen stalker,
Who walks in my shade, never allowing
Me the freedom of remission.

Infertility exists. We exist. I exist.
We survivors, we courageous women
Who push through the ashes
Of this misadventure to subjugate
Our depression and live again.

We walking wounded, who mark
Our days with penitent steps. Living
With a miserable ache, but choosing
To live, hope and simply be as time
Polishes the rough edges away.

I remember the before time, before
A choice shaped our lives forever.
But I have you, and you have me.
We will move through the tides of
This misconception and find a way to be. •

Lament of a Retired Eye Surgeon And His Homeless Patient

Robert L Stofac, MD

Shortly after I retired from private practice I joined some of my retired colleagues who were attending part time at the homeless clinic in Denver. One morning I had a middle-aged man in the chair who during the exam woefully lamented, "I can't believe I'm here doc. Things just seemed to happen." It caught me off guard and I can't remember exactly what I said to him in response, but I'm sure it was about as inadequate as it was reassuring. That evening at supper I told my wife about the encounter and as the table talk of our day's events often does, it blended into the next and was forgotten. Later that evening while waiting for the TV weather report before joining my wife for bed a commercial came onto the screen featuring a surgeon at the scrub sink in an otherwise abandon hall outside the operating room. The scene took me back to so many late night trauma cases, the kind I hated getting up for. But as the young surgeon finished his scrub I looked at him and thought, "You lucky bastard." And then the words of that morning's patient came back to me, "I can't believe I'm here doc."

Lament of a Retired Eye Surgeon And His Homeless Patient

He looks forward to being home again
at the homeless clinic on Stout Street,
He greets his first patient with,
It's nice to see you,
please come in and have a seat.
There is some small talk here,
as important as it was there.
It's making the connection,
saying that he cares.

The day usually starts out slowly
and builds to a late morning crunch.
Today when he has finished seeing patients,
He shall walk up town for lunch.
No eating on the fly today.
He will sit and maybe read.

No need to rush, nowhere to go,
no place he has to be.

When he retired he thought he would do
all the things he ever wanted to.

The homeless come here to see,
or just come for some place to be.

"I lost my glasses."

"I broke them in a fight."

"When I woke up they were gone,
they were on my face last night."

It all went by so quickly. He was in school,
then in school again.

Then long days into night, then day again.

And finally the thrill and joy and dread
of taking the knife into his own hand.

The years of practice spent with his patients
were the best years of his life,
Made sweeter by his children
and the love shared with his wife.

What's better now, one or two?

"Two."

And now, one or two?

"Two."

And so it goes until clarity jumps off the wall.

"That's more like it doc,
that's a....that's like a damned miracle!"

Though there was serious contemplation,
it nevertheless stopped short.

Once more; *What was the reason?*

A question he asks the mirror
in his own early morning court.

But it was not so simple,
like better One or Two.

He swore the grass looked greener,
at least a shade or two.

There was clear center to his question,
but the edges remained blurred,

And now he sees it was the edges
where he really worked and lived.

You gave it up? This for that?

Why would you?

Why would you do a thing like that?

Had he known that in putting down the knife,
he would be cutting out such a large part of his life,
he may have waited for the knife to tell,
When he could no longer hold it,
straight, and true, and well.

"I can't believe I'm here doc;

It can't be what it seems.

I had a life, yea with ups and downs,
but I had a lot of dreams.

I thought I knew what I was doing;

I thought I had a plan.

I was a living feeling person.

Hell, I was a work'n man."

And so the more we all seem different
the more we seem the same.

It's never clear and simple,
there's seldom just one blame.

Once the genie's left the bottle though
a new story soon begins,
That's just another journey
with different bumps and bends. •

Biographies

For Writers & Artists

Nicole Arevalo, BS, MA: Mrs. Arevalo is a researcher with the Rocky Mountain Taste and Smell Center at the Anschutz Medical Campus. Although science suits her analytical mind, writing provides a necessary creative outlet. She has published several poems and has completed a novel, which she hopes to have published soon.

Jaimie Ulrich Armstrong, BFA: I began studying biology in the hopes of a pre-med undergraduate degree but instead pursued the Fine Arts with a focus on painting. The human body always fascinated me and became the subject of my senior thesis, entitled "Dust to Dust." Five years after earning a BFA, I returned to school to pursue a degree in nursing, still fascinated by the body.

Mary A. Baitinger: Mary works in the School of Public Health and is a former K-12 teacher. She volunteers for the Metro Denver Promotion of Letters, a writing workshop for children ages 8-15, and is completing a novel for middle-grade readers. Mary's walks around the Anschutz Campus inspire her poetry as well as the photography of fellow artists.

Colleen Berding MS RN-BC CRRN MSCN: I completed a Master's of Nursing in healthcare informatics in UC Denver's College of Nursing in December 2012.

Adam Borgia: I am currently a second year dental student here at the UC Denver Anschutz campus. Although I took several science courses in my undergrad, my actual major was illustration. Dentistry appealed to me as a way to marry both health and art, as these are two ideas or concepts that have always carried great value in my life. I continue to draw and paint as much as my time during dental school permits.

Evelyn Brosnan: Evelyn Brosnan grew up in Ireland and is a fourth year Medical Student at UC Denver Anschutz campus. Prior to starting medical school she was an industrial chemist and vice-president of product management in the semiconductor industry. She plans to do a residency in Internal Medicine.

Kevin P. Bunnell: After leaving a career in teaching English, I turned to medical education, which brought me to serving as Director of Continuing Medical Education at Presbyterian, St. Lukes Medical Center. There I enjoyed many contacts in the Denver medical education world including an advisory role in the School of Medicine continuing education program.

Denise E. Canby: Denise Canby is a student in the Non-Traditional Pharm. D. program at UC Denver. She has been writing poetry since the 1980's when the birth of her daughter inspired the muses. She lives in Northern Virginia with her husband, daughter, son, dog, and 2 cats.

Emily Cheshire, DNP, MS, FNP: Emily Cheshire is a graduate from the University of Colorado College of Nursing DNP, MS and BSN programs. She works as a Family Nurse Practitioner providing primary care to under and uninsured adults and enjoys teaching BSN students. She lives in Denver with her husband, Great Dane, and cat. She's been happy to take the season off from snowboarding, as at the time of this publication, she is 37 weeks pregnant with her first child.

Anna Christenson: Anna Christenson is a second year at the University of Colorado, Child Health Associate/Physician Assistant Program. She is active in advocating for the needs of the urban underserved and plans to practice in primary care pediatrics or family medicine.

Nikki Cimino: Nikki Cimino has finally found her bearings in Colorado after living here for a year. She has friends, a home, job security, a dog, and a lot more of the state to explore. Thanks to Mary Baitinger for forcing her creativity to come out of hiding.

Henry N. Claman, MD: Dr. Claman is a Distinguished Professor of Medicine and Immunology and founder of the University of Colorado's effort in medical humanities. He received the 2009 Bonfils-Stanton Award in Science/Medicine for his discovery of T cell-B cell collaboration. He is the author of Jewish Images in the Christian Church, an analysis of medieval art.

Bob Cooley, PA-C: I have been a PA for nearly 24 years. It has been and continues to be a great career. I have recently discovered my love of writing and am in the process of publishing my first novel. Look for it in early spring.


Debra K. Currier-Miller, BFA: I work as a tech at the Health Sciences Library and am involved with the Exhibits committee. Breaking both arms, one in January and one in December of 2003, became a reason to create. I love containers and the cigar box became a relic with broken bones and lost teeth.

Hywel Davies, MD: Dr. Davies was Head of Cardiology at the Denver VA Hospital in the late 1960's.

Kelsey DeSalvo: Kelsey is a fourth year medical student at the University of Colorado. She graduated Summa Cum Laude in 2008 from the University of Colorado at Boulder with a degree in Integrative Physiology. She enjoys hiking, reading, pottery and spending time with her family.

Biographies

Continued



Anjali Dhurandhar, MD: Anjali Dhurandhar is associate director of the Arts and Humanities in Healthcare program and an assistant professor in the Department of Medicine. She completed a fellowship in Medical Humanities with a focus on developing curriculum in writing and the visual arts. She edits Letters to a Third-Year Student.

Robbie Flick: Robbie is a first year medical student at CU who is passionate about human rights and social justice in medicine.

Gwen A. Frederick: I've worked in the Microbiology Department since 1997. I enjoy photography, cooking, music, writing and old movies. The love of my life is my blind dog Lucy, who I adopted from the Rocky Mountain Cocker Rescue.

Muborak J. Gani: I am originally from Dushanbe, Tajikistan, and I am currently pursuing Bachelor of Science in Nursing. I enjoy experimenting through different media including photography as a creative outlet and capturing different aspects of life.

Jeannette Guerrasio, MD: Jeannette Guerrasio, MD is an Associate Professor of Medicine in the Department of General Internal Medicine. While known on campus as a teacher, The Remediator, and a hospitalist, she is also an artist, musician, writer, and poet.

Lauren Harrell: Currently, I am in my third year of medical school. I was born and raised in Colorado. I earned my BA in Fine Arts from the University of Colorado, Boulder in 2006. Before starting medical school, I spent three years working in different clinics and traveling abroad.

Thomas Haygood, MD: Dr. Haygood is a retired nephrologist and a PBL tutor. He has published photographs nationally and locally, received awards and is in collections.

George Ho, Jr. MD: George Ho, Jr. is a family man with a wife, children and grandchildren; is a physician for over 40 years as internist, rheumatologist and has a special interest in end-of-life care. He is now fully retired and ready to devote more time to reading, writing, photography, volunteering and other interests to stay healthy physically, mentally and spiritually.

Grayson Huben, RN, BSN: Grayson is a graduate student in the College of Nursing. He completed his undergraduate degree and initial nursing practice at the University of Nebraska Medical Center. A gracious appreciation for life and the natural world can be seen in his leisure photography.

Felicia Hutchison: I'm a 3rd year Physician Assistant student from Indianapolis. I decided to pursue a career as a PA because I'm interested in how we can provide health care to the millions of people without affordable access, and I hope to work at a community health center after graduation.

Jody A. Jones: Jody is a 2013 Doctor of Physical Therapy candidate. Jody's inspiration comes from a passion for nature, a love of family, and life experience travelling the road not typically taken.

Laura Katers: Laura Katers is a second year physician assistant student at the University of Washington in Seattle. She became involved with The Human Touch several years ago while she was a student at the University of Colorado. She is enamored by the human connection in medicine and believes the world could always use more compassionate providers. She also believes in the ability of art (writing, spiritual practice, painting, poetry) to heal. She is grateful to Dr. Henry Claman for his continued encouragement and inspiration.

Allison Kimball: Allison is a 4th year medical student headed for family medicine in hopes of meaningful connection with her patients while living fully in the world of language and natural beauty.

Suzanne Lewis, BSN, OCN: Suzanne Lewis worked as an Air Force nurse for six years and spent two wonderful years living in Germany. After leaving the military, she traveled around the world for ten months taking photos and blogging her adventures. She landed back home in Colorado and is pursuing a Masters in Public Health at UC Denver.


Robin McKee, RN, BSN, NCSN: Robin is an MS student in the Health Informatics program. While this poem addresses the serious side, she has always thought the hilarity of school nursing would make a great book! Her coworkers have already entitled it "The School Nurse Cannot Fix Your Flip Flops - and Other Statements of Fact." Someday it will be written....

Shawn Miller: I am a Doctorate of Pharmacy student. I have been an amateur photographer for more than 20 years.

Mary Norbury-Glaser: Mary Norbury-Glaser is an IT LAN Administrator at the Barbara Davis Center. She is an analogue photographer using mainly plastic, toy cameras and 35mm/120mm film to capture images. Her photographs are untouched by image software.

Biographies

Continued



Steve Nordeen, Ph.D.: Steve Nordeen is a molecular biologist who, once upon a time, published in now long dead poetry magazines. It is uncertain, however, whether it was his poetry that killed them. His fondness for puns should not reflect on his mentor, the real poet and state poet of Nebraska, William Kloefkorn.

Jennifer Pacheco: Jennifer Pacheco is the Admissions Specialist for the Colorado School of Public Health. Writing in both English and Spanish, Jennifer has performed for several community and university events. Using poetry as a catalyst for social change, she hopes to encourage compassion and to connect people to realities other than their own.

Leslie Kelly Palacios-Helgeson, BS: Leslie is a first year medical student at University of Colorado. She loves cancer biology, pathology and the nervous system. She enjoys advocacy for the underserved, volunteering, animals and the arts (performing, fiber and written).

Bruce Paton, MD: Bruce Paton is an Emeritus Clinical Professor of Surgery. He was born in India, educated in Scotland, served as a lieutenant in Royal Marine Command, graduated in medicine from the University of Edinburgh, and worked as a doctor in Kenya and Scotland before coming to Colorado in 1958 as a research fellow in surgery. He was fulltime faculty in cardiac surgery, 1960-1979 and clinical faculty in the department of surgery, 1979-2010. He served as Acting Dean from 1978-9 and was Director of Given Institute, 1999-2010.

Ben Patterson: Ben Patterson is an artist and is currently seeking his Bachelor Degree in Fine Arts which he will receive in May 2013.

Jacob Pellinen: Jacob is a medical student in the class of 2014.

Oswald Pfenninger: Oswald Pfenninger is a former employee of the University of Colorado medical campus where he worked for two different professors in the Departments of Biochemistry and Biophysics. Now in retirement, he and his wife are visiting many areas, experiencing and enjoying many cultures, and bringing home memories and photos of those places.

Sharisse Arnold Rehding, MD, FAAP: Sharisse is a pediatrician, Director of Pediatric CME and Assistant Regional Chief of Education for the Colorado Permanente Medical Group. She is an Associate Clinical Professor of Pediatrics at UCHSC. She is married and the mother of three children. She is excited to finally have the opportunity to explore reflective writing to help bring meaning to her life in medicine.

William Reiquam, MD: William Reiquam, MD is a pediatrician and Professor Emeritus of Pathology. His career is imbedded in medicine and shared in the areas of the arts and the humanities, offering to console and unite us as patients and health care workers.

Sabrina Renteria: Sabrina Renteria is a first generation medical student and a COPIC scholarship recipient. Although she received her undergraduate degree in Philosophy at UC Boulder, she always knew she wanted to become a physician. Losing her grandmother to cancer at a young age, Sabrina aspires to become a pediatric oncologist.

Marc Ringel, MD: Dr. Marc Ringel is a senior instructor in the Department of Family Medicine at the University of Colorado School of Medicine.

Steven Robinson: Steven Robinson is the Research Manager of the Skin Cancer Biorepository in the Division of Medical Oncology. He has had this position since 2004 and has been writing protocols, poems, and songs since he can remember.

Trista Ross: Trista Ross is a second-year pharmacy student at the University of Colorado. She majored in writing during her undergraduate education at the University of Colorado Denver. She grew up in Colorado, and enjoys outdoor activities, playing the piano, and writing.


Kinsey Roth: Kinsey Roth received her undergraduate education at the University of Colorado at Boulder. She then came to School of Medicine program after working as a CNA. She is now completing her third year and intends to pursue a career in pediatric medicine.

Alexander Rowan: A patient once asked me, "Where's the poetry in medicine?" I had no adequate response. Her question haunted me. It crept up on me in the wards, screamed at me in the OR, and comforted me while visiting hospice patients where I finally found a reply, "It's everywhere if you look at it right." I'm haunted no more.

Stephanie Sandhu: Stephanie is a third year medical student at the University of Colorado SOM. She believes writing can be a cathartic part of the healing process and hopes her words will encourage others to try it.

Biographies

Continued



Terry Shelton Schumaker, MSN, ANP-BC: Terry Schumaker is a member of a primary care team, practicing as an adult-geriatric nurse practitioner in rural Southwestern Colorado. She is a Mordecai rural health scholar completing her doctorate of nursing practice.

Shauna Seaman, BS: Shauna Seaman is 4th year medical student and native to Denver. She is graduating this year and will train in emergency medicine. Recently engaged she hopes to get married next year, residency permitting! She is interested in international work and wishes to travel regularly to Vietnam to practice upon completion of training.

Rachel Skalina: Rachel Skalina is a third-year medical student originally from Philadelphia. She is not quite sure what she wants to be when she grows up, but she is certainly enjoying the journey to figure it out.

John R. Sladek, Ph.D: Professor Sladek loves nature and photography and has pursued these passions since the late 1960s. Living in Evergreen provides daily access to fabulous wildlife, and he has preserved this image for your enjoyment. John learned photography during graduate school training in Chicago and has applied these skills to neuroscience research creating beautiful and informative microscope images of the brain.

Megan L. Stern, BS: As a child Megan spent her free time drawing fantastical versions of the things around her. After graduating with a BS in Biology she traveled New Zealand, Japan, Antarctica and the United States during which she rediscovered her love of drawing and decided to pursue an MFA in Scientific Media Design.

Robert L. Stofac, MD: Robert Stofac graduated from University of Colorado School of Medicine in 1967, where he was encouraged to participate in humanities activities outside of medical study by Dr. Henry Kempe & Dr. Henry Claman. After he returned to Denver, he joined the volunteer attending staff at the UCHSC, Ophthalmology Dept. Since retiring from private practice, he sees patients at the Stout Street Homeless Clinic.

Leah Swanson, MD: I grew up in Boulder, CO. I am currently a second year Internal Medicine resident at CU. My own experiences with grief and loss have challenged my views of what it means to “help” patients and I hope have enlarged my capacity to empathize with them in their pain.

Charlotte VanDervoort: Charlotte Vandervoort works at the Health Sciences Library, is halfway through her Masters in Library Science degree, and is married to the most wonderful and maddening man. She is an animal lover, pet owner, and hobby junkie. Her favorite hobbies at the moment is making glitter nail polish and, as always, manipulating words into art.

Travis Vermilye: Travis Vermilye is an Assistant Professor of Scientific Media Design at the College of Arts & Media, University of Colorado Denver.

Corey Whitley: I am currently enrolled in the UCD Traditional Bachelors of Nursing Program at AMC. My wife, Renee, and I live in Denver with our loving and loyal dog, Riley. I have a background as a video editor in news and at a local production company, but have recently traded in the editing suite for time spent behind the still camera lens

Lynne Yancey, MD: Lynne Yancey, MD is an emergency physician and medical educator. She does her best writing late at night, when her kids are asleep, after a busy shift in the emergency department, over a bar of chocolate and a glass of red wine.

Sam A. Zakkour: Sam Zakkour is a third year Pharm.D. candidate at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Science. Sam received his Bachelors of Arts in Sociology and Anthropology from Florida International University in Miami, FL, and has been involved in HIV/AIDS prevention and care for over eight years. •

Submissions for 2014 Edition

For The Human Touch



Please send your art, photography (including photographs of your artwork), poetry, and prose to TheHumanTouchJournal@gmail.com by **Monday, January 14th, 2014.**

Submissions will be reviewed by the editorial board following the submission deadline on January 14th, 2014. Final decisions will be made in March 2014.

Although it is suspected that some aspect of health care will provide the subject for many entries, submissions on all topics are encouraged!

Submission Guidelines:

- Up to three works may be submitted by each author or artist.
- Each work must be submitted as a separate electronic file.
- All submissions should include the name of the author/artist, the title of the submission, mailing address, and email address. We also request a short biographical paragraph (no more than 50 words), though it is not required.
- Poetry and prose submissions **should not exceed 1,500 words.**
- Visual artists should submit work in a digital format (preferably a JPEG). If scanned, please ensure that the resolution is 300 dpi or greater. We also request that you do not send files greater than 30 MB.
- Please note that it is not possible for all visual media to be printed in color due to budget constraints.
- Previously published work will be considered, but a citation is required in order to recognize the original publication. Proper acknowledgement and citation is the author/artist's responsibility.
- Any work that is significantly edited or altered will be returned to the author for approval prior to publication.
- No work will be accepted that compromises the privacy of patients or health care providers. Names and identifying characteristics or details should be altered prior to submission.

Submissions must be received by **January 14th, 2014** in order to be considered for the Spring 2014 publication.

The Human Touch is edited and produced by students, faculty and ancillary staff at the University of Colorado Anschutz Medical Campus. Questions should be emailed to TheHumanTouchJournal@gmail.com



THE HUMAN TOUCH 2013



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